

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)

# Communication Materials Adaptation Guide

2012





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Communication for Change (C-Change) Project  
2012



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## INTRODUCTION

Voluntary medical male circumcision (VMMC) programs are being scaled up in 14 countries in sub-Saharan Africa. These programs aim to decrease HIV infection rates by increasing utilization of VMMC services, with a focus on circumcision of adolescents, young adults, and adults. Effective VMMC programs require not only provision of quality services but also evidence-based social and behavior change communication (SBCC) to ensure informed demand, address cultural barriers to the procedure, and promote safer sex following circumcision.

Not all country programs have the expertise or resources to develop effective VMMC communication materials and products. Adapting existing materials is generally less expensive and time-consuming than developing new ones, and can be a viable alternative. A number of programs have requested guidance on adapting VMMC communication materials and products to new settings and contexts, as well as guidance on increasing the effectiveness of demand-creation and other communication components.



Fig. 1: Post card used to promote VMMC services and materials.

Communication for Change (C-Change), USAID's global project for improving the effectiveness and sustainability of communication programs, developed this guide based on its work on VMMC communication at the national level in Kenya and in Nyanza Province between 2009 and 2011. The guidance is intended to support improved VMMC communication in other provinces in Kenya as well as in other countries in the region.

## Purpose of the Guide and Intended Users

This guide aims to support VMMC communication teams working within Ministries of Health, non-governmental organizations, and community-based and faith-based organizations who want to assess and adapt existing VMMC communication materials and products.

The document provides an overview on how to adapt communication materials and products so they are clear, understandable, and responsive to the needs of VMMC audiences and address the major factors that influence their social norms and behaviors. Materials and products of this kind reflect the intended audiences' cultures, languages, and literacy levels.

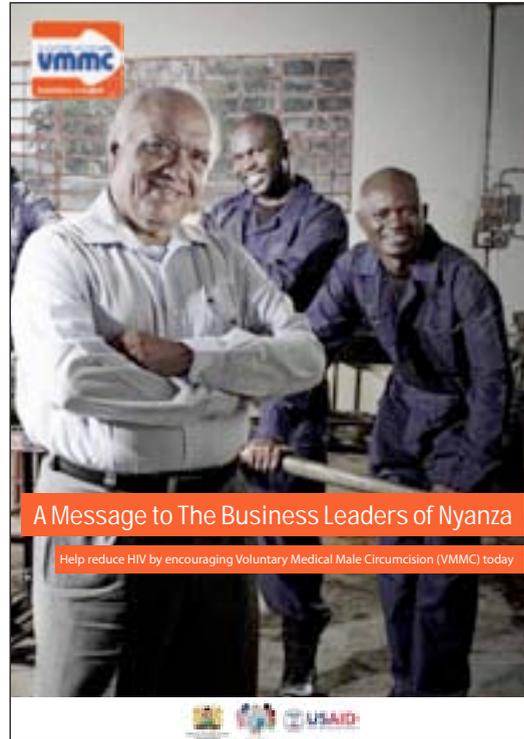


Fig. 2: Cover of leaflet for business leaders

The guidance draws upon C-Change's participatory materials development process, which emphasizes extensive audience and stakeholder testing. While the guide focuses on adapting SBCC materials and products that promote VMMC, it can also be used when adapting communication materials on other health and development topics.



Much more information, including tools on SBCC materials development and adaptation, can be found in C-Change's *C-Modules: A Learning Package for Social and Behavior Change Communication* (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules>) and in C-Change's *C-Bulletins*. Please see the reference list for complete listings of the six modules and eleven bulletins.

## STEPS IN ADAPTING VMMC MATERIALS

Material adaptation is the process of modifying existing communication products for a new or different audience. This involves more than just translating them into the local language or tweaking the artwork.

Materials and products from another cultural context or country should not be used unless the intended audiences and their social and behavior change determinants are at least similar. Following the adaptation process outlined in this document will help to ensure that the adapted materials and products are relevant and appropriate to the contexts and situations of intended audiences.

Material adaptation can save time and money if changes needed are not extensive. For example, the technical content may require a few changes, and the adaptation may be able to take advantage of creative concepts and formats proved successful elsewhere. There may still be a need, however, to adjust the material or product for a different culture or context, including messages, visuals, and language.

Adapting a communication material or product is similar in many ways to developing the original resource, though somewhat abbreviated. The process still requires active collaboration with stakeholders, a clear understanding of the intended audience, extensive testing of concepts as well as material drafts, and careful oversight throughout.

This guide presents 10 key steps that should be taken when assessing and adapting VMMC communication materials. The flowchart in Annex A summarizing the most important issues can be used to guide decision-making on whether adaptation is needed and appropriate.

### Questions to Answer When Considering Adaptation of a Material or Product

- Do its concepts and messages help meet program objectives?
- Does it address barriers to change or facilitate change for the intended audience?
- Are appropriate and culturally specific values and beliefs represented in the content and visuals?

## Step 1: Engaging VMMC Partners and Stakeholders

The initial step that needs to be taken when considering adaptation is to reach out to VMMC communication partners and government stakeholders. Engaging and collaborating with them will help avoid duplication of effort and ensure that adapted materials and products will be disseminated in the most effective way possible.

Obtaining buy-in from national governments is essential. In Kenya, for example, the Ministry of Health, through the Technical Working Group on Male Circumcision, led the process of developing VMMC communication materials and products. It is wise to engage early with all relevant partners and allies, since they can help to establish fora for exchanging information and bringing together resources.

Module 3 of C-Change's *C-Modules* provides more information on working with stakeholders (<http://www.c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules#3>).

### Tips for Working with Stakeholders

- If there is no communication working group or task force, facilitate its establishment, under the chairmanship of the Ministry of Health.
- Ensure that the plan to adapt materials is on the agenda of task force meetings. Consider in advance how to present the plan and work closely with potential allies.
- Make a list of the support to be requested from stakeholders. For example, their support could include suggestions on where and how to reach audience members and appropriate ways to review and pretest the materials in their geographic areas. Other stakeholders may also be able to provide valuable input to reviews of formative research, tests of discussion guides, or assessments of the technical accuracy and general utility of existing materials.
- When making such requests, state how much time the support may require and the timeline for the adaptation process. Get stakeholders to agree to provide support, then remind them about these agreements and the timeline for the adaptation, if necessary.
- Engage representatives of the Ministry of Health, who often provide approvals, make branding decisions, and can expand the distribution and use of adapted materials.
- Help stakeholders understand the audience's perspective by involving them in research, or at least exposing them to research results before discussing a draft material or product with them. This will help ensure that decisions are driven by data (and the realities of the audience and the local context), rather than personal opinions or other agendas.

## Step 2: Reviewing the VMMC Communication Strategy, Audiences, and Their Contexts

The second step is to review the national VMMC communication strategy, if one exists. If the strategy is effective, this review will contribute to a good understanding of the context of VMMC in the community for which the material or product is being adapted.

The section of the strategy on audience and context analysis should contain valuable information about the audience’s characteristics, social norms, and factors that affect their behaviors—those that serve as barriers to change as well as those facilitating the adoption of new behaviors or social norms. In addition to a simple analysis of the primary audience—those who stand to benefit the most from VMMC and the level of protection provided against HIV infection—this section of the strategy should indicate who influences the primary audience and behaviors that may influence VMMC uptake and impact.

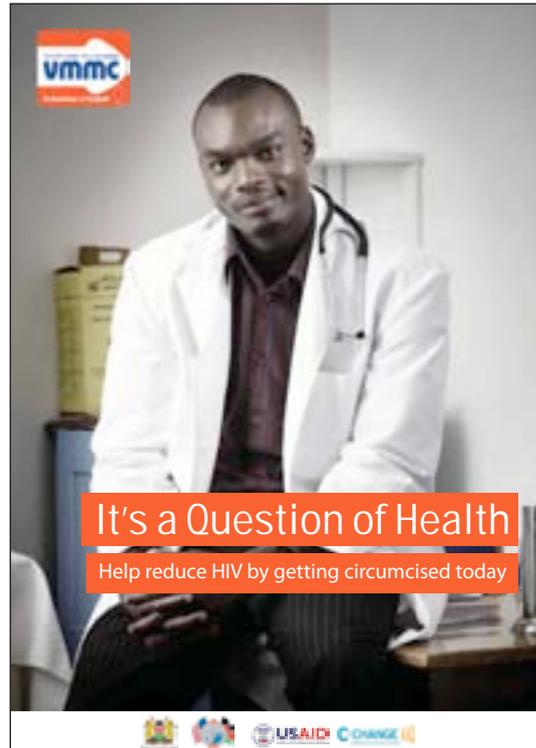


Fig. 3: A poster used to promote VMMC services in Kenya.

In many countries, the primary audience of VMMC communication is uncircumcised men, and the secondary audiences (or influencers) are their sexual partners and friends. Faith and business leaders and community health workers are among tertiary audiences. The strategy should provide basic demographic and contextual information about each of these audiences. If it does not, the gap needs to be filled by conducting audience and context analyses. More information about how to do this is in Module 1 of the *C-Modules* (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules#1>).

## If There Is No Adequate National VMMC Communication Strategy...

When C-Change began to work with the National VMMC Task Force in Kenya, the national VMMC communication strategy did not include sufficient information on audiences and their communication needs.

C-Change collaborated on the development of a guide to operationalize the communication strategy for all partners. In preparation, the project conducted a detailed review of existing VMMC communication materials and products, then led a series of audience consultations with primary, secondary, and tertiary audiences in urban and rural areas.

Findings supported the decisions about the communication materials and products that would be developed. (Annex B provides guidance on how to conduct these consultations.)

Decisions that were made were confirmed by conducting concept tests and pretests of drafts of materials and products with audiences and by holding stakeholder reviews.

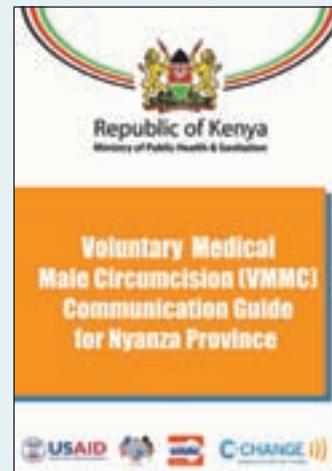


Fig. 4: Nyanza VMMC Communication Guide

The VMMC communication strategy should also identify the major factors that positively or negatively influence behaviors or social norms of importance in the country or region. These will vary from audience to audience.

When adapting or developing VMMC materials or products, it is very important to know which factors most strongly influence circumcision-related behaviors among primary, secondary, and tertiary audiences in a given setting. If these are not understood and addressed properly, the VMMC communication will not be effective. Often, these factors include abilities to act—the knowledge and skills needed for people to change their behavior—as well as subjective motivations—their attitudes, beliefs, and expectations relating to the behavior in question.

For example, adult men in one country may not use VMMC services because they believe that circumcision is a rite of passage for young men and no longer relevant for them. Young men in the same country may not get circumcised because they believe their partners will leave them if they cannot have sex during the healing period. Men in a neighboring country may be motivated to seek out VMMC services, but their sexual partners may falsely believe that they will thereby be fully protected from HIV infection.

The factors that influence behavior may be directly related to an individual (such as whether he knows where to access VMMC services), or they may be linked to broader social and gender norms and collective practices (such as a general perception that health services are a resource for women). Programmatic experience shows that lack of knowledge is rarely the primary barrier to use of VMMC services.

The VMMC strategy or the audience and context analysis should also provide background information on the communication needs of each audience, including:

- their preferred communication sources, formats, and visuals
- their literacy levels and their written and/or spoken language or languages
- the kind of information they currently receive about VMMC and its relevance to them
- real or perceived barriers to the desired social or behavior change
- benefits the audience perceives might flow from the desired change
- prevailing socio-cultural norms and how these are perceived or manifested in legislation or policies

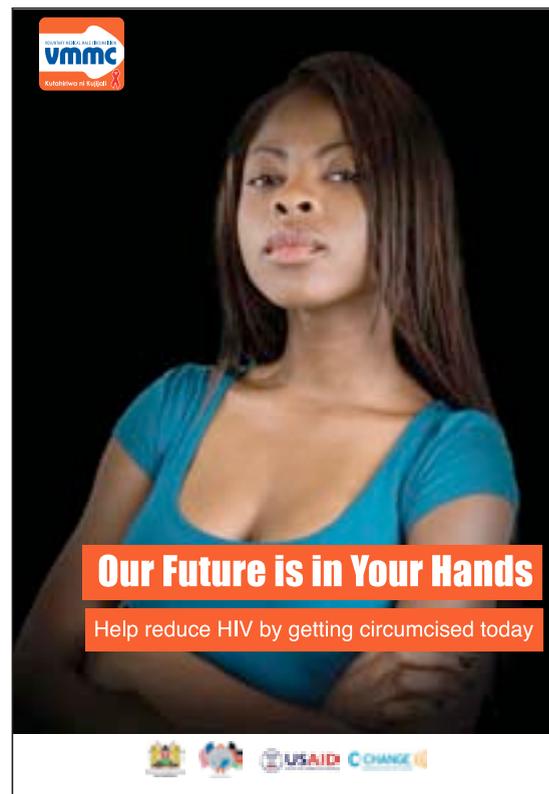


Fig. 5: Urinals poster

### Step 3: Conducting an Inventory of Existing Materials

The next step in the adaptation process is to identify and inventory available VMMC resources, including communication materials, pretest results, and program evaluations. More information on how to use this type of inventory can be found in Module 2 in C-Change’s *C-Modules* (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules#2>).

VMMC resources are often available from in-country partners and organizations elsewhere in the region. Many can be accessed online, including through partner websites and C-Hub, an online SBCC repository (see [www.c-hubonline.org/collections/mc.html](http://www.c-hubonline.org/collections/mc.html)).

C-Hub includes the VMMC Communication Toolkit, developed by C-Change in Kenya while the project served as a member of both the National Task Force and the Provincial Task Force for VMMC. C-Change took responsibility for developing a set of 17 distinct VMMC materials, including radio spots and a video.

Audience	C-Change VMMC Communication Materials
Men and women	<ul style="list-style-type: none"> <li>● Radio spots (2)</li> <li>● General VMMC posters</li> <li>● General VMMC leaflet</li> <li>● Urinal poster</li> <li>● Video</li> </ul>
Health providers	<ul style="list-style-type: none"> <li>● Provider flip chart</li> </ul>
Community leaders and mobilizers	<ul style="list-style-type: none"> <li>● Handbook for community mobilizers</li> <li>● Community dialogue cards</li> <li>● Leaflet for faith leaders</li> <li>● Leaflet for business leaders</li> <li>● Leaflet for community leaders</li> <li>● Discussion guide for VMMC video</li> </ul>
Stakeholders	<ul style="list-style-type: none"> <li>● <i>Nyanza Communication Guide</i></li> <li>● <i>VMMC Communication Materials Adaptation Guide</i></li> <li>● <i>Guide to Working with the Media to Promote VMMC in Kenya</i></li> </ul>

Once VMMC communication materials and products of this kind are identified, their adaptation potential needs to be analyzed. The criteria to apply include whether the material or product is relevant (addresses barriers to change); accurate (technically correct); compelling (motivating and engaging); and well designed for the new audience (uses appropriate images and is at the right literacy level). If a material or product has these qualities, it can be adapted or possibly even used as is. If it does not, a new material or product is required that better meets the needs of intended audiences.

During this analysis of VMMC materials and products, there is a need to think about each as a potential candidate for adaptation in relation to three components:

1. **Words (written and spoken):** Texts, narratives, captions
2. **Visuals:** Photographs, cartoons, drawings, images, graphics
3. **Formats:** Style, size, and type of material or sequence of events

Each of these components is addressed below. The pointers aim to assist decision-making on adaptation and help identify specific areas that need to be modified.

### **1. Words, written and spoken**

- Review texts, narratives, and captions for accuracy, amount of information, and presentation of concepts, including whether these are in logical order.
- Determine whether wording is used appropriately and addresses behavioral and socio-cultural barriers to change for the intended audience.
- Examine culture-specific statements and local idioms used in the texts, narratives, and captions; consider whether they are in the preferred language of the audience and at appropriate reading levels.
- Determine whether texts complement or compete with visuals used.
- Find out if the messages and the sources of the messages (for example, narrators) are relevant, credible, and attractive to the audience.

## 2. Visuals

- Decide whether the visuals used illustrate important points and will not confuse the audience.
- Determine whether the people and places seen in the visuals represent the audience and their culture realistically and will be familiar and acceptable to them.

## 3. Formats

- Decide whether the print, audio, or audio-visual formats are likely to be effective in reaching the audience. For example, do audience members readily follow comic formats that use thought bubbles?
- Determine whether the design of the material is inviting, visually appealing, and easy to follow, including fonts, typefaces, and colors used.
- Decide whether the size and format of printed materials are appropriate and convenient for their intended use. (Often field tests are required to determine this.)

The VMMC adaptation flowchart in Annex A provides additional guidance on the adaptation process and the decision-making involved. It includes two more issues:

- Is the material that could be adapted under copyright or is its use restricted in other ways?
- Are sufficient funds available to adapt, test, and produce the material?

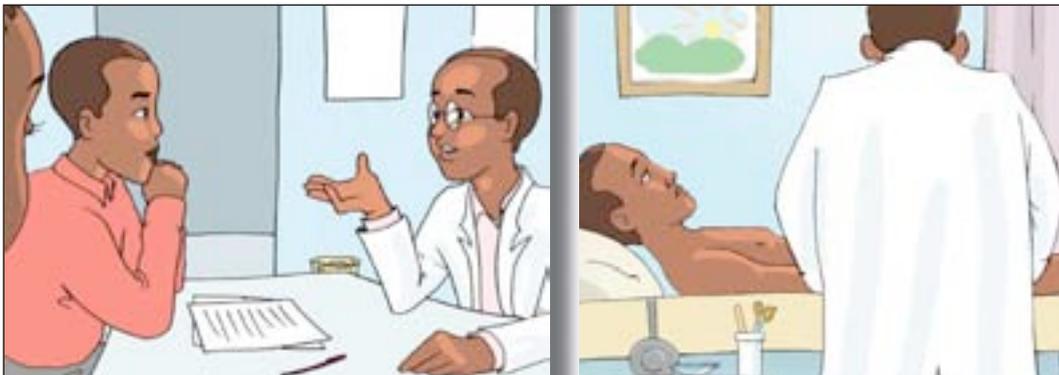


Fig. 6: Illustrations from a flip chart for health providers.

## Step 4: Finding Out Whether Permission to Adapt Is Needed

While a number of VMMC materials can be freely adapted in different settings, there is a need to verify whether copyright requirements have been imposed by the organizations that produced them or by the creative agencies they hired.

It is never a mistake to contact the organizations identified on the material or product and ask for permission to adapt it. However, if it was produced with PEPFAR and USAID funding, the contents are usually public property and copyrights cannot be imposed, even if the creator was an advertising agency.

For all adaptations, it is common practice to acknowledge intellectual property: the efforts of those who created the original material or product. This is done by including a full citation that includes the original title and the name of the producer.

## Step 5: Considering the Time and Costs Involved in Adaptation

The next step is to assess whether the time, staffing, and financial resources are available to adapt the material or product and achieve communication objectives. The cost and time involved in revisions can vary substantially—from country to country and even within countries. Text revisions are not likely to be as expensive or time-consuming as revisions of formats or of images or illustrations. Revisions of audiovisual productions are particularly costly and will require more audience testing.



Fig. 7: Photo used in a leaflet for business leaders.

Budget line items to think about when adapting a material are listed in the table that follows and further explained in Module 3 of C-Change's *C-Modules* (<http://c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules#3>)

Adaptation Step	Key Costs to Consider
Concept testing and pretesting	<ul style="list-style-type: none"> <li>● Payments to skilled facilitator, note-taker, and mobilizer who invites participants</li> <li>● Copies of drafts of written or audiovisual material</li> <li>● Rental of venue where material or product is tested</li> <li>● Incentives and transport for participants and the teams conducting the concept test and pretest</li> <li>● Staff time for analyzing findings and writing up reports</li> </ul>
Design and revision	<ul style="list-style-type: none"> <li>● Contract with a full-service agency or payments of fees or salaries for writers, artists, actors, models, audiovisual producers and/or designers (depending on the type of channel used, material format, and extent of the changes)</li> <li>● Editing and proofreading of texts and narratives and production and editing of audiovisual materials</li> </ul>
Production and distribution	<ul style="list-style-type: none"> <li>● Cost of printing and producing the number of copies in the quality required</li> <li>● Cost of transporting copies and cost of travel to distribution locations</li> </ul>

To summarize steps 1-5, the decision to adapt or start over with a new VMMC communication material or product depends on detailed knowledge about the intended audience and their context, a systematic assessment of existing VMMC communication materials and products, and a full understanding of the adaptation process and its cost. (See also Annex A).

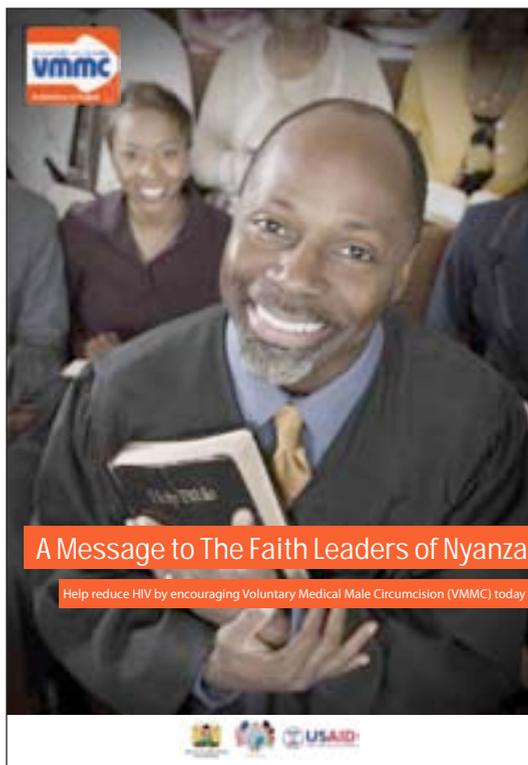


Fig. 8: Cover of leaflet for faith leaders

## Step 6: Developing a Creative Brief

Once a decision is made on adaptation, a creative brief is needed for each material or product, or for a series aimed at the same audience. A creative brief is a one- or two-page tool used to guide the adaptation process that explains the design concept and overall content.

It may be worth noting that a creative brief for an adaptation does not differ from one that guides the development of a new SBCC material or product. The process of developing this brief contributes to strategic thinking about the intended audience, desired changes, barriers to change, and how to address these barriers.

A creative brief also defines the content and tone of the material or product, preferred formats, languages, dialects, and literacy levels. It also states how the material or product being adapted or developed will support other materials already in use and reinforce their messages.

Once completed, consultations are held with an in-house creative team or a contracted agency to ensure that everything stated in the creative brief is clearly understood. At this point, the creative team or the full-service agency should be able to begin to compose the concepts that will be tested. They may even be able to draft a few adapted versions of a material or product, if the original is from a similar culture and meets many of the needs of the intended audience.

More about creative briefs can be found in Annex 3 and in Module 3 of the *C-Modules* (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules#3>). The checklists in Session 5 may be particularly helpful.

More information on identifying and working with agencies, creative teams, printing and other vendors, and distributing SBCC materials and products can be found in *C-Bulletin 7: Working with the Creative Team*.

## Step 7: Concept Testing and Pretesting

The next step is essential when developing new and adapted SBCC materials and products. Concept testing and pretesting them with members of the intended audience will help ascertain whether the information, illustrations, wording, and formats under consideration are seen as relevant, comprehensible, and appealing. To obtain unbiased results, the same audience members should not be involved in a concept test and a pretest.

During this step, any confusing or unclear terms will be identified and alternative formats may be suggested. In short, concept testing and pretesting will reveal whether the material or product is effective in supporting the desired change in knowledge, attitudes, and social norms relating to VMMC.

If a contracted agency or creative professionals—artists, graphic designers, audio or video producers, actors, and musicians—are needed for the adaptation, they may benefit from observing the concept or pretesting sessions and from experiencing the audience feedback first hand. This is often inspiring for them and makes their jobs easier.

If the material or product to be adapted seems to need only slight modification, it may be possible to skip concept testing and begin by pretesting the first formatted draft. Otherwise, the first formatted draft of a material or product is designed after concept testing. This draft is then pretested to finalize its format, content, and design, including its wording and use of visuals.

More information on concept testing and pretesting can be found in Module 3 of the *C-Modules* (<http://c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules#3>).

## Concept Testing

Concept testing occurs before beginning to adapt a material. During this process, members of the intended audience convey what they know about VMMC, what might motivate them to seek services, and what benefits they think might flow from accessing these services and making behavioral changes. (The process is similar to the audience consultations outlined in Annex B.)

The audience members also respond to creative ideas, concepts, and formats—perhaps in the form of a mock-up of the adapted material, a draft story board, or a script acted out with them that promotes VMMC. It is a good idea to present at least two formats or concepts and determine the one that is preferred.

The sample questions provided here can be adapted to suit the material or product being concept tested. But these, along with pretest questions, need to be open-ended, which means they require more than a “yes” or “no” answer.

### Sample Questions for Concept Testing

#### I. Audience perceptions about VMMC

- What don't you know about VMMC?
- How do you think VMMC could help you?
- What would motivate you to go for VMMC?
- Why do you think people like you do not go for VMMC?
- What do you consider a healthy lifestyle?

#### II. Opinions on concepts presented

- What's your general reaction to this draft?
- Can you describe what you see in the picture?
- For whom do you think this material or product is meant?

#### III. Rating of the best concept

- Which of the concepts do you find most attractive?
- Which one do you think is easiest to understand?
- Which one do you think shows a situation closest to your life?
- Which one presents the most believable message?

## Pretesting and Testing Methods

Pretesting focuses on five key areas: comprehension, attractiveness, acceptance, relevance, and inducing action. All these areas are addressed in the sample pretest questions presented below.

As noted earlier, these questions can be easily amended but must remain open-ended.

### Sample Questions for Pretesting

- What is the main idea of this brochure, radio spot, or other type of material?
- Is this material for people like you or for other people?
- Is there anything about the material or product that might confuse, offend, or embarrass some people? What, in particular?
- Is there anything in the material that you really like? Which part? Why?
- Is there anything in the material that you do not like? Which part? Why?
- Is the information/scenario/story believable? Why or why not?
- Do you think the material is attractive or appealing? Why or why not?
- What do you think can be done to make the material better?
- Do you think this material will help people? How?

Deciding which testing method to use often depends on several factors:

- Which method or methods is most suitable for the intended audience and the material or product being tested?
- Do resources and time allow for an adequate number of individual interviews or focus groups? How difficult and costly will they be to organize? (This often depends on the number of audience segments to be tested.)
- Are skilled facilitators and note-takers available? Do they speak the same language as members of the intended audience?

In-depth interviews and focus group discussions are the most commonly used testing methods. Audiovisual materials may require intercept testing or theater testing, while internet-based tools may be tested through online surveys of users who have tried them out. Interpersonal communication tools (such a flipchart used by VMMC counselors) are often field-tested using observation.

## Six Testing Methods

- **In-depth interviews** are conducted one-on-one. A trained interviewer gathers in-depth information from members of the intended audience about their attitudes and beliefs, along with their perceptions of a draft of the material or product being adapted. In-depth interviews are best used for sensitive topics, such as the need to avoid masturbation and sexual intercourse during the healing period for VMMC.
- **Focus group discussions** are small group gatherings of eight to ten people who share characteristics such as age, gender, socio-economic status, lifestyle, and literacy levels. It is better if participants do not know each other, although this is difficult to arrange in many settings. Discussions—for example, on attitudes toward VMMC—are led by a trained facilitator, and a separate, skilled note taker is employed.
- **Intercept testing** happens in public place, sometimes with people who are leaving a venue. Interviewers ask for immediate reactions to an audiovisual product just seen or one played on a handheld computer or a mobile phone.
- **Theater testing** usually involves the presentation of an audio or audiovisual product to a larger group of audience members. Depending on the size of the group, the set up can be similar to a focus group. Theater testing can also involve filling in surveys or using response meters or majority votes to register group likes or dislikes.
- **Online usability testing** makes use of a survey form that is filled out by users of online tools or materials.
- **Field-testing** involves observing the use of interactive materials or products, such as community dialogue cards or flip charts.

Much more information about testing methods and how they are used can be found in the resources listed at the end of this document and in Module 3 of the *C-Modules* (<http://c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules#3>).

## **Step 8: Revising and Finalizing the Adapted Material**

Feedback from both the concept test and pretest is used when revising and finalizing the adapted material or product. It is worthwhile at this point to revisit the VMMC communication strategy to ensure that audience feedback is harmonized with national strategic guidance and with stakeholder feedback.

Final revisions should be left to the creative team or full-service agency under the lead of a qualified technical staff member. The agency or creative team can now advise the program on creating and strengthening linkages between activities and materials, turning them into a recognizable campaign with logos and slogans.

As noted earlier, the Ministry of Health, through the Technical Working Group, should be heavily engaged in the adaptation process. Partners and other stakeholders should also be involved throughout to ensure their buy-in and that the adapted material or product continues to be disseminated and used. Ministry of Health approval is usually required before finalizing and printing materials used by national programs.

## **Step 9: Producing and Disseminating**

Unless a full-service agency is taking care of this step, an affordable but high-quality print or duplication company needs to be identified and asked to estimate what it will charge for making the required number of print, audio, or video copies of the adapted material. It is often a good idea to get estimates from more than one company.

The number of copies to be produced needs to be calculated and a distribution plan devised, along with a system that tracks distribution. At a minimum, the plan should detail distribution points, how many copies of the material or product will be sent to each, and who will be responsible for distribution. Implementing partners and community mobilizers can be trained on how to disseminate and use the material.

## Step 10: Monitoring and Evaluating

The final step is evaluating the reach, use, and effectiveness of the adapted material or product. In addition to tracking geographic reach, an assessment must be made of whether the distribution system is working well and the adaptation is cost effective. Factoring into this calculation is the overall cost of designing and producing the material or product.

Quantitative methods are often used to measure geographic coverage and how many people have been exposed to the material or product. It is also important to monitor and evaluate whether the adapted material or product is achieving its objectives and has helped to motivate change.

To assess this properly, a qualitative component should be added: key informant interviews and/or field-testing (or observation) that gauges the use and effectiveness of the material or product.

For example, if the material or product aims to encourage dialogue around VMMC and community-leader support, peer educators and community leaders can be observed using it in community meetings and other settings. Even with limited resources, it is possible to get this kind of input from community partners. This kind of information may lead to the development of additional materials or expanded activities that address newly identified needs.

Modules 4 and 5 of the *C-Modules* provide more information on this final step (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules>).

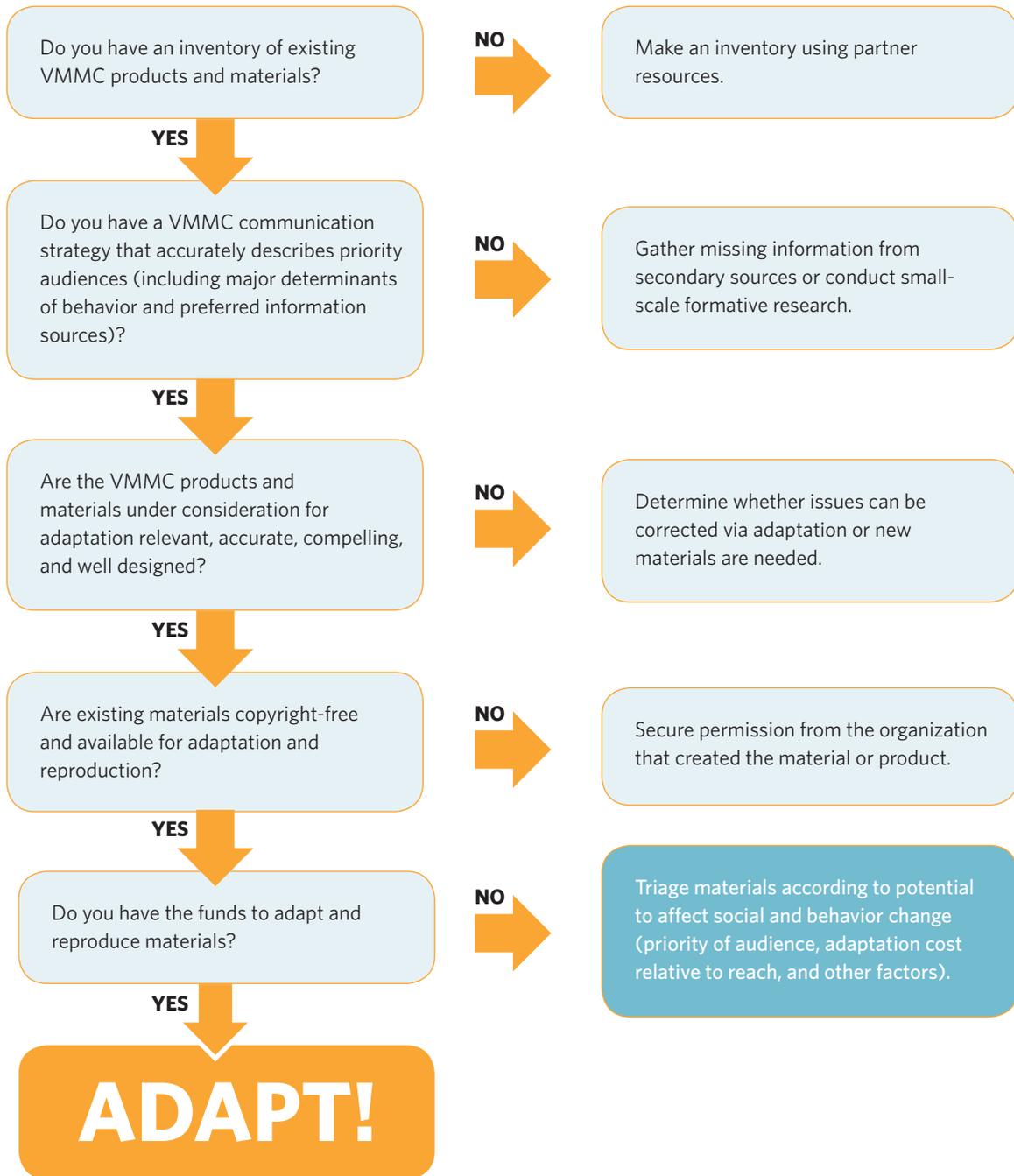


Fig. 9: Photo used in a VMMC leaflet

### CHECKLIST: Have Adaptation Procedures Met the Following Standards?

- Engaged with other VMMC partners and stakeholders.
- Conducted an audience and context analysis to understand the situation.
- Identified and assessed available VMMC communication materials and products.
- Found out whether permission is needed to use or adapt the material or product.
- Considered the costs involved in adaptation.
- Developed a creative brief.
- Conducted a concept test when needed, then pretested formatted drafts and revisions with members of the intended audience.
- Made revisions based on the concept test and pretest.
- Finalized and disseminated the VMMC material or product in line with a systematic plan.
- Monitored and evaluated the adapted VMMC material or product.

## ANNEX A: ADAPTATION FLOWCHART





## ANNEX B: CONDUCTING AUDIENCE CONSULTATIONS

If an existing national or regional VMMC strategy does not include information on VMMC audiences or their social context, a series of well-prepared audience consultations will need to be conducted. The findings should be backed up by evidence from a review of existing VMMC communication materials and products.

These audience consultations may be in the form of focus groups (small group sessions with no more than ten members of the intended audience), household visits, or individual interviews. VMMC materials and products currently being used and new concepts could be tested during these audience consultations.

Characteristics of the intended audience—such as age, gender, income, literacy levels, preferred methods of receiving information, and lifestyles—will help to determine what messages, materials, products, and communication channels will be most appropriate for them.

It is also important to be aware of their knowledge and understanding of VMMC and their concerns and beliefs about it, their attitudes toward male circumcision and VMMC services, their risk-perception of HIV, and their self-efficacy to prevent infection. Their ability to act must also be taken into account, not only in terms their ability to access VMMC services and the care needed afterwards, but also their skills to negotiate or make decisions.

A discussion guide with questions specific to the audience should be developed prior to conducting the consultations. The answers provided will help identify characteristics and factors affecting social norms and behaviors, including barriers to the uptake of VMMC services and the benefits audience members perceive might flow from taking advantage of these services.

More information about audience consultations and context analysis can be found in Module 2 of the *C-Modules* (<http://c-changeproject.org/focus-areas/capacity-strengthening/sbcc-modules#2>).

## Sample Questions to Include in a Discussion Guide

- What don't you know about VMMC? (This may get to questions that audience members may not have dared to ask.)
- How do you think VMMC could help you?
- What would motivate you to go for VMMC?
- Why do you think people like you do not go for VMMC?
- What do you consider a healthy lifestyle?
- Where do you get your information about health issues?
- Who makes the decision in your home about health issues?
- In what language do you usually read?
- *For sexual partners of circumcised men:* What do you think about your partner's decision to get circumcised?
- *For family and friends of potential VMMC clients:* What do you think about the introduction of VMMC services in this community? How do you think communities can support circumcised men or men who would like to get circumcised?
- *For community mobilizers:* What are the biggest problems you face in your community mobilization work? How do you think communities could be better mobilized? What tools would you need to do that?
- *For faith leaders:* What, role if any, do you think your faith has in HIV prevention? Can you think of ways in which your religious institution can help mobilize men to get circumcised?

## Issues to Address During Audience Consultations

The analysis of communication needs should summarize the following issues for each intended audience as well as each community in which they live:

**Information:** What information do members of the intended audience receive about VMMC? Through what communication channels? How do they react to it? What information do they need to be convinced to access the services?

**Motivation:** What would motivate audience members to access VMMC and promote it to others? What do they want?

**Ability to act:** How confident do audience members feel about their ability to access and promote VMMC? Do they have the needed skills to act and the needed access to transport, services, or something else?

**Norms:** What social and gender norms are shared by members of the intended audience? How do these norms affect their behavior relating to VMMC? What do audience members think other people ought to be doing (subjective norm) and what do they think others are doing (perceived norm)?

**Content of the message:** What benefits should the message emphasize for this audience and what barriers must be addressed? What beliefs, values, and cultural and religious traditions should be reflected?

**Literacy levels:** What are the reading levels of the intended audience?

**Language:** What language or languages should be used for the material or product? Do members of the audience speak national or regional dialects?

**Format:** What formats (for example, print materials and videos) have been determined as the most effective and preferred by the intended audience?

**Graphics/pictures/visual features:** What types of pictures and symbols will resonate with the intended audience and be seen as reflecting their culture?



## ANNEX C: CREATIVE BRIEF TEMPLATE

Sections of the Brief	Examples of What to Fill In
<p><b>1. Overall Aim, Goal, and Audience</b> States who the audience is what the communication material or product is trying to achieve—for example, to promote VMMC as a healthy lifestyle choice and support community understanding of how it fits into the broader context of HIV prevention.</p>	
<p><b>Selected Audiences</b> Identifies primary, secondary, and tertiary audiences.</p>	<ul style="list-style-type: none"> <li>• <i>Primary: People most directly affected—uncircumcised and circumcised men ages 15–49.</i></li> <li>• <i>Secondary: Sexual partners; friends; other people who directly influence the primary audience positively or negatively.</i></li> <li>• <i>Tertiary: Faith, business; and community leaders; health care providers; others who indirectly influence primary and secondary audiences and the community by shaping social norms, influencing policy, or providing financial support and access to VMMC services.</i></li> </ul>
<p><b>2. Communication Objectives</b> Includes desired changes and barriers to change, such as lack of knowledge about VMMC, fear of pain, concern about losing income during the healing period.</p>	
<p><b>Desired Changes</b> Explains what change the material or product promotes.</p>	<p><i>Increased community support for VMMC; greater uptake of VMMC services and confidence in them; consistent condom use and other HIV prevention behaviors after the procedure.</i></p>
<p><b>Obstacles or Barriers</b> States why the primary audience is not engaging in the behavior or accessing the service and selects a key constraint to the adoption of the desired change.</p>	<p><i>Lack of knowledge about VMMC services and level of protection against HIV infection; loss of income and/or the need to stop sexual activity during the healing period; embarrassment; fear of pain or complications; circumcision not within cultural tradition.</i></p>
<p><b>Communication Objectives</b> Directly addresses barriers to change and what the material or product aims to achieve.</p>	<p><i>Within six months, there will be an increase in the proportion of uncircumcised men who recognize the benefits of VMMC and recognize that these outweigh their concerns and the importance of using other HIV-prevention methods after the procedure.</i></p>

Sections of the Brief	Examples of What to Fill In
<p><b>3. Message Brief</b> Formulated from each audience’s point of view and encompasses the key promise, support statement, call to action, lasting impression, and the perception of someone who has changed.</p>	
<p><b>The Key Promise</b> Provides a compelling, truthful, and relevant benefit that the audience anticipates receiving by taking the desired action.</p>	<p><i>Men who get circumcised will be cleaner, fitter, and more attractive.</i></p>
<p><b>The Support Statement</b> Convinces the audience they will experience the benefit and provides reasons why the key promise outweighs the key constraint (barriers or alternative behaviors). The support statement often becomes the message.</p>	<p><i>Because a man makes good decisions and is not afraid.</i></p>
<p><b>A Call to Action</b> Tells the audience what they should do or where to go for the product or service.</p>	<p><i>Go to the nearest clinic for VMMC services.</i></p>
<p><b>Lasting Impression</b> Focuses on what the audience will remember most; usually helps keep message ideas on track.</p>	<p><i>An intelligent, healthy, circumcised man.</i></p>
<p><b>Perception of Someone Who Has Changed</b> Describes what the audience thinks or believes about someone who is part of the change or uses the product or service promoted.</p>	<p><i>A wise man who is in control of his life.</i></p>

Sections of the Brief	Examples of What to Fill In
<p><b>4. Key Content and Tone</b> Derived from the national communication strategy or is developed here, if not included.</p>	
<p><b>Key Content</b> States what is relevant to the audience in order to achieve the objective and bring about change.</p>	<p><i>Issues presented in a three-part series of entertaining, short videos shown in community centers and on local TV channels. Though they fit together in a series, each video is self-contained.</i> <i>Part 1. What VMMC is and its benefits; Encourage friends to opt for VMMC.</i> <i>Part 2. Where to go for VMMC services.</i> <i>Part 3. What happens after VMMC.</i></p>
<p><b>Tone or Appeal</b> States what feeling or personality the material or product should have (such as humorous, logical, emotional, contrasting, visual, surprising, positive, or a combination thereof).</p>	<p><i>Gripping and entertaining; key promise and other elements of the message presented with humor.</i></p>
<p><b>5. Other Creative Considerations</b> Describes how the material or product relates to others and anything else to keep in mind when creating, producing, or distributing it.</p>	
<p><b>Media Mix</b> Details the campaign, media mix, or series of activities to which the material or product contributes.</p>	<ul style="list-style-type: none"> <li>• <i>Community mobilization, community theatre, community dialogues.</i></li> <li>• <i>Client leaflet, general information leaflet.</i></li> <li>• <i>Two 30-second radio spots.</i></li> <li>• <i>Exterior wall poster.</i></li> </ul>
<p><b>Openings</b> Lists opportunities for reaching the audience, including times and locations.</p>	<p><i>Distribution via community and clinical sites and peer educators, in association with World Cup events.</i></p>
<p><b>Cost</b> Outlines the budget for adapting, designing, reproducing, and disseminating the material or product.</p>	<p><i>Not to exceed total budget of US\$40,000.</i></p>
<p><b>Other Creative Considerations</b> Lists considerations such as language or languages; reading levels; style, layout, and visuals; logos and branding.</p>	<p><i>Playable in any DVD player; lasts 10 to 20 minutes.</i> <i>A football theme, with introduction by an actor in clinical dress; excerpts of popular songs, jokes, or skits; Luo with English sub-titles.</i></p>



## REFERENCES

AIDSCAP. No date. *How to Conduct Effective Pretests*. Arlington, Va: Family Health International

AMC Cancer Research Center. 1994. *Beyond the Brochure: Alternative Approaches to Effective Health Communication*. Denver, Co: AMC Cancer Research Center and CDC.

C-Change. 2011. *C-Modules: A Learning Package for Social and Behavior Change Communication*. Washington, DC: FHI 360/C-Change

*Module 0: Introduction*

*Module 1: Understanding the Situation*

*Module 2: Focusing & Designing*

*Module 3: Creating*

*Module 4: Implementing and Monitoring*

*Module 5: Evaluating and Replanning*

C-Change. 2012. *C-Bulletins*. Washington, DC: FHI 360/C-Change

1: Understanding Audiences with Lower Literacy Skills

2: Designing SBCC Materials and Activity Formats for Audiences with Lower Literacy

3: Using a Creative Brief

4: Implementing Participatory Approaches to Develop Materials: The Action Media Methodology

5: Developing Text for Audiences with Lower Literacy

6: Designing Visual and Web Materials for Audiences with Lower Literacy

7: Working with the Creative Team

8: Testing SBCC Materials

9: Conducting a Stakeholder Review

10: Adaptation of Materials for Audiences with Lower Literacy

11: Distributing, Monitoring, and Evaluating SBCC Materials and Activities

National Cancer Institute. 2003. *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers*. Bethesda, Md.: National Institutes of Health.

National Cancer Institute. 2008. *Pink Book: Making Health Communication Programs Work*. Bethesda, Md.: National Institutes of Health.

Quiroga, R. et al, T. 2002. *Developing Material on HIV/AIDS/STIs for Low-Literate Audiences*. Washington, DC: PATH and Family Health International.

Younger, E. et al. 2001. *Immunization and Child Health Materials Development Guide*. Bill and Melinda Gates Vaccine Program. Washington, DC: PATH.





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