The SEPA model: CIET’s approach to communication
Executive Report, 2006

“What kind of a man are you?”
The question pounded its challenge from a highway billboard in southern Johannesburg, in the summer of 2002. The sign spelled out its meaning a few inches below: “Violence against women hurts us all.”

At first glance, it did not take much to connect the dots, at a time when the media carried daily stories of sexual abuse and gang rape: women were victimised by men; all it took was a real man to stop turning the wheel. This assumption would soon turn out to be wrong, however, when a CIET national survey showed that half of South African schoolgirls polled agreed that “when a woman says ‘no’, she really means ‘yes’”, echoing a popular belief among youths from all walks of life. Fully one third of all girls though that “you have no right to refuse to have sex.” More shocking yet: two out of 10 learners, regardless of their sex, would deliberately spread AIDS if they knew they were HIV-positive.

No single billboard, no marketing punch line could capture the stunning evidence. No appeal to individuals to change their ways could shake the foundations of such widespread attitudes and beliefs. And yet, most people would identify the Johannesburg billboard as a common, archetypical example of communication for social change.

This approach goes well beyond South Africa. Governments and development agencies frequently act as if there were some higher knowledge that people should grasp and live by. As a result, communication for health and development is often reduced to a handful of slogans, calling for individual responsibility (“It’s your move, prevent AIDS”, “Give your baby a boost in life: breastfeed”) to deal with problems that are deeply rooted in society and culture.

CIET seeks to understand and practice communication in a different way, as a means of partnering with communities to better identify and solve their development challenges based on the participatory search, open circulation, lay interpretation and collective discussion of local evidence. We call this process SEPA: *socializing evidence for participatory action*.

By doing this, we help to bring different voices from the community into planning - particularly those of the most disadvantaged- and we empower them as they face their most pressing concerns and their long-term challenges.

Depending on the subject, children, youth, women, service users and providers, government officials and community representatives have been engaged in research design, data interpretation, and evidence dissemination. At the community level, upon discussion of the evidence, people have at times reframed the issues and redressed research priorities. Others have used the findings to advocate for environmental rights and to demand policy and institutional changes. For SEPA purposes, it is crucial that the
findings make sense to stakeholders and communities; that is why people’s interpretation of quantitative data—generally in focus groups—and subsequent stakeholder discussion of the findings are an essential part of our methodology.

People participate at different levels of the SEPA cycles; the accumulated effect of this increasingly informed engagement leads to greater interaction and mobilisation around the issues, and to collective validation of the goals and the steps to reach them.

**SEPA at work**

The 2001-2004 South African national youth survey on sexual violence and HIV/AIDS offers an example of how we work to spark sustainable social mobilization around the evidence.

CIET did not arrive to this study by chance, nor did it impose the topic from outside South African society. The issue of sexual violence and HIV/AIDS came into focus through several cycles of participatory research and communication that started in Johannesburg in 1998 and led to the nationwide survey. We engaged all social groups with a stake in the situation from the very beginning of the different cycles, way before any fieldwork. In design workshops, the stakeholders defined the problem, shaped the approach, and participated in the elaboration of research tools. We identified youth as key actors in preventing sexual violence and tried to build social leverage around them. Data collection for the national study took place between September and November 2002. Once we had the answers from 283,000 youths in school surveys and out-of-school interviews across the country, we shared them in focus groups to find out what lay behind the facts and point to possible interventions. We then circulated and discussed the evidence in workshops at all levels of society and reached out to the public opinion through the mass media. Faced with the jolting evidence, South Africans started to grapple with the depth and magnitude of the problem.

At the same time, we developed a violence prevention module based on the perceptions and experiences of the students, in their own voice and with their own proposals. The result was the evidence-based “Beyond Victims and Villains” audio drama series, which is being used by youth counsellors, educators and social workers, and in life-skills classes in schools, through an agreement with the provincial governments. The series is also aired in call-in radio shows across the country. It has also been piloted in training sessions with traditional leaders, tribal chiefs and female elders. The idea behind this effort is to spark informed, attitude-oriented discussion among youth and other relevant stakeholders.

**Evidence-based communication**

Community development calls for people to identify their own priorities and to have evidence-based options, rather than tailor-made solutions from expert sources, before they make individual and collective decisions. It is not only for policy-makers, academics, or professionals to know that in a given community, intervention A had
greater impact than intervention B. When citizens are involved in research and evidence is openly and collectively discussed in focus groups, workshops, households, community meetings, and the media, communities are in a better position to tackle their development problems. The results of the fact-finding process should provide information for households and individuals to make decisions; they should inform service delivery to ensure that services are more responsive to the people; and they should ultimately be able to influence social policy for sustainable change.

Communication on the importance of condoms, breastfeeding or girls’ education might be much more meaningful if backed up by evidence about the impact of these interventions in the local context. In the CIET experience, it has been of great use for people to know how many cases of sexually transmitted diseases were averted, how many days of illness were saved, or how many girls grew up to contribute to household livelihood by means of specific interventions based upon actionable evidence.

Much of this evidence is about things that happen in daily life, but that are seldom seen as having a larger impact on development problems. In a social audit on the gender gap in education in Pakistan, CIET found that parents’ engagement with schools had a strong positive effect on dropout rates, as they fostered trust and dialogue between teachers and parents. As a result of it, parent-teacher associations were formed in certain areas, also increasing girls’ enrolment.

In a micro-regional planning project in Mexico, people in very poor communities evaluated the collective costs of different interventions to prevent diarrhoea, and compared them to the reported cost of the disease. By the end of the three-year initiative, all five participating municipalities had taken some action, based on evidence about the highest protective value among the options. As a result, the use of liquids for children with diarrhoea increased significantly in four of the five communities and prevalence of diarrhoea was reduced by up to 14% where water treatment and the use of latrines were promoted.

In Nicaragua, where traditional, vertical programs based on periodic spraying with pesticides have failed to curb the spread of dengue, a SEPA effort is under way to test evidence-based, community-led solutions based on a) training community volunteers to detect and control the *Aedes* mosquito vectors b) promoting community leaders to mobilize the neighbours and SEPA *brigadistas* to guide household actions aimed at eliminating mosquito breeding sites, and c) fostering meetings among community facilitators to share experiences and derive common solutions.

In the Lasbela district of Pakistan, CIET is working with local authorities to improve childhood immunization rates. Instead of using worn-out slogans, we are fostering community dialogue around evidence on how people evaluate the costs and benefits of having their children vaccinated.
SEPA and other models of health and development communication

Unlike most health communication, SEPA does not seek individual behavioural change in and of itself, but participatory action leading to change at the national, provincial, district, community, household or individual levels, depending on the issues and the circumstances. Therefore, SEPA is better defined by its social components and its social and cultural implications than by individual perceptions and individual cost-weighing.

The SEPA process may unfold within local communities or at the level of larger human collectives. It may also address particular stakeholder groups and specific issues, like children’s rights, satisfaction with service delivery, landmine awareness, or the bond of care between mothers and their children. Whichever the case, SEPA is best understood at the level of social interactions and mediations, rather than as an attempt to directly impact individuals as isolated receptors of communication for change.

In this context, risk communication is often used for sharing evidence, but not as a means of prescribing a specific course of action. CIET socialises the evidence for people to negotiate with their own reality, in an informed manner but in their own terms, which often implies working out conflicting views and interests in any given society. This is particularly relevant when dealing with extremely sensitive issues, like entrenched, socially tolerated sexual violence and abuse against women, which are the core of pioneering CIET social audits in South Africa and Pakistan.

SEPA’s reliance on scientifically valid evidence is also a defining trait in the field of knowledge translation. But SEPA is evidence-based rather than expert-based. This evidence base includes the perspectives and experiences of lay people, service users and providers, and those who are disenfranchised. The socialising process generates new knowledge -including local knowledge -- and builds upon it to propel action and move onto new cycles of research. All along this reiteration, SEPA increasingly resembles an intersection of different types of knowledge rather than a one-way knowledge transfer from authoritative sources.

SEPA also differs from social marketing, social advocacy and social mobilisation. Certain social marketing tools may be used at the dissemination stage of SEPA, but they are not inherently part of the process. Some elements of social mobilisation are present in SEPA, so far as it implies dialogue and action at the level of government, public services and communities, and between these spheres. But this mobilisation seeks to avoid the pitfalls of social manipulation. It is rather a way of raising collective awareness and interest around the issues and the evidence, thus contributing to an increasingly informed, self-sustained environment for participatory action and change.