Annex 1. Campaign strategy

Campaign Strategy for Road Safety

BCC/Social Marketing Contractor for Mongolia’s Prevention and control of Major Non-Communicable Diseases and Injuries

Ulaanbaatar
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I. Analysis of the Situation

A. Background

During the last few years, there have been increasing numbers of reported deaths and injuries in Mongolia due to road traffic accidents. In 2007, there were 562 reported road traffic fatalities where 84% of these cases being males, 932 reported non-fatral road traffic injuries, and 18% of all road traffic accidents involved pedestrians where a majority of these cases being among children and males. In 2008, 83.3% of all outpatient cases of the National Trauma and Orthopedics Center were caused by traffic accidents, aged 5-19, and in 2009, 18.1% of all deaths were due to traffic accidents.

Mongolia’s traffic laws prohibit drink driving minimum use of alcohol 0.5 g/dl, mandate the use of seat belts for drivers and passengers, and have set the national speed limit on urban roads to 60km/h.

“The rates of injuries and deaths due to road traffic injuries can be significantly reduced if drink-driving, failing to wear a seatbelt, and speeding behaviors are prevented. A recent meta-analysis estimated the risk incurred by drivers under the influence of alcohol in general to be 2.00 (hence a 100% increase in accident risk) and that the risk exponentially increased as blood alcohol content (BAC) increased, for levels above 0.5 g/dl). Thus, even a minor reduction in the number of persons driving under the influence of alcohol can be expected to have a large effect on road safety. Speed has been found to have a very large effect on road safety, probably larger than any other known risk factor. Even minor reductions in speed occurring after campaign implementation can have a large effect on accidents involving injuries, especially severe injuries. Finally, it is estimated that wearing a seatbelt reduces a car occupant’s probability of being killed in an accident by 50%”.

B. Key Problem Behaviors

By 2009 Traffic Police statistics, 67.2% of all traffic crash mortalities (total 317 death cases including pedestrians, drivers and passengers) were among males, and 11.8% were under 18. Out of total traffic crash mortality, 71.4% in UB were pedestrians. 68.1% of injuries due to traffic crashes in UB were registered among pedestrians. 20.5%, among them 76% are young people under 35 and male group dominant of pedestrians had traffic injuries in their life time. The following four major problems have been identified by the survey analysis and the campaign will target the risky behaviors related to speeding in rural highways, not using seat belts regularly, and drink driving.

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1 Traffic Police Statistics, 2009
2 National Health Indicator Data, 2009
3 WHO??
5 2009, Traffic Police Statistics
6 KAP survey, 2010
1. Drink driving caused 11.3% and 15.9% of traffic crashes in UB and in rural areas, respectively.
2. Speeding caused 2% and 14.4% of traffic crashes in UB and in rural areas, respectively.
3. For seat belt usage, 78% of the urban and 90.6% of the rural population didn’t use seat belt regularly (passenger and driver mixed data). 69.6% men residing in urban areas did not comply with seat belt use regulation.

C. The campaign coverage areas:
Since the Traffic Police report 2009 shows that the incidence of road traffic accidents was highest in the Darkhan-Uul, Tuv, Dornod, Orkhon, Selenge aimags and in Bayanzurkh, Sukhbaatar districts of Ulaanbaatar. Therefore the campaign will target above mentioned aimags and cities.

This BCC campaign also draws upon data released as part of a Knowledge, Attitudes, and Practices (KAP) Survey (2009) conducted among drivers and pedestrians in UB to inform its situational analysis and message development. The survey’s results are presented below.

Drivers:

Knowledge of drivers:
- Only 15.4% of drivers in UB have adequate knowledge on traffic rules and regulations. However, it should be noted that 8 percent of the drivers could have been passed the requirements of the driver’s license exam (evaluated as answering 9 out of 10 questions about traffic law knowledge correctly). Out of total surveyed 500 drivers, 47 percent were lack of knowledge regarding on traffic rules. This finding states that the campaign also should target the driving schools’ instructors as a secondary target group which recommended by BCC strategy by MCA Mongolia, 2010.
- Two out of three traffic police officers evaluated driver’s traffic rule knowledge as bad to very bad.

Attitude of drivers:
- 26.9% believe that seat belts are not necessary if driving carefully (negative attitude toward seat belt use).
- 16.8% say that putting on a seat belt is cumbersome when they are in a hurry (negative attitude towards seat belt use).
- 84.3% state that they wouldn’t drive while under the influence of alcohol (positive attitude toward abstention from driving while under the influence of alcohol- rates of actual road traffic crashes due to drink driving are shown in the next Practice of drivers section).

Practice of drivers:

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7 STEPS 2009
8 BCC strategy, MCA Mongolia Health project, 2010
9 KAP survey, 2010
• 53% have received fines and/or penalties due to breaking the traffic rules and regulations during the last 12 months and 43.4% of the drivers reported that they had been traffic injuries more than 2 times
• The highest self-reported traffic violations were: not respecting pedestrians’ right-of-way, illegal lane crossings and crossing at red lights, not wearing a seat belt, and speeding. Drivers reporting on other drivers’ behaviors also listed these as the most prevalent road traffic violations.
• The highest-costing fine was for not wearing seat belts, followed by drunken driving and largely crossing over the white line through red lights
• 54.6% drivers (self response) responded that feel comfortable using seat belts*
• 34.1% reported that they had previously driven drunk in their lifetime

* Although the survey participants reported feeling comfortable wearing seat belts, there is no available data for actual seat belt use other than cases that were reported to the police. Therefore we believe it is imperative to obtain observational data and will be conducting a baseline assessment through observation in Ulaanbaatar prior to the implementation of the BCC campaign.

Pedestrian’s knowledge, attitude and practice

Knowledge
• 62% had mid level knowledge of traffic rules (not gender or age specific)

Attitude
• 50% said that they cross the road through red light and when there are no vehicles
• 90% said that they try to abide by the traffic rules (incidentally, many of these participants had low levels of knowledge about the traffic rules as assessed by the questions in the Knowledge section of the survey)
• 10% said that they disregard the traffic rules.
• 63% say they follow the rules and use white line crossings

Practice
• 70% said they cross through red light when in a hurry and 46.5% cross the white line while red light on (Observation data by KAP Survey 2010)
• Those who are more educated are more likely to abide traffic rules than those that are less educated

In summary, although much needed policies for road traffic regulations exits, low compliance and enforcement of these rules have resulted in an unacceptable level of deaths and injuries due to road traffic crashes. Thus this campaign will target improving safe road traffic behaviors (specified in the Core Message Points section) among drivers and pedestrians, and also aim to increase enforcement of road traffic regulations.
D. Resources and Strengths

The Millennium Challenge Account Mongolia, Health Project Unit is providing 3,409,603,560 MNT for a nationwide Behavior Change Communication (BCC) campaign to decrease mortality and morbidity from preventable non-communicable disease and injury (NCDI). Campaign tasks include:

1. Promoting advocacy action plans and events targeting key national, aimag, and soum opinion leaders and decision makers, strengthening intersectoral collaboration at the aimag, soum and bag levels and improving support for NCDI prevention
2. Designing and implementing national and local NCDI campaigns and competitions
3. Promoting changes in household and individual behavior through community outreach
4. Promoting changes in household and individual behavior through mass media (including producing audio visual materials such as television and radio spots, songs, promotional materials and signage)
5. Producing the materials necessary for the implementation of mass media portion of Tasks 1-4.

Thus this campaign has the advantage of being a multi-level comprehensive intervention, involving the state, community and individual level factors of NCDI prevention. Through mass media (TV and radio) will be reached nationwide. For this campaign will focus more in UB and other selected provinces (Darkhan, Erdenet, Selenge, Dornod and others).

Specific to the road-safety campaign, Mongolia has already ratified the national legislation necessary for the prevention of risky road traffic behaviors such as national speed limits, drink-driving laws, seat-belt laws and laws for pedestrian traffic.

F. Barriers and Risks Assumptions

Although there is national legislation dictating road traffic safety rules and regulations, there are low levels of enforcement, insufficient teaching about these behaviors in primary and secondary schools, and clear road signage that serve as barriers to behavior change.

Because the campaign addresses only the human factors (determinants) for road safety issues, the desired level of the safe behaviors will not increase as planned. The other determinants such as road infrastructure including road conditions, especially during winter, availability of safe pedestrian crossings, side roads for bicyclers, street lighting etc affect the road safety. Other supportive strategies such as enforcement, education (MCA trainer contractor) and legislation (visible and frequent traffic police enforcement) are equally important to boost the campaign effectiveness. Another risk is that not all vehicles have necessary safety measures such as seat belts which are removed intentionally or unintentional. We assume that the key partners will pay equal attention and commitment to supportive environment so that the campaign produces the expected level of awareness, knowledge, attitudes and behaviors regarding traffic and road safety.
II. Communication: Strategic Design

A. Overall Goal

To contribute in reduction of the road traffic injuries and deaths cases through raised awareness and adopted safe behaviors in regard to seat belt use, drunk driving, and speeding among drivers and safe road crossing behaviors among pedestrians in the target area.

B. Objectives

Campaign I-III

The following objectives were set based on the SMART criteria (Specific in outcome and audience, Measurable, Appropriate culturally and contextually, Realistic within limits of time and resources, and Time-bound). From 2011 to 2013, the campaign will be repeated three times. The first and third campaigns will last for 2 months, and the second one for 3 months. The messages based on these objectives will remain consistently simple and easy to understand for maximum population effect; however, materials may be modified based on feedback from initial reports.

Knowledge

1. To improve knowledge on the traffic rules towards seat belt use, drunk driving, and speeding among drivers in target area;
2. To improve knowledge on the traffic rules in respect to safe crossing the road among pedestrians particularly secondary school children and men aged 19-49 years old in the target area;

Attitude

1. To decrease negative attitudes (as measured by questions in the KAP survey such as agreeing with statements similar to “When I drive carefully, there is no need to wear a seat belt”) toward seat belt usage, drunk driving and speeding among drivers;
2. To decrease negative attitudes toward crossing the road (as measured by questions in the KAP survey such as agreeing with statements similar to “When there is not available vehicle, it is ok to cross the red light”) among pedestrians;

Practice

1. To increase consistent seatbelt use among drivers and passengers in the target area
2. To reduce the reported deaths and injuries caused by drink driving in the target area
3. To reduce the reported crashes due to speeding in the target area
4. To reduce the pedestrians’ injuries among school children and men 19-49 years in the target area
C. Primary and Secondary Audiences

Based on the situation analysis the campaign strategy were determined to be the most at-risk for road traffic accidents and the campaign will focus on the following audiences:

Primary Audiences:

1. Drivers (UB, Darkhan, Erdenet, intercity drivers)
2. Pedestrians (school children and males 19-49 years old)

Secondary Audience:

1. Parents of school children
2. Owners and instructors of driving courses in selected areas

D. Core Message Points

Messages should be credible, honest, trustworthy, consistent, clear and easy to understand, able to generate behavior change (persuasive), relevant and appealing. Informing the public about enforcement activities can deter people from drinking and driving by increasing their perception of being caught.

Core messages on problem behaviors for both primary audiences will be structured as follows:

1. Give facts and evidence to raise awareness on road safety and tell that road traffic deaths and injuries can be prevented;
2. Communicate clear action points to selected audience for behavioral change to adopt safe behaviors and;
3. Increase self-efficacy of the selected audience to perform suggested behaviors by learning from others;

Core Messages for Drivers:
All message content should be based on EPOS provided material.

- Seat Belt: I drive with seat belt because I love my family. I also encourage my family members to use seat belt too. Using seat belt is requires not so much time only 2 seconds (will show message that seat belt reduce by 50 percent of traffic injury severity and death).
- Drink driving: I know drunk driving is bad behavior not my option. It is easy solution that I prefer to use taxi and call my friend. If you drive when you drunk you will be receive bad consequences in health and finance in your family and others too.
- Speeding: You can enjoy your speed driving but it is dangerous. You can reduce your speed. Did you reduce your speed?
- Both drivers and pedestrians: Everybody should know about traffic accident because this became today’s urgent issue (will show statistics). Every person can contribute to prevent
traffic crashes using seat belt, avoiding drink driving and speeding and following traffic rules.

For pedestrians campaign will use positive-tone message with recommendation and self efficacy advices.

Core message for pedestrians will be “Today everybody not abides traffic rules. Stop it. Every adult should be a positive role model for children who cross the white line.” Positive tones will be used to encourage positive behaviors.

Message style and structure (tone):

As mentioned above, the campaign will use selected pre-tested messages (positive appeal or fear-appeal) tactically. After pretesting, we chose serious and positive style of messages for appealing and encouraging positive behaviors.

Campaign Slogan: Slogan should be short and catchy sentences which relevant to target group, “Healthy lifestyle can prevent road traffic injuries”

E. Channels and Tools (Communication and Media Plan)

- This campaign should consider sufficient frequency of message exposure by intended audience. Television appears to be the strongest single medium for reaching and influencing enough people to make a population-level impact. So, the peak hours of the MNB are made accessible for this purpose.
- For this campaign we will use broadcast media (television and radio), print media (newspapers and magazines), display media (billboard, posters), and social media (mobile, e-mail, websites) to disseminate our messages (Please see detailed media plan from Annex). A press conference will be conducted to launch the campaign. For choosing these media channels, we will consider high exposure time for intended audience.

TV and Radio Channel:

- Under this campaign, TV programs on traffic safety will be produced (jointly with Traffic Police Department) and broadcasted through National Broadcasting and other TV channels (TV9, C1 and Education TV) nationwide. Beside this program, MNB will launch a specific talk show program which will be broadcasted for 15 min and total 16 programs will be aired. 3-5 different types of TV spot will be developed and broadcasted through National Broadcasting and other TV channel nationwide during peak hours every day with 3 times repetition. TV spot content for drivers will include message on seat belt, drink driving and speeding; for pedestrians will specific for secondary school children and men 19-49 yrs old. TV soap opera will be produced and broadcasted during the second campaign. Special radio program will be developed and broadcasted through FM radio P3, auto FM and other radios. Radio spot also will be produced 3-5 types and broadcasted through FM radio P3 and auto FM. Radio spot content will be prepared the same as TV spot core messages.

Print Media:
• Beside that also print media channels such as newspaper for men (Men’s newspaper) and adolescents (Uerkhel & Love newspaper for adolescents) and magazine will be used to disseminate information to target audience. In big billboards, led screens will be put our campaign messages (each message will be changed once during two week period).

• Print materials for drivers will be developed manuals, CD, illumination sticker, other IEC materials. For school children, cartoon books, notebooks, diary and bus stickers will be developed. For parents will be developed manuals. For men 19-49 yrs old will be developed notebook and Men’s newspaper articles. For driver course instructors will be developed manuals and for trainers of driver course will be manuals and test book.

• Campaign information will be disseminated through Health PIU website and MNB website. These website link addresses will be put in other websites (www.gogo.mn; www.olloo.mn etc).

Outreach Activities:

• School-based road traffic safety competitions will be announced during the first stage and the results will be widely publicized in the second stage of the campaign. Best practices will be documented and published for replication starting from the second campaign.

• Outreach will be conducted to schools in 7 districts including Sukhbaatar and Bayanzurkh districts during parent-teacher conferences. Total 68 high risk schools in UB will be covered by outreach activities during campaign.

• By partnering with Mongol Urkh NGO and Traffic Police, outreach activity will be conducted among 15-20 drink drivers through compulsory training sessions once every week.

• The selection of media channels will be done based on surveys and needs assessments. Print materials to audiences will be distributed by over 300 volunteers of Mongolian Anti-Tuberculosis Association, partners, school social workers, local health workers, TV local officers in long distance buss posts, schools, congested roads etc., . Also MCA small grant recipient prepared trainers, Training Logistic contractor’s trained social worker, school teacher, and other personnel will be utilized for outreach activities.

• The campaign will hold the Day of Remembrance for Road Victims (third Sunday of November) in 2011 and 2012 as a campaign closing public event by mobilizing communities.

Advocacy:

• Advocacy activities will target the school administration, owners of public transport and taxi companies as well as driving schools. These will be accomplished through advocacy meetings, fact sheets, guidelines and presentations. In order to put the recommendations from the National Seminar on Traffic injury prevention (October 11-12, 2010) into operation, media advocacy in form of a talk show and roundtable discussion will be conducted at the MNB. An expected result will be the revision of traffic rules and regulations (penalty and fines to have a real economic pressure to drivers).
Communication campaigns will target road traffic safety as part of a Behavior Change Communication (BCC) Campaign that will be launched from 2011-2013 by the Millennium Challenge Account of Mongolia, who will be working in collaboration with a Social Marketing Consortium including National Broadcasting, Mongolian Public Health Professionals’ Association, Mongol Vision, Mongolian Anti Tuberculosis Association, ADRA, Education Alliance and Mongol Urkh NGOs.

A. Partner Roles and Responsibilities Stakeholders:

- Office of the Capital City Governor,
- MoH
- Ministry of Education, Culture and Science,
- Traffic Police Department,
- Secondary school authorities (selected 68 schools in UB)

Main roles of the Traffic Police:

- To strengthen law enforcement in regard to seat belt use, drink driving and speeding (fine/penalty)
- To provide regular statistical report on traffic injury
- In collaboration with MNB TV, to facilitate “Ayulgui Toirog” TV program
- To add “seat belt availability” as an indicator of the technical standard evaluation
- To support the revision of driving course curriculum and conducting outreach activities in driving courses.

Partners:

- Mongol Vision NGO will be involved in designing, development and printing of IEC materials.
- Mongolian Anti Tuberculosis Association will organize outreach activities among secondary schools and workplaces through their volunteers.
- Mongol Urkh NGO will conduct compulsory trainings for drink drivers, and alcohol prevention sessions among school children through peer educators.
- Education Alliance NGO will collaborate on the seat belt use promotion activities among school children.
- Besides MNB, other televisions, radios, and FM radio channels and print media organizations will collaborate through media network.

B. Timeline for Strategy Implementation

1st campaign: Campaign will be launched on 14th of January, 2011 and will be continued until the mid of March 2011.
2nd campaign: Will be launched by the beginning of September 2011 and will be ended by the end of November 2011
3rd campaign: Will be organized during Sep-Oct 2012

C. Monitoring Plan

BCC campaigns have the following outcomes:
- Awareness
- Salience
- Attitudes
- Social norms or context
- Behaviour or action

As outcome and impact of BCC campaigns will be evaluated in the scope of the whole Health Project each campaign evaluation will be concentrated on formative and process evaluation only.

Formative evaluation:
Assesses the strengths and weaknesses of campaign materials and strategies before or during the campaign’s implementation.
Example questions:
How does the campaign’s target audience think about the issue?
What messages work with what audiences?
Who are the best messengers?

Formative evaluation of the campaigns will be done at the pretesting, via monitoring print and TV and radio coverage, IEC materials monitoring sheet.

Process evaluation:
Measures effort and the direct outputs of campaigns – what and how much was accomplished. It is also examines the campaign’s implementation and how the activities involved are working.
Example questions:
How many materials have been put out?
What has been the campaign’s reach?
How many people have been reached?

Process evaluation of the campaigns will be done at monitoring of print and media campaign elements, event evaluation, outreach work, and focus groups discussions after each of campaign.

Monitoring will be done according to the M&E tools developed (see the attachment 1)

IV. Evaluation—Tracking Progress and Evaluating Impact

Pre-campaign evaluation will be base on existing conducted KAP survey among drivers, pedestrians and school children regarding on traffic injury; seat belt observation data and also statistical data by Traffic Police and Trauma and Orthopedics Center.

The outcome (after) evaluation will be done once the campaign completed.
In 2013, the KAP survey will be repeated to see changes in knowledge, attitudes and behaviors of drivers, pedestrians, and traffic police men. Because the selected schools will be targeted for outreach, interpersonal intervention as well as the competition, we will compare the target schools with schools not targeted by outreach and advocacy strategies but mass media. In terms of the seat belt use and speed limit, an observational study in selected places will be conducted to compare with the baseline data.

In addition, secondary data such as traffic and Trauma and Orthopedics Center statistics will be used to see the trend in traffic injury and death incidence.

Official traffic police data and statistics will be reviewed for trends.

The final campaign report will be produced describing the campaign processes including an overview of each step carried out in preparing and conducting the campaign, essential elements, partners involved, evaluation, design, strategy, how messages are developed, achievements, constraints, lesson learns, best practices and products for scaling up for a national coverage. The report will be made available for public access in libraries (online too) and published for distribution for planners and campaign managers.