

PUBLIC COMMUNICATION PLAN

PICIIP PROJECT

ACRONYMS AND GLOSSARY

ADB	Asian Development Bank
LG	Local Government
LHWs	Lady Health Workers
IEC	Information, education and communication
MoU	Memorandum of Understanding
PICIIP	The Punjab Intermediate Cities Improvement Investment Program
PCGIP	Punjab Cities Government Improvement Project
PCP	The Public Communications Policy of ADB
PLGA	Punjab Local Govt. Academy
PMU	Project Management Unit
PCP	Public Communication Policy
MC	Municipal Committee

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1 Introduction

1. The PICIIP outcome is “improved quality of urban services available to residents of intermediate cities.” The key outputs are: (i) introduction of an integrated urban planning process; (ii) improved institutional framework for urban services at city level; (iii) strengthened business processes for urban utilities; and, (iv) improved urban infrastructure. The proposed physical investments include water supply and waste water, solid waste management and transport.
2. the hardware or infrastructure of safe water and sanitation
3. investments and improvements must be supported by similar investments in software –awareness, behavior change and capacity building.
4. This Public Communication Plan is meant to provide strategic direction to communication activities of Project Management Units (PMUs) of PICIIP project in Sahiwal and Sialkot and to the proposed public utility companies that will take over responsibilities for water, sanitation and solid waste management in two cities.
5. This plan is aligned with the Communication Strategy of Punjab Cities Government Improvement Project (PCGIP) 2012-2017.

2 Current Situation of Communication

2.1 Municipal Committees

6. It appears that Municipal Committees (MCs) are faced with severe financial constraints and communication is one area where corners can be cut easily. There are barely any communication activities or communication staff at the two MCs. In Sialkot, the MC manages a web-site and a Facebook page, both of which are outdated and leave a lot to be desired. The MC has also hired a web-manager who is responsible for keeping the site up and running. In Sahiwal, however, the MC does not have a website and does not use any social media platform. The communication activities of the two MCs are mainly focused on interacting with journalists for the purpose of dealing with negative coverage and sharing news about MCs' activities.
7. However, MCs undertake limited communication activities when some special drive is underway or a special week or day is celebrated. For example, during Hafta-e-Safae (cleanliness week) public services messages are disseminated through local cable networks. While MCs prepare these messages, cable service providers run them on complimentary basis.
8. The MCs have no formal mechanism to feed information to media. No focal person has been appointed to hold briefings and ensure smooth working relationship with media. Relations with media are managed by senior officers who try to disseminate important information and guard against negative reportage.

2.2 The Health Department

9. The Health Department is better resourced and experienced in communication, though curative health remains the main focus of the department. The Health Department in both districts have large number of LHWs who mainly focus on ensuring basic health services for women and families in rural areas and slums. They also convey health messages and educate women on health matters. Sialkot district has an added advantage in the form of a workforce of School Health Workers. Health department in both districts manages media campaigns to protect citizens from epidemics and contagious diseases that focus on preventive aspect. However, communication on basic health and hygiene is not in the sharp focus.
10. Punjab Health Sector Reform Project in partnership with UNICEF and other development partners initiated School Health Program in 2009. School Health and Nutrition Supervisors were recruited in 33 districts. The staff was trained with support by UNICEF. The SH&NS visit every primary and middle school of their catchments area, preferably once in a month for delivering lectures on health education and health life style. There are 66 Health and Nutrition supervisors in the Sialkot districts. Unfortunately, Sahiwal is not included in the list of districts where this program is operative.

2.3 Social Welfare Department

11. The Social Welfare Department does not have a large staff or ample resources at its command. However, it works as a force multiplier by working closely with NGOs, particularly those registered with it. It joins hand with the campaigns of the Punjab government by involving NGOs into the initiatives.
12. Both government departments in both districts expressed their keen interest in working closely with the project and offered extending their full support to PMU and local governments in achieving objectives of the project. They suggested collaboration between departments to disseminate health messages effectively and offered to extend services of their human resource for education and mobilization. They also

suggested that the messages of water and sanitation can be integrated into existing campaign as these are aligned with these campaigns.

2.4 The Media landscape

13. Both cities have a vibrant media landscape. Both cities have reporters for all major newspapers and news channels who regularly report for their respective media outlets. In Sialkot, there are 73 journalists who are associated with the press club while in Sahiwal, there are 60 journalists. In Sahiwal, the most widely circulated newspapers are Daily Express, Daily Dunay, Daily Nawa-e-Waqt, Daily Khabrain, Daily Pakistan and The Dawn. The circulation of newspapers in both cities is low.
14. There are also three FM channels in each city. In Sialkot, the FM channels include Dhamal FM 94, Radio Pakistan FM 101 and Radio Buraq FM 104. In Sahiwal, the FM channels include Dil FM 102, Sunrise FM 96, and Awaze FM 105. The channels focus on entertainment but also hold talk shows on different issues of the city. These channels enjoy a wide audience.
15. There is a lack of trust between the news media and MCs that reflects the low level of satisfaction among citizens regarding the quality of services. The FM stations, however, are more forthcoming and often invite officials to their programs and disseminate the health and hygiene messages without any monetary incentives. It appears media does not fully understand functioning of MCs and focuses on single incidents where some disruption in services occurs.

2.5 Communication Analysis –Available Mechanisms

16. Following tables gives a bird's eye view of the communication activities undertaken by relevant government departments.

	Sialkot	Sahiwal
MC	Web-site Facebook page Liaison with Media persons Occasional messages through Cable networks Interviews to FM Channels	Liaison with Media persons Occasional messages through Cable networks Interviews to FM Channels
Health Department	School Health Officers Lady Health Workers (LHWs) Special campaigns against Polio and Dengue fever	Lady Health Workers (LHWs) Special campaigns against Polio and Dengue fever
Social Welfare Department	Liaison with NGOs Walks and seminars Preparation and dissemination of Information and communication material in collaboration with NGOs	Liaison with NGOs Walks and seminars Preparation and dissemination of Information and communication material in collaboration with NGOs

3 Public Communication Plan

3.1 Communication Objectives

1. To ensure pro-active disclosure of relevant information to citizens.
2. To keep all the key stakeholders informed of the project's progress.
3. Get key messages across to relevant target groups for awareness raising and behavior change.
4. Ensure effective communication between service providers and citizen-consumers.

3.2 Key Features

17. This communication plan is based on a strategic design. Some important characteristics of the strategy are as follows:
 - An effort has been made to bring integration among communication channels. Mass media, community-based, and interpersonal channels are used strategically to reinforce one another and maximize impact.
 - The role of the electronic media has been recognized. New technologies have been added to the communication mix to reach more people through innovative ways.
 - A multiplicity of stakeholders has been consulted for preparation of this plan.
 - A sophisticated exercise of audience segmentation has been carried out which allows for more tailored messages to audiences.
 - The plan seeks to achieve outcomes in more efficient and cost-effective ways by obtaining an optimal mix of activities and communication channels.

3.3 Key Areas of Communication Activities

18. The key areas in which efforts will be made in implementing the Public Communication Plan include proactive disclosure policy, internal communication, external communication, and external relations.
19. Efforts will be made to ensure improved public access to project related information to ensure disclosure and transparency in line with ADB guidelines and policies and policies of the Government of Punjab to ensure maximum involvement of citizens in the project.
20. The internal communication activities will involve smooth and timely flow of information to all internal stakeholders to maximize synergies, guard against duplication.
21. External communication activities will be aimed at increasing awareness of Bank activities among key stakeholders.

4 The Audience Segmentation

22. The term audience segmentation means dividing and organizing an audience into smaller homogenous groups of people having similar communication-related needs, preferences and characteristics. This strategy makes an effort to segment audiences to achieve most appropriate and effective ways to communicate with these groups.

4.1 Target Audience for the project

Internal Audiences	External: Primary Audience	External: Secondary Audience
Urban Unit	Affected persons (displaced persons or persons whose property has been taken)	NGOs, sports clubs, mosque committee, unions, women's groups, other citizen groups.
City Program Unit	Direct beneficiaries	Schools, colleges, educational institutions
Project Steering Committee	Indirect beneficiaries-residents of the city	Press Clubs, media outlets
Project Planning Committee		
Government departments including the Health Department, Social Welfare Department, Local Government and the District Government.		

4.2 External Primary Audience

23. External primary audience of the communication include those persons who have been directly affected, for example those whose property has been taken or whose neighborhood has been affected through development activity related to the project. Primary audience also include those persons who will benefit directly from the project, including those who will benefit from improved water and sanitation services. Primary audience also include residents of the city who will not benefit from the improved water and sanitation infrastructure but will benefit from improved road infrastructure.

4.3 External Secondary Audience

24. Secondary audience have been identified based on their power to influence the primary audience. The secondary audience include opinion-makers, particularly mass media and religious leaders; community leaders including elected representatives; and change agents particularly civil society activists. The goal is to mobilize these groups to influence the primary audience in favor of the desired behavioral change. The secondary audience are listed below:

- Community leaders (Heads of educational institutions, religious scholars etc.)
- Elected Representatives
- Media persons (Journalists affiliated with different media including newspapers, television and radio, cable operators, theatre groups)
- Civil society activists working with different non-governmental organizations (NGOs)
- Religious scholars including khateeb and office bearers of mosque committees.

5 Disclosure

25. The project will follow a policy of pro-active disclosure of information to all stakeholders in line with the policies, manuals and guidelines of the Asian Development Bank and the Punjab Government. The Public Communications Policy (PCP) of ADB recognizes that transparency and accountability are essential to development effectiveness. It establishes the disclosure requirements for documents and information ADB produces or requires to be produced.
26. The project will facilitate dialogue with affected people and other important stakeholders, including women, the poor, and other vulnerable groups and information regarding environmental and social issues shall be made available to them in Urdu through consultation and seminars, brochures, news media, radio programs web-site and social media.
27. The public input will be sought through above mechanism and this input will be documented and discussed by the management on regular basis for necessary action.
28. This process will start before the project implementation and will continue throughout the project implementation. The project will ensure that stakeholder receive information about major changes to project scope and likely impacts are also shared with affected people and other interested stakeholders. The chart below outlines the information that needs to be shared and the mechanism required for the purpose.
- Wash hands with soap (HWWS) and air dry at the 5 critical times, i.e. before eating, after handling child's feces,
 - before preparing food,
 - before feeding a child,
 - after defecating.

5.1 Consultation and Participation Plan

	Type of Information	Mechanism	Responsibility
1	General Information about the project	Citizen consultation Consultation with media persons Consultation with CSOs Dissemination through local FM Channels Brochure	Focal Person at PMUs
2	Environmental Management Plan		
	<ul style="list-style-type: none"> • The draft environmental impact assessment (EIA) report • The draft environmental assessment and review framework, (if applicable), before appraisal; • the final EIA or initial environmental examination (IEE) • a new or updated EIA or IEE, and a corrective action plan, if any, prepared during project implementation, upon receipt by ADB; 	Consultation with affected persons Original document shared on PMU website Urdu summary shared on PMU website	Focal Person at PMUs

	Type of Information	Mechanism	Responsibility
	<ul style="list-style-type: none"> the environmental monitoring reports, upon receipt by ADB. 		
3	Resettlement Plan		
	<ul style="list-style-type: none"> The draft resettlement plan and/or resettlement framework, The final resettlement plan endorsed by the borrower and/or client after the census of affected persons has been completed; A new or updated resettlement plan, and a corrective action plan, if any, prepared during project implementation; the resettlement monitoring reports, upon receipt by ADB. 	Consultation with affected persons Urdu summary shared on web-site	
4	Project Development		
	Project development and changes	PMU Website FM Channels News media	Focal person at PMU
5	Information disclosed by ADB	Link to ADB web-site on PMU website	ADB

6 . Communication Channels and tools

29. A multi-channel approach is suggested because it has a better chance of bringing about behavioral changes than a single channel approach. Messages delivered through these channels must be consistent and reinforce each other.

6.1 Consultations and meetings

30. The project will hold consultations with the affected persons and other stakeholders. Consultations with affected persons will be held at communities while citizen consultation will be held at public halls or other venues. Purpose of these consultations is to inform the stakeholders about the project and seek their opinion and feedback. Though these consultations will be held at the start of the project, more consultations can be held if and when need arises.

Consultations will also be held with government stakeholders to ensure trust building, seek cooperation and smooth working relationship.

6.2 Community mobilization

31. Community mobilization would be carried out to partner with communities in order to achieve project objectives and strengthen dialogue among community members on issues of water, sanitation and hygiene. It would provide the platform to help increase community participation and ownership.
32. The community mobilization activities will be carried out in association with the Health Department and NGOs involved through the Social Welfare Department. The elected members of the local government will also be involved in the process. Families will be reached through the Lady Health Workers to disseminate the messages while schools will be reached through School Health Officers in Sialkot. Corners meetings will be held with involvement of the elected councilors. Imams at local mosques will be reached to include the message in their Friday sermons.

6.3 Public Events

33. *Meals*, public events and industrial exhibitions attract large crowds in both cities. These events provide a unique opportunity to communicate to the public and disseminate the message. The PMU will set up stalls at these events where project information will be displayed through pictures and videos, leaflets will be shared and information will be shared through loudspeakers.

6.4 News Media

34. It is important to make effective use of news media to keep stakeholders informed about the project activities and deal with any misconceptions, misunderstanding or misreporting. For this purpose, PMU needs to ensure close interaction with the Press Clubs in both towns and ensure timely delivery of information. The PMU will appoint a spokesperson to respond to media requests for information and share information on behalf of the project. The project will also strive to build capacity of media persons to cover the project and municipal and public health issues.

6.5 Radio

35. Radio has gained widespread popularity through FM stations. Radio offers a cost-effective way to reach the primary audiences. There are three FM stations in each district. PMUs will sign MoUs with these stations to ensure airing of its messages through public service messages and by integration of their messages into other shows.

6.6 Cable

36. Television channels are distributed to consumer through privately owned cable services in both cities. Various cable operators provide service in different parts of the two cities. These cable operators have been allowed by PEMRA to run local channels that air recorded programs and local information. Different local businesses use services of these cable providers to advertise their services and products. These cable channels can be an extremely cost effective and useful channel for sharing messages with the citizens. The project will make an effective use of these services by airing news reels and PSMs through them.

6.7 Social Media

37. Social media tools are changing the way that people communicate. The social media have assumed a prominent place in information sharing, social mobilization and public relations. Social media can help PICIPP to build awareness, create a network of supporters and empower its supporters to spread their message. The project will make an active use of Facebook, Twitter, Instagram and YouTube as social media tools.

6.8 Project Website

38. The project web-site will actively share project documents, project development and other information about the project. The web-site will also carry a feedback form for citizens to share their views and register complaints.

6.9 Fact, Sheets, Leaflets, Brochures

39. Leaflets and brochures will be printed in easy and accessible local language to share information about the project and any changes made in the project plan or timelines. These publications will be shared during events, visits and other activities and will be available at project office for sharing with citizens seeking information.

6.10 IEC Materials

40. The IEC materials will be printed in collaboration with the Health department for activities aimed at changing behaviors related to water and sanitation.

7 Behavior Change Communication

41. This section is meant provide a framework for a communication campaign to addresses basic behaviors related to water, sanitation and hygiene. It is designed to address a targeted set of behaviors that can bring about significant and compounding health impact at the household and community level.

42. The strategy presents following set of recommendations:

Commitment to coordination among different government and civil society partners.

43. A structured process should be initiated to ensure coordinate amongst the relevant government departments namely the Local Government, the Health Department and the Social Welfare Department. The PMU and later the service providers should sign MoUs with these departments to outline the contours of cooperation. The civil society organizations should be included in this arrangement through the Social Welfare Department.

Focus on a select number of behaviors to be changed.

44. Selecting a few specific behaviors that audiences can understand clearly and achieve consistently creates self-efficacy – the sense that promoted behaviors are do-able and sustainable - among target audiences. The key behaviors and recommended themes and calls-to-action are included in the behavioral message table below.

Focus on reaching audiences through multiple, reinforcing channels.

45. Audiences must be reached directly with messages that are designed specifically for them, and indirectly through trusted sources that have also been targeted as secondary audiences. This requires that the message carry both the information to create change, as well as a call to action – to communicate with others about the issue, or even spread the specific message. The primary and secondary audiences have the mentioned in the section above.

7.1 Detailed behavioral analysis of Primary audience

Ideal Behavior	Current Reported & Observed Behaviors	Barriers to Ideal Behaviors	Facilitators to Motivators Ideal Behaviors	Feasible Behavior/Practice
Safe water storage and use				
Cover drinking water container at all times.	<ul style="list-style-type: none"> Mostly cover drinking water container and few do not. Use plastic sheets to cover containers with large opening Some water receptors not covered 	<ul style="list-style-type: none"> Forgetfulness of children to cover drinking water container. Damage to lid by children. 	<ul style="list-style-type: none"> Understanding of importance. Performing of behavior. 	<ul style="list-style-type: none"> Cover drinking water container at all times Reinforce and strengthen good behavior with: <ul style="list-style-type: none"> —<i>Continue to cover your water-good job!!</i>
Fetch drinking water in a manner that does not put hands/fingers into drinking water, i.e. tap, long-handled ladle, pour.	<ul style="list-style-type: none"> Seldom use of long-handled scoop. Sometimes pouring drinking water. Often use short- handled cup that allows hand contact with the drinking water. 	<ul style="list-style-type: none"> Unavailability of scoop in the household. Lack of awareness that hands can contaminate water. Cost of tap/nozzle for attachment. Cost of buying a new container with tap/nozzle. 	<ul style="list-style-type: none"> Availability of scoops in the market. Cost for scoop. Access to scoops already in house. 	<ul style="list-style-type: none"> Use a long-handled scoop to give out your drinking water. Pour out your drinking water. Use a drinking water container with a tap.
Household water treatment				

Ideal Behavior	Current Reported & Observed Behaviors	Barriers to Ideal Behaviors	Facilitators to Motivators Ideal Behaviors	Feasible Behavior/Practice
Use proven, effective methods to purify drinking water, i.e. boiling, purification tablets/sachets, filtration	<ul style="list-style-type: none"> • Hardly boils water for drinking. Rarely purifies water with tablets/ sachets. • Seldom uses filtration devices. Never solar purifies water. 	<ul style="list-style-type: none"> • Limited awareness about household water treatment • Availability of sachet water • Belief that water is pure and does not need to be purified. • High cost of products -tablets • Perceived unpleasant taste of boiled/tablet purified water. • Limited availability of tablets/sachets. • Time-consuming (boiling/solar). Unaware of filtration devices. • Boiling water is a waste of fuel 	<ul style="list-style-type: none"> • Desire to improve wellbeing of family. • Availability of required products. • Low cost of products. 	<ul style="list-style-type: none"> • Test your drinking water for contamination • Solar heat your drinking water. • Filter your water with simple household filtration devices, • Treat your water with chlorine tablets/sachets.
Safe disposal of excreta				
Safe disposal of household solid waste				
Dispose of solid waste generated at home safely	<ul style="list-style-type: none"> • Few place household refuse in bins with tight fitting lids • Most place refuse in polythene sacs, and uncovered bins Some heap refuse at a designated corner of the house for days • Bins are not emptied regularly Household waste is thrown into gutters or open spaces 	<ul style="list-style-type: none"> • High cost of litter bins • Poor awareness about the health danger of decomposing waste • Absence of municipal waste collection service • High cost of refuse collection in some areas 	<ul style="list-style-type: none"> • Desire for a clean compound or environment • To keep children healthy • To avoid flies and bad odor 	<ul style="list-style-type: none"> • Ask husband to buy suitable litter bin • Place litter in appropriate bin and cover tightly • Dispose of litter at designated points daily, or every other day

Ideal Behavior	Current Reported & Observed Behaviors	Barriers to Ideal Behaviors	Facilitators to Motivators Ideal Behaviors	Feasible Behavior/Practice
Safe disposal of other solid waste				
Dispose of litter outside the home safely	<ul style="list-style-type: none"> • Litter is thrown around indiscriminately • Litter is dumped into gutters Litter is thrown down from moving vehicles 	<ul style="list-style-type: none"> • Absence of litter bins in public places • Improper education on disposal of litter in vehicles • Weak municipal enforcement of sanitation laws • Inadequate solid waste collection services 	<ul style="list-style-type: none"> • The pride of a clean city Improve public health • Fear of penalty by municipal authorities 	<ul style="list-style-type: none"> • Place all litter in the appropriate bin provided in public places • If travelling in vehicle, leave litter in vehicle

Ideal Behavior	Current Reported & Observed Behaviors	Barriers to Ideal Behaviors	Facilitators to Motivators Ideal Behaviors	Feasible Behavior/Practice
<p>Wash hands with soap (HWWS) and air dry at the 5 critical times, i.e. Before eating, after handling child's feces, before preparing food, before feeding a child, after defecating.</p>	<ul style="list-style-type: none"> • Wash hands with water only. Most often does not wash hands before eating • Rare hand washing before feeding babies, or changing baby diapers • Sometimes wash hands after defecation. • Seldom wash hands at other times. • Rarely wash the hands of their children before meals. • Wash hands of children when hands are dirty, with water only. 	<ul style="list-style-type: none"> • Forgetfulness. Cost of soap. • Lack of family cooperation. • Unavailability of soap at hand washing station. • Soap runs out, no stock on hand. • No hand washing facilities at vantage points • High cost of hand washing facilities • Lukewarm attitude towards children's health - —in God's Hands. • Lack of knowledge on all critical times to wash. • Lack of knowledge of all the steps. • Lack of sufficient quantity of clean water. 	<ul style="list-style-type: none"> • Desire to prevent children from infectious diseases • Easy access to water • Peer pressure • Desire to care for and improve wellbeing of family. • Availability of soap. • Desire for children to be active and healthy. • Nice smell of soap. 	<ul style="list-style-type: none"> • Wash the hands of your children under 5 with soap and air dry before every meal. Wash your hands with soap and air dry every time after using the toilet. • Wash the hands of your children Under 5 with soap and air dry every time after they go to the toilet. • Teach your children how to wash their hands with soap and air dry. • Wash your hands with soap before feeding your children. Wash your hands with soap before preparing meals, before eating, after changing baby diapers and after defecating. • Air dry your hands or use disposable hand towels after eating in a public place

8 . Feedback/Complaint Mechanism

46. Beneficiaries and stakeholders will be communicated their right to provide feedback and make a complaint and they will also be informed about the procedures for doing so. Implementing a proper feedback and complaint handling mechanism requires ensuring that it is undertaken in time and is of good quality. This mechanism also requires sufficient human and financial resources, in addition to assigning roles and responsibilities defined during the set-up of the complaint mechanism.

8.1 Channels to report complaints

47. Channels to report complaints should allow all potential complainants to report their grievances. This communication plan suggests to include online submission form, email addresses, helplines, personal conversations and SMS for feedback and complaint mechanism.

48. While online reporting tools such as email, online submission forms or online platforms can be accessed by the educated and younger stakeholders, for less educated and elderly it is important to include a walk-in office and a phone service message service. Anonymous reporting should be possible and accessible.

8.2 Making complaint mechanism public

49. In line with the principles of transparency and accountability and in order to build trust in the mechanism, the complaint handling procedure will be publicized. While a flyer and the project website will contain complete information about the complaint process, simplified messages will be displayed at different project sites and machinery.

50. While publicizing feedback/complaint mechanism, following information should be shared: Who can submit a complaint; where, how and when can a complaint be submitted; what can be complained about, any limitations to the process etc.; what outcomes can be expected from the handling of the complaint, and what not; which department and senior management function are accountable for the proper handling of the complaint; what rights and protection are guaranteed, including confidentiality and anonymity; where and how can the complainant follow up (including appeal process).

8.3 Receiving Feedback/Complaints

51. All feedback and complaints will be received in an open and courteous manner. If the feedback is relevant, staff will express commitment to pass on feedback or resolving the complaint. If the feedback or complaint is not related to the project, the stakeholder can be politely turned away. In the case of feedback, the stakeholder will be asked if they require a response. If not, a commitment will be made to pass on feedback. For all complaints, and feedback requiring a response, a commitment will be made to do so as soon as possible. Stakeholders should be encouraged to propose possible solutions for consideration when they submit their complaints. No promises will be made to create false expectations.

8.4 Handling incoming complaints

52. Incoming complaints will be handled in line with process established, in time and will be well recorded in order for the responsible staff to be able to follow up appropriately. The process for handling incoming complaints will include i) receiving and recording complaints and ii) initial screening of complaints and handling of out-of-scope complaints.

All complaints will be assigned a complaint number and the date of complaint will be noted; the receipt of the complaint will be acknowledged as soon as possible, and the complainant will be informed on potential follow-up and timeline. The complaints that are out of the scope of the complaint mechanism will be identified based on clear pre-defined criteria. Two staff members will conduct independent reviews of the complaints for decision-making. If

necessary, complainants will be informed when their request is out of scope and they will be provided with reasons and possible alternative channels to pursue their grievance.

8.5 Processing complaints

53. Complaints that are in-scope with the complaint mechanism will be thoroughly reviewed according to the administrative process laid down in the project and the complainant will be duly informed of the decision and about the appeal process.

9. Communication Plan

S. #	Deliverables	#of deliverables	Proposed Date	Description/Explanation	Budget(USD)	Responsible/ Focal Person
1	Consultation with affected persons on Environmental management plan	At least two in each city	Before start of physical activities and when required	See Section 5.1	1000	Communication focal Person-Safeguards expert
2	Consultation with affected persons on resettlement plan	At least two in each city	First/Second quarter 2017 and when required	See Section 5.1	NA	Communication Expert/Resettlement/safeguards expert
3	Citizen consultation	Minimum one in each district	First/Second quarter 2017	See Section 5.1	NA	Communication Expert/Focal Person
4	Consultation with media persons	One in each district	First/Second quarter 2017	See Section 5.1	1000	Communication Expert/Focal Person
5	Brochure, leaflet in local language	Twice a year and when needed	Year 1 to 4	Containing the basic and current information about the project	5000	Communication Expert/Focal Person
6	Workshop for media professionals	One in each district	Second quarter of the first year	Media professionals oriented on the project and municipal reporting	5000	Communication Expert/Focal Person
7	Press Release	Minimum ten per year in each district	Year 1 to 4	Containing updates on projects and messages	NA	Communication Expert/Focal Person
8	Press Articles and Features	Three per year in each district	Year 1 to 4	By journalists through media advocacy	NA	Communication Expert/Focal Person
9	TV, radio programs discussing the project	6 each year in each district	Year 1 to 4	Interviews of project staff and sharing of information by media through advocacy	NA	Communication Expert/Focal Person

S. #	Deliverables	#of deliverables	Proposed Date	Description/Explanation	Budget(USD)	Responsible/ Focal Person
10	Marking and branding material	According to the output Brochures Training materials Standees Other materials (standees, backdrop, writing pads, ball points etc.)	2017 to 2020	Containing branding materials and basic messages and information about the project	6000	Communication Expert/Focal Person
11	Project Website	One project web-site	Website hosting and design during the first quarter and regular maintenance	All project related information, progress and public documents shared through website.	5,000	Communication Expert/Focal Person
12	Social Media	Facebook, Twitter, Instagram and YouTube accounts	Set up during the first quarter of the project	Events, project progress, messages delivered through Facebook, Twitter, Instagram and YouTube.	NA	Communication Expert/Focal Person
13	Awareness raising campaigns Through paid Advertisements	Newspaper advertisement, Public Service Messaging (PSM) on radio, television and cable channels	2017 to 2020	Information related to project and water and sanitation behavior change.	15,000	Communication Expert/Focal Person
14	Training of LHWs and School Health Workers	Two to three times during the project in each city	2017 to 2020	Orientation of health workers on BC messages and the project	5,000	Communication Expert/Focal Person
15	IEC Materials for BC activities	To be determined in consultation	2017 to 2020	For use in BC campaigns	10,000	Communication Expert/Focal Person

S. #	Deliverables	#of deliverables	Proposed Date	Description/Explanation	Budget(USD)	Responsible/Focal Person
		with the health department				
16	World Handwashing Day	#4, October 15, each year				Communication Expert/Focal Person
17	Logistics for various communication and BC activities	To be determined by logistics officer	2017 to 2020	For	8,000	Communication Expert/Focal Person
	Total				48,000	

54. Throughout the project implementation, the communication team will provide following information to Urban Unit:

- Quarterly list of events to be organized by the project during the coming three months, including approximate date, location, and audience;
- One success story every quarter with accompanying photographs. The success story will be provided in Microsoft Word format;
- At least 20 photographs illustrative of the project activities and achievements, in jpeg format, per year. The photographs will be at least 1 Mb in size each. Each photograph will have a brief explanation about its subject and will identify the photographer and his/her organization, person(s) featured in the photograph and the location where photograph was taken;
- Clippings of press articles that mention the project.

10. Human Resources

Designation	Number of Positions	Required Skills	Required Resources or Equipment	Estimated Annual Budget (USD)
Communication Lead	1	Experience: 5 to 7 years, media relations and publicity, event management, team lead/management experience, media relations and publicity, documentation, communications strategy, ability to supervise and implement overarching communication strategy.	Laptop, design software, computer accessories, printer, scanner.	20,000
Communication Specialist	2	Experience: 3-5	Laptop, design software,	12,000

Designation	Number of Positions	Required Skills	Required Resources or Equipment	Estimated Annual Budget (USD)
		Assist the team lead in implementing strategy in districts.	computer accessories, printer, scanner	
Web Manager	1	Experience 3-5 years Manage and update the web-site.	Laptop, software	9,000
ANNUAL TOTAL COST				41,000

11. Monitoring and Evaluation

The Strategy is based on the following assumptions:

- Availability of resources (human and financial)
- Prioritization of communications by agencies
- Stable regulatory environment

Overall Objective	To provide communication support to the PICIIP project to achieve the outcome “improved quality of urban services available to residents of intermediate cities.”
Specific Objective 1	To ensure pro-active disclosure of relevant information to citizens.
Output 1	The affected persons remain fully informed about their rights and project activities that affect their interests or well-being.
Priority audience	Affected persons (displaced persons or persons whose property has been taken)
Activities	Consultation with affected persons on environmental management plan and resettlement plans, summary of documents shared with affected persons.
Indicator	Number of consultations, frequency of information shared and feedback through the various communications channels.
Communication tools	Outreach, logistics, Publications, digital media
Resources required	Human and financial resources; consultants; digital cameras; recording equipment; public address system.
Output 2	To keep all the key stakeholders informed of the project’s progress.
Priority audience	Direct beneficiaries, residents of the city.
Activities	Citizen consultation, Consultation with media persons, information sharing through media,
Indicator	No of consultations, no of stakeholders reached, number of PSMs aired, no of times project discussed in papers/radio/television, number of banners, number of fliers, hits on web-site, twitter impressions, Facebook likes and shares.
Communication tools	Outreach, publications, digital media, logistics, digital media
Resources required	Human and financial resources; consultants; professional standard digital cameras; recording equipment; multimedia system; hall ; high capacity IT equipment for storing images and video; social media.
Output 3	Get key messages across to relevant target groups for awareness raising and behavior change.
Priority audience	Direct beneficiaries-citizens benefitting from improved water and sanitation facilities
Activities	Behavior change campaign in association with the Health Department and the Social Welfare Department, Global Handwashing day.
Indicator	No/percentage of household, school children reached.

Communication tools	Doorstepping, PSMs through newspapers, radio, television, cable.
Resources required	Human resources from Health Department, Social Welfare Department and NGOs, financial resources; consultants; IEC materials; professional standard digital cameras; high capacity IT equipment for storing images and video; social media channels.