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A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK

# **C-Modules: A Learning Package for Social and Behavior Change Communication**

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Version 2**

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# Overview

This module focuses on the third step of C-Planning for social and behavior change communication (SBCC). Anyone participating in this module should already have the basic SBCC principles and framework presented in the Introduction Module. This module builds on the strategy outlines developed in Module Two (Focusing & Designing), but could be taught as a stand-alone module if participants are clear about their SBCC strategy. By the end of this module, participants will have practiced key steps in the creation of effective communication materials and activities.

## Sessions

Session 3-1: Getting Ready to Create .....	2
Session 3-2: Creative Briefs.....	6
Session 3-3: Effective Messages .....	16
Session 3-4: Drafting Materials and Activities .....	19
Session 3-5: Concept Testing, Reviews, and Pretesting .....	22
Session 3-6: Finalizing Designs and Getting Ready for Production.....	30
Additional References .....	33

## Session 3-1: Getting Ready to Create

Once you are confident with your strategy, it's time to get creative with the materials and activities. Careful planning of communication materials and activities is necessary for their success in reaching people. This module will help you find your way through the simple steps in creating and testing **effective communication products**, including: toolkits, facilitation manuals for group interaction, training manuals for counseling, job aids for services providers, websites or an interactive web-based process, TV or radio scripts, comic book or drama scripts, posters, brochures, and much more.

Developing communication products combines science and art:

- There is science to creating concepts, visuals, and text, which are based directly on your **analysis of the situation (Step 1)**: the people, their culture, existing policies and programs, active organizations, and available communication channels.
- There is art to the creation of products which evoke emotion, motivate audiences, and fit within the **communication strategy (Step 2)**.

In this session of the *Handbook* a worksheet on **Research Gaps** is provided to help you continually track gaps in your earlier research and to note what would be useful for you to find out before moving ahead.

Before creating anything new, we strongly suggest doing an **inventory to see what already exists** using the worksheet provided on the following pages. Most issues we are addressing now have been around for a while. For example HIV was identified in 1983; reproductive health and Malaria have been addressed for much longer than that! This means that a lot of efforts to prevent or treat them have come before us.

Search for communication products that have been or are being created by others. *How might you complement what exists with something new? Adapt it? Build on it? Improve on it?* See the inventory worksheet, in this session.

Once you're confident with your analysis, your strategy, and your inventory of existing products, you are ready to create. **In this module, you'll see how it helps to develop drafts with audience members and to design with professionals:** quality pays off! You'll also see the value of using a few tools, such as a creative brief, to organize your creative ideas and to create consensus around them.



One place to look for existing communication materials is at C-Hub at <http://www.c-hubonline.org/>. C-Hub is an online resource of communication materials for development. The goal of C-Hub is to provide a free and open online system where users can view, access, share, and download examples of communication materials that showcase the processes that are part of developing effective SBCC campaigns and materials.

**GRAPHIC: The Third Step of a Planning Process for SBCC – Creating**



**SOURCE:** Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

### WORKSHEET: Research Gaps

Effective SBCC materials and activities are based on analysis and strategic design.

Take a moment now to reflect back on your:

- situation analysis (guidelines and tools provided in Module One); and
- strategic design (guidelines and tools provided in Module Two)

We are always continuing to understand the context and continuing to refine our communication strategy. Consider:

- *What else do you need to know in order to effectively create materials and activities now?*

Check your understanding of the following:

- What the audience/s already knows about the issue
- What could motivate them to act
- What skills would they need to act
- Prevailing norms, attitudes, and beliefs that place them at risk
- Barriers to their knowledge and practice of change
- Concerns that inhibit action
- Learning styles and media preferences
- Literacy and language abilities

Qualitative research methods like in-depth individual interviews, informal group discussions, focus group discussions (FGDs), and Action Media Workshops (used to develop material within the context of your audience) are useful ways of informing Step Three of the Process: **Creating!**

**WORKSHEET: Inventory of Existing Materials**

One of the greatest inefficiencies in the world of SBCC is, arguably, the lack of time we invest in identifying materials and activities that have already been developed by other programs which we may be able to adapt. Such an inventory can save enormous amounts of time and money, and can help us put our resources to good use by complementing, rather than recreating, what is already out there.

- Directions:** Step 1: Refer back to the table you created “Channel Mix” (Module Two, Session 6)  
 Step 2: In the space below, jot down the names or sources of any materials/activities of which you’ve heard about or are familiar with. Also jot down a brief plan for searching (e.g. via the phone, Internet, or personal connections) the existence of any other relevant materials/activities.  
 Step 3: Consider the ways in which you might adapt or complement what you find.

	<b>Materials/activities developed in the past:</b>	<b>Ways in which we might adapt or complement what is already developed:</b>
<b>Interpersonal</b>		
<b>Community-based</b>		
<b>Mass Media</b>		

# Session 3-2: Creative Briefs

A **creative brief** is a short (one- or two-page) tool to guide the development of materials and activities. In general, we suggest that each material gets its own creative brief. But, in some cases you may develop a single brief for a set of materials all designed for the same audience(s), with a shared communication objective.

A creative brief is based on the communication strategy agreed upon prior to Step 3 (Module Two, Session 9). In fact, each creative brief repeats some key information from the communication strategy in order to ensure that each material and activity is in line with the strategy. This is a very helpful practice!

Creative briefs are used by many advertisement agencies as prerequisite to start creative work for a client. This means the content of the creative brief is something your creative people need to start working on the designs of your materials. If you are doing the work yourself, you'll have everything you need all in one place to create consensus among your team and stakeholders about the product or activity.

We suggest five broad parts to a creative brief:

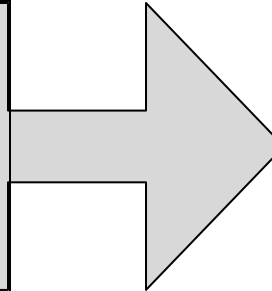
1. Goal and Selected Audience(s) for the material/s
2. Desired Changes, Barriers, and Communication Objectives
3. Message Brief
4. Key Content and Tone
5. Media Mix and other Creative Considerations

On the following pages, please find:

- A graphic to show the relationship between the strategy outline and the creative brief.
- An example of a completed creative brief using our proposed outline. Please notice that the example creative brief relates back to the sample strategy outline in Module Two. This Brief was designed for a set of materials all geared to the same audience, with the same communication objective.
- A worksheet you can use to review sample SBCC materials and learn from them by analyzing finalized materials.
- A description of each of the five parts of our suggested creative brief.

**Relationship between Strategy Outline and Creative Brief**

<b>Overview of your Strategy Outline (Step 2)</b>	
1. Summary of Your Analysis	<ul style="list-style-type: none"> <li>• Problem Statement</li> <li>• Changes the Problem Calls for</li> </ul>
2. Communication Strategy	<ul style="list-style-type: none"> <li>• Final Audience Segmentation</li> <li>• Barriers (per audience)</li> <li>• Communication Objectives (per audience)</li> <li>• Strategic Approach</li> <li>• Positioning</li> <li>• Key Content</li> <li>• Channels (per audience), Activities, and Materials</li> </ul>
3. Draft Implementation Plan	<ul style="list-style-type: none"> <li>• List of Materials and Activities, by communication objective, with resources and timeline</li> </ul>
4. Draft Evaluation Plan	<ul style="list-style-type: none"> <li>• Plan, including draft of Indicators, Methods and Tools</li> </ul>



<b>Overview of your Creative Brief</b>
Developed for each material or activity named in the Strategy Outline
Goal and Audience(s)
Changes, Barriers, and Communication Objectives
Message Brief
Key Content and Tone
How this Material or Activity Fits the Mix, and other Creative Considerations

**Overview of Creative Brief Template**

<p><b>1. Goal and Audience</b></p>	<ul style="list-style-type: none"> <li>• Overall aim of the material or activity</li> <li>• Selected audience(s)</li> </ul>
<p><b>2. Changes, Barriers, and Communication Objective</b></p>	<ul style="list-style-type: none"> <li>• Desired changes</li> <li>• Barriers</li> <li>• Communication Objectives</li> </ul>
<p><b>3. Message Brief</b></p>	<ul style="list-style-type: none"> <li>• The Key Promise</li> <li>• The Support Statement</li> <li>• A Call to Action</li> <li>• Lasting Impression</li> <li>• Perception of someone involved in the change</li> </ul>
<p><b>4. Key Content and Tone</b></p>	<ul style="list-style-type: none"> <li>• Key content to communicate in this material</li> <li>• Tone for this material</li> </ul>
<p><b>5. How this Material or Activity Fits the Mix and other Creative Considerations</b></p>	<ul style="list-style-type: none"> <li>• How this material complements or is supported by other materials or activities in the mix</li> <li>• Other creative considerations and cost</li> </ul>

### ETHIOPIA Example: Creative Brief for Client Self-Management Materials<sup>1</sup>

Review Module Two, Session 1 for the strategy outline for the activity in this creative brief example.

#### 1. Goal and Audience(s)

**Goal:** To support adherence and treatment roll out in Ethiopia through improved client-provider communication and community support

##### Selected Audiences

<u>People directly affected</u>	Men and women of reproductive age (30–50 years), who are already taking or who are eligible for ARV treatment, living in urban and rural areas
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#### 2. Desired Changes, Barriers, and Communication Objectives

##### Desired Changes

- Know how to manage their ARV treatment (i.e., adherence; side effect management; regular doctor visits; and positive living, including positive prevention and disclosure to sexual partners, friends, and family)
- Feel confident and come prepared to ask providers for needed services and information
- Practice positive living and adherence to their ARVs and other treatment for opportunistic infections, understanding it will improve their health

##### Barriers

- Lack of relevant and trusted information
- Stigma to be openly HIV positive
- Poverty-related hurdles such as food insecurity
- Service providers not having enough time for intense counseling and not used to assertive clients
- Lack of social support services

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<sup>1</sup> This example has been adapted from work done by the AIDS Resource Center in Ethiopia, supported by CCP and CDC

**Communication Objectives (by audience):** By the end of the project there will be an increase in the proportion of men and women of reproductive age on ARVs and eligible for ARVs who see the benefit of managing their life and their ARVs actively— who become an ENGAGED Client

### 3. Message Brief: Promise, Support, Call to Action, Lasting Impression and Perception

**Promise<sup>2</sup>:** If you become an ENGAGED Client (informed, proactive, assertive), you will have more control over your life with ARV and AIDS.

**Support Statement<sup>3</sup>:** Because ENGAGED Clients get better services

**Call to Action (with link to services):** For more information, call the AIDS Hotline at 759-38475

**Lasting impression<sup>4</sup>:** A self-sufficient and informed client lives with dignity

**Perception of someone who changed<sup>5</sup>:** As someone who takes his/her life in their own hands

### 4. Key Content and Tone

#### Content: The ENGAGED Client

- Show up to your appointments (with your partner if you have one)
  - Be punctual and come prepared
  - Schedule and keep follow-up visits
- Monitor your own health
  - Keep a diary to document how you take your medication, side effects, or (if you're female) your menstruation
  - Monitor your own weight and write down everything you eat for two days a month.
- Ask questions (if you don't understand something)
  - Ask the doctor what s/he finds when s/he examines you and ask the doctor to explain all results from special tests
  - Ask why you are being referred, how quickly you need to go, and how much it will cost

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<sup>2</sup> The Key Promise selects one single, subjective promise/or benefit that the audience will experience upon hearing, seeing, or reading the objectives you've set

<sup>3</sup> The Support Statement should include the reasons the key promise outweighs the key barriers and the reasons why what we are promising or promoting is beneficial. These often become the key messages.

<sup>4</sup> Formulate the lasting impression that the audience should have after hearing/seeing the message.

<sup>5</sup> Describe how the audience perceives someone who is part of the change or uses the product/service being promoted.

## STEP 3: CREATING

- Request quality care
  - Request that confidentiality and informed consent guidelines be explained to you
  - Insist on privacy if you feel that other people are listening
- Treat your doctor well
  - Give him/her your honesty and respect, and expect the same in return
  - Be open and tell your doctor exactly what you feel
- Expect to discuss adherence
  - Know what medicines you are taking and when and how to take them; also know what not to take
  - Come with your diary: Your doctor will notice you care for your health, which will encourage her/him to explain more
- Respect yourself
  - People will treat you with more respect if you do, and it will show
  - Learn to see yourself as a person living with HIV—not as a victim or sufferer. You are a person, not a condition.
  - Trust your own instincts: other people cannot know what is best for you without your input

**Tone:** Supportive, reassuring, realistic (needs to support your communication objective, which is based on the barriers)

### 5. How this Material/Activity Fits into the Mix, and Creative Considerations

#### Media Mix

- Waiting room poster (300 clinics in and around Amhara region)
- Integrate content into existing adherence diary (about 20,000 prints)
- Addendum for hotline counseling curriculum and binder (one off, needs counselors briefing)
- Center of PLHIV client diary radio show on ENGAGED Clients (collaboration with existing diary radio show)
- Slide video on client-provider interaction, applying all points (needs extra script and creative brief)

**Opening:** Targeted print support materials distributed in provider settings and throughout PLHIV network for clients already on ART

**Creative Considerations:** Developed from Amharic, needs English translation for donors, text needs to comply with low-literacy guidelines, images: realistic drawings preferred from PLHIV network because previous positive photography models were exposed to increased stigma.

**WORKSHEET: Analyzing Examples of SBCC Materials**

**Directions:** Look at the sample communication materials. Consider *what do you see in this sample material? What would you guess is in the creative brief for this material?*

<b>1. Goal and Audience?</b>
<b>2. Communication Objective? Addressing what possible Barriers?</b>
<b>3. Message Brief: What is the Key Promise or Support Statement, Call to Action, Lasting Impression, or Perception of Someone Part of the Change?</b>
<b>4. Key Content and Tone?</b>
<b>5. Other Creative Considerations?</b>

### WORKSHEET: Creative Brief for Material/Activity: \_\_\_\_\_

#### 1. Goal and Audience:

##### *Overall Aim of the Communication*

- What are you trying to achieve with this material or activity (And how is this related to the overall goal of the program)?

##### *Selected Audiences (from communication strategy):*

- Primary: people most directly affected by the problem
- Secondary: people who directly influence them, either positively or negatively
- Tertiary: people who indirectly influence the people directly affected; e.g., by shaping social norms, influencing policy, or offering financial and logistical support

#### 2. Communication Objectives: (from your communication strategy)

##### *Desired Changes*

- What do you want the audience to change (e.g., perceive, know, feel, discuss, learn skills for, or do) after experiencing your communication?

##### *Obstacles/Barriers*

- Why are people not doing what they should be doing? (Would they change their behavior if they only knew better? Or is something else missing to enable them to do so?)
- Select ONE key constraint to adopting the desired change

##### *Communication Objective*

- Addresses the key constraint for the desired change.

*For example: After the next VCT day, there will be an increase in the proportion of \_\_\_\_\_ (audience) who \_\_\_\_\_ (know, feel, do, etc.).*

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#### 3. Message Brief: (from audience's point of view; Note: The message brief includes instructions for writers, designers, and producers that guide them in their design and development of messages.)

## STEP 3: CREATING

**The Key Promise** is the most compelling subjective benefit the target audience will receive by taking the desired action. It should represent a:

- Subjective experience in your audience’s mind (not necessarily in the development professional’s mind)
- Reward in the (near) future
- Be truthful and relevant to your audience

*For example: If you feel comfortable with condoms, you will be considered a great lover.*

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*For example: If you brush your teeth you will have fresh breath and a great smile (preventing cavities is usually more of an immediate concern for public health people rather than your audience’s).*

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**The Support Statement** convinces the audience they will actually experience the benefit. It should provide reasons why the key promise outweighs the key constraint (barriers). **The support statement often becomes the message.**

*For example: Because a good lover knows his equipment.*

*For example: Because fresh breath is attractive.*

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**A Call to Action** should tell your audience what you want people to do or where to go to use the new product.

*For example, for more information, call the hotline at...*

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**In the “Lasting Impression,”** we focus on the lasting impression that the audience should have after hearing/seeing the message, which usually helps keep the message ideas on track.

*For example: Condoms make for a good lover.*

*For example: Brushing teeth makes you feel pretty and fresh.*

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**For the “Perception of someone involved in the change,”** we describe how the audience perceives someone who is part of the change or who uses the product/service promoted.

*For example: A good lover is smart and trustworthy because he cares about his partner!*

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## STEP 3: CREATING

*For example: A person with clean teeth is someone who takes care of him/herself (for the toothpaste example).*

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**4. Key Content and Tone:** (from your communication strategy, where you began to outline content for different materials and activities.)

**Key Content:** Develop key content bullet points grouped in the order it should appear in the material. Ask yourself:

- *What is relevant to your audience in order to achieve the communication objective you formulated to bring about change?*

**Tone:** We can present key content in different ways. What feeling or personality should your communication have (e.g., warm, funny, surprising, innovative, traditional, or a combination thereof)?

*Examples of different tones are humorous, logical, emotional, twist, contrast, ridiculous, visual, surprise, positive, or comic.*

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**5. How It Fits the Mix (and other Creative Considerations):** Way in which this material/activity relates to others you are creating; anything else you feel is important to keep in mind when creating, producing, or distributing this communication product.

### **Media Mix/Activities:**

- *Details on the number and type of materials/activities: justify the chosen channels and how they reinforce each other*
- *Decide how you want to focus on either or a combination of reach or frequency in order to reach your audience:*
  - *Reach: Number or percentage of audience segment that will be exposed to a message at least once. Would you rather reach a big group of people right away?*
  - *Frequency: Average number of times that one person is exposed to a message (which helps ensure message penetration). Do you want to reach a potentially smaller group with certain intensity for the same amount of money?*

### **Openings and Creative Consideration**

- **Openings:** What opportunities (e.g., times and places) exist for reaching the audiences? (i.e., market day, World AIDS day, etc.)
- **Creative Considerations:** Anything else the creative people need to know? Will it be in more than one language? Literacy level? Style? Illustration type? How many local languages are needed? What are the reading levels of your audiences? Is there anything particular regarding style, layout, or visuals? What logos need to be used? How is this material branded? (See checklists in Module Three, Session 5)
- **Cost:** How much will your materials/activities cost?

## Session 3-3: Effective Messages

In your creative brief you have already developed the raw materials for messages in your message brief. You identified the key promise and support points, the call to action, the lasting impression, and perceptions of someone part of the change, and drafted your key content.

This section of the creative brief is sometimes referred to as the “message brief” because it holds the creative direction for the specific messages you’ll include in your materials. If you do not have creative people who can help you further develop these into compelling messages and slogans (there is a difference), this session offers guidelines and worksheets to do it yourself or to judge the quality of messages you review.

A **message** is a brief, value-based statement aimed at an audience that captures a positive concept. Effective message development may not be complicated, but it does require discipline and insight. It's a matter of matching the intended audience's need and motivation with the most compelling solution, which can outweigh or at least address the barriers the audience faces.

Messages must be personally appealing and discuss only one/two key points. The information in the message should be new, clear, accurate, complete, culturally appropriate, and include specific suggestions of what people can do.

As you draft messages, keep tone in mind. Here are six tips for message tone:

- Emotional appeal is geared more towards people who are indifferent towards the topic.
- Logical appeal is geared more to opinion leaders.
- Straightforward presentation of facts is often more effective for message recall than emotional appeal.
- Humor is most effective with messages that are already familiar to people, like “use condoms.”
- Entertaining, engaging, humorous, or dramatic messages are more likely to succeed
- Acknowledging opposing views is effective when the audience is either resistant or initially opposed to the message’s position, when the audience is highly educated, or when the audience is exposed to opposing arguments.

### Worksheet: Effective Messages

**Guidelines for Effective Communication**<sup>6</sup>: This list (referred to in English as the “**Seven Cs of Communication**”) is a valuable reminder of what to keep in mind when developing effective materials:

<b>1. Command attention</b>	<ul style="list-style-type: none"> <li>Does the message stand out? Does your audience think so?</li> <li>Remember to give thought to the following details: colors and fonts; images and graphics; sound effects; music; slogans; choosing innovative channel</li> </ul>
<b>2. Clarify the message</b>	<ul style="list-style-type: none"> <li>Is the message simple and direct?</li> <li>Remember, less is more! Stay focused only on what the audience needs to know.</li> </ul>
<b>3. Communicate a benefit</b>	<ul style="list-style-type: none"> <li>What will the audience get in return for taking action?</li> <li>A <u>key</u> benefit may not necessarily be a health benefit; an immediate benefit is typically more effective than a long-term benefit</li> </ul>
<b>4. Consistency counts</b>	<ul style="list-style-type: none"> <li>Materials and activities convey the same message and become mutually supportive in creating recall and change.</li> <li>Remember: “One sight, one sound”. Pay attention to your use of logos, colors, words, sounds, themes, images, and models.</li> </ul>
<b>5. Cater to the heart and the head</b>	<ul style="list-style-type: none"> <li>Is it better to appeal to the audience’s emotions, intellect, or both? Emotional appeals are often more convincing than facts.</li> </ul>
<b>6. Create Trust</b>	<ul style="list-style-type: none"> <li>Does your information come from a credible source? Who is a credible for your target audience? Ask them. Is it still the male medical doctor, or has that changed? Is it the same for men and women? Is it different for different age groups? Is there a celebrity who that would impress your audience?</li> </ul>
<b>7. Call to action</b>	<ul style="list-style-type: none"> <li>What do you want the audience to do after seeing the communication? What action is realistic as a result of the communication?</li> <li>Remember: The Call to Action should focus on a concrete and realistic action and help achieve your objectives</li> </ul>

**Here’s an Example of a Radio Spot constructed with the “bare bones” a message needs.**

➤ *What do you think?*

Element	Message Content
<b>Message Key Promises:</b>	Using condoms takes the fear out of sex.
<b>Message Support Statement:</b>	Because only condoms protect you from pregnancy, HIV, and other STDs.
<b>Call to Action:</b>	Make your love life easier—use a condom every time.
<b>Link to Services:</b>	For more information call the AIDS Helpline at 0800-0120322.
<b>Umbrella Message:</b>	This is Pirate Radio; we care about you.

<sup>6</sup>Kincaid, D. Lawrence, Piotrow, Phyllis, Rimon, Jose, and Rinehart, Ward.1997. *Health Communication: Lessons from family planning and reproductive health*. Westport: Praeger,

### CHECKLIST: Basic Principles of Message Development<sup>7</sup>

As you draft your messages, review this checklist to see which of these principles you have followed.

#### 1. Keep it simple:

- Easy to grasp
- Short and uncluttered
- Define key terms that may sound like jargon (e.g., sustainable development)

#### 2. Know (and involve) your audience (early on):

- Knowledge (is there a startling fact that might cause the audience to rethink their position or move to action?)
- Values, norms, and beliefs (address values most important to your audience)
- Needs and priorities (what does your audience care deeply about or fear?)

#### 3. Invite the audience to “fill in the blank” and reach your conclusion on their own:

- Hold back from including every detail
- Allow the audience to use their own thought processes and thus to take ownership of the message

#### 4. Present a solution:

- People are more responsive if solutions are the focus versus focusing on the problem’s cause

**Avoid Message Fatigue!** Don’t bombard your audience with too much “message:”

- The mind accepts only what matches prior knowledge or experience.
- Once a mind is made up, it’s quite hard to change it.
- The average person won’t tolerate being told s/he is wrong.
- Sensory overload: beyond a certain point, the brain goes blank and refuses to function.

If you would like more information on Effective Messages you can review the following reference. Goodman, Andy. “*Why bad ads happen to good causes: and how to ensure they won’t happen to yours*”, (2002). Available at:

[http://www.agoodmanonline.com/bad\\_ads\\_good\\_causes/index.html](http://www.agoodmanonline.com/bad_ads_good_causes/index.html)

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<sup>7</sup> Advocacy & Leadership Center. “Messages in advocacy campaigns, Institute for Sustainable Communities.” [http://tools.iscvt.org/advocacy/speak\\_to\\_inspire/basicmessages](http://tools.iscvt.org/advocacy/speak_to_inspire/basicmessages). Accessed March 1, 2010.

## Session 3-4: Drafting Materials and Activities

The following steps are needed to get to the first draft of your material or activity:

1. Write the script/text (keeping literacy levels in mind).
2. Select images or storyboard: A storyboard is a series of pictures, photographed or drawn, representing what will appear on the screen scene-by scene. The words for each scene are written under each picture. See the story board worksheet and example in this session.

Here are some tips to think about while doing your first draft<sup>8</sup>:

- Present **one message per illustration** – each should communicate a single distinct message
- **Limit the number of concepts** per material – too many messages may not be remembered
- Make **material interactive** whenever possible – so that they stimulate dialogue within and with the audience.
- Leave **plenty of empty space** – make text easier to read or illustration easier to follow and understand
- Arrange messages in the **sequence that is most logical** to the audience
- Use **picture illustrations** to supplement text but use appropriate colours and familiar images and symbols in illustrations –enlargements, parts of things or people or other drawings that do not resemble things that people normally see may confuse
- Choose **lettering that is clear and easy to read** and use upper and lower case letters - text entirely in uppercase is more difficult to read.

Once you have the draft, we recommend doing a stakeholder review and audience concept test of storyboard/rough layouts, as described in the next session. Once materials are revised based on the concept testing you are ready to pretest (keeping cost effectiveness of final product in mind), and to produce after final revisions.

**Stories** can be used in a number of ways to stimulate and to structure communication materials. Here are a few ideas:

- Gather stories from members of the audience and **see how these stories inform different parts of your creative brief**. For example, what do you hear about barriers people face? About promises they care about? About key content or tone that would capture their attention?
- **Listen to people's stories for the language** they use, and capture these words or phrases in your materials.
- Ask for permission to **use people's true stories**. For example, the Health Communication Partnership built a Peer Learning Guide around the true stories of Commercial Sex Workers. The stories proved so engaging that they led to the development of additional materials and images that the audience began to associate with the messages of the guide developed by the project.

<sup>8</sup> National Cancer Institute. 2003. *Clear & simple: Developing effective print materials for low-literate readers*. Washington, DC: National Institutes of Health. <http://www.cancer.gov/aboutnci/oc/clear-and-simple>.

## WORKSHEET: Storyboard Outline

**Directions:** This worksheet will help you think through the flow of a story told within one of your communication products. For example, you might use it to sketch out your ideas for a radio show or for a print material. You can use photos or simple sketches to show what happens at each step of the way. This storyboard can be reviewed or pretested so that you get input on your ideas before investing any more time or money. Capture in three pictures the essence of the story.

*Beginning:*



*Climax:*



*Resolution:*



*Describe in a few words what happens under each picture you have drawn*

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*Example storyboard:*



### CHECKLIST: Drafting Materials<sup>9</sup>

**Directions:** As you develop your draft materials, review this checklist to guide your material development.

#### Organize copy

- Important points first and last
- Information chunks with clear format
- Sequencing in chronological steps or by topic
- Summary or action steps at the end

#### Cut back on copy

- Focus on communication objective when in doubt.
- Does the reader need this statement or fact to understand, accept, and take the desired action?
- For tough decisions: Pretesting

#### Check your reading levels

- Count the syllables. The longer the word, the more difficult to understand (e.g., differentiate = distinguish)
- The longer the sentence the harder to understand
- Active voice is easier
- Some people may try to impress their audience with their command of the language. Is that necessary?
- Pretest (more on that coming up!)

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<sup>9</sup> National Cancer Institute. 2003. *Clear & simple: Developing effective print materials for low-literate readers*. Washington, DC: National Institutes of Health. <http://www.cancer.gov/aboutnci/oc/clear-and-simple>.

## Session 3-5: Concept Testing, Reviews, and Pretesting

**Ideally, you want to develop the materials together with the audience as much as possible to understand how they make use of certain information.** This can be done in workshops.<sup>10</sup> In addition, there are three kinds of testing that happen during the process of creating SBCC products.

1. Concept testing happens before you invest time in fully drafting materials.
2. A review by partners and gatekeepers after you have drafts of your materials
3. Pretests and field tests with your audience members after you have drafts of your materials

### Concept Testing vs. Pretesting

- Timing: concept testing is done earlier in the process
- Questions: concept testing questions are different and more open on concepts and formats before finalizing them for pre-testing.

**Concept testing:** Creative concepts are "big ideas" that capture the essence of what you want to communicate to intended audiences.<sup>11</sup> During concept testing you check back with your audience as to what moves and interests them, as well as which creative idea works for them. During concept testing, you can also ask people about what material formats they would prefer, or ask them what information they would like to see before you draft something.

**A review by partners and gatekeepers** (e.g., the Ministry of Health or the funder) is very important because they can protect you from making costly mistakes in the content of your materials and messages. Such a review should take place around the time that you are pretesting materials—either before pretesting (to ensure things are correctly stated according to existing policies) or just after pretesting (to share the voice of the audience should gate keeper not agree with your materials or activity). You can also involve stakeholders informally in individualized meetings prior to a stakeholder review. This way, they are kept up to date with your materials and not surprised when they get to the review.

**Pretesting helps to confirm whether the materials are understood or liked by the intended audience.** In pretesting, a facilitator shows the draft materials to members of the intended audience and asks open-ended questions to learn if the message is well-understood and acceptable. This process is important to the success of SBCC because illustrations, text, photographs, dialogue, sounds, music, graphics, moving images, etc., can be misinterpreted. If audience members cannot understand the materials or do not like them, the message is lost. It is easier to revise materials before they are produced than to find out that the materials are inappropriate after investing time and expense! Field testing goes one step further than pretesting—it tests how the material works in the actual context in which it will be used. For example, if you have developed a job aid for reproductive health counselors, your pretest would get their reaction to the aid; but a field test would actually record how the aid works in their hands, with real clients.

<sup>10</sup> Warren Parker. 1997. Action media: Consultation, collaboration and empowerment in health promotion. Michigan State University. <http://archive.lib.msu.edu/DMC/African%20Journals/pdfs/africa%20media%20review/vol11no1/jamr011001005.pdf>

<sup>11</sup> For more on concept testing, see [http://www.cdc.gov/dhdsp/CDCynergy\\_training/Content/phase4/phase4step2content.htm](http://www.cdc.gov/dhdsp/CDCynergy_training/Content/phase4/phase4step2content.htm)

### EXAMPLE: Concept Testing Guide

#### Concept testing for billboards for a national VCT-day, with youth as target audience<sup>12</sup>

**Step 1: Youth perceptions of their life and key motivators (15 minutes)** – (have billboard concepts laid out in the gallery face down)

1. What do you like in your life?
2. What do you and people like you want for your lives?
3. How do you see the future?
4. What draws people like you to action?
5. What would make you want to go for HIV testing?
6. What did you always want to know about HIV testing?
7. What do you think is the greatest contribution that youth can make to the community?

**Step 2: Go through with questions below one by one (20 minutes)** – (have billboard concepts laid out in the gallery face up for the rest of the concept test)

1. What do you see on the picture? Can you describe it to us?
2. What is the main message(s) on the billboard?
3. Who do you think is this poster meant for? Please describe the kind of people who would be most interested in this material.
4. What's your general reaction to this draft?
5. Is there anything you especially like about it?
6. Is there anything you especially dislike?
7. Is there anything confusing? Are there any words, sentences, or ideas that you did not understand? Which ones? [If so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.]
8. Was anything missing that you would have liked to see included?
9. What can be done to improve this material?

**Step 3: Rating of the best concept (10 minutes)**

1. Which of the concepts do you find **most attractive/appealing**?
2. Which one do you think show a situation **closest to your life**?
3. Which one is the easiest **to understand**?
4. Which one **gets your attention the best**?
5. Which one presents the most **believable message**? (Very important!!)
6. Which ones are **proper for the culture**?

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<sup>12</sup> Adapted from work done with AIDS Resource Center in Ethiopia under guidance of CCP

### Example of concept testing for an unfinished draft of a brochure<sup>13</sup>: Adherence Diary Concept Testing (30 minutes)<sup>14</sup>

Welcome. My name is \_\_\_\_\_, and my colleague's name is \_\_\_\_\_. We are coming from X-NGO. We are here today to ask for your help in developing an adherence diary for people to monitor their own health and ARV medicine taking.

This brochure is our first draft and we need your help in telling us what type of information should be included into this diary and what format is most practical for you to use. We would like you to be as honest and frank as possible, so that the materials will be best for the community. We thank you in advance for your willingness to participate in the production of this message material.

#### Preparation:

- Make a flip chart page with learning objectives of the material
- Make a flip chart with outline of the brochure (table of contents)
- Have enough copies of the material for the participants to look at

#### Steps

1. Please tell us what should go into an adherence diary on ART. What kind of information would you like to see? (List the suggested information on flipchart) *Probe: is there anything else that should be covered in your diary?*
2. Now, let's go a step further. What kind of ways to note your adherence and other issues around ARV should we include?
3. Now, I'd like to show you a draft of our adherence diary and get your reactions (pass out draft of the diary):
  - *What's your general reaction to this draft?*
  - *Is there anything you especially like about it?*
  - *Is there anything you especially dislike?*
  - *Is there anything confusing?*
  - *Was anything missing that you would have liked to see included?*
  - *Which parts would be most useful to you?*
  - *What would you do with a diary like this?*

We've come to the end of our discussion. Do you have any additional comments you would like to make on today's topics? On behalf of X-NGO I want to thank you for your participation. Your opinions today will very valuable for the development of your Adherence diary. We will now come back to the plenary and summarize what we came up with and explain how we will finalize the development of the brochure with you.

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<sup>13</sup> National Cancer Institute. Pink book - Making health communication programs work. National Cancer Institute. NCI/NIH. <http://www.cancer.gov/pinkbook>

<sup>14</sup> Adapted from work done with AIDS Resource Center in Ethiopia under guidance of CCP

### CHECKLIST: Stakeholder Review

- Involve reviewers at the concept development stage to avoid surprises- You can give them your creative brief and let them know you will be back with a draft.
- Educate reviewers clearly about the purpose of the material or activity using a creative brief
- With your reviewers, make sure that all simplified explanations are accurate
- If you conduct this review before the pretest, be careful not to make too many changes before the audience can give their input
- If you conduct this review after the pretest, share the results of your audience pretest with reviewers to include the audience's perspective before any changes are made
- You want stakeholders to check the technical content and that materials are aligned with national priorities.
- Work personally with the reviewers. If a suggested change is inappropriate, discuss both of your concerns and work towards a solution.

In many countries, health materials require approval of your Ministry of Health (MoH) representatives, as well as funders. This is the time to clarify where the MoH logo, and funders' logo needs to appear on the material of activity, and where to get a high resolution file of that logo to share it (e.g., with your printer). Or, for radio spots, how exactly you need to quote both of those agencies and in which order.

### CHECKLIST: Audience Pretest <sup>15</sup>

- Make sure your pretest respondents are representative of the audience you intend to reach with that material or activity, and make sure they have not been involved in the development of the message/material you are testing (e.g. do not pretest in the same community you concept tested).
- Decide whether group discussions and/or individual interviews are best for your pretest.
- When working with low-literate audiences, take special care to “distance” yourself from what you are testing to avoid concern about offending you with negative reactions.
- Give only one message or material at a time, so respondents can focus/concentrate. (However, you can test several drafts in several sessions on the same day).
- Try to set all your expectations aside when you listen to audience members or review the findings of a pretest done by others. Hear what they are really saying and decide what it means for your final messages/materials/activities.
- Remember that pretest results are not a blueprint for revisions, especially if changes are requested by only one or two of your pretest members—the solutions are up to you.

<sup>15</sup> For more pretest tips see the following pages, and visit: see [www.cancer.gov/aboutnci](http://www.cancer.gov/aboutnci)

### Pretesting Guidelines

Ideally, you want to develop the materials together with the audience as much as possible to understand how they make meaning of your information<sup>16</sup>. At a minimum, and depending on the budget, you can hold:

- A concept test to decide on the big ideas
- A stakeholder review to assure accuracy and acceptance
- Repeated pretesting of the material to assess its effectiveness and further revise or refine the materials until the material is accepted and understood by the audience.

Pretesting allows planners to avoid costly mistakes while building social support for the communications intervention, not only among the intended audience, but also among authorities responsible for approving use of resources. It is not a step to be overlooked or taken lightly.

Pretesting focuses on five areas of assessment:

- **Comprehension:** Is the content of the material clearly understood in the context of your audience? Is the visual presentation clear?
- **Attractiveness:** Does the material capture the audience's attention in a positive way?
- **Acceptance:** Is the content and presentation accepted as relevant to the audience?
- **Involvement:** Does the audience identify with the materials? Do they feel it speaks to them and their experiences?
- **Inducing Action:** Does the material make the audience think about change? Does it induce them to find more information or services?

### Pretesting Tips<sup>17</sup>

#### How to Conduct Pretests

- Before you begin, develop a pretest design, including how many audience members you intend to interview and in which geographic areas, or how many groups you want to hold. Also develop an outline of your questions and how to capture the information you'll receive. You will need a skilled moderator and a note taker for each group.
- Pretesting may be conducted through interviews or FGDs. Individual interviews are recommended for low-literacy audiences. Group interviews and FGDs are only recommended for individuals who are not likely to be influenced by other members of the group (e.g., women are often influenced by men, therefore keep groups homogeneous). Also, very personal issues may not be openly discussed in a group.
- During moderation, assure participants that you want their honest assessment. Also make sure participants understand that they are not being tested (this is especially important for low literacy audiences)<sup>18</sup>.

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<sup>16</sup> See ACTION MEDIA workshop approach: Parker, Warren. 2009. Low literacy materials for HIV education: Action media research to determine communication needs and opportunities. Paper presented to Academy for Educational Development, October, in Washington, DC.

<sup>17</sup> National Cancer Institute. 2003. *Clear & simple: Developing effective print materials for low-literate readers*. Washington, DC: National Institutes of Health. <http://www.cancer.gov/aboutnci/oc/clear-and-simple/page6/print?page=&keyword=> (Step 5: Pretest and revise draft materials). National Cancer Institute.

## STEP 3: CREATING

- Choose people to recruit and interview pretest participants who are culturally sensitive and who have good social skills. Unless potential participants feel at ease with the interviewing staff, they may not give their real opinions).

### **How to interpret pretesting results**

- Pretest participants are "experts" in what they understand and accept in a material, but not in material design. Therefore, not all suggestions should be followed without professional judgment.
- Most of the time, simple revisions can fix problems uncovered. Consider starting over when the majority of responses show fundamental problems.
- How fundamental problems are depends on how many times they have been mentioned, which does not mean you can use focus groups "numbers" to justify decisions, as it is not a quantitative method.
- Rather than relying on the pretest report only, it often helps to get involved in the pretest design or in the pretest exercise itself.

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<sup>18</sup> For more advice on low literacy pretesting, see: <http://www.cancer.gov/aboutnci/oc/clear-and-simple/page6/print?page=&keyword=>

### EXAMPLE: Pretest Brief and Question Guide<sup>19</sup>

**Background:** X-NGO is developing a number of ARV materials, some of them under great time pressure. We plan to conduct a pretest exercise with the intended audiences of each of the materials to gather their views and suggestions for improvement of the booklets.

**Pretest Objective:** To learn from the representatives of the intended audiences:

- Whether the language used in the brochures is understandable and appropriate, and whether the content is relevant, believable, convincing, and appealing to them, to influence positive health changes in different communities.
- Find out what format and content is appropriate and relevant to the audience for the planned ART adherence diary.

#### Materials for Pretest

- 4 mini-brochures
- ARV adherence diary (Oromia) for all participants
- Flipcharts and markers

#### Issues to Probe for During Pretest

- **Relevance** – Find out if the materials are considered relevant with regard to the situation and to the issues the audiences face as barriers to the desired behavior change.
- **Comprehension** – Establish the extent to which the respondents understand the materials, and find out whether anything is unclear, confusing, or hard to believe.
- **Acceptability** – Establish whether the materials are compatible with local culture or if there is offensive language.
- **Audience Attraction** – Find out whether the audience finds the materials attractive and relevant.
- **Personal Involvement** – Find out whether the audience can identify with the materials.
- **Materials Improvement** – Gather suggestions on how to improve the materials (if any).

#### Proposed Pretest Methodology

A total of three focus group discussions (FGD) will be conducted with audiences around Addis Ababa in Amharic. The FGDS will be conducted according to the gender of the FGD respondents (i.e., separate male & female FGDS), and these will be conducted by the same-sex Research Assistants.

#### Pre-test Audience and Mobilization

The target audience will be mobilized with the help of the hospital, a women's PLHIV association, and a volunteer PLHIV. All members of the groups are literate. While members of the women's PLHIV association are all women, the remaining audiences will be mixed in terms of sex and age. The most relevant selection criterion at this point is that all participants are using ARV. Gender-specific perspectives will be collected through the all-female group.

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<sup>19</sup> This example has been adapted from work done by the AIDS Resource Center in Ethiopia, supported by CCP and CDC

## STEP 3: CREATING

Materials	Language	Audience	Date	Location & Mobilizer
-ARV mini-books -PLHIV note-book	Oromia	10 literate women on ARV	xxx	PLHIV women's association
		10 randomly selected men and women on ARV	xxx	ARV clinic
		10 randomly selected men and women on ARV	xxx	A volunteer's residence

**Note:** For the all women's groups, the facilitator will be Ms. Xxx, whereas all other groups will be facilitated by Xxx.

### Proposed Questions for Each of the Materials -- FDC Mini-Brochures (30 minutes)

Welcome. My name is \_\_\_\_\_, and my colleague's name is \_\_\_\_\_. We are coming from XX NGO. We are here today to ask your help in the development of materials that are intended for the community here to use.

These materials are not finished because we want to incorporate your opinion and thoughts on them first. We would like to request you to be as honest and frank as possible so that the materials will be best for the community. We thank you in advance for your willingness to review these materials together with us.

### Brochure

1. What do you see on the cover? Can you describe it to us?
2. What is the main message(s) in the brochure?
3. Is the brochure telling you to do something? If so, what is it?
4. Is the picture on the front matching with words or messages inside the booklet? Why or why not?
5. Who do you think this brochure is meant for? Please describe the kind of people who would be most interested in this material.
6. Is there anything unclear in the brochure? Are there any words, sentences or ideas that you did not understand? Which ones? *[If so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.]*
7. What do you like or dislike about this brochure? Why? *[If necessary, probe by asking specifically about the format, picture; colors, general layout]*
8. Is there anything about the pictures or writings that is confusing, offensive, or might be embarrassing to you or someone like you? What? *(Ask for alternatives.)*
9. Is there anything missing that you would have liked included?
10. What can be done to improve this material?
11. Do you have any other comments or questions for us?

***Thank you for coming to work with us!***

## Session 3-6: Finalizing Designs and Getting Ready for Production

Once materials are reviewed, pretested and revised, it is time for final approval by national institutions and funders – then, on to production. Production of materials takes often more time that one thinks – whether the printing of materials, recording of radio spots, or crafting stop-and-go street theatre followed by a facilitated discussion.

**Print materials:** In order to get your print material ready for production you need to make sure that your creative people have saved the creative file of your material in a computer format that is compatible with your printer. You also need to sit with the printer first and decide on the quality of paper you would prefer as well as the colors. A color proof of the material before production is preferable, which you should sign off of. The printer then goes into a lengthy process of making the page breaks for your materials, which is then followed by color mixing and printing. Often enough it is a good idea to have someone monitor the entire print process to make sure that this last step in the development results in a quality materials. Common pitfalls in printing materials are that the color is not well mixed, or that it runs thin over time etc. These are things that can be corrected during the process, but if not monitored, it can end up being costly to fix after the fact.

**Radio spot recording:** Here you need to have signed off of the final version of the tested spots, and discussed the type of voices; music and sound effects you would like to have with the producer. Ideally, the full spot has been pretested, and you now only need to make sure that it's fully produced, delivered on CD's and distributed to the intended radio stations in time. A broadcasting plan can be developed with either an advertisement agency or the radio stations directly.

### CHECKLIST: Quality Messages and Materials<sup>20</sup>

**Directions:** This checklist can help organizations gauge whether audiences will understand, accept, and respond to proposed messages and materials. Many answers to the checklist questions come from stakeholder review and from pretesting with audiences.

#### Are messages accurate?

- Experts reviewed program messages to ensure they are scientifically accurate.

#### Are messages and materials consistent?

- All messages in all materials and activities reinforce each other and follow the strategy outline.
- There is a single graphic identity: Print materials use the same or compatible colors, types of illustrations, and typefaces. All materials include the program's logo or theme, if applicable.

#### Are messages clear?

- Messages are simple and contain as few scientific and technical terms as possible.
- Messages state explicitly the action that audiences should take.
- Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.

#### Are messages and materials relevant to the audience?

- Messages state benefits of the recommended behavior that the audience will value. For example, psychological benefit ("you will feel more in control"), altruistic ("spacing pregnancies is healthier for your wife and children"), economic ("have just a few children, and you can educate them all"), or social ("condom users are cool")
- Presentation style of messages is appropriate to the audience's preferences. For example, rational versus emotional approach, serious versus light tone.

- Messages keep in mind regional differences, ranging from the language and dress of people portrayed in materials to the organization of health care delivery.

#### Are communication channels credible?

- The source of information is credible with the audience— for example, doctors or opinion leaders.
- Celebrity spokespeople are carefully selected. Celebrities should be directly associated with the message and practice the desired health habit—for example, an athlete promotes exercise.

#### Are messages and materials appealing?

- Messages stand out and draw the audience's attention.
- Materials and activities are of high quality.

#### Are messages and materials sensitive to gender differences?

- Messages do not reinforce inequitable gender roles or stereotypes.
- Messages and materials include positive role models.
- Messages, materials, and activities are appropriate for the needs and circumstances of both women and men. In particular, they consider differences in workload, access to information and services, and mobility.

<sup>20</sup> Sources: CCP:

- Kohls, Adrienne. 2007. A gender guide to reproductive health publications: Producing gender-sensitive publications for health professionals. Johns Hopkins Bloomberg School of Public Health. <http://www.infoforhealth.org/pubs/GENDERGD.pdf>
- National Cancer Institute. 2001. Making health communication programs work. A planner's guide. National Institutes of Health. Available: [http://www.cancer.gov/PDF/41f04dd8-495a-4444-a258-1334b1d864f7/Pink\\_Book.pdf](http://www.cancer.gov/PDF/41f04dd8-495a-4444-a258-1334b1d864f7/Pink_Book.pdf)
- Population Communication Services. 2003. The gender guide for health communication programs. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. <http://www.jhuccp.org/pubs/cp/102/102.pdf>
- Younger, Elizabeth, Wittet, Scott, Hooks, Carol, and Lasher, Heidi. 2001. Immunization and child health materials development guide. Bill and Melinda Gates Vaccine Program. <http://www.path.org/vaccineresources/files/CVP-Materials-Development-Guide.pdf>

**EXAMPLE: Draft Production Timeline**

**Creating, Drafting, Testing, and Revising Print and Radio Materials**

<b>Steps</b>	<b>Sample of Days Needed for Print, Audio Visual or Other Materials</b>	<b>Your Draft Timeline</b>
Creative brief	3 days (including review)	
Draft concept development	7 days (audience participation)	
Concept testing	2 days (audience participation)	
Text drafting	5 days	
Visual/sound drafting	4 days	
Stake holder review	7 days	
Pretesting	7 days	
Final revisions	3 days	
Approvals	7 days	
Getting competitive production bids	5 days	
Discussion with producer	2 days	
Making sure files are compatible, getting print proofs	1 day	
Monitoring production	2 days (printers usually want 2 weeks time to get the job done)	
Distribution/broadcasting plan	1 day	
Distribution monitoring		
<b>Total</b>	<b>61 days (2 months)</b>	

## Additional References

These references provide additional information that will assist your work in SBCC. The entire SBCC curriculum, references cited below, and additional resources are available at <http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules>. For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at [http://www.comminit.com/en/cchange\\_capacity.html](http://www.comminit.com/en/cchange_capacity.html).

*C-Modules’* graphics can be expanded and shown to participants through PowerPoint or on a large poster board by accessing them online.

### Background Reading

Topic	Item
SBCC	<b>Making Health Communication Programs Work.</b> This guide offers a practical overview on the health communication process and delves into the following four stages: planning and strategy development; developing and pretesting concepts, messages, and materials; implementing the program; and assessing effectiveness and making refinements.
	<b>Tools for Behavior Change Communication.</b> This publication is a companion piece to “Communication for Better Health. Series J, No. 56.” This publication has a series of tools to assist with planning and developing a BCC component in family planning programs.
	<b>Communication for Better Health. Series J, No. 56.</b> This publication discusses how managers of family planning programs can build effective behavior change communication programs.
Advocacy and/or Social Mobilization	<b>Networking for Policy Change: An Advocacy Training Manual.</b> This manual was prepared to assist NGOs and other organizations considering working in advocacy to develop effective advocacy skills, especially in family planning and reproductive health.
Gender	<b>Mainstreaming Gender in the Response to AIDS in Southern Africa: A Guide for the Integration of Gender Issues into the Work of AIDS Service Organizations.</b> Provides tools and information for integrating gender concerns in the planning, implementation, and evaluation of AIDS programs
Research Skills/Tools	<b>How to Conduct Effective Pretests.</b> The goal of this handbook is to assist field-level planners and implementers in designing and conducting simple and effective pretests of BCC materials for HIV and AIDS prevention.

### Existing Curricula/Training Materials

**Clear & Simple: Developing Effective Print Materials for Low-Literate Readers.** This publication provides tools and guidance to develop print materials for low literacy groups. It provides step-by-step guidance for concept development, materials development, and pretesting.