



Shine Supply Communications Strategy

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List of Abbreviations

CSP	(SHINE) Commodity Security Programme
CP	Consortium Partner
DFID	Department for International Development
EPHS	Essential Package of Health Services
FGM	Female Genital Mutilation
HRIS	Human Resource Information System
HSS	Health System Strengthening
IPs	Implementing Partners
MEL	Monitoring, Evaluation & Learning
MM	Mott MacDonald
MoH	Ministry of Health
NGOs	Non-Governmental Organisations
PSA	Public Service Announcement
QPR	Quarterly Progress Report
SDGs	Sustainable Development Goals
SHAs	Somali Health Authorities
ToR	Terms of Reference

1. Overall Objectives/Background

SHINE is a 5 year programme to reduce mother and child deaths in Somalia by improving the supply and demand for improved health and nutrition services. The programme aims to strengthen Somali Health Authorities (SHAs) oversight of basic service delivery and contribute to the wider state building agenda.

The SHINE Supply Programme is a component of the broader programme that began on the 1st of July 2018 and will end on 31 March 2021 – for a total duration of roughly two and a half years. This communication strategy and action plan offers a vision for SHINE Supply's communications, including key messages and actions to undertake from November 2018 to the end of the Programme. This Communication Strategy provides guidance to the management lead on how communications may best be used to help achieve SHINE Supply's goal and objectives. This document will be reviewed intermittently and may undergo periodic revision.

The primary ground on which this Communication Strategy builds upon is that both internal and external communications will be critical tools to add value to SHINE Supply. Rather than being seen as an add-on, a strong commitment to communications should be employed from the beginning of the Programme.

The SHINE Supply programme will work in two politically distinct areas – Somaliland and the Federal Member States of Somalia. These areas face distinct challenges, a strong sense of identity, and come with their different prominent media channels (see section 5) which will affect the rollout of SHINE Supply communications. Communications will need to be tailored to each region with the help of local and national staff members who have a deep understanding of the local and regional contexts. It will also be vital to engage with Somali Health Authorities (SHAs) who will be able to offer practical support and contextual understanding. Ministry of Health support, in terms of both boosting the Programme's visibility and advocating for positive change in the health sector, will be vital to the success of the Programme.

2. Communications Objectives

Visibility

To increase the visibility of the SHINE Supply programme among a wide but defined group of stakeholders, acknowledging funding from the UK government.

Visibility is critical for the Programme to share objectives, progress, results, impact, challenges and successes with stakeholders. This will be an ongoing process of enhancing the visibility of SHINE Supply by communicating results, ongoing activities and key messages to different stakeholders through targeted media channels.

Advocacy

Influence and inform policy makers, civil society and development practitioners to create a supportive environment for the Programme by taking actions such as: changing policies, allocating resources, speaking out on critical issues, and initiating public discussion. Provide advocacy for critical persistent health challenges, including maternal mortality, neonatal mortality and malnutrition, as well as for the underlying determinants of these challenges, such as gender inequality, social exclusion and marginalisation.

Lessons Learned

Disseminate and promote the outputs of the SHINE Supply programme, including research, best practices and stories of change as a strategic tool. Effectively use the knowledge acquired by partners and national/international stakeholders to maintain the Programme's performance

Branding

Set up clear, recognisable and standardised Programme branding, in line with the Department for International Development's (DfID) guidelines on visibility. This is inclusive of standardised reporting methods. The stand-alone SHINE Supply Branding Guide is available for internal and external use, and offers guidance on the use of the SHINE Supply identity.

Internal communications

A main objective is to seek and share SHINE Supply best practices and success stories, and to produce guidelines and templates to aid the collection of such materials. Each consortium partner and implementing partner should complement each other and operate within their areas of expertise. Inter-agency cooperation and information sharing is paramount for achieving success in the key development priority areas and working together is fundamental to achieving collective goals and development priorities.

3. Target Audience

Target audience refers to those individuals, groups, or organisations with whom the project interacts with at the national, regional and global levels. To this end, the strategy divides these various target audiences for SHINE Supply communications into 4 main groups; *International Policy & Practice; National Policy & Practice; Practitioners; and the General Public.*

Consortium partners will help play a key role, alongside the management agent, in providing suitable content for each of the following audiences.

3.1 International Policy & Practice

3.1.1 Donors

Key focus for communication with the donor is to ensure effective visibility for the DfID-funded programme, supported by correct branding as per DfID guidelines, as well as garnering support on policy dialogue through the promotion of SHINE Supply content through DfID communication channels. SHINE Supply will also engage with a wider group of donors, such as KfW and USAID.

Donors have placed increasing emphasis on prominently branding development interventions. Spreading knowledge about the identity, successes and challenges is one mechanism through which donor governments conduct local level diplomacy with direct target groups and through which they hope to influence public opinion.

3.1.2 Policy-makers

Aim to improve the knowledge and access to information for policymakers in the health arena through dissemination of lessons learnt and research findings. Policy-makers will be targeted through communications advocating for policy development and for enactment on national and international protocols.

3.1.3 Wider health sector

Although not a primary target audience, communication activities and materials will also reach them, especially when advocating for best practices in the health sector. Such organisations are a target when disseminating research and lessons learnt. Primary communication channels for organisations in the Somali health sector will be cluster meetings, pillar group meetings and other forums that encourage health sector coordination. Coordination efforts often focus on bringing together partners that are operating under one donor, rather than the wider group of development actors; collaboration will be vital to avoid fragmentation and duplication of efforts;

3.1.4 Think Tanks, research institutions and higher education institutions

Although not a primary audience, research findings and best practices will be applicable to these bodies. A common objective of SHINE Supply and such organisations is to influence decision-making by policymakers and practitioners in the health sector. Sharing information and best practices can help to achieve this goal. These organisations can serve as partners in effective advocacy for policies that accelerate the achievement of specific SDGs related to health. Such organisations may also serve as partners in research, or publishing opinion-led articles. A cost-effective way of cooperating and communicating with these groups is to host open-source research and findings on different communication channels.

3.2 National Policy & Practice

3.2.1 National/State Ministries/Somali Health Authorities (SHAs)

SHINE Supply works closely with national (Federal and Somaliland) and Federal Member States' health ministries. To ensure successful and smooth implementation, strong communications is essential to ensure that health authorities are also communicating effectively on the Programme's objectives and successes. When communicating with SHAs, messages should be compatible with local and religious norms and where possible, local languages should be used for communication or through translation for effective engagement and interaction with local stakeholders.

3.2.2 Implementing Partners (IPs)

IPs are national and international NGOs that have a strong presence on the ground and close ties to the communities and grassroots stakeholders. They are better placed to communicate effectively at the community level, influence community debates and help in shaping opinions where they are based. IPs will help to transmit information and advocate for the Programme and its key objectives.

3.3.1 Health partners

Organisations that are part of the broader SHINE programme – SAHAN, Demand Creation and Commodity Security are key partners and a high level of communications will be necessary to ensure that coordination is strengthened. The effective delivery of all components of SHINE are vital for the success of the Programme.

3.3 Practitioners

3.3.1 Health professionals

Health professionals need updated health information from credible sources to improve knowledge and provide evidence-based health care services. Dissemination of research findings and examples of best practices to decision makers and practitioners will help to achieve greater impact and improve outcomes in organisations and projects - an effective approach to help strengthen health systems in Somalia and Somaliland, as well as other fragile contexts.

3.4 General public

3.4.1 General public and the diaspora community

With a focus on the Somali general public and the diaspora community, the objective is to engage with individuals to encourage support of SHINE Supply activities, as well as improving access to knowledge on health sector issues and garnering support for improved policies and practices in the health and nutrition sector.

3.4.2 Target Groups

The general public includes target groups of the work carried out by SHINE Supply, including both the public at large, as well as specific target groups, such as women and children. Improve the understanding, support and potential participation in the Programme through increased knowledge on activities and outputs. With target groups, there must be the potential for two-way communications – mechanisms for feedback are critical for target groups to be able to actively engage with the Programme and to influence delivery. Methods for two-way communication are further discussed in '5. *Communication Channels*'.

4. Being on Brand

Presenting the SHINE Supply brand correctly is crucial. This means being consistent with use of the SHINE Supply logo, typefaces, slogan, colours, as well as key messages. All this will

combine to communicate a clear image of the Programme across all communication channels and to all audiences.

The following elements will be standardised in a number of templates designed by the Communications Manager, including monthly and quarterly progress reports. It is important that these key documents be drafted in the applicable template to avoid duplication of work. Templates will be available on SharePoint.

It is important that the whole '*SHINE Supply*' name is used throughout all internal and external communications, to distinguish from the other SHINE Components such as the UNICEF/UNFPA-run Commodity Security (CSP) and PSI' CHANGE Programme.

4.1 Design elements

4.1.1 Logos

The SHINE Supply logo should be clearly visible on all printed, web and audio-visual materials, unless it compromises the safety and security of staff members. High resolution logos are available from the Communications Manager and will also be available on SharePoint. The SHINE Supply logo will be used to represent the Programme as a whole, rather than using the logos of individual CPs. CP logos will be used in certain documents and channels, such as reporting and on the website. Separate logos will be used to identify Somalia and Somaliland.

The UK aid logo should be used on programme assets, communications and events to recognise the contribution of the UK Department for International Development (DfID) from the UK government. Typically, the UK aid logo will be used alongside the SHINE Supply logo and the MoH/Federal Member States MoH and Somaliland MoH logos in all externally facing communication materials, including, but not limited to: reports; research; website; social media; press releases; and at events. In deciding where UK Aid branding is used, consideration should be given to the safety, security and dignity of target groups and staff, and agreed upon this with DfID Senior Responsible Owners (SROs).

The DfID logo (separate to the UK Aid logo) defines who DfID is as an organisation - the UK government department with responsibility for the UK development budget and policy. It is consistent with the corporate branding of all UK government departments, but it is not used to describe what DFID does. The UK Aid logo shows where the UK development budget is spent, and therefore must be used in SHINE Supply communications.

4.1.2 Colour & typography

Standardised fonts and colours should be used across all communication channels, where possible. All staff are requested, to the best of their ability, to format internally and externally facing documents in line with the SHINE Supply 'house style'. This will be available on SharePoint and will be communicated through training from the Communications Manager once the logo, fonts and colour formatting has been finalised.

4.2 Written statements

Branding is not limited to the use of the UK aid logo, but also through interviews, press releases, public statements, on social media and in all other public communication. The following statement should be used in the above listed communications: ***'this programme is funded with UK aid from the UK government'*** or ***'this programme was funded with UK aid***

from the British people' or some appropriate variation agreed with the programme SRO. The UK government, rather than DFID or other UK government department, should be credited as the source of funding within the text of a document. The following disclaimer can be used: *'This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.'*

4.3 Photos

The Programme does not currently have a photo bank of high quality photographs depicting Somali people, health facilities and landscapes. Once implementation begins, the Communications Manager will be able to travel to the field locations to take photos of target groups and health facilities that are being supported through the Programme.

In order to gather content from insecure and hard-to-reach places, it is recommended that each IP be provided with a simple DSLR camera. These cameras are easy to use with some basic training and will provide high quality photos, suitable for use on the identified communication channels. The Communications Manager will give training on the use of the cameras. It will also be important to develop a system of delivery. This may be difficult with poor Internet connectivity and may necessitate sending flash disks to a central location (Nairobi) every 4-6 weeks with travelling staff.

4.4 Tools

Website; social media; flyers; leaflets; posters; banners; business cards; PowerPoint presentation template; report templates; etc.

5. Communication Channels

5.1 The media landscape

Positive media coverage is what shapes the public perception towards the Programme. To achieve positive, favourable and accurate media coverage of activities and key events, it is essential to build strong and close ties with local media organizations and to understand the media landscape and cultural practices within Somalia.

30% of respondents (IAAAP, 2018) had used less than 4 out of 10 of the suggested media. This group was labelled 'the not well connected', and included a large number of individuals from vulnerable groups, including women, IDPs, urban-poor and non-educated.

National media is trusted more than international media, even though it is known to be tightly controlled (IAAAP, 2018).

5.1.1 Print press

Print press circulation is limited because Somalia has one of the lowest literacy rates in the world. Somaliland is the only area with a thriving print media industry, although most newspapers have a small circulation that is limited to the educated and urban elite. Some, like *Jamhuuriya*, are daily, whilst others are published 2-3 times a week.

5.1.2 Radio

Radio is the most widely used media channel – 82% of respondents had listened to national and/or international radio over the last year (IAAAP, 2018). Radios are cheap and easy to handle and are used widely across the country by the nomadic population and city dwellers alike, and given the low literacy rates, radio is the most prevalent and heavily trusted form of media.

The Somali culture also lends itself to this format; Somali audiences enjoy discussion and phone-in programmes. There is an enthusiasm for programmes that allow the public to call in, ask questions and voice concerns to community leaders and government officials.

There are 56 radio stations across Somalia.¹ Streaming radio through mobile phones is also common amongst Somalis. The two most widely respected channels are Voice of America Somali (VOA) service and BBC Somali Service. State-run *Radio Hargeisa* is by far the most popular in Somaliland. BBC Somali Service is the most widely listened to in the capital, followed by Horn Afrik. There are also many radio stations that target diaspora populations – these can be accessed online.

5.1.3 TV

TV stations exist but TV ownership is very low. Many TV stations operate from inside as well as outside of Somalia, such as Universal TV, which also operates from London and Hargeisa. Prominent stations include Somali National TV; Puntland TV; Jubaland TV, and South West State TV.

79% of respondents had watched national and/or international TV over the last year (IAAAP, 2018)

5.1.4 Online media

¹ <http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/AnAnalysisOfTheSomaliMediaEnvironment.pdf>

There is a thriving online media presence, with online news outlets publishing articles in Somali, Arabic and English such as *somalilandtoday.com*; *garoweonline.com*; *hiraan.com*; and *hadhwanaagnews.com*). Internet users are thought to be mostly young and urban based, as well as the large diaspora community, but as a news medium, it is spreading quickly. The highest quality and most respected sites are the online versions of radio/print organisations.

5.1.5 Social Media

7.9% of the population use Internet. Many of these users access the Internet through a mobile phone and the majority of social media users access these sites through their phones. 59% of respondents had used at least one social media channel over the last year – 58% had used Facebook, whereas 20% had used Twitter (IAAAP, 2018). Although use is quickly growing, social media ranks lower in terms of trustworthiness (IAAAP, 2018).

By September 2018, YouTube increased to occupy 30% of the social media market. Facebook was at 60% (down from 95% in 2017). Twitter and Instagram use remains low, but effective in reaching international audiences.

5.1.6 DfID communication channels

DfID's communications team are happy for a proactive approach to programme communications. They are always looking for new material that can be used through their social media channels, but also other mediums, such as reports, brochures and posters. The Communications Manager already has a good relationship with a number of key contacts in the communications team and will seek to introduce the SHINE Supply programme at an early stage.

DfID coordinates campaigns around major internationally recognised days in the health arena and will look for relevant content from their Programmes to effectively do so. Therefore, it is recommended that the Communications Manager take a proactive approach and contact DfID HQs communications team well ahead of such days in order to be able to draft appropriate and high-quality content.

The same applies for DfID Somalia who can be found through the Twitter account @UKinSomalia. It is recommended that the Communications Manager meet the individual(s) responsible for this account in order to foster a relationship of strong communication and cross-promotion.

5.1.7 Research, Reports and Strategies

We will be preparing several reports - monthly, quarterly technical reports and annual reports - as well as strategies, including RFP, HSS, GESI strategy, VfM strategy MEL, PEA etc. These strategies will be available to the public through the SHINE Supply website and will help to effectively communicate the specific objectives and planned outcomes of the Programme.

5.2 Website

The newly launched SHINE Supply website (www.shinesupply.org) is an important communication tool where we will host basic project information (Programme

objectives/team/contacts), downloadable documents, and also direct users to social media channels.

5.2.1 Audiences

The donor; Somali government/health officials; consortium/implementing partners; health partners and practitioners; the general public.

5.2.2 Messages

The website will host simple messages about the Programme's objectives; information on the two main components of the Programme; news/success stories; information about the SHINE Supply team; photos and contact details for both SHINE Supply team and IPs.

We must bear in mind that many users of the website may not have access to fast Internet. Due to this, we will not host heavy imagery or files on the website, apart from banner photos on each main page.

5.2.3 Frequency

The website will be edited as and when applicable news/documents become available, but this will be dependent on receiving quality content, which may not come in systematically, especially at the beginning of the Programme. To populate the news/blog section, the Communications Manager will be largely dependent on incoming content from IPs, and other staff on the ground. To enable this, the Communications Manager should undertake training at the beginning of implementation and provide relevant staff with a simple template to collect information. It is recommended that each implementing partner include at least one story of change/case study through monthly reports.

5.2.4 Adaptability

The website is hosted on WordPress, which is easily editable without the need for in-depth technical knowledge. The Communications Manager has extensive experience in WordPress and will be able to edit the basic elements of the website. It is recommended that at least one other member of permanent staff should have basic WordPress knowledge in order to make any critical edits should the Communications Manager not be available to do so. The Programme Manager has basic WordPress knowledge and would be able to edit in the absence of the Communications Manager.

The web developer will provide a manual to aid this. Once the SHINE Supply 'house style' has been created, design elements will be put into place and should not have to change throughout the course of the Programme.

5.2.4 Cost

There should be no added cost for maintenance, as the Communications Manager can effectively edit the website. Should the website need a fundamental change to the design, the website developer will charge 37 Euros/hour.

5.3 Print

5.3.1 Audience

Key audience will be Somali general public, target groups and SHAs.

5.3.2 Messages

Key programme achievements and announcements will be distributed to national/regionally-based journalists through press releases that have approval/contribution from SHAs.

5.3.3 Frequency

As and when the Programme reaches key milestones. It will also be important to promote the launch of the Programme in each of the four regions identified for implementation. However, not all regions have a strong culture of print press, so it will be important to identify whether or not this is an effective channel in each region, or whether it would be more cost-effective to use other channels to reach the above audiences effectively.

5.3.4 Adaptability

It will be important to adapt messages according to regional cultural norms and language.

5.3.5 Cost

Press releases should be free of charge. Costs only incurred when advertising.

5.4 Radio

5.3.1 Audience

Key audience will be Somali general public, target groups and SHAs.

5.3.2 Messages

Key programme achievements and announcements can be made on the radio through a representative from the SHINE Supply team in each region. It is also possible, and may foster credibility, to be accompanied by a member of the SHAs from the respective region. National government is seen to be more trustworthy than state and local government (IAAAP, 2018).

The radio is also an effective forum to debate and advocate for changes in the health sector, and to bring attention to key international events and UN-recognised days in the health arena. The potential for two-way communication through call-ins is also an effective way to gather feedback on the image and level of visibility of the SHINE Supply programme.

5.3.3 Frequency

As and when the Programme reaches key milestones. It will also be important to promote the launch of the Programme in each of the four regions identified for implementation.

The Communications Manager will create an online and interactive calendar that shows key dates in the international arena in terms of health and development. This will allow the team to monitor the potential for advocacy activities.

5.3.4 Adaptability

It will be important to adapt messages according to local cultural norms and language. The SHINE Supply teams on the ground will be able to work with the Communications Manager to adapt key messages to local contexts.

5.3.5 Cost

Radio appearances should be free of charge. Costs only incurred through Public Service Announcements (PSAs)/ advertising.

5.5 TV

5.3.1 Audience

Key audience will be Somali general public, target groups and SHAs.

5.3.2 Messages

Key programme achievements and announcements can be made on the TV through applicable news stations. Depending on the perception of Somali SHAs, the news may be best delivered through health officials.

5.3.3 Frequency

As and when the Programme reaches key milestones. It will also be important to promote the launch of the Programme in each of the four regions identified for implementation, although print press and radio may be more accessible and effective. It will be important to discuss this with the teams on the ground, as well as SHAs.

5.3.4 Adaptability

It will be important to adapt messages according to regional cultural norms and language. The SHINE Supply teams on the ground will be able to work with the Communications Manager to adapt key messages to local contexts.

5.3.5 Cost

TV appearances should be free of charge. Costs only incurred through PSAs/ advertising.

5.6 Online Media

5.3.1 Audience

Depends on the media channel: for national and regional news channels, the key audience will be the donor, Somali general public and diaspora, target groups and SHAs. For international news channels, the audience will be the donor, health sector organisations and practitioners, think tanks, research institutions and higher education institutions.

5.3.2 Messages

In terms of advocacy, there is potential to reach a large audience with opinion-led articles that capitalise on the lessons learnt and research conducted through the Programme.

5.3.3 Frequency

For both national and international media, this will be as and when the Programme reaches key milestones. In terms of visibility, it will also be important to promote the launch of the Programme in each of the four regions identified for implementation, although print press and radio may be more accessible and effective. It will be important to discuss this with the teams on the ground, as well as SHAs. In terms of the diaspora population, online media has a wide reach. For Somali nationals, online media is still largely limited to the educated elite.

Advocacy should be centred around key international dates in the health arena. The online calendar will be set up to aid this. SHINE Supply team members are encouraged to use their technical knowledge to write opinion-led articles and blogs that can be used for both visibility and advocacy purposes. These can be edited and finalised with the help of the Communications Manager.

Note that opinion editorials and articles should not be duplicated on channels. i.e. if an article is sent to an external site for publication, it should not be duplicated on the SHINE Supply website in order to avoid issues with Search Engine Optimisation.

5.3.4 Adaptability

Messaging and language will have to be adapted to the audience, especially in terms of technical language that will not be appropriate to use when communicating with the general public. Messages geared towards this sub-section should be highly visual and more personalised through the use of stories of change.

5.3.5 Cost

Online media pieces should be free of charge. Costs only incurred when advertising.

5.7 Social Media

We will focus on Facebook as an effective channel for distributing messages to primary target audiences. There is huge potential to communicate with a large section of the Somali general public – it is the most widely used social media channel by a large margin and continues to grow.

Twitter should be considered, but only set up if it is sustainable; building a Twitter account is time intensive and requires two-way communication with different parties. This channel should only be considered if multiple team members are available to manage the account, as the Communications Manager is not employed on a full-time basis. It is also important to consider that Twitter will not be as effective as Facebook in reaching SHAs, Somali nationals and target groups. However, it could prove to be an important tool in reaching DfID, partners and organisations in the health sector.

It will be important to tag DfID and use appropriate DfID-related hashtags in Twitter communications.

5.7.1 Audiences

DfID; health sector organisations; health practitioners; target groups; Somali general public/diaspora.

Twitter is much more effective for immediately reaching the donor, the media and other influencers, and enlisting them to amplify your message.

5.7.2 Frequency

Optimal number of times to Tweet is 5+ times/day, but this will likely not be viable due to the team's capacity. It will also be dependent on receiving quality content, which may not come in systematically, especially at the beginning of the Programme. Engaged with other relevant organisation and the donor is also highly recommended.

5.7.3 Messages

Social media channels are a great forum for advocating for change in the health sector, as you can quickly identify and reach key policymakers and journalists, as well as DfID channels. Therefore, as well as using these channels to boost Programme visibility through posting on key programme activities, it will be important to use these as a forum to advocate for change around key themes, identified in the following section (6).

5.7.3.1 Facebook

- **Make it visual** - avoid text-only posts; messages should be complemented with good quality imagery.
- **Keep it short and sweet — really short!** Most Facebook users skim their newsfeeds, so they're most likely to interact with content that is brief and concise.
- **Push traffic to the SHINE Supply website.** Most of the links shared on Facebook should end with a link to applicable website content. That way, we encourage users to learn more about our work.
- The Communications Manager will liaise with DfID/Mott MacDonald/CPs communications teams in order to disseminate appropriate material through their Facebook pages. Cross-promotion doesn't require any financial investment and partners can successfully expand through one another's social channels. With this tactic, SHINE Supply can gain a credible introduction to new audiences.

5.7.3.2 Twitter

- Use the right **hashtags** to amplify your message. The Communications Manager will identify trending hashtags that can be used when tweeting. There are also donor-related hashtags that should be used when tweeting, including #UKaid – this will ensure that tweets are picked up by DfID, who can then choose to share on their own channels.
- By including **imagery**, you will increase retweeting by 150%. By attaching an image, you are also able to tag 10 contacts, directly reaching these accounts and potentially their audience through retweets.
- **Perform direct outreach to key influencer groups.** Social media is all about interaction. If you follow an account, that user will receive a notification and will likely follow you back. It's also important to reach out to these accounts directly about your work. The goal is for relevant and influential accounts to engage and share your message.
- The Communications Manager will liaise with DfID/Mott MacDonald/CPs communications teams in order to disseminate appropriate material through their Twitter accounts. As well as communicating through tagging and hashtags, direct communication will occur prior to major events and achievements in order to ensure that key stakeholders are prepared to engage in real-time, which is more effective on Twitter.
- **Members of the media.** It will be important to find the Twitter accounts for local journalists, as well as regional/international journalists working in the health arena, and tweet them with key announcements and shareable content.

5.7.4 Adaptability

Social media channels are easily edited, in terms of both design and content, and do not require any technical knowledge to do so. The Communications Manager should be the main editor of both channels, in order to ensure a consistent message. However, as the Communications Manager is not working full-time, other team members (maximum 3) should have access to the chosen social media channels, in order to update as necessary.

5.7.5 Cost

There are no costs incurred when establishing the social media channels. However, in order to boost the pages and key posts, and to reach a larger and targeted audience, promotions can be used. These can be as little as \$5. The trick is making sure that chosen Facebook posts are either substantial (e.g. a big announcement) or content that would inspire a lot of engagement (e.g. surrounding a large campaign for an internationally-recognised day in the health sector).

5.8 Events

This is a very broad sub-section of communications, and audience, messaging, frequency and cost will change largely depending on the type of event and the location.

A separate launch strategy will be drafted by the Communications Manager. When there is more information on the start of implementation. This can be drafted alongside the SHINE

Supply team who have a greater understanding of the media environment and options on the ground.

The aforementioned online/editable content calendar will show key regional and international events that the SHINE Supply team can attend and use as a forum to improve the visibility of the Programme, and to share key findings and lessons learnt.

5.9 Internal Communications

Recommendations:

- Develop a communications sign-off procedure with the Team Leader to ensure that one person is taking final internal decisions about which media and events are undertaken by the consortium, as well as the content that will be used or shared through different channels.
- It will be vital to undergo training with IPs at the start of implementation to ensure that all partners are communicating the same messages, and that they have the necessary tools to be able to gather high quality stories/case studies and photos.
- SharePoint will host key SHINE Supply communication materials, including templates (PowerPoint, reporting, collecting stories from the field, etc.); branding guidelines, including copies of logos and fonts; hi-res photos for use in Programme documentation; and any other necessary material that will help the SHINE Supply team stay on-brand.
- As well as providing the above materials on SharePoint, in order to entrench the SHINE Supply branding, formatting and messaging, the Communications Manager can undergo training with the team.
- Project Steering Committee (PSC) - it will be key for the success of the SHINE-supply programme to establish effective and interactive engagement mechanisms with partners at all levels. It is recommended that the following partners meet up as the national-level PSC on a monthly basis:
 - The Federal Ministry of Health
 - DfID Somalia
 - UN agencies responsible for Commodity Security
 - Implementing Partners
 - Core Management Team of this programme

6. Key Messages

SHINE Supply communication materials should focus on some key messages that help towards meeting communication objectives stated in section 2. These messages can be adapted to the interests and needs of specific target audiences, and communication channels.

Somalis expect the media to play an active role in peacebuilding, and as such, desire great emphasis on these goals. An analysis of radio show listeners shows that priority concerns are peacebuilding, governance, education and health.²

Whether an opinion-led article, success story or case study, all communications should weave in relevant messages. Key messages include:

- Alignment of the SHINE-supply programme with government **policy and priorities**. How SHINE Supply is contributing to the following:
 - The second **Health Sector Strategic Plans (HSSP)** covering the period 2017 – 2021.
 - **Health System Strengthening (HSS)** framework. Working closely with Ministries of Health and regional SHAs to deliver services, but also to increase their capacity to improve quality, strengthen planning and policy development, etc... And strengthening health sector coordination and partnership arrangements at Federal, Somaliland and Federal Member State levels.
 - **The Essential Package of Health Services (EPHS)**, developed in Somaliland, was adopted as the service delivery framework for Somalia in 2014.
 - **National Development Plans**
- Communicating the objectives of the SHINE Supply programme to a multi-stakeholder audience to improve visibility and engagement.
 - SHINE is a 5-year programme to reduce mother and child deaths in Somaliland and South-Central Somalia.
 - SHINE will improve the supply and demand for improved health and nutrition services.
 - Strengthen Somali health services to routinely deliver a package of essential services, including medical supplies, to mothers and children (Supply).
 - The programme aims to strengthen Somali Health Authorities (SHAs) oversight of basic service delivery and contribute to the wider state building agenda.
- Generally speaking, SHINE Supply is contributing to SDG Target 3 in the areas of '*child health, maternal health and HIV/AIDS, malaria and other diseases*'. Elaborating on this, SHINE Supply is contributing to at least the following **Sustainable Development Goals (SDGs)**:
 - **SDG Target 1A:** Ensure significant mobilisation of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.
 - **SDG Target 1B:** Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.
 - **SDG Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
 - **SDG Target 3.2:** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
 - **SDG Target 3C:** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.

² <http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/AnAnalysisOfTheSomaliMediaEnvironment.pdf>

- **Gender and Inclusion.** How SHINE Supply is contributing to fighting the following:
 - A high maternal mortality ratio
 - The under-five mortality rate
 - High levels of Female Genital Mutilation (FGM)
 - The disproportionate impact of the conflict and the current famine on women and girls in Somalia.
 - Results of the constraint analysis – the prevalent inequalities found through analysis of environmental, social and personal factors that constrain a person’s opportunities to be and to do what they value.
- **Innovation:** Innovation in the health sector is developing rapidly and multiple approaches and (digital) tools can be applied. Innovation will include information on the design, implementation and data of/from SHINE Supply’s Human Resource Information System (HRIS).

7. Timeline

7.1 Monthly Case Studies/Success Stories/Stories of Change

- **What:** Monthly Case Studies/Success Stories from each IP.
- **Where:** For use on the website, social media and DfID reporting.
- **When:** Monthly – included in monthly reporting from Implementing Partners.

- **Who:** Simple template filled out by IPs and adapted for different channels by the Communications Manager.
- **How:** The Communications Manager will design an easy-to-use template to help field staff to gather relevant content.

It is also important to note that SHINE Supply will be targeting vulnerable groups. Mott MacDonald's (MM) Child Protection policy paper should be distributed to IPs that are working directly with target groups. It will be vital to provide consent forms for both photo and video, and parental consent forms if children under 18 are not accompanied by their parent or guardian.

7.2 Update website news/blog section

- **What:** Relevant content, including stories gathered from IPs on a monthly basis; and Programme milestones; events; and op-ed articles that conform with the visibility and advocacy objectives and guidelines stated in this Strategy.
It may be necessary to translate essential information into Somali for identified audiences. SHINE Supply previously used BIXO Marketing, based in Nairobi, for this service.
- **Where:** SHINE Supply website news/blog section.
- **When:** Ideally 2-4 times/month, depending on available content and the capacity of the Communications Manager.
- **Who:** The Communications Manager will adapt different content to make it suitable for the website's audiences.
- **How:** Content uploaded through WordPress. Content can also be scheduled so that it is formatted within WordPress and published at a later date in order to work around the schedules of those uploading content.

7.3 Update Facebook

- **What:** Relevant content, including cross-promotion of the website when stories are uploaded; Programme milestones, activities and photo stories; links to any relevant health-related news.
- **Where:** SHINE Supply Facebook page.
- **When:** Ideally 2-4 times/week, depending on available content and the capacity of the Communications Manager.
- **Who:** The Communications Manager will adapt different content to make it suitable for the audience. Members of the SHINE Supply team will be made admins so that they can add and edit content on Facebook.
- **How:** Content uploaded on Facebook – access through personal accounts. Content can also be scheduled so that it is formatted within Facebook and published at a later date.

7.4 Update Twitter

- **What:** Relevant content, including cross-promotion of the website when stories are uploaded; Programme milestones, activities and photo stories; links to any relevant health-related news; retweet relevant content.
- **Where:** SHINE Supply Twitter page.

- **When:** Ideally original content on a 4-14 times/week and retweets daily, depending on available content and the capacity of the Communications Manager.
- **Who:** The Communications Manager will adapt different content to make it suitable for the audience. Members of the SHINE Supply team will have access to the Twitter page so that they can contribute.
- **How:** Content uploaded on Twitter – access through one account login and password. Content can also be scheduled so that it is formatted within Twitter and published at a later date. This will be done through <https://twittimer.com/> - the Communications Manager will make an account.

7.5 Press Releases

- **What:** Press releases will be drafted and signed off by SHAs as and when the Programme reaches key milestones. E.g. the launch of the Programme in each region and meeting key indicators. Also, if SHINE Supply is involved in any national, regional or international events.
- **Where:** Relevant print press, online media and radio.
- **When:** As and when key milestones are met/key events take place.
- **Who:** The Communications Manager will draft the Press Release in collaboration with the SHINE Supply team. The draft will be signed off by relevant Ministry of Health before going to media.
- **How:** Drafted in Word and sent to journalists and media houses as PDF. Follow-up with media houses through email/phone will take the day after sending the press release. If the content is published in print media, the Team should endeavour to obtain a hard copy for records. The Communications Manager will record publication in online media.

7.6 Radio Appearances

- **What:** Radio appearances will take place as and when necessary. A member of the SHINE Supply team could be accompanied by appropriate individual from SHAs to add credibility and a range of voices.
- **Where:** Regional radio stations.
- **When:** As and when key milestones are met/key events take place/on universally-recognised days that advocate improvements in health-related issues.
- **Who:** Somali-speaking member of the team with the best technical knowledge relevant to the topic/programme milestone.
- **How:** When an opportunity is identified, the SHINE Supply regional coordinator should liaise with the radio station(s) to organise a time/topic.

7.7 Online Media

- **What:** As well as Press Releases, mentioned above, online media houses can be targeted with op-ed articles. The articles could be written with a strategic focus – around times of internationally recognised days in the health arena to capitalise on the media coverage happening.
- **Where:** National, regional and international media houses with a focus on Somali news, health and development.
- **When:** Frequency may be inconsistent. Need to discuss with the SHINE Supply team.
- **Who:** SHINE Supply team members with technical knowledge. The Communications Manager will finalise.

- **How:** Article drafted and edited by the Communications Manager before being sent to relevant online news channels. Depending on the channel, articles may need to be translated into Somali, in order to reach a wider audience.

8. Monitoring & Evaluation

It will be important to follow online dialogue and any content relating to the SHINE Supply programme. Negative press or misinformation must be reported to DfID immediately and systematically documented. This will be managed by the Communications Manager, in collaboration with the Team Leader.

8.1 Website

- All data will be measured over the space of 3 months and it will be reported in the QPR.
- Number of visitors.
- Number of pages viewed – this is an indication of how engaging the site content is.
- Organic/direct/referral – organic visitors are directed from Google; direct visitors type the website address in; and referral visitors click on a link from a different source.

8.2 Facebook

- All data will be measured over the space of 3 months and it will be reported in the QPR.
- Number of new 'likes'.
- Unique users engaging with the page.
- Organic impressions (number of impressions seen of any content associated with the page).
- The Communications Manager will follow discussions on content in order to maintain a dialogue with visitors and followers. In the case that a comment has been made in Somali, the Communications Manager will seek the help of relevant team members.

8.3 Twitter

- All data will be measured over the space of 3 months and it will be reported in the QPR.
- Visitors to the Twitter page.
- New followers.
- Impressions (a tweet has been delivered to the Twitter stream of a particular account).
- The Communications Manager will follow discussions on content in order to maintain a dialogue with followers. In the case that a comment has been made in Somali, the Communications Manager will seek the help of relevant team members.

8.4 Press Releases

- Follow-up with media houses through email/phone will take the day after sending the press release. If the content is published in print media, the Team should endeavour to obtain a hard copy for records. The Communications Manager will record publication in online media. If there is any incorrect information then the Communications Officer, or relevant team member, will follow up with the media house and ask them to make the necessary edits.

8.5 Radio Appearances

- It is sometimes possible to obtain the audio recording of the show – this may also be placed on parallel online site. If so, the Communications Manager will document the location of the recording.
- Panel shows/radio discussion with call-in feedback mechanism. Phone-in segments will allow for a feedback mechanism for audiences to call the radio station during or after an interview/panel discussion with Programme representatives. This feedback can be collated and reviewed to inform future programming and to gain a sense of the public's opinion of the SHINE Supply programme.

8.6 Online Media

- The Communications Manager will keep a record of any relevant articles published online. If the articles are generating a conversation, the Communications Manager will create a dialogue.
- The Communications Manager will set up Google Alerts for the following terms – ‘SHINE supply Somalia’; ‘DfID health Somalia’; ‘health and nutrition Somalia’. Through Google Alerts, the Communications Manager will receive an e-mail every time ‘SHINE Supply’ or the most important keywords are mentioned somewhere on the web.

8.7 Focus groups and community meetings

- 41% of respondents stated that they had attended a community meeting over the past year, indicating that there is a high level of engagement at the community level on issues such as health and food distribution (IAAAP, 2018). Further to this, 18% of respondents were members of community action groups (IAAAP, 2018). These highly engaged and pre-existing groups could be targeted as focus groups, in order to understand perceptions of the SHINE Supply programme at the community level.