

Social Mobilization for Prevention and Control of HIV and AIDS

Behavioral Change Communication (BCC) Material Development Guideline



HIV Prevention and Control Office (HAPCO)



Federal Ministry of Health

December 2009

Addis Ababa, Ethiopia

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Executive summary

This behavioral change communication material development guideline has been developed by the Federal HIV/AIDS Prevention and Control Office (FHAPCO) in collaboration with the Ethiopian health sector development partners working on communication in HIV.

The document offers step-by-step guidelines for developing/producing accurate, useful, and action oriented behavioral change communication materials to meet the communication needs of HIV/AIDS prevention, treatment and care and support programs. The document is divided into three major sections. The first section presents introduction and background information about the guideline. Brief background about communication will be discussed in the second section. The final section covers the steps involved in the production of BCC materials, which comprises five steps that could be followed in order to design effective behavioral change communication (BCC) materials.

This guideline should be used with other previously developed communication manuals and guidelines, national communication framework, national HIV/AIDS advocacy framework and guidelines on social mobilization for prevention and control of HIV/AIDS.

Status of HIV/AIDS in Ethiopia

In Ethiopia, HIV infection rate continued to spread at an alarming rate since the first two cases were reported in 1986. According to the national single point prevalence, which was estimated in 2007 using the existing data from antenatal, sentinel and Demographic and Health Survey (DHS), the estimated national HIV prevalence in Ethiopia stood at 2.3% with a total of 1,116,216 people living with HIV and 855,720 AIDS orphans by the year 2009.

The prevalence rate was higher for females than males (1.8% versus 2.8%). The peak age range for AIDS cases had been estimated to be between 20-29 and 25-34 years for women and men respectively. Additionally, the type of infection in Ethiopia has also been determined to be heterogeneous in its nature. The underlining determinants for the rapid spread of the epidemic in Ethiopia include poverty, low literacy rate, gender inequality, recurrent natural and man made disasters, as well as inadequate institutions and infrastructures to respond to the epidemic effectively. Immediate determinants also fueling the epidemic include multiple

sexual partners, unsafe sexual practices, high rate of sexually transmitted infection, and low use of condom.

Studies have further shown that the prevalence rate is stabilizing in urban areas while it is steadily increasing in rural areas indicating that the current preventive activities have to be scaled-up.

Response to the Epidemic

Ethiopia has taken series of measures to curb the spread of the disease and mitigate its impact. The national taskforce, which was established in 1985, one year prior to the first case of AIDS, was officially reported in the country, played a major role in sensitizing the public about AIDS and its consequences. The taskforce also issues the first AIDS control strategy in Ethiopia.

In 1987, the government established an AIDS department within the Ministry of Health and the first HIV/AIDS policy was approved in 1998. The policy had the overall objective of providing a conducive environment for the prevention of HIV and the mitigation of the impacts of AIDS.

Subsequently, a strategic framework for the national response to HIV/AIDS in Ethiopia and other strategies were developed. The National HIV/AIDS Prevention and Control Council was established in 2000 to lead the implementation of these strategic frameworks. Another strategy, known as the “Ethiopian Strategic Plan for Intensifying Multi-Sectoral Response to HIV/AIDS 2004-2008”, collating six strategic issues – capacity building, community mobilization and empowerment, integration with health programs, leadership and mainstreaming, coordination and networking and targeted response had been introduced. Additionally, different social mobilization manuals and guidelines have been prepared to accelerate the prevention and response to HIV/AIDS. Most of these strategies, guidelines and manuals reiterated the importance of BCC in the prevention of HIV in the country.

Brief Background to BCC Materials in Ethiopia

After the emergence of HIV, BCC has been shown to be one of the strategies to be dealt for prevention of HIV. The national health policy as well as the national HIV/AIDS policy has clearly indicated the role of IEC/BCC in Ethiopian health and HIV/AIDS programs.

The assessment¹ by the Health Education Center of Ethiopia indicated that the development of Information Education Communication-Behavioral Change Communication IEC/BCC materials in Ethiopia is characterized by poor planning and ineffective methods with no audience segmentation. Lack of thorough planning and vague objectives, did not allow for the execution of effective monitoring and evaluation of IEC/BCC activities. Most of the health education materials produced at the central level are considered of little use and could not be applied to the situation at regional level. The current regional health communication related plan is mainly limited to setting targets in terms of attendants, outlining topics to be covered in a year, and setting the number of IEC/BCC materials that will be produced and distributed. Major causes of these flaws in the plan are lack of skilled human resources at all level, poor coordination and inadequate consideration in resource allocation. Most importantly, the country has no guideline for the development of BCC materials, and more specifically for HIV/AIDS.

Despite such limitations, there are some initiatives in the development of IEC/BCC materials and programs by local radio broadcasting and some non-governmental organizations (NGOs), which have research based and effective communication programs. However, such types of projects are not widespread throughout the country.

Rationale of the Guideline

Currently the Governmental and various stakeholders are executing different behavioral change programs and producing numerous public information materials. IEC/BCC is one of the strategies outlined in the national HIV/AIDS strategy and other related national documents in order to minimize the impact of HIV/AIDS. Nonetheless, the prevalence rate still remains high.

Despite the growing number of HIV/AIDS related services, non-facility based schemes, particularly behavioral change interventions remain scattered, weakly structured, poorly documented and disseminated inadequately with limited coverage. Lack of standards/guidelines with regards to the development/production of BCC materials and programs has become a concern to the nation. The absence of effective guidelines resulted in the production of substantial BCC materials, which could be contradictory and fail to secure

¹ National health communication strategy, Ethiopia, 2005-2014, Health education center, October 2004.

the intended result.

Furthermore, the heterogeneous nature of the HIV epidemic in Ethiopia calls for the execution of targeted and segmented behavioral change programs and pertinently designed BCC materials. . Availing a national behavioral communication guideline could extremely encourage the Government, regions, development partners, NGOs and other stakeholders to design, produce, implement as well as monitor and evaluate appropriate BCC materials.

Objectives of the Guideline

The overall objective of this guideline is to provide practical direction in the design, development, implementation, evaluation, monitoring, and support process of behavioral change communication materials and programs.

Intended Users of the Guideline

The guideline is prepared to assist regions, organizations and other stakeholders in their effort to produce/design behavioral change communication materials related to HIV/AIDS. It is primarily designed for:

- Program managers, who are responsible for designing and implementing behavioral change communication programs. These include managers from regional governmental bureaus, NGOs and other development partners.
- Communication specialists, who are responsible for designing, developing and executing HIV/AIDS communication strategies, materials and messages.
- Policymakers and representatives of funding agencies, who determine the level of support for the development of communication materials
- Trainers and researchers, who intend to bridge the gap in the designing and development process of appropriate BCC materials.

Section II: Introduction about Communication

Communication

Communication is defined as a process by which we assign and convey meaning in an attempt to create shared understanding. It is the process of conveying information from a sender to a receiver with the use of a medium in which the communicated information is understood the same way by both sender and receiver. It is a process that allows exchanging information by several methods.

Communication is considered as an essential element of HIV/AIDS programs in conveying messages aimed at bringing appropriate behavioral change in terms of prevention, treatment, care and support.

A. Social Change Communication

Historically, behavioral change communication materials for HIV/AIDS most of the time focused on disseminating messages that would outline means of HIV transmission and protection against the disease. Minimum attention was given to cultural and social contexts, which highly influence the effectiveness of the behavioral change communication initiative. These contexts, however, often present barriers to the intended individual behavior change.

Social change communication should involve strategic use of advocacy, media, interpersonal and dialogue-based communication, and social mobilization in order to systematically accelerate change in the underlying drivers of HIV risk, vulnerability and impact. A thorough assessment on the specific nature of each driver is critical in order to design an appropriate response. It also requires an appraisal of the existing national HIV communication strategy and research on the range of communication opportunities to maximize indigenous ways of communicating as well as strengthening the capacity of existing channels.

B. Advocacy

Advocacy is an appeal for a higher-level of commitment, involvement and participation needed to fulfill a set program agenda. It is also publicity or popularization of important

issues; mobilization of support in the defense of a cause. Advocacy within communication strategies refers to targeting efforts towards policy makers, community leaders and opinion leaders to foster commitment and support.

Advocacy is an organized effort that strives to bring about change or amendment in governmental, public or organizational policies, redefine norms and procedures, and/or secures support protocols that would benefit, the general public or some segments of the population, such as people living with HIV/AIDS (PLWHA), female sex workers (FSW), orphans and vulnerable children (OVC) and people affected by existing legislation, norms and procedures. Advocacy involves getting influential people to publicly express opinions, drawing attention to important issues, defending new ideas or policies and directing decision makers towards proposed solutions. Effective advocacy contributes to the creation of an enabling environment for cumulative change of policies, norms and regulations influencing behavioral changes among individuals and communities.

C. Behavior Change Communication (BCC)

BCC is an interactive process aimed at effectively altering social and individual behaviors, using targeted, specific messages and different communication mediums. In the context of HIV/AIDS, BCC forms an essential component of a comprehensive program that includes prevention, services (medical, social, psychological, spiritual) and commodities (condoms, needles, and syringes, etc.).

BCC materials can play an important role at various stages of the behavior change process and an effective BCC material can;

- Increase public knowledge regarding HIV/AIDS facts;
- Stimulate community dialogue on underlying factors contributing to the epidemic;
- Promote essential attitude changes, such as perceived personal risk of HIV infection and a non-judgmental approach on the part of health care workers
- Reduce stigma and discrimination;
- Create demands for information and services;
- Advocate for policy changes;
- Promote services for prevention, care, and support;

- Improve skills and sense of self-efficacy.

A successful BCC process must take into consideration that individuals and communities pass through a number of stages when learning about new behaviors and subsequently adopting them. Individuals and communities must understand the basic facts about HIV/AIDS, develop favorable attitudes towards prevention, learn a set of skills, and have access to appropriate products and services before they are able to reduce its impact or change their attitude towards the epidemic. They must also perceive their environment as supportive of the changing behaviors or maintaining the safe ones and seeking appropriate treatment, care and support.

In line with this, Ethiopia has developed a national communication framework that employs a broad range of IEC/BCC and advocacy activities, approaches and diverse communication channels. The framework delineated five domains, government policy, socio-economic status, culture, gender relations and spirituality that ought to be considered while developing communication materials for HIV/AIDS to galvanize behavioral change. . This framework is presented as follows:

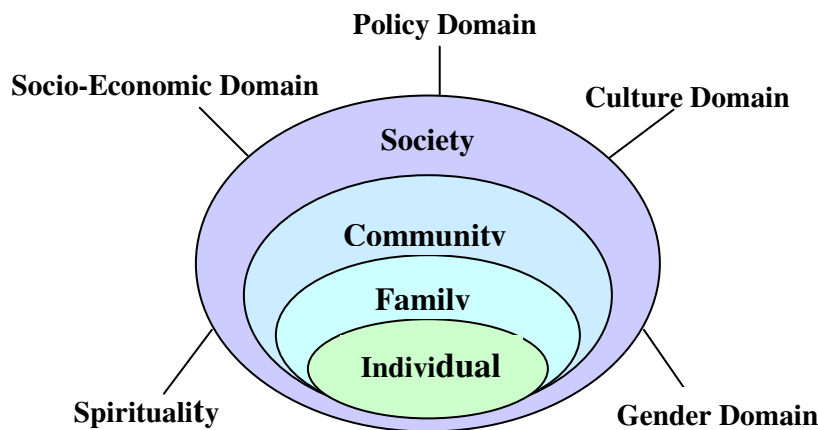


Fig. 1: Communication Framework of Ethiopia

Section III: Behavioral Change Communication Material Development/production Cycle

This section will explain the five steps needed to develop/produce effective behavioral change communication materials.

Fig. 2: Behavioral change communication material production cycle

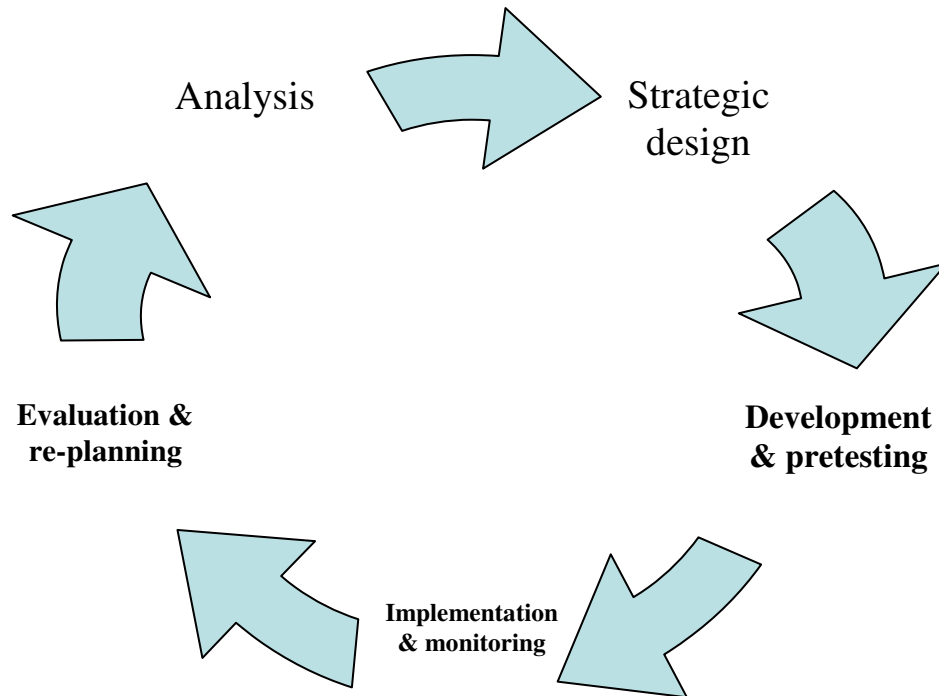
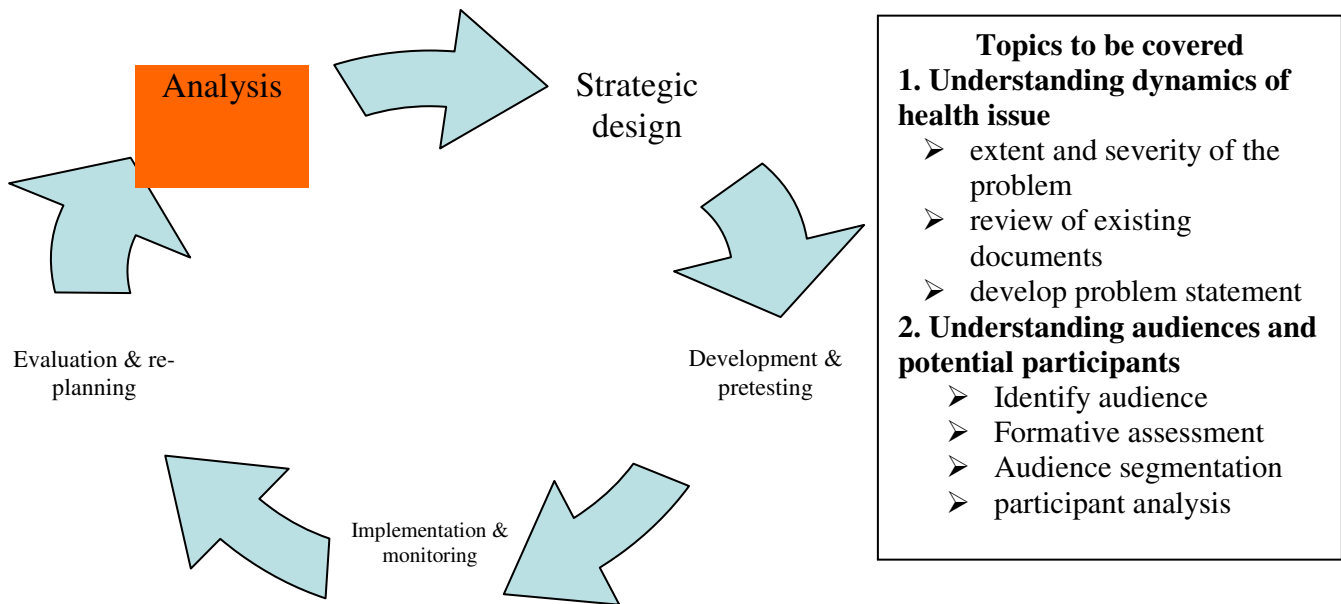


Fig. 2: Behavioral Change Communication Material Production Cycle

The steps shown on figure 2 are provided as a general guide, rather than as a blueprint as local situations may vary and these steps might need to be adapted accordingly. For example, if a program has a detailed situation analysis and profile of the targeted audience then the next step to be considered might be the development and pre-testing of the BCC material to be developed for this specific program.

It is important to remember that effective BCC materials must be kept within the overall context of the program goals and objectives. It should also be developed following a systematic assessment of the target audiences that encourages their active participation.

Step 1: Analysis



Analysis is the first step taken when developing effective BCC materials, however, it may necessarily not be long and detailed if the program is built upon well-documented past experiences or situation analysis of the target audience. Developers of communication materials should understand validity and the circumstances surrounding the problem, i.e. the people, their culture, existing policies and programs, actively involved organizations, and available communication channels. Furthermore, developers must refrain from working with a pre-conceived notion about the problem built on old information, incomplete analysis or limited understanding of the perceptions of relevant stakeholders.

Upon the completion of the analysis stage, the developer should have detailed information regarding the disease under consideration as well as the media habit and any other profile of the target audience.

The analysis stage has two points, which should be considered in order to develop effective communication materials. These are:

1. Understanding the dynamics of the health issue/problem and
2. Understanding the audience and potential participants

1. Understand the Dynamics of the Health Problem

The first step that should be conducted during the analysis stage is the identification and thorough understanding of the specific health problem, in this case HIV/AIDS, requiring a behavioral change material. . Developers ought to have a clear understanding of the extent and severity of the problem at hand and the behaviors perceived to prevent or minimize its impacts. In the course of gaining such an understanding, the developer should also be able to identify the available sources of information about the problem.

1.1 The Extent of the Health Problem

Estimating the extent of a health problem is key to deciding on a suitable communication method. Prevalence and incidence rates are the two common measures of extent, which can easily be obtained from the Federal Ministry of Health (FMoH) and other national or sub-national surveys. It is important to get data segregated by audience characteristics such as gender and age to focus your messages. For example the adult prevalence of HIV in Ethiopia is 2.3% by the year 2009. The incidence of new infection of HIV among adolescent aged 15-19 years is ---%. The prevalence of HIV among female aged 15-24 years in Addis Ababa is --%.

1.2 The Severity of the Health Problem

Closely related to the extent of a health problem is its severity, which is measured by the:

- 1 **Mortality or death rate** caused by the problem. For example, in 2007, out of the estimated 20,929 AIDS related deaths among 0-14 years old, in Ethiopia, 83.6% were children under five years of age. Such assessment could raise multiple points for consideration. For instance, the target audience should include mothers and women at reproductive age to know their HIV status before or whilst pregnant.
- 2 **Morbidity rate** i.e. the number of people who are permanently or temporarily disabled by the problem
- 3 The financial implication of the problem to an individual, their family, and society as a whole.

The data gathered on the extent and severity of the problem will be a crucial input to justifying the resources required to develop the necessary interventions to prevent,

minimize or eliminate the problem.

1.3. Identify Possible Health-related Behaviors

Identification of health related behaviors that has encouraged or discouraged the observed behavioral activities will help for designing appropriate behavioral change communication. Other factors to be identified are related to social, economic, and political factors blocking or facilitating desired behavior changes. Social and behavioral analysis should include:

1. *Individual level*: what is the current Knowledge, Attitude, Practice or Behavior KAP/B? For example, the consistent use of condom among adolescents in Ethiopia is very low due to the misconceptions associated with its use.
2. *Community level*: social network, socio-cultural norms, collective efficacy, and community dynamics, including leadership patterns. For example, adolescents engage in multiple sexual partner practice due to peer-influence.
3. *Services level*: the availability of services and communication materials, capacity for interpersonal communication and counseling. For example, adolescents may not seek medical treatment for STIs because the existing health facilities are not youth-friendly.
4. *Environmental level*: public opinion, existence of action groups, media engagement, policies and legislations affecting on going interventions. For example, unsolicited access to sexually explicit materials may encourage adolescents to practice unsafe sex.

1.4. Review Existing Materials and Resources

A thoughtful and thorough effort in this area will have a powerful effect on the quality of the final product. By building upon and improving existing materials, you can produce a higher-quality product with less time and money.

1.5. Develop Problem Statement

After identifying the health problem and it's associated factors, a problem statement needs to be written outlining the proposed behavioral change communication material or intervention necessary to tackle the health problem. This concise statement should provide brief situation analysis, including triggers of the problem, stakeholders, the magnitude and its impact on

society and the expected changes/outcomes.

2. Understand the Audience and Potential Participants in the Program (Formative Research)

2.1. Identify Primary and Secondary Audiences

It is important to identify the target population as clearly as possible before developing communication materials. A “target population” or “target audience” is the specific group of people, whom materials developers are trying to reach. These are further defined as primary or secondary audience or population.

Primary audiences are the main groups/individuals, whose behavior needs to primarily be influenced by the program. In regards to HIV/AIDS programs, the primary audiences are usually those groups, who are most affected by the disease, are at a high risk of infection, or the most vulnerable groups in society. For example, commercial sex workers, young people, out of school youth, tertiary education students and military personnel have a higher risk of contracting HIV/AIDS. A secondary audience includes people, who influence the primary audience, such as family, peer educators, and allies, such as decision makers, community leaders, teachers, and health authorities, who can help/improve the behavior and social infrastructure for addressing the health problem.

For example, if the primary audience of a BCC message on abstinence is high-school girl students, then the secondary audiences could be parents (to provide guidance and supervision to their child), school teachers (to create a favorable environment and appropriate forum for their students) and male students (to take responsibility in terms of abstinence), clubs (for discussion, knowledge and information sharing).

One technique for helping to define the primary audience is to write a detailed description of a “typical” person whom the program is trying to reach: for example

“Abebech is a first year student at the Addis Ababa University. Her dormitory mates, Sofia and Hannah, are final year students. Every night – after they finish their studies, the girls chat about all kinds of issues. Abebech knows about HIV/AIDS from watching TV, and she knows that it is a sexually transmitted disease. She had a sexual encounter with her boyfriend, Alemu, and she recalls that they did not use a condom due to the unwillingness from his part She is concerned that she may be at risk of an HIV infection because she has seen Alemu with another girl from a nearby village.

BCC messages without specific targeting, even if they provide some information, would turn out to be vague and foster neither change nor action. As such, it becomes crucial to set unambiguous targets and priorities as well as have a clear understanding of the intended audience to maximize the effective utilization of limited resources available and bring about the desired behavioral change.

Target groups for intervention should be identified according to different criteria, such as

- *Risk behavior*: for example, youth may be considered at high risk of HIV infection due to unsafe sexual practices, such as inadequate use of condom and having multiple sexual partners. Commercial sex workers may be considered at high risk because of nature of their activities.
- *Population size*: For instance, the majority of HIV new infections occur among the youth aged 15-24. Similarly, there seems to be an escalated infection rate among sex workers.
- *Potential contributors to the spread of HIV*: for example, BCC messages focusing on commercial sex workers may reduce the transmission of HIV.
- *Accessibility*: for example, in-school students may be easily accessed for BCC messages.

B. Study Your Audience/Formative Assessment

Formative research allows message developers to understand the interests, attributes and needs of the population and individuals in their focus. This research should take place before a message is designed and implemented. Input from the formative BCC assessment can assist developers in creating messages and strategies that are specific and appropriate to the needs of the intended audience. It would also promote the acceptability and feasibility of the created messages before launching them to the public. Formative BCC assessments are carried out using both quantitative and qualitative methods, including focus group discussions, key informant interviews, direct observation, participatory learning methods, rapid ethnographic assessments, mapping and in-depth interviews. However, the two most commonly applied methods of qualitative assessments are focus group discussions (FGDs) and in-depth interviews.

i. In-Depth Interviews: are one-on-one interviews, where discussion between one interviewer and one participant takes place in a private/ confidential setting. A note-taker might also be present in some settings; however, he/she does not actively participate in the discussion. In-depth interviews may provide a detailed insight into a person’s thoughts, feelings, and behaviors. Unlike quantitative methods, such as questionnaires, which take few minutes to complete, in-depth interviews often take an hour or more as they encourage respondents to talk at a length about their views, opinions and interest. An in-depth interview is used if conducting assessment on the target groups is deemed complex, i.e. groups of people with multiple professional background, that are highly sensitive, geographically dispersed, or if group discussion becomes difficult due to peer pressure.

ii. Focus Group Discussions (FGDs): are in-depth discussions of various subjects surrounding the main topic conveying several (usually six-ten) representatives of the intended group. Such focus group discussions might take one-two hours and take place under the direction of assigned facilitator.

FGDs are conducted when time and resources are limited, or very little is known about the target audience. At least two FGDs per one participant characteristic, such as sex, age, education, access of HIV/AIDS services or interventions, are required to collect adequate and relevant information on a specific topic.

Table 1 presents some examples of the many types information that message developers could collect using a formative BCC assessment. The type of information collected may vary depending on the situation and objectives of the program.

Table 1: Examples of information needed for audience analysis (formative assessment)

<i>Topic</i>	<i>Information needed</i>
Demographic data	<ul style="list-style-type: none"> • Age range of audience • Level of schooling • Marital status • Income and occupation(s) • How leisure time is being spent
Area assessment	<ul style="list-style-type: none"> • Location of STI/VCT/TB/PMTCT services • Cost of STI/VCT/TB/PMTCT services • Availability and accessibility of services

	<ul style="list-style-type: none"> • Who uses these services (the poor or rich; male, female, children, or adolescents, etc)
Healthcare-seeking behavior	<ul style="list-style-type: none"> • Services people use for general health • Services chosen for STI diagnosis and treatment • Services chosen for sexual and reproductive health • Informal sources of care • When people seek different kinds of care • Perception about the services and diseases
Existing knowledge, attitude and behaviors	<ul style="list-style-type: none"> • Knowledge about how STIs, including HIV, are spread/not spread • Knowledge of STI prevention measures including HIV/AIDS • Frequency of protected/unprotected sexual contacts • Number/type of partners • Barriers to condom use • Condom use skills • Social norms including gender norms • values • beliefs, etc
Media habits	<ul style="list-style-type: none"> • Sources of information about health • Access to print media/TV/radio/cinema • Listening and viewing habits • Most popular shows/stations • Frequency of media use • Confidence in media • Preferred spokesperson

C. Segment Target Populations

The term “audience segmentation” means dividing and organizing an audience into smaller groups of people, who have similar communication-related needs, preferences, and characteristics. Based on the formative assessment result, audience segmentation is performed to achieve the most appropriate and effective ways to communicate with the intended audience. Each segment should be both unique and relatively homogenous. For example, tertiary school students can further be segmented by year of study, gender, faculty

of study, specific groups, such as active attendance in different clubs, etc.

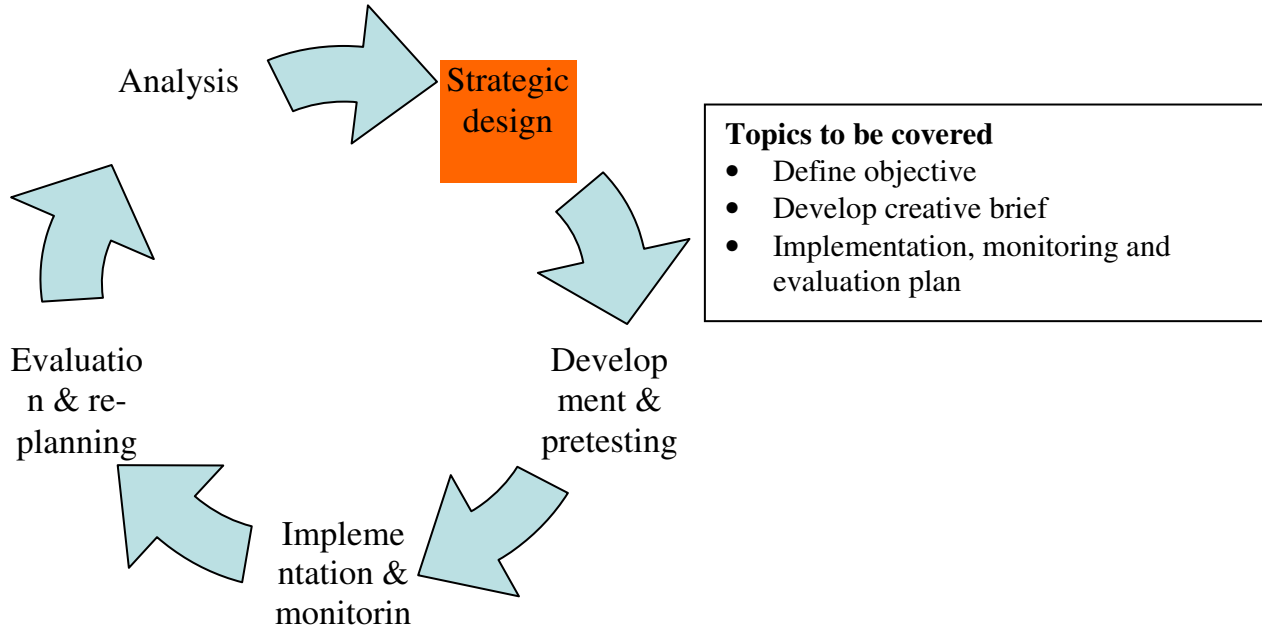
It is also important to consider psychosocial and structural factors with demographic characteristics when segmenting the audience. .

- *Demographic characteristics* include age, gender, place of residence (or work), income, religion and ethnicity. For example, tertiary education students could be segmented based on academic year (first year, second year, etc) or sex.
- *Psychosocial characteristics* include the knowledge, attitudes and practices demonstrated by a specific group or audience. These also include their role in society, formal and informal responsibilities and level of authority. For example, tertiary education students as target audience can be segmented into those who have started sexual intercourse versus not, those who have adequate knowledge about HIV versus not, etc.
- *Structural factors and settings* (e.g., in the workplace, risk settings, border settings) should also be considered. For example, if sex workers and truck drivers are the target population, border crossings and truck stops can be considered for segmentation.

D. Conduct Participant Analysis

Key stakeholders ought to be involved early and at all stages of the BCC materials development process. The process should also include partners, stakeholders, allies, and gatekeepers. These may comprise non-governmental organizations (NGOs), professional associations, schools, faith-based groups, the media and members of target populations, including PLHIV to identify skills, resources and motivate their participation. A stakeholders' meeting should also take place at the planning stage to obtain guidance and commitments as well as coordinate efforts in BCC material development the process.

Step 2: Strategic Design



Upon completion of the ‘Analysis’ step of the BCC material development process, the communication team should have outlined a description of the health problem, intended audience and their profiles in detail. This information will guide the strategic design, which creates the roadmap for the production of the BCC materials. During strategic design the BCC material developers would need to establish objectives, develop the conceptual framework, select indicators of the desired result, choose appropriate communication channels, develop the creative brief, and build the implementation, monitoring and evaluation plan. The following section will highlight the necessary points that should be considered at the design stage.

A. Define Behavioral Change Communication Objective

Once the material developers have a better idea of the available materials, they could commence to defining communications objectives. The following should be considered to successfully define the communication objective:

- i. **Identification of the overarching goal:** The communications team should thoroughly understand the overall goal of the program as the material development process is usually a small segment of a larger program that aims to achieve an overarching goal. For example, an initiative to increase the uptake of HIV testing among pregnant women or to reduce stigma and discrimination would

encompass a BCC material development process.

- ii. **Definition of the objective/purpose of the proposed materials:** At this stage the BCC material developers ought to define the intended purpose that would be accomplished through the developed materials. They would also need to explain how the proposed material or set of materials will help achieve the overall programmatic goal. For example, BCC materials related to PMTCT issues should aspire to educate pregnant women to go to health facility for HIV testing centers to know their status. Furthermore, this material should educate secondary audience, such as husbands and parents of the expecting mothers to support the process.

BCC materials must have SMART objectives. SMART refers to Specific, Measurable, Appropriate, Realistic, and Time-bound.

SMART means the objective should

- **Specific:** say who or what is at the focus of the effort and what type of change is intended.
- **Measurable:** include a verifiable amount or proportion of change expected.
- **Appropriate:** be sensitive to audience needs and preferences as well as be within the social norms and expectations.
- **Realistic:** include a degree of change that can reasonably be achieved under the given conditions.
- **Time-bound:** clearly set the time frame for achieving the intended behavior changes

For example, a SMART objective of a BCC material could be to increase the proportion of VCT by 10% among students at the Addis Ababa University at the end of this academic year. In this example the subject is *specific* (increasing the number of students at the Addis Ababa University taking voluntary HIV counseling and testing); *measurable* (a 10% increase from the current figure); *appropriate* (the intended VCT is appropriate provided the age, environment, level of understanding, perceived sexual encounter etc...) *realistic* (a 10% increase could be feasible within the time, capacity and other factors of the program), and *time-bounded* (at the end of the academic year – specific deadline).

B. Choosing Channel

- i. Identify the type of Channel:** Decide on the communication medium, such as print materials, including posters or pamphlets, radio, video, or computer technologies that would be most appropriate for the intended audience based on the analysis result obtained from step one as well as the available budget. The communication medium selection process should examine the audience for the literacy level, access to communication medium, requirement for reference material/information/archive. The budget and ability to effectively distribute materials should also be considered during this stage.

Types of Communication Channels

- **Interpersonal Channels**, which include one-to-one communication, such as provider to client, spouse to spouse, or peer to peer.
- **Community-Based Channels**, which reach a community (a group of people within a distinct geographic area, such as a village or neighborhood, or a group based on common interests or characteristics, such as ethnicity or occupational status). Forms of community communication are:
 - **Community-based media:** such as local newspapers, local radio stations, bulletin boards, and posters.
 - **Community-based activities:** such as health fairs, folk dramas, concerts, rallies, and parades.
 - **Community mobilization:** a participatory process of communities identifying and taking action on shared concerns like community conversation.
- **Mass Media Channels**, which reach a large audience in a short period of time and including television, radio, newspapers, magazines, outdoor/Transit Advertising, direct mail and the Internet.

Evaluating the best strategic approach for a channel mix

At this stage the communication team should be able to decide on the channel mix that would allow them to reach the intended audience based on the objectives of the program. The team could apply different tools (see Table 2) to decide on the communication medium and effectively disseminate the designed messages. The media preference of the target audience should also be considered while making the selection.

Table 2: An example of type of media to be used for working group in town

Time of Day	Location	Possible Channel
Early morning	Commuting to work by bus, Taxi Nearby office activities prior to resuming duty	Billboards, PA(Public Ads) at traffic crossings, audio systems, such as radio on the bus or taxi Newspapers – people usually go to near by cafes to have their coffee and read the paper
Mid morning	Office tea break	Workplace activities, such as group conversation
Midday	Lunch across the street	Posters, flyers at Café Public Service Announcements (PSAs) on radio
Early afternoon	In office	E-mail messages
Late afternoon	Tea break	Distribution of materials with coffee people
Early evening	Commuting home	Billboards, PA at traffic cross points, audio systems, such as radio on the bus or taxi
Dinner	At home	Radio, TV, newspaper
Special events	Church	Providing BCC materials to religious leaders so they could incorporate behavioral change issues in their encounters with the community
Seasonal events	Holidays, social events – might include traveling back to village/home towns	Billboards, PA at traffic cross points, audio systems, such as radio on the bus or taxi

C. Creative/Message Brief

A message brief is a document developed by the communication team and shared with experts at an advertising agency, creative writers and designers, and any other stakeholders involved in the message development. The creative experts, who are responsible for developing original materials use the message brief as a springboard for developing innovative concepts.

While the communication team outlines “what” the messages need to communicate, the

creative experts determine on the means of execution i.e. “how” the messages will be designed. The creative brief usually includes the following information:

1. **Overall aim:**- What are you trying to achieve?
2. **Intended audiences:** - Do you have information about the primary and secondary audiences? Does this information include details of their demographic and psychographic characteristics?
3. **Desired behaviors:** - What do you want the audience to know, feel and do after they experience or have an understanding of your communication/messages?
4. **Obstacles/barriers:** - What are the key barriers to the desired change? Why are people not behaving in the way you desire them to?
5. **Key constraint:** What is the basic obstacle or reason that hinders the target audience from adopting the desired behaviors?
6. **Communication objectives:** How does this communication make the audience feel, think, believe or do about the message/program?
7. **Key promise, support statement and call for action:**
 - a. **Key Promise** is a compelling benefit the target audience will get by taking the desired action or behavior change.
 - b. **Support Statement** convinces the audience about the benefits of their new behavior/action. The statement should also provide reasons why the key promise outweighs the key constraint.
 - c. **Call for Action** should tell the audience what you want them to do or where to go to use the new product/service? E.g., to learn more about voluntary counseling and testing please go to the nearest VCT center or call our VCT hotline on 952

Tip: The key promise and support statement will not necessarily be published on a poster, brochure or broadcasted as a radio spot. It is rather presented as an instruction or a brief for writers, designers or producers in order to guide them in their design and development of materials.

8. Key content: When and how will the creative material be used? Would it be used alone, with provider (what does this mean)? Would it be presented as a stand alone or in a series? What format should it take? *Note:* the format selection should take various factors, including the target audience reading capability, etc. into consideration.

9. Tone: What feeling or personality should the communication material employ? For example, warm, funny, surprising, innovative, traditional etc., or a combination of any of the above. *Note:* the messages can be presented in different ways in different situations.

10. Media/intervention mix: what types of materials and channels of distribution will reach the intended audience best? The document should provide details on the number and types of materials/ activities that are planned to effectively reach your audience.

11. Openings & Creative Consideration:

a. **Openings:** What are the best opportunities available to successfully reach the audiences? *Note:* these could be both time and place opportunities. For example, market day, World AIDS day etc.

b. **Creative Considerations:** Is there anything else the creative people need to know? *Note:* this could be literacy level, illustration type, selection of languages etc.

The following box gives an example of creative brief that was produced to reach married men with pregnant wife to use VCT service with his wife

Example: Reaching Children with HIV

- *Overall aim:* to increase the uptake of VCT by pregnant women through partner participation
- *Primary audience:* married men with pregnant wives
- *Secondary audience:* pregnant wives (how about the rest of the family?)
- *Desired behaviors:* increased risk perception, decreased risk behavior, and voluntary counseling and testing for HIV with pregnant wives
- *Obstacle/barriers:* low risk perception, denial of putting family at risk, male dominance, lack of openness.
- *Key constraint to change:* male dominance (decision making, lack of openness)
- *Communication objective:* After certain exposure to the communication

materials there will be an increased number of married men with pregnant wives, who would get tested with their wives, and reduced risk behavior

- *Key promise:* “If you get tested with your wife, you will ensure the well-being of your family” or “if you get tested with your pregnant wife, you will protect your family”
- *Support statement:* “... because health is all about life” or “...because protecting your family makes you the real head of the family” (support point outweighs the obstacle to change)
- *Call for action:* “...go to the nearby health facility with your pregnant wife to get free HIV counseling and testing ”
- *Media/intervention mix:* posters, radio/TV program, billboard, flyers

D. Implementation Plan

The plan for the implementation of the behavioral change communication material includes activities, partners’ roles and responsibilities, timeline, budget, and management plan.

- *Developing a work plan:* identify list of activities to be performed, persons responsible for each activities and how they will be performed. An example of work plan is shown on Table 3.
- *Timing:* this refers to the scheduling of activities.
- *Budgeting:* allocate the budget required for developing, pretesting, implementing, disseminating, monitoring and evaluation as well as other expenditures for the materials and the activities.
- *BCC Coordination:* BCC materials and messages may result in an increased demand for products and services. Hence, effective coordination is crucial to ensuring the impact of the message to be disseminated by the communication materials. This may be completed by assigning one focal person, who will ensure that all BCC related activities are undertaken properly at the time of implementation.

E. Monitoring and Evaluation Plan

The communication team must build a comprehensive monitoring and evaluation plan that shows how the expected results from the developed materials will be attained. . The plan also needs to outline the data needed, how these data will be collected and analyzed. Similarly, it should provide some guidance on how this information will be used, the resources that will be needed, etc. The communication team is usually advised to allocate sufficient budget to monitoring and evaluation stage of BCC development project.

Sample Materials Development Work plan

Activities	Month											
	1	2	3	4	5	6	7	8	9	11	12	
1. Plan the project												
a. Research existing materials	x											
b. Develop work plan and select staff		x										
c. Develop budget		x										
2. Conduct audience research												
a. Hold focus groups (for example, 2 groups per audience segment for a total of 8 groups)		x										
b. Analyze focus group data		x										
3. Develop messages			x									
4. Draft material												
a. Hire consultants, such as artist and scriptwriter			x									
b. Work with artist on illustrations, or with scriptwriter/creative agency to draft script			x									

that incorporates messages												
c. Draft text to accompany images, or work with artist or creative agency to create storyboard for a poster				x								
d. Produce rough-pictures or pictures with the full message to be used in pretesting				x								
5. Pretest and revise materials												
a. Technical review—accuracy check					x							
b. Pretest and revise until materials are satisfactory					x	x						
c. Review by interested persons and organizations						x						
6. Produce quality final material							x					
7. Distribute materials							x	x				
a. Write and refine distribution plan								x	x			
b. Train health or community workers to use									x			
8. Evaluate materials										x	x	

Sample budget plan for material development

Objective: Develop, field-test, revise, print, and evaluate a booklet, radio program, and video for clients as indicated in the sample work plan in above.

Personnel Cost Amount in \$

Project Director (10% time at \$xx/month)
Project Coordinator (50% time at \$xx/month)
Support staff (25% time at \$xx/month)
Driver (25% time at \$xx/month)
Benefits

Consultants

Print Material

Artist (20 drawings at \$xx/drawing)
Graphic designer (15 days at \$xx/day)
Translator (3,000 words at \$xx/word)
Field staff (35 days at \$xx/day)

Audio/Video

Scriptwriter (xx days at \$xx/day)
Artist (50 drawings at \$xx/drawing)
Actors (xx days at \$xx/day)
Technical content reviewers (xx days at \$xx/day)
Professional audio recording producer (xx days at \$xx/day)
Professional videographer and sound person (xx days at \$xx/day)
Field staff (35-70 days at \$xx/day)

Transportation

For training (2 trips x 10 participants at \$xx/trip)
For FGD research (8 trips at \$xx/trip)
For pretesting (4 rounds at \$xx/trip)
For evaluation (5 trips at \$xx/trip)

Per Diem

For training (6 days x 10 participants at \$xx/day)
For FGDs (8 days at \$xx/day)
For pretesting (20 days at \$xx/day)
For evaluation (5 days at \$xx/day)

Training

Site (6 days at \$xx/day)
Refreshments (10 lunches, snacks at \$xx/person)
For pretesting (20 days at \$xx/day)
For evaluation (5 days at \$xx/day)

FGD Refreshments (80 snacks at \$xx/snack)

Photocopying

Production

Printing for booklet (XX copies at \$xx/copy)
Production of rough BCC material
Production of final quality BCC material

Distribution and Training

Mailing or delivery of final product
Training costs relating to the use of product

Evaluation

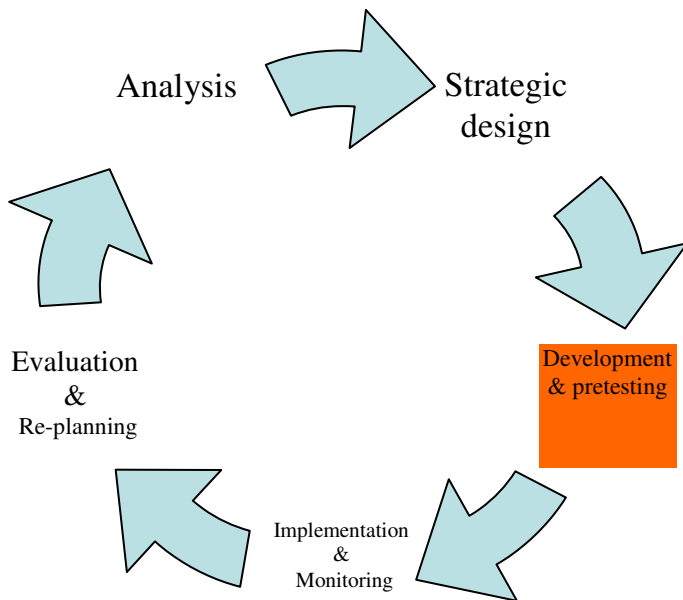
Developing questionnaires or interview guides
Copying and administering the questionnaires and guides
Collecting, analyzing, and reporting the results

Communication—telephone, Internet access, fax, postage

Administrative and Overhead Costs

TOTAL:

Step 3: Development and Pretesting



Topics to be covered

- Message development
- Pretesting
- Producing material

1. Message Development

i. What Is a Message?

A message is the information conveyed to the intended target population with the aim of motivating them to change behaviors or actions, stimulating dialogue or promoting a product or service. A message should be a short phrase or sentence that summarizes an idea in simple and understandable terms. Simply put, a message is the key idea that can easily be repeated to the intended audience as well as the “take-away” information that is hoped to be embedded in the minds of people.

Prior to message development, BCC need-analysis should be the first step followed by designing the strategic plan. These steps are critical in guiding the development of concepts, messages, and materials that are both effective and efficient.

Any BCC programs should tailor its messages based on the audience’s current position in the stages of behavior change as well as the intended behavior change that the messages wish to bring about. For example, an initial BCC need-analysis may find that a certain population segment are already aware of condoms and may very well understand its benefits. Despite this fact, however, the analysis may show that they are not utilizing condoms that their awareness or knowledge is in fact not linked to action or behavior. In this case, the message

must focus on motivating the intended audience to action or to adopt a new behavior of using condoms. If, however, the research were to find that people are aware, understand the benefits, and are also motivated to change/adopt to the behavior of using condoms; then the messages will need to provide practical information, such as where to obtain condoms and how to use it.

A message could be presented in different formats that are appropriate to the intended audience as identified in the analysis and strategic design steps. Examples include visual aid pamphlet, posters, banners, wall painting, newsletter, comic story book, etc); audiovisual (radio spot, video, television, drama, etc); electronic copy (CD-ROMs); or interactive community dialogue such as community conversation or other formats

Steps of Message Development

Determine the Ask. When developing a message, the ultimate goal is to determine what you want the audience to do, feel, act or say? Furthermore, the message to be developed needs to be specific and measureable. For example, increase the intake of VCT by youth aged 15-24 years, to decrease specific misconception about condom, or to promote discussion about HIV between parents and children.

Draft Key Messages: Prior to drafting key messages, outlining the information needs of the audience is important. Consider the key points you wish to emphasize to them and the message you wish to embed in their memory. What do they need to do? What should they remember? What should be the emphasis? Why is it important? Try to condense these key points into single sentences. If your audience were only scanning your written materials and reading the headlines, what should those headlines say to best convey the message? For example, to increase the intake of VCT by youth aged 15-25 years, the key message could be “Do you know your HIV status? Visit a free VCT service at your nearby health facility.”

Choose an Appropriate Tone. What feeling or personality should your communication have? For instance, the tone of a message could be rational, humorous, didactic or emotionally appealing like warm, funny, etc. The message tone is determined by the topic, type of material, and the audience the message is geared towards.

It is important to remember that threatening types of messages could create undesirable effect such as stigma and discrimination, denial of the risk, etc. For example, in the early 1990s, the

type of HIV prevention messages that were being produced were carrying a threatening or alarming type of tone which resulted in stigmatization of certain group of communities.

Reinforce Messages with Visuals. Visual aids are important because they help the audience understand and remember the messages. Visual aids will do more to communicate your message than any printed words. Whenever possible, provide charts, pictures, photographs, figures, or moving images that illustrate the key message points, taking into consideration its appropriateness to the culture, norm, educational level and other situations relevant to the intended audience.

Customize the Material to the Audience and Medium. In print materials for low-literate audiences, the text should be concise and should reinforce each illustrated message; likewise, the illustrations should help communicate the written messages. In print materials for a more literate audiences, lay out the text and illustrations logically, using language that is appropriate for that audience. For example, do not use highly technical or medical terms in materials for policy-makers. For radio, the message should be incorporated in a way that captures the listeners' attention. For video, the audio and visuals should support each other in conveying the messages. For computer-based media, all of the above could apply.

TIP: Seven C's of effective communication when developing messages:

1. Command attention
2. Cater to the heart and head
3. Clarify the message
4. Communicate a benefit
5. Create trust
6. Convey a consistent message
7. Call for action

General guidelines for an effective BCC material

- **Present one idea:** Each material should have only one main message. Having lots of messages on one material will confuse and lose the attention of the audiences.
- **Use a credible source:** Feature a source of information that is suggested by the audience as credible and appropriate—for example, doctors, health workers, community opinion leaders or other credible source.
- **Capture the viewers’ or listeners’ attention:** All parts of the presentation should grab the attention of the audience as soon as they see the material or hear the message. Make them feel part of the solution to the problem or issue. Try innovative ideas and formats—for example, by using audience testimonials. For radio and video, you may want to start out with a “mini-drama” format, or one narrator with appropriate background music or a few musical notes to separate text and visual sequence. For print materials and video, images should represent objects, style of dress, building styles, and other elements that are familiar to the intended audience.
- **Touch the heart as well as the mind of the audience:** Make the audience feel something or in other words what they are reading, hearing, or watching should inspire emotions (happy, confident, enthusiastic, motivated) that leads them change or adapt to the proposed behavior. Make them feel that the message in the material is addressing them or their needs directly. For example, the message for VCT Day 2008 was “Plan for tomorrow. Get tested today. New Year! New life!” This message motivates the mind and heart and encourages audiences to take HIV test as part of his/her plan for the New Year.
- **Make the message relevant and related to real life:** If the message is important to the life and well-being of the viewer, it will probably be remembered. Make sure the presentation of the message reflects real-life situations. For example, the VCT Day 2008 “Plan for tomorrow. Get tested today! New Year! New life!” message was relevant because this is the time many people plan their activities, come up with new year’s resolutions for new and improved behaviors. Additionally, the message was time appropriate for the next day after the VCT Day was the Ethiopian New Year. .
- **Communicate the benefit:** Simple explanation about the product or the behavior is not enough. You must explain why the audience should believe the claimed benefit of the product, service or change in behavior. The reasons a person should trust the product and key benefit may be rational—epidemiological data, scientific evidence, or case studies, for instance, or emotional—the experiences of other credible individuals or their own experiences or feelings. For example: “When I take PMTCT drug, it will give me a sense of security (benefit) because I know that my child will be protected from HIV (support statement).”
- **Ask the audience to take action:** Be explicit about what the audience should do to resolve their problem. Too often, materials simply raise awareness of problems without offering concrete solutions. Such type of materials may not result in encouraging the audience to act on or follow through the desired behavior. For a message to be effective, it needs to call for action. For example, the VCT day message of “Plan for tomorrow. Get tested today! New Year! New life!” asks the audience to take action “Plan for tomorrow! Get tested today!”
- **Offer the unexpected:** The message is considered creative when it is fresh, novel, or original. Because of the unexpected, the message can break through the clutter and may be recognized.

- **Provide consistency:** If you are producing more than one material, develop a recognizable, consistent sound or visual identifier to be used in all of your materials. This can be provided by a unique image, voice, face, song, sound or visual effect, or jingle that is incorporated into all of the materials. This identifier provides continuity for all of your materials.
- **Restate and review repeatedly.** State important information twice, and include review sections whenever possible. Even a short radio spot, print material for low-literates, or video can and should repeat the main message at least twice. This will help the reader to understand and remember the messages presented

Create Draft Materials

The following tips may be useful in developing draft BCC materials in different formats.

Print Materials

A. Design/Layout

- **Present One Message per Illustration:** Each illustration should communicate a single, distinct message.
- **Limit the Number of Concepts/ Pages per Material:** If there are too many messages, readers may become restless or bored or may find the information hard to remember.
- **Make the Material Interactive Whenever Possible:** If appropriate, include simple question-and-answer sections that allow readers to “use” the information in the material.
- **Leave Plenty of White Space:** This makes the material easier to read, follow, and understand.
- **Arrange Messages in a Sequence That Is Most Logical to the Audience:** If the material includes several steps or multiple messages, ensure that they are presented in a logical order. If necessary, pretest them separately and ask members of the target audience to recommend the best sequence for the messages.
- **Use Illustrations to Supplement Text.** Placing illustrations throughout the text

makes the material more appealing and can help the reader to absorb the information presented. Pictures can often display concepts and communicate visually in ways that words alone cannot.

B. Illustrations

- **Use Appropriate Colors:** Use colors that have been pre-tested with the intended audience. Colors have different connotations in different cultures.
- **Use Familiar Images:** People understand and are attracted to pictures that seem familiar to them. Expressions, activities, clothing, buildings, and other objects in illustrations should reflect the cultural context of the audience.
- **Use Realistic Illustrations:** People and objects portrayed as they occur in day today life are easier to recognize than anatomical drawings, enlargements, parts of things or people, schematic diagrams, maps, or other drawings that do not resemble things that people normally see.
- **Use Simple Illustrations.** Avoid extraneous detail that can distract the reader from the central message. For instance, it is easier to see a women's health clinic set against a plain background than against a crowded city street.
- **Illustrate Objects in Scale and in Context Whenever Possible.** Although large pictures and text are easier to see, excessive enlargement of detail may diminish ones' understanding of the message.
- **Use Appropriate Symbols.** All symbols should be carefully pretested with the target audience. Crosses, arrows, check marks, and balloons that represent conversations and thoughts usually are not understood by people who have not been taught what they mean.
- **Use Appropriate Illustrative Styles.** There are different kinds of illustrative styles: line drawings, shaded drawings, photographs, cartoons, etc. Photos without background detail are more clearly understood by some audiences than are drawings. When drawings are more appropriate, some audiences prefer shaded line drawings rather than simple line drawings. Test shading carefully to make sure that it is acceptable and obvious enough that it is not mistaken for poor-quality printing.

Similarly, cartoon figures or highly stylized drawings may or may not be well understood, depending on the audience's familiarity with cartoon characterizations and abstract representation.

C. Text

- **Choose a Type Style and Size that are Easy to Read.** Choose a type size that is large enough for the audience to read.
- **Use Uppercase and Lowercase Letters and Regular Font Type.** Text printed in all upper case letters is more difficult to read. To give emphasis underlining or a distinctively bold typeface may be used.
- **Test the Reading Level.** Consider the language level and reading ability of the intended audiences.

General principles of audio-visual material production/preparation

- Insert some music briefly at the beginning of the program
- Make the whole recording short, not more than 20 minutes for video and 10 minutes for audio program
- Use simple language and simple sentence structures
- Avoid jargon words and if you need to use them you must explain their meaning
- Assume that you are communicating with one person and write the script as if you are communicating with that particular individual – by using “You”.
- Spend time getting to know and understand the chosen audience
- Avoid using words that have two or more meanings
- Use illustrations (descriptions) as much as possible, especially audio as it is an aural medium

A. Radio Materials

Radio program formats may include spots, interviews, dramas, or other interactive programs that require professional expertise. The time it takes for these formats ranges from a few seconds for spots and to several hours for programs.

Things to consider when developing radio materials include:

- Preparation of script of the message which should include suggestions for sound effects and music.
- Convenience of broadcasting time to the intended audience (during evening, early morning, lunch time or other time slots)
- Language of the intended audiences
- Relevance of utilizing radio for the intended audiences
- Implementing interactive discussion that facilitates dialogue such as live discussion, via telephone or through mail.

B. Video Materials

Producing a video—even a brief one—is a complicated task. For best results, hire a firm or individual with experience in video production, including concept development, scriptwriting, and storyboard production. Be sure to select someone who is open to pretest the product, revise accordingly, process and open to the viewpoint that the audience is always right. The scriptwriter should have enough expertise to translate the content of your messages into video format so that it achieves your objectives. The scriptwriter should also include suggestions for setting the video scenes, music, sound effects, and graphics.

C. Computer-Based Materials

Computer-based media (CM) include any information products that can be viewed on a computer. They may be simply electronic versions of pamphlets, radio spots, or videos you have already created, or they may include products designed to leverage special functions available only on a computer, such as interactive blogs or forums. CM may exist on a computer hard drive, on floppy disks, on CD-ROMs, or on the Internet—also known as the World Wide Web (www) commonly known as the Web.

CM can be developed from existing electronic materials or could be developed from scratch depending on multiple factors including audience, message, budget, expertise and time frame.

2. Pretesting

Once the needed type of communication material is developed, it should be tested before it is produced, launched or distributed to the intended audience.

- i. **What is pretesting?** Pretesting is a process of selecting a small sample group from the intended audience or other groups with similar characteristics. Pretesting is conducted prior to the material production/dissemination and it is intended to capture the reaction to and understanding of health messages or behavior change information. During pretesting, members of the target audiences are asked certain questions to elicit comments, suggestion and overall understanding of the draft BCC materials. Their responses are analyzed in order to revise the materials accordingly. Pretesting allows the developers to determine the appropriateness of messages and materials – with regards to the intended audiences. It helps to ensure that the materials contain easily understandable language, culturally appropriate and acceptable, believable and realistic, visually appealing, informative and motivational to take action.
- ii. **When should it be pre-tested?** Pretesting begins after the first draft of the BCC material has been developed. It can be done several times during the material development process as you refine and revise each draft. Pretesting ends when you are satisfied that the target audience would be able to understand the messages correctly.
- iii. **What are pre-testing methods?** The two most common pretesting methods are individual interviews and focus group discussions. Readability testing and expert review could also be used to test their viability.
 - a. *Individual Interviews* are one-on-one interviews where discussion between one interviewer and one participant takes place in a private, confidential setting.
 - b. *Focus Group Discussions (FGDs)* are small group gatherings (8- 10 people per session) where the materials and messages are discussed in a group setting.
 - c. *Expert Review* involves asking experts to review the draft materials and give comments and suggestions for improvements especially on technical aspect of the material to be developed.
 - d. *Readability Assessments* help determine the level of reading difficulty of a written

material. This is done during the materials development process before pretesting with the target audience.

Readability test can be done by presenting the material to an individual who you believe have approximately the same level of education as your target audience. Ask six to ten individuals to read it aloud individually, so you can hear whether they can read the words. Then ask them to explain the meaning of what they have read. If they cannot, rewrite the material, eliminating long and difficult words and sentences.

- iv. **How many people should participate in the pretest?** The number of people may vary according to depending on various issues, such as availability of people to test the materials, expertise etc.. However, in many cases 10 to 20 individual interviews or 2-4 people in FGD may help to generate adequate information.
- v. **Preparation for pretesting:** It is important to be prepared for the pretesting session. Preparation for pretesting involves:
 - Preparing the materials to be tested
 - Developing the discussion guide (series of questions for the participants regarding the material or message under development)
 - Selecting and briefing focus group discussion leaders or individual interviewers
 - Selecting test participants (members of the intended audiences of the message)
 - Selecting and briefing note taker (person responsible to take note about the reaction of the participants to the material test)
 - Selecting the test site and arranging transportation, beverages and snacks, if necessary
- vi. **Review draft material with technical team:** Before going out to the field to test the material with intended audience members, conduct an in-house review with people who have technical expertise of the health issue (e.g. PMTCT), key message or material to be developed can be particularly helpful. The technical part of the message should have no errors as pretesting a material with factual error could be wasteful in terms of effort and money.

The five variables to be tested during pretesting

- a) Comprehension
- b) Attractiveness
- c) Acceptance
- d) Persuasion and call for action
- e) Audience members' degree of identification

- vii. **Variables to be tested in the pretest:** when conducting pretesting, five elements have to be tested with the intended audience
- a. **Comprehension:** Comprehension includes the clarity of the content and style or layout of the presentation of the material. A difficult or unknown word may prevent the audience from understanding the entire message. Or even if the message is clear and the language appropriate, the typeface used may be too small making it difficult to read the message. Also, the transmission of too many ideas could confuse the audience and make them miss the key message.
 - b. **Attractiveness:** If a material is not attractive, the audience will not pay much attention to it. A poster may go unnoticed if it has been printed in a dull color or if the illustration is irrelevant or of poor quality. A boring radio program may lead listeners to change stations. A material is considered attractiveness, in print media for instance, through the use of eye-catching colors, illustrations, and photographs; in radio, through sounds such as music, tone, and format; and in video, movement, action, illumination, animation, music, and sounds may be utilized. Computer-based materials can combine any or all of these—ease of use will also enhance their attractiveness.
 - c. **Acceptance:** The messages and the way they are communicated must be acceptable to the intended recipients. If the materials contain words or pictures that are offending, are not believable, or triggers disagreement among the intended audience, audience members will likely reject the message conveyed.
 - d. **Involvement:** The intended audience should be able to identify with the materials and recognize that the message is meant for them. People will not pay attention to messages

that they believe do not involve them or are not specifically directed at them. To ensure that the intended audience will perceive communication materials as specifically engaging and targeted for them, make sure you use symbols, graphics, and language they understand or relate to. Illustrations, characters, use to clothing, etc should reflect/represent that population segment.

- e. **Call to Action.** The materials should indicate clearly what you want the intended audience to do. Most materials have a message that asks, motivates, or induces members of the audience to carry out a particular action. Even materials that create awareness should induce the listener or viewer to at least seek more information on the subject, moving him or her to take steps that will lead to the required action.

3. Produce Materials

Creating print materials requires considerable effort by those responsible for developing and testing them and those who actually print them. A crucial phase in material development begins when the items to be printed go to the printer. Mishaps during this phase can jeopardize the results of project activities. Spend time working closely with all people involved in printing the materials to ensure they understand what the final product should look like, availability of financial resources, and when the job needs to be completed.

A. Printing Considerations

Printing costs vary tremendously by region, subject, type of material (booklet, poster, flip chart, etc.) and format (size, colors, style). When preparing to print, always consider the following points:

- Printing cost: this should be considered with the available budget and the quality and number of materials to be printed
- Consider the quality of each printer's previous work, the printer's responsiveness to deadlines, and the recommendations of other clients
- If the printer is producing negatives for a print job, request a "blue line" before printing. This is an exact duplicate of what the document will look like once it is printed, but is produced on yellow paper with blue ink. It will show the text, graphics,

screens, color separations, etc. The blue line allows you to check for errors prior to the printing process. Typically, there is no charge for a blue line, but there are charges for corrections, unless the errors were the printer's..

- Consider printing small quantities of the material initially, so that changes can be made, if necessary. However this decision must be weighed against the lower unit cost of printing a larger quantity, as mentioned earlier.
- Project managers should retrieve negatives from the printer as soon as print jobs are completed. Store them in a cool, dark, safe place so they can be reused if the materials are reprinted at a later date.

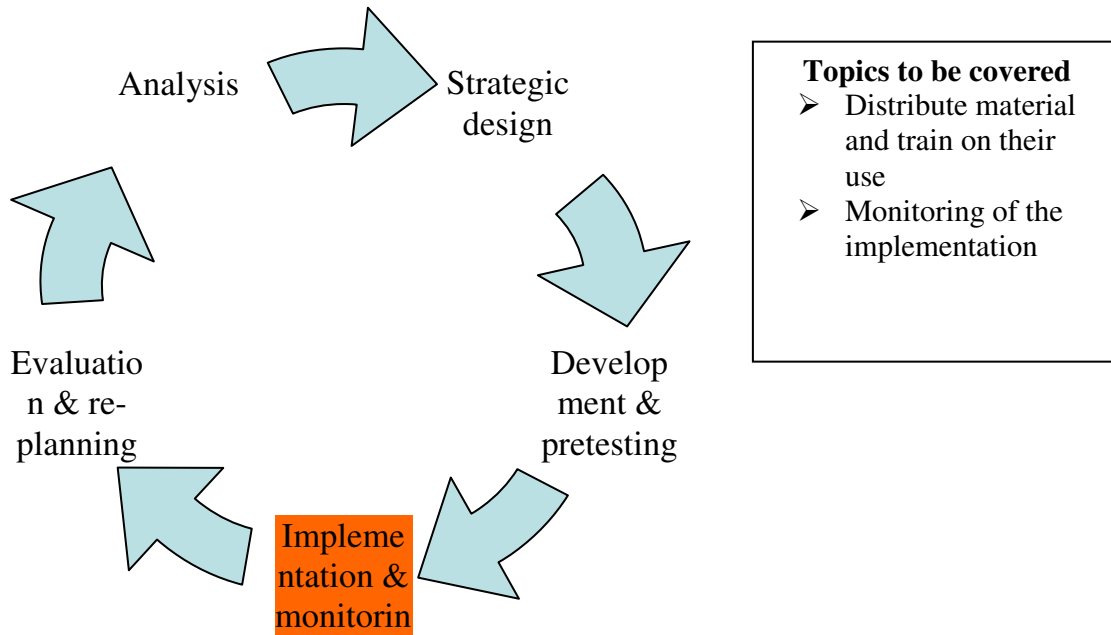
B. Alternatives to Printing

Not all pictorial BCC materials require a large-scale printing. Depending on the nature, objectives, and budget of a particular project, a lower-cost alternative may be equally effective. For example, a project that decides to post pictorial messages in village/community gathering places may decide that staff and community members can purchase sturdy, heavy paper and draw (or trace) and color/paint the final pre-tested draft version of the posters they wish to distribute. Similarly, fabrics can be used to prepare attractive and durable posters or banners.

Photocopying is another option that needs to be considered, especially in places where access to photocopying equipment is widely available., thereby reducing per-copy costs, or where the need for large quantities of handouts is not yet evident.

Some cultures have centuries-old traditions of using indigenous media such as puppetry, marionettes, and storytelling. Again, depending upon the setting, project scope, and available resources, these media can be used successfully to transmit public health messages. In such cases, even though the messages will be transmitted orally, both the messages and the scripts need to be designed and pre-tested in the same way as described in the section above.

Step 4: Implementation and Monitoring



During the implementation and monitoring step, the manager of the BCC program makes sure that each program component is developed as planned and that each product reaches the correct destination on time. Implementation may typically involve distributing print materials, broadcasting radio and television messages, or conducting community meetings or individual counseling sessions.

Launching the Material

When launching the material, you can engage the media to obtain maximum news coverage of the program. News coverage is often people's first source of information. Kickoff events and press conferences are good also ways to get the news media's attention.

Distribute Materials and Train on Their Use

Based on the distribution plan, the materials produced needs to be distributed accordingly to the target audience. It is important to set up systems for distributing the materials so that they are used effectively. It is also necessary during the implementation phase to review the preceding steps in the BCC material production process to ascertain whether the produced

BCC material has been addressing the target audiences' previously identified problems and needs.

Most importantly, training health workers, counselors, social workers, or other community development staff on how best to use these new materials is critical.

The training process need not be elaborate or lengthy, but staff members at all programmatic levels should know why and how the materials have been prepared and how using them will make their job easier, more pleasant, efficient, and effective. Unless people understand the advantages of the materials, it will not be used properly or it may not be used at all. Training also provides opportunities for participants to actually practice the tools.

A common problem with attractive materials

- They may be used to decorate offices of colleagues instead of being given to members of the target population.
- Sometimes materials are deemed so important that they are carefully locked in a closet and never used

Emphasize that the objective of materials development is distribution and correct use with the intended audience. Set up a supervisory system that monitors extent and correctness of use.

Coordination

In the implementation phase, all activities of the material development go into operation activities. an important element during this stage is management. All partners, programmers and channels of the BCC owners or facilitators must be closely coordinated. There must be links among critical program elements, such as supply and demand. If the audiences discover that VCT services being promoted by BCC messages and materials are unavailable, the programs will fail and the messages/materials will become futile. Timing and coordination are key to managing a program effectively.

Coordinators of each component of the team should keep partners and others informed of their progress and activities through ongoing communication. Team members should track what gatekeepers, stakeholders and influential parties say and do and, when appropriate,

modify the campaign accordingly.

Working with these partners, programs must design formal mechanisms to ensure coordination and manage any conflicts or problems that might arise. One example of such mechanism could be setting regular schedule of meeting for the purpose of sharing monitoring information or reviewing and updating work plans. Identifying a focal person within each organization can help ensure that communication is timely and appropriate.

Note: Such wide range of coordination may not be needed for all types of materials.

Monitoring

The monitoring stage examines whether the implementation activities spelled out in the work plan were actually carried out. Monitoring requires attention to process, performance, and, to a lesser extent, outcomes. Monitoring involves:

- *Process monitoring*: program managers should measure whether activities occurred within the planned frequency, planned intensity, appropriate timing, and as directed to reach the intended audience.
- *Performance monitoring*: the quality, quantity, and distribution of communication outputs (the materials) must be closely followed. For example, were the expected numbers of posters printed and distributed to the designated locations? Was the expected number of health care providers or others trained in the proper use of the BCC materials?
- *Outcome monitoring*: the focus shifts from activities and actions back to the original objectives. If the objectives, in the case of the VCT example, were to increase intake of VCT, or increased purchase of condom, or decreased number of casual sexual partner – then the outcome monitoring evaluates to what extent did these changes take place?. This may take place at mid of the program or progressively such as semi-annually or quarterly based on the stated objective. Keep in mind that the outcome of any behavioral change is attained by several interventions.

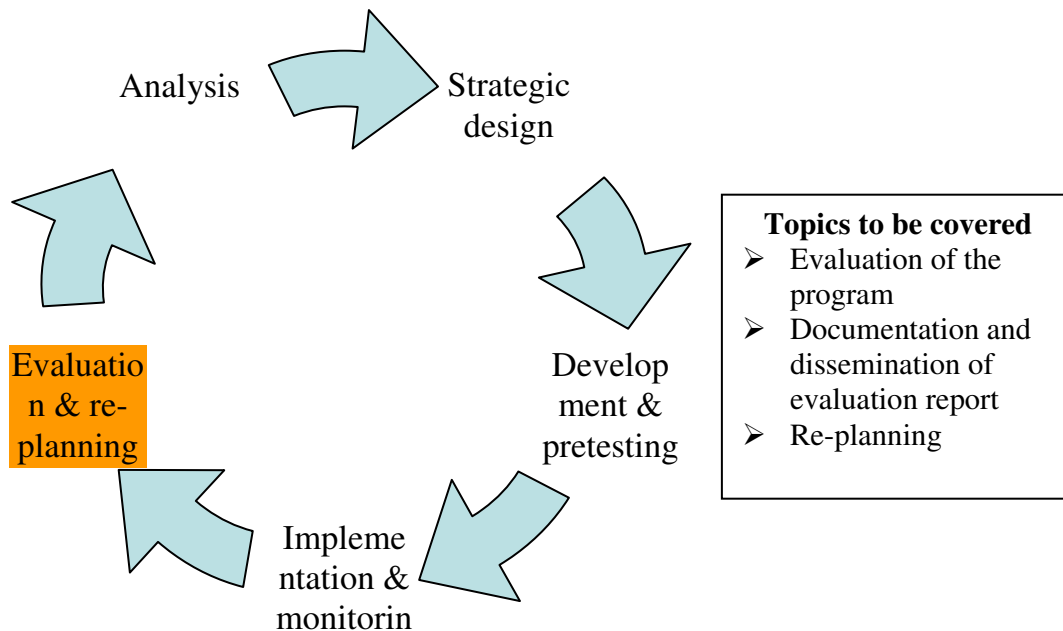
To gather adequate information on the implementation of BCC materials, a project monitoring system should be designed. Based on the indicators developed during step two

(strategic design), progress should be followed and monitored accordingly.

Mechanisms for tracking information on the implementation of the program (monitoring) could be done through regular reporting, meeting/discussion with target audience and concerned bodies, direct observation of activities, or checklist.

Feedback: Feedback about the implementation of the program is a crucial component of monitoring. Feedback should be given to program managers and concerned bodies to allow them to take timely and appropriate decision and make the necessary changes.

Step 5: Evaluating Materials and Re-planning



Evaluation is a process which attempts to determine the relevance, effectiveness efficiency and impact of intervention as systematically and objectively as possible in the light of specific objective of the program. At the basic level, evaluation serves the purposes of determining whether the objectives set forth in the strategic design step of BCC material development were achieved or not.

Evaluation will be conducted based on the indicators developed during the planning process. The information collected in the formative assessment could establish the baseline to be used for comparison at the evaluation step. Evaluation helps program planners to make tentative decision about effectiveness and feasible intervention strategy.

Types of Evaluation

- Process evaluation:** involves the assessment of program content, scope or coverage along with quality and integrity of implementation. It is sometimes considered as a monitoring exercise. Process evaluation mainly looks at basic points such as the extent to which the planned activities are realized, services provided, who received the service--when, how often, for how long and in what context. Inputs (basic resources required in terms of manpower money, material and time) and output (services improvement

expressed in terms of distributed commodities, trained staff and service unit delivered) are key elements of process evaluation.

Examples of process evaluation could be how the materials are actually being used by community workers and clients, whether the materials were effectively distributed, and if the materials are accepted and clearly understood by the target population.

- b. **Outcome evaluation:** following the completion of process evaluation, short term effects of the BCC material could be evaluated. Immediate effects or outcomes are often related to change in behavior and the associated changes observed in knowledge, attitude and beliefs. Outcome evaluation is mostly used to answer questions such as what are the outcomes observed? Does the material make a difference? For example, increase the use of condom with casual partner; decrease the level of misconception about HIV transmission. Trying to evaluate the outcome/s of a single material could be more ambitious, because outcomes are related to many other BCC efforts.
- c. **Impact evaluation:** aims to assess the long-term effect of program/project against its ultimate goal. Once adequate evidence is available that a program/project has achieved or is achieving (if project is ongoing), its immediate or short-term objectives and the longer-term impact can be evaluated. Impact evaluations are rarely done because it is complex in nature, requires large amount of resources and takes a long time to conduct.

An example of outcome evaluation in HIV prevention could be *consistent use of condom with casual partner* while impact evaluation could be *reduction in the incidence of new infection of HIV*.

Method of Evaluation

One or more of the following methods may be used to evaluate the effectiveness of materials depending on the type and objective of evaluation.

- Interview persons who were introduced to the material by a fieldworker, clinician, or peer educator. Did they understand the material? Do they still have it? When do they use it? Have they shown or given it to friends? How did the material affect their decision whether to use the product or practice the behavior? Can they recall the information

contained in the material?

- Hold group discussions to obtain feedback on materials from clients as well as service providers.
- Observe project staff and peer educators to evaluate how materials are being used and whether the materials are helping them to educate their peers.
- Attend a clinic posing as a “mystery client” to learn how materials are really being used by health personnel.
- Conduct intercept interviews with clients or potential clients outside the clinic setting to learn what messages they heard and whether they saw the support material.
- Provide something in the material that requires the reader to take an action that can be measured, such as providing a coupon to access STI services free of charge or other health products offered by the project.
- Observe community members practicing a new behavior that is promoted in the materials, such as FSWs carrying condoms with them.
- Interview gatekeepers or household and community members that influence members of the target audience to assess their opinion of the messages and materials.

When using these techniques, solicit suggestions for improving the choice and representation of the messages. After completing this stage of evaluation, project staff will better understand how well the materials are understood, accepted, used, and distributed and whether the materials’ effectiveness justifies the cost.

Disseminate Evaluation Report

The final stage for any evaluation should be a full documentation and report on the results. Evaluators who do not write up or distribute results have not fulfilled their responsibilities. “Results” include insights and lessons learned in addition to data, statistics, tables and other documentation methods. Since a program that is not evaluated and documented ceases to exist in the public mind after a very short time, this documentation process is essential. A good evaluation should be clearly reported to at least three different audiences, each in appropriate ways:

1. **To participants and the public**—basic data can be shared orally with community

leaders, all others involved in the program itself, and the general public. Data can be explained in local media, and brief summaries can be provided to all who worked on the program and, to the extent possible, to those exposed to the intervention.

2. **To donors**—Whether government leaders, international agencies, or private foundations, donors are entitled to an honest and comprehensive report on the impact of projects that they have funded
3. **To the professional field**—For professionals in the communication field and in whatever substantive field may be involved, peer-reviewed articles, presentations at professional meetings, book chapters, and even textbooks are essential to document important findings. Results for the professional and/or academic field need to describe in detail both the nature of the strategic communication interventions carried out and the methodologies used to collect and analyze the evaluation data. Where communication strategies suggest new directions or alter previous concepts or understandings, such innovations should be clearly highlighted and well defended. Communication to peers in the field should provide sufficient information, so that others are encouraged and are able to replicate the program wherever circumstances warrant.

Re-planning

Following all the processes indicated above, revised, expanded or new version of other BCC materials may be designed based on the experience learned from evaluation. The evaluation report should also indicate the effectiveness, the strength and weaknesses, the areas that needs attention, cost effectiveness, community acceptance, ease of duplication, sustainability and other related factors. The evaluation report may also help determine whether to continue, change/modify or terminate the program. That means the evaluation will serve as an input for analysis at first step of the strategic BCC program.

This BCC material development handbook provided step-by-step guidelines for developing/producing accurate, useful, and action oriented behavioral change communication materials to meet the communication needs of HIV/AIDS prevention, treatment and care and support programs. Organizations and individuals involved in BCC material development

should be able to follow the steps – as a minimum standard illustrated by examples and possible scenarios. This guideline could also be used in conjunction with other previously developed communication manuals and guidelines, i.e. the national communication framework, the national HIV/AIDS advocacy framework and other guidelines on social mobilization for prevention and control of HIV/AIDS.

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