

# Communicating about Microbicides with Women in Mind



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# Communicating about Microbicides with Women in Mind

## Communication Strategy and Adaptation Guide

August 2014

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This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). Financial assistance was provided by USAID to FHI 360 under the terms of the Preventive Technologies Agreement (PTA), GHO-A-00-09-00016-00. The contents do not necessarily reflect the views of USAID or the United States Government

# ACKNOWLEDGEMENTS

We wish to thank the members of the Project Advisory Committee (PAC) who contributed their expertise and time to help guide the project. In particular, we would like to thank Dr. George Githuka of the National AIDS and STI Control Programme (NASCOP) for his leadership of the committee. We would also like to thank the following PAC members who participated in our audience consultations and materials pretesting, including Jerry Aurah (NOPE), Prince Bahati (IAVI), Lucy Ghati (NEPHAK), Phillip Kinyota (PS Kenya), Dr. Michael Kiragu (LVCT), Dr. Richard Muraga (FHOK), Dr. Betty Njoroge (KEMRI), and Phares Nkari (Ministry of Health).

We also express gratitude to Family Health Options Kenya (FHOK), the Sex Workers Outreach Programme (SWOP) and the International Centre for Reproductive Health (ICRH), which recruited participants for our audience consultations, pretesting focus groups and materials assessment focus groups.

We would also like to thank Artful Eyes Productions, and especially Amos Ochieng, for their excellent work developing the communication materials.

And finally, we wish to acknowledge the following FHI 360 staff and consultants in Kenya and the United States who made important contributions to this project (listed in alphabetical order by last name):

## FHI 360/Kenya Office

Caroline MacKenzie  
George Obanyi  
Samuel Okaro  
Alice Olawo  
Dr. Marsden Solomon

## FHI 360/United States

A. Cornelius Baker  
Sam Field  
Eileen Hanlon  
Bithiah Lafontant  
Emily Namey  
Sekou Sidibe  
Kara Tureski

## Consultants

Catherine Lengewa, Centre for Behavior Change Communication

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# ACRONYMS

ABMP	African Broadcast Media Partnership against HIV/AIDS
AEP	Artful Eyes Production
ARV	Antiretroviral
BAT 24	Before sex, after sex, no more than two gels in 24 hours (microbicide gel use regimen)
CBO	Community-based organization
FGDs	Focus Group Discussions
FSWs	Female sex workers
HIV	Human immunodeficiency virus
ICRH	International Centre for Reproductive Health
KEMEP	Kenya Media Network on Population and Development
MDW	Message Development Workshop
MESHA	Media for Environment, Science, Health, and Agriculture
MOH	Ministry of Health
MSM	Men who have sex with men
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NGO	Non-governmental organization
PAC	Project Advisory Committee
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PSA	Public service announcement
PTA	Preventive Technologies Agreement
SBCC	Social and behavior change communication
SEO	Search engine optimization
USAID	United States Agency for International Development



# INTRODUCTION AND BACKGROUND

## Microbicides and Other ARV-based Prevention Methods

In many parts of Africa, women are at higher risk of HIV infection than their male counterparts. Women face social, economic and gender-based barriers to access and use of current, available HIV prevention— particularly condoms. The development of new HIV prevention technologies offers women additional tools to meet their needs, especially women who are at risk of HIV but unable to negotiate correct and consistent condom use with their sexual partners.

Several clinical trials have demonstrated the effectiveness of new antiretroviral (ARV)-based products in reducing the risk of HIV transmission. Three clinical trials of either tenofovir alone or Truvada (tenofovir in combination with emtricitabine) concluded that the pre-exposure prophylactic daily use of ARVs (PrEP), taken orally, could reduce HIV transmission in heterosexual serodiscordant couples (by 67 percent for tenofovir only and 62 to 75 percent for Truvada) and among men-who-have-sex-with men (MSM) (by 44 percent).<sup>1,2,3</sup> As a result, PrEP has recently been approved for use in the United States and may soon also be available in parts of Africa. Other new technologies, such as microbicides, are still being tested in clinical trials.

The most advanced candidate is a vaginal microbicide gel. Vaginal microbicides are female-initiated HIV prevention products, currently formulated with ARV ingredients. In 2010, the CAPRISA 004 clinical trial, a phase IIb trial conducted with approximately 900 South African women, produced a proof of concept for the peri-coital vaginal use of tenofovir 1% microbicide gel in reducing HIV transmission to heterosexual women.<sup>4</sup> In this trial, women were asked to insert one dose of gel 12 hours or less before sex and a second dose as soon as possible after sex (but no later than 12 hours after sex), with no more than

two doses in 24 hours. This regimen has been referred to as BAT 24 (See Figure 1). In the CAPRISA trial, product efficacy was estimated to be 39 percent with average use and 54 percent among high adherers (women who used the product in more than 80 percent of their sex acts). The VOICE trial, which tested the effectiveness of daily use of tenofovir gel (in addition to two formulations of oral ARV-based pills) did not produce evidence of effectiveness, largely due to lack of adherence.

**FIGURE 1: BAT 24 REGIMEN DETAILS**



The FACTS 001 trial, meant to replicate findings from CAPRISA 004's BAT 24 regimen, is currently underway in South Africa with results expected by 2015. If the FACTS trial is successful, it is likely that microbicides will be licensed for use and ready to be marketed to consumers within the next few years.

Despite commonalities between oral and vaginal ARV-based products for HIV prevention, introduction strategies for these two technologies may require different approaches. In part, this is because oral PrEP may be used by both men and women, while vaginal microbicides would be used by women only. There may, therefore, be strategic reasons for marketing these products in different ways. In this document, we will focus primarily on a communication strategy for a vaginal microbicide gel.

Communication and marketing strategies will play a key role in generating demand and promoting correct product use. Researchers and advocates have suggested that vaginal microbicides might be more accessible or more easily negotiated if they are viewed as increasing female empowerment or sexual pleasure properties.<sup>5-7</sup> Yet, while these notions could promote use in some populations, they may also hold negative connotations for others. Therefore, by framing microbicide-related messages exclusively on HIV prevention or on other benefits (sexual pleasure, empowerment), communication strategies could either facilitate or impede a woman's interest in their use.

A further consideration is that strategies and product positioning should be tailored to meet the needs of women in a wide variety of sexual contexts, including young, single women engaging in casual sex; older women in stable relationships; sex workers; and HIV negative women in serodiscordant couples.

In general, however, communication strategies will need to ensure that microbicides:

- Do not connote lack of trust or infidelity
- Are used when condom use is not possible
- Do not replace condoms when condom use is possible or when there is a need to protect against STIs and pregnancy (e.g., do not cause "condom migration")

## Project Funding and Rationale

*Communicating about Microbicides with Women in Mind* was launched in 2011 to develop key communication and audience-specific processes, messages and materials that assist country-level policy makers and program implementers in planning for the potential, future introduction of vaginal microbicide gels so they are accessible to women. It was one of seven elements included in USAID's *Shared Vision for Microbicide Introduction* and was meant to support the creation of advocacy and communication tools that can eventually be adapted locally to meet the needs of

specific audiences, including potential microbicide providers, end users, and their partners.

*Communicating about Microbicides with Women in Mind* was generously supported by USAID funding under the Preventive Technologies Agreement (PTA).

Specific project goals included the development of:

- A framework and set of procedures that could assist local country planners to plan and implement communication activities related to potential introduction of topical/vaginal microbicide gels (or other ARV-based prevention products) so that women may use them
- Messages and materials, tailored to the needs of women in different sexual and/or HIV risk contexts, that could be used to generate interest in microbicides if/when new microbicide options become available
- Materials and processes that assist health care providers in a range of health settings to identify and counsel women at high risk of HIV about the potential use of new, female-initiated technologies

Although the project was originally intended to be implemented in two countries, time constraints limited implementation to one country. Kenya was selected for several reasons: The Kenya policy environment is recognized as an innovator in HIV prevention, the country had been engaged in a proactive process of introducing voluntary medical male circumcision (VMMC) and integrating reproductive health including family planning services and HIV-related services and Kenya participated in clinical trials of vaginal microbicide rings for HIV prevention. In addition, the FHI 360 office in Kenya had the availability, capacity and interest to support this work.



# PART 1: EXPERIENCE WITH MATERIALS DEVELOPMENT

The *Communicating Microbicides with Women in Mind* project had three phases:

- Phase One: Landscape Analysis
- Phase Two: Materials Development
- Phase Three: Materials Assessment

## 1.1 Situation Analysis

### PHASE ONE: LANDSCAPE ANALYSIS

The landscape analysis included several different information-gathering activities. During Phase One, FHI 360 conducted an extensive literature review to examine similarities and differences in HIV prevention barriers for Kenyan women. The review included 103 unique articles and reports that were uploaded into NVivo 9.2 and coded for broad themes such as condom use and HIV risk perception. Results suggest that women in different sexual contexts had somewhat distinct HIV prevention behaviors. Female sex workers (FSWs), for example, had high HIV risk perception, actively sought HIV prevention services and support, and negotiated for safe sex with their clients. However, research also suggested that FSWs were unlikely to negotiate for safe sex with their primary partners; this made them similar to other women in stable relationships who have low HIV risk perception and limited ability to use condoms. Young women also had low risk perception but were more likely to initiate condom use at the beginning of a relationship, before trust has been established. Young women did not frequently access the health care system. Women in serodiscordant couples, on the other hand, were well integrated into the health care system and motivated, by high risk perception, to use condoms.

We also conducted a media scan of microbicide-related articles published between December 2009 and December 2011. A total of 144 articles, collected from online sources, including web-based versions of print articles, web-only publications and online newswires and blogs, were coded for content and entered into an Access database for analysis. Although most articles came from Anglophone outlets in Africa, some were from the United States; only 12 were specifically from Kenya. Articles primarily focused on trial progress announcements, reports, press releases, and interviews with investigators. Many of the articles were written in response to trial findings. The scan highlighted media attention being paid to trials and the potential product pipeline. The articles were largely accurate, with only a few perpetuating myths or containing inaccuracies. Although there were exceptions, the majority of the articles were positive or neutral in tone. Articles demonstrated an understanding of the need for women-initiated products and the potential role for vaginal microbicides.

And finally, in September 2012, Kenya's National AIDS and STI Control Programme (NASCOP) and the Kenya Medical Research Institute (KEMRI), in collaboration with FHI 360, convened 43 stakeholders for a national, policy-level stakeholder consultation entitled *ARV-Based HIV Prevention: State of the Science and Considerations for Implementation*. Funding was provided by USAID and the Bill and Melinda Gates Foundation. Participants included policy makers, program managers and civil society advocates. They reviewed data from several ARV-based prevention studies and discussed the potential introduction of microbicides and PrEP for HIV prevention in Kenya.

A communication-related break-out session, followed by plenary discussion, resulted in the identification of priority audiences for the *Communicating about Microbicides with Women in Mind* project. Although it was clear that, ultimately, decision making will need to be led by the Ministry of Health, participants were divided on whether they thought future microbicide introduction should prioritize women known to be high risk (i.e., HIV-negative women in discordant couples or FSWs) or other women who are also potentially at risk of HIV (women in stable relationships or younger women). This communication project, therefore, chose to develop and test materials for several potential priority audiences, including FSWs and young, unmarried women; men and health care providers were identified as secondary audiences. (NOTE: The project later decided to also include women in stable relationships as a primary audience, given that 44 percent of new HIV infections in Kenya occur within stable relationships.<sup>8</sup> A more detailed summary of the audience consultation results can be found in Annex A: Policy Consultation Brief.

## 1.2 Communication Planning

FHI 360 embarked on a comprehensive process to plan for *Communicating Microbicides with Women in Mind*, which included the formation of a Project Advisory Committee (PAC), a series of audience consultations with potential end users and health care providers, a national message development workshop and the writing of a creative brief to guide the development of messages and materials. These activities were reviewed and approved as non-research activities by FHI 360's Protection of Human Subjects Committee and the Kenya Medical Research Institute.

### PROJECT ADVISORY COMMITTEE

Following the stakeholder meeting in Naivasha, FHI 360 formed a PAC to involve local partners and provide guidance and feedback throughout the life of the project. The PAC was chaired by Dr. George Githuka of NASCOP and included other stakeholders representing the Ministry of Health, health care provider organizations, HIV/AIDS organizations and sex workers. These members were selected to represent the range of different target audiences, including health care providers, and to ensure a mix of government and NGO perspectives. Table 1 contains the list of organizations represented in the PAC.

**TABLE 1: ORGANIZATIONS REPRESENTED IN THE PAC**

1. Ministry of Health, National AIDS Control Programme (NASCOP)	International AIDS Vaccine Initiative (IAVI)
2. Ministry of Health, Department of Health Promotions	LVCT (Formerly Liverpool VCT)
3. Ministry of Health, Reproductive and Maternal Health Services Unit (RMHSU)	National Organization of Peer Educators in Kenya (NOPE)
4. National AIDS Control Council (NACC)	Network of People Living with HIV and AIDS in Kenya (NEPHAK)
5. Kenya Medical Research Institute (KEMRI)	PS Kenya (formerly PSI Kenya)
6. Family Health Options Kenya (FHOK)	Sex Workers Outreach Programme (SWOP)

PAC members were tasked with:

- Providing strategic guidance about HIV prevention priorities and needs in Kenya, including considerations for microbicide introduction
- Providing recommendations and assistance to strengthen the communications work, including reviewing draft plans, providing high-level facilitation and troubleshooting
- Providing recommendations and approvals for project outputs and materials

The PAC was convened five times over the life of the project to work on these tasks and receive updates on the project's progress. In addition, selected PAC members co-facilitated audience consultations, participated in the national message development workshop, reviewed bids submitted by prospective creative agencies and observed two rounds of pretesting.

## AUDIENCE CONSULTATIONS

In January 2013, project staff and PAC members conducted 12 half-day audience consultation workshops in Kisumu, Mombasa, Nairobi and Nakuru. The goal of these consultations was to gain insights that could inform the development of a future campaign for microbicide introduction in Kenya. Participatory audience consultations were held with young/adolescent women (n=4), FSWs (n=4), married/co-habiting women (n=1), HIV-negative women in serodiscordant couples (n=1), married men (n=1) and unmarried men (n=1). These audiences provided input on the following topics:

- A typical day in the lives of the audience members
- The barriers and facilitators to HIV prevention that audience members encountered
- Potential microbicide acceptability and use
- Audience communication preferences

For many audiences, late evening represented a time of sexual risk—a time when couples tended to be engaged in sex, or possibly out at clubs, where alcohol or other drugs might be consumed. HIV-negative women in serodiscordant couples appeared to be keenly aware of their health risks, actively seeking out discussions with other women and peer educators on how to live with an HIV-positive partner. Similarly, FSWs in many areas also spoke about being conscious of their health risks, claiming that they were proactive about using condoms, seeking emergency contraception or post-exposure prophylaxis (PEP) if condoms broke and attending health clinics for regular check-ups. Young women, on the other hand, tended to fear pregnancy more than HIV and indicated they did not normally plan for sex.

Overall, audiences reacted positively to the idea of a microbicide, even considering the gel as empowering for women. However, audiences also expressed some concerns. For example, some women anticipated that their partners might stop using condoms if they found out that microbicides were being used. Most men expressed interest in learning about microbicides and playing an active role in this important prevention technology for women, although some feared it would increase the promiscuity of their partners. Similarly, some men suggested that gel use could facilitate condom use due to its lubricating properties, while others suggested that lubrication could be a negative property of the gel. In addition, some young women felt that inserting the gel might be a challenge.

Some young women, FSWs, young men and married men reported having multiple sexual partnerships. Condom use was more likely to occur with casual partners as compared to stable partners for many audiences. Across all audiences, the need to have accurate information on microbicide efficacy, use instructions, and any potential side effects (for both men and women) was evident. All audiences also acknowledged the need to

reinforce the importance of condom use, especially for those already using them. Audiences recommended a variety of communication channels, including health facilities, youth-friendly clinics, social media/websites, peer educators, posters, radio, TV and brochures with illustrations.

## MESSAGE DEVELOPMENT WORKSHOP

In early 2013, FHI 360 held a 2-day Message Development Workshop (MDW) in Nairobi. The MDW was attended by 23 individuals representing policy makers, civil society organizations, program implementers, researchers and advocates, in addition to FHI 360 staff and consultants. The workshop aimed to gather input for the development of a creative brief, which would guide the content and format of microbicide-related messages and materials for audiences in Kenya. A consultant from the Centre for Behavior Change Communication in Kenya served as the lead facilitator, with support from FHI 360 staff. Most of the activities focused on FSWs and adolescent and young women, as these two audiences were identified as priorities during the policy-level consultation. However, women in relationships/married women, men and health care providers were also identified as target audiences and discussed during other parts of the MDW.

Workshop participants received an overview of social and behavior change communication (SBCC) and key SBCC concepts and techniques, including the Socio-Ecological Model, Context Analysis, People Analysis and Audience Segmentation.<sup>8</sup> Participants then completed the following tasks:

- Developed **detailed audience profiles** (culturally specific descriptions) of FSWs and adolescent and young adult women.
- Described **desired behavior changes** and **potential barriers and facilitators** to microbicide use among FSWs and adolescent and young adult women. While the ultimate desired behavior was use of microbicides,

other “intermediate” behaviors were also identified, including regular HIV testing and knowing one’s HIV status, safe sex negotiation and saying no to unprotected sex, and seeking health information or being proactive about one’s health.

- Drafted **key messages** for these two audiences, highlighting different benefits related to HIV protection, sexual pleasure, control and caring relationships.
- Identified **communication channels** appropriate for reaching adolescent and young adult women, FSWs and men. Channels identified included mass media, peer education materials, posters, mobile phones and one-on-one counseling. Participants also identified channels for reaching health care providers; these included wall charts, flip charts and continuing medical education and professional development.

The results of the MDW were used to develop a Creative Brief, which is described in the next section.

## CREATIVE BRIEF

After the MDW, FHI 360 developed a comprehensive creative brief to guide the development of campaign messages and materials. The brief was shared with local creative agencies in Kenya that bid on the materials development work. It was considered a “living” document and was continually revised during the life of the project—the final version can be found in Annex B.

The brief included the following sections:

- Goals and audiences for the campaign
- Barriers and facilitators to microbicide use for different audiences
- Desired behavior changes and corresponding communication objectives
- Messaging
- Key content and tone

- Creative considerations
- Recommended materials and communication channels

A range of communication materials was recommended for development. Given time and budget constraints, however, FHI 360 only developed a “minimum package” of materials under this project. These included awareness-raising materials and in-depth educational materials, as follows:

- Awareness-raising materials
  - Campaign logo
  - Two animated storyboards for television PSAs
  - Two radio spots
  - Eight posters (two each for young women, FSWs, casual couples and stable couples)
  - Digital media, including a website mockup, Facebook posts and Twitter tweets
- Educational materials
  - Two flip charts for use with community groups and FSW groups
  - Materials for health care providers, including counseling algorithms/wall charts, a flip chart, an informational brochure and a button/badge designed to start discussion about microbicides

Other recommended materials can be developed in the future by the Ministry of Health in collaboration with campaign implementers, if and when microbicides are introduced in Kenya.

Two versions of the awareness-raising materials<sup>i</sup> were created:

- 1) The first version focused primarily on the HIV prevention benefit of microbicides (referred to as “HIV-framed” materials);
- 2) The second version focused primarily on other benefits, such as sexual pleasure, increased intimacy or empowerment. HIV

prevention was also mentioned (referred to as “non-HIV-framed” materials).

This was done to assess which version would be most preferred by audiences, most effective at generating interest in microbicides and least likely to generate negative attitudes towards microbicides. The methodology and results of this assessment are briefly described in the next section.

## 1.3 Phase 2: Materials Development

### SELECTION OF CREATIVE FIRM AND CREATIVE PROCESS

FHI 360 undertook a competitive procurement process to select and hire a creative firm to develop the suite of materials described in the Creative Brief (Annex B). The Request for Proposals outlined materials to be developed, as well as anticipated steps and timeline for their development, testing and finalization; the Creative Brief was included as background. Applicants submitted a summary of their organizational capabilities, sample work and a budget.

The project received six applications from local firms of varying sizes and levels of experience with the development of USAID-specific health communication campaigns. After reviewing the proposals, three firms were selected for a second phase of evaluation—formal presentations to the PAC. Based on evaluations of the proposals and presentation scores, FHI 360 and the PAC selected Artful Eyes Productions (AEP) to develop the materials. This selection was based on AEP’s superior creative concepts, organizational capabilities, client references and reasonable budget.

After selecting the creative firm, FHI 360 conducted an extensive materials development and assessment process to develop the final set of materials (see Figure 2). This process included two pretests and a formal research

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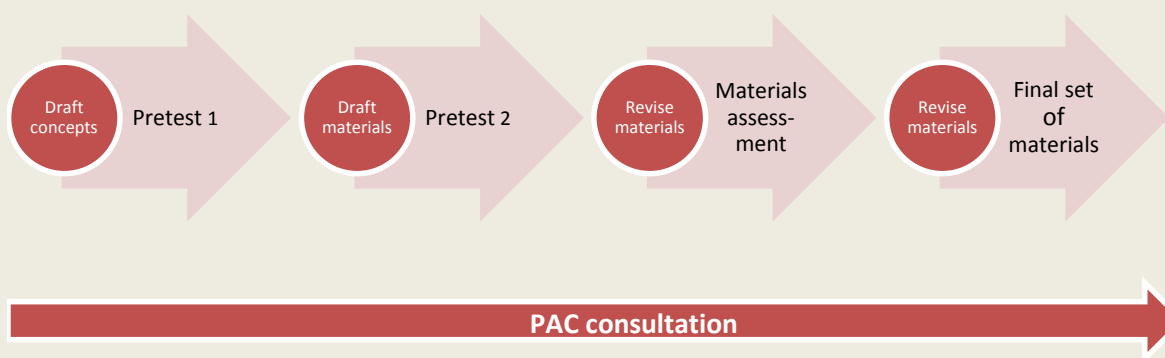
<sup>i</sup> Only one version of digital media materials were developed



study to assess the effectiveness of the materials (referred to as the “materials assessment”). FHI 360 and AEP developed and tested materials for awareness-raising (posters, TV storyboards and radio spots); in-depth education (flip charts, an informational brochure and counseling algorithm); and digital media concepts (website and social media) (see Annex C for images of the pretested materials).

Information emerging from each pretest and from the materials assessment study was rapidly analyzed by the FHI 360 project team to identify suggested changes in the materials. However, before AEP revised the materials, the project team also consulted with the PAC. This provided the PAC with an opportunity to gain insight into how the package of materials was received; it also provided a forum for the PAC to discuss planned changes and provide further input.

**FIGURE 2: PROCESS FOR MATERIALS DEVELOPMENT**



### FIRST ROUND OF PRETESTING

In August 2013, FHI 360 conducted the first round of pretesting in Kisumu, Mombasa and Nairobi with several key audiences (see Table 2 for information on pretest participants). Round 1 of the pretests aimed to narrow potential logos to one HIV-framed and one non-HIV-framed concept and to test messages and mock-ups of several materials. Local NGOs—Family Health Options Kenya (Kisumu and Nairobi), Sex Worker Outreach Program (Nairobi), and the International Centre for Reproductive Health (Mombasa)—recruited

participants for the focus group discussions (FGDs). FHI 360 conducted 21 FGDs with key audiences of mixed education and income levels.

The first round of pretesting assessed which draft concepts, logos, messages and visuals appealed to key audiences. Participants provided their feedback on a variety of logos, images, messages and storylines. Based on the preferences of the participants, FHI 360 reduced the number of logos to test and to develop draft materials for the second round of pretesting.

**TABLE 2: FIRST ROUND OF PRETESTING PARTICIPANTS**

Audience	Kisumu/Bondo (7 FGDs)	Mombasa (7 FGDs)	Nairobi (7 FGDs)	Total (21 FGDs; 300 participants)
Young women 16–19 years	Class 8* 14 participants	Class 8 10 participants	Class 8 15 participants	39 participants
Young women 20–24 years	Form 4* 14 participants	Form 4 15 participants	Form 4 15 participants	44 participants
Women in relationships 25–35 years	Class 8 14 participants	Class 8 14 participants	Form 4 15 participants	42 participants
Female sex workers (FSWs) 18–24 years	Class 8 14 participants	Class 8 15 participants	Class 8 15 participants	44 participants
FSWs 25–35 years	Form 4 15 participants	Form 4 15 participants	Form 4 15 participants	45 participants
Single men 18–24 years	Class 8 15 participants	Class 8 15 participants	Form 4 16 participants	46 participants
Married men 25–35 years	Form 4 13 participants	Form 4 13 participants	Class 8 14 participants	40 participants
* When comparing the Kenyan educational system to the U.S. system, Class 8 refers to 8 <sup>th</sup> Grade, while Form 4 refers to 12 <sup>th</sup> Grade				

**Logos:** As discussed previously, FHI 360 undertook two different approaches to positioning microbicides. One approach focused primarily on HIV prevention benefits of microbicides (HIV-framed). The second approach (non-HIV-framed) highlighted non-HIV-prevention benefits of microbicides, such as empowerment, increased sexual pleasure or increased intimacy, in addition to the benefit of HIV prevention. These two approaches are embodied in the logos that were tested with all audiences (Box 1).

Approximately two-thirds of all participants preferred one of the HIV-framed logos, with a strong preference for *NaGel*. Participants preferred this logo because they felt the HIV prevention purpose of the gel was clear, and

the logo was attractive and eye-catching. Although most participants liked the red ribbon, some FSWs were concerned it might be stigmatizing.

Approximately one-third of all participants preferred one of the non-HIV-framed logos, with *Napenda* being preferred by the majority. They felt it was attractive and eye-catching; they also thought the image of the couple clearly indicated that the logo promoted a product that had to do with sex. However, some participants did not like the tagline “*secret of love*” and thought that it did not clearly convey what the product was. Of the four logos, *Gel It* was the least preferred by all participants.

**BOX 1: HIV-FRAMED AND NON-HIV-FRAMED LOGOS TESTED IN FIRST ROUND OF PRETESTING**

**HIV-Framed Logos**



Translation: *With the gel I am safe*



Translation: *I am safe with the gel!*

**Non-HIV-Framed Logos**



Translation: *I love it. The secret of love*



Translation: *Gel it. Enjoy yourself*

Other items tested in the first round included the following:

**Packaged messages and a list of message components:** Each audience listened to and read *two packaged messages*—one HIV-framed and one non-HIV-framed developed for the key audiences. The packaged messages contained a message, support statements and a call to action. After discussing the packaged messages, participants voted on which message they preferred. Overall, the groups preferred the HIV-framed message.

In addition, participants were asked to review and select messages that they liked and disliked from a *list of HIV-framed and non-HIV-framed messages*. Messages focusing on HIV protection resonated well with all audiences. The concept of partial protection was understood, but disliked. Messages about the non-HIV-prevention benefits were appreciated, but were not viewed as the most important benefits by many participants. In terms of non-HIV-framed messages, all groups, except FSWs, preferred messages highlighting pleasure and enjoyment more than control or empowerment. Overall, the messages focusing on hygienic benefits of the gel and clever/catchy phrases such as “boost your protection” or “if you know you’ll be ‘cooking,’ spice it up with the gel” did not test well.

**A series of images of young and older women, men, couples and health care providers:**

Participants reviewed types of images that most closely related to them (e.g., FSWs saw images of women who could be FSWs, young women saw images of other young women). All audiences viewed the same images of health care providers. Images of young women with nicely styled hair, nice skin and makeup, and bright, attractive clothes were liked. Participants preferred images with people genuinely smiling and women who did not appear to be posing. For images of FSWs, women with curves and well-styled hair were preferred. Images with women showing too much skin, unstylish clothing, or clothes that clearly identified them as sex workers were disliked. Men were drawn to images of couples who were close in age to each other, and they preferred images displaying intimacy between couples. It was difficult for men to select images that they liked of other men, as opposed to couples; male participants were worried that they would appear homosexual if they indicated they liked images of other men. All groups preferred male health care providers. While many participants initially chose the younger male, after discussion groups agreed they preferred the older male health care provider.

**Draft posters for each audience (with each of the four logos and related HIV- and non-HIV-framed messages):** In general, the layout and designs were well liked, and posters with yellow background were preferred. Most participants did not like the posters with the gray color scheme, as it was considered dull and unattractive. Participants seemed to focus more on the images than on the text. Most of the models/images were disliked for various reasons related to their expression, hair, clothing or attractiveness. The headlines and text were well understood; however, participants felt text size was too small.

**Options for story lines to be developed into radio spots and TV storyboards for the second pretest:** FHI 360 developed eight storylines (four HIV-framed and four non-HIV-framed). All the storylines discussed the HIV prevention benefits, but the non-HIV-framed storylines focus on other benefits such as increased pleasure and intimacies. Each group reviewed two HIV-framed and two non-HIV-framed. The storylines developed were:

- *Sugar Daddy* (HIV-framed): a young woman talks to her older partner, her “sugar daddy,” about using the gel to protect her and her future.
- *Late Date* (HIV-framed): a young woman discusses microbicide use, with condoms, with her boyfriend so that they can worry less about HIV and enjoy sex more.
- *Survival Kit* (HIV-framed): a woman discusses the benefits of the gel with her friend and how it is important in her relationship and future, as it protects her from HIV.
- *Sex Talk* (HIV-framed): an older woman talks to a group of younger women about how the gel can help keep a man’s interest and help women enjoy their love life because they are protected from HIV.
- *Beauty Queen* (non-HIV-framed): a beauty competition contestant discusses how the gel is important for achieving her future goals.
- *Gel & Bond* (non-HIV-framed): a married couple discusses how the gel has brought them closer together by improving their sex life.
- *Get Your Game Back* (non-HIV-framed): married women talk to each other about how the gel has helped increase excitement in their sex lives.
- *Bridal Shower* (non-HIV-framed): friends encourage an engaged woman to get the gel to improve her sex life with her future husband.

Participants preferred storylines that incorporated interaction between couples and storylines that were “fun” and not too serious. Storylines with characters only talking to each other, such as “*Survival Kit*” did not appeal to audiences, as participants preferred more action. They also recommended that the stories not exaggerate the benefits of the gel, or be too racy, as this could lead to potential opposition from conservative groups, such as the church.

The following changes were made to the materials based on the first round of testing:

**Logos:** Based on the number of votes cast for each logo, the project moved forward with *NaGel* (HIV-Framed) and *Napenda* (non-HIV-framed). The *NaGel* logo was revised so that the “Gel” was capitalized and written in purple. The *Napenda* logo received a new tagline, changing from “*the secret of love*” to “*sweet and safe na gel*” (sweet and safe with the gel).

**Messages and images:** Based on the FGDs, several messages and images were selected to incorporate into the posters and materials. For example, an image preferred by women in relationships was used in the revised poster. The message, *We love how it makes us feel, we feel closer to each other*, was changed to, *The Gel adds excitement to my relationship* in the revised non-HIV-framed poster.

**Posters:** The posters were revised to incorporate images identified as most preferred during the image voting portion of the FGDs. Messages were also changed to reflect text that

had been selected during the FGDs. Moreover, a number for a hotline as a source of further information was added after the pretest (see Box 2 for posters tested and Box 3 for revised posters).

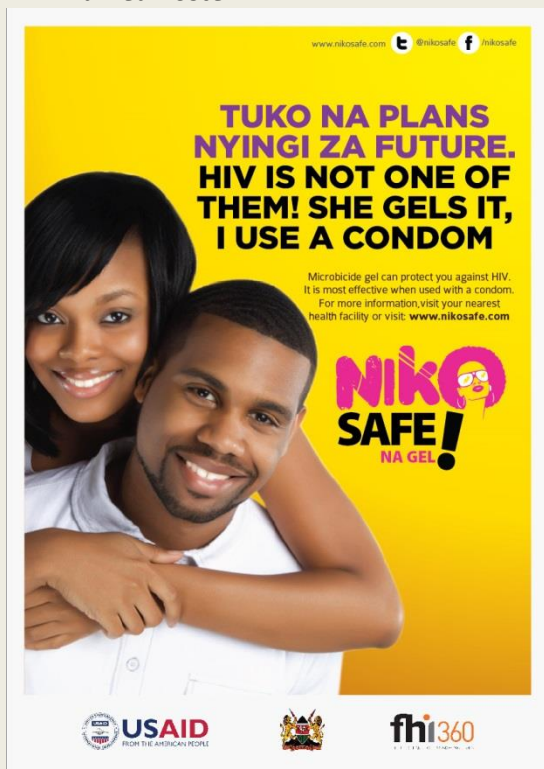
**Radio and TV Storylines:** Based on feedback from the FGDs, the *Bridal Shower* and *Late Date*

storylines were selected for development into storyboards.

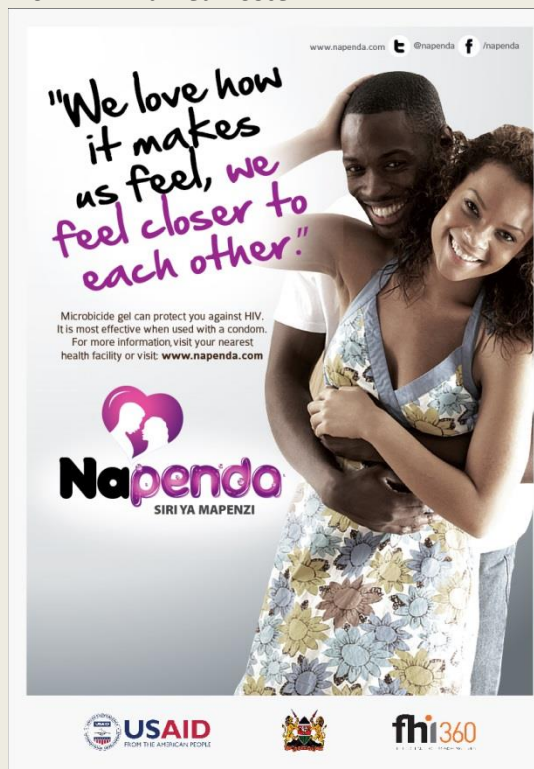
See Annex C: Pretest and Final Materials to see all the material changes from the first round of pretesting.

## BOX 2: POSTERS FOR WOMEN IN RELATIONSHIPS: PRETEST ROUND 1

### HIV-Framed Poster



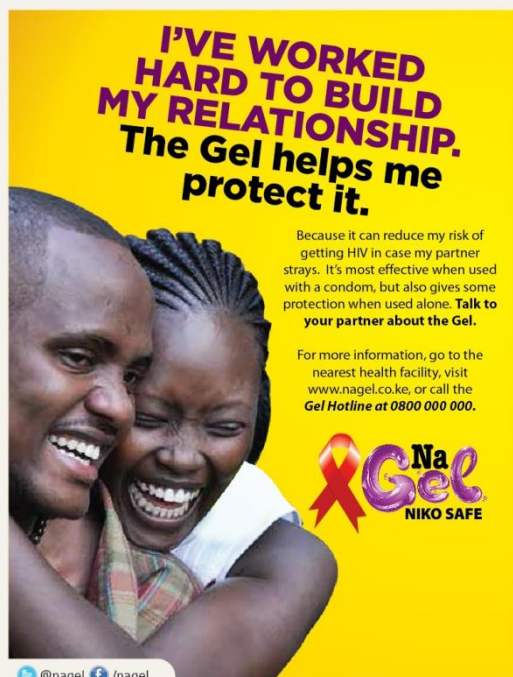
### Non-HIV-Framed Poster



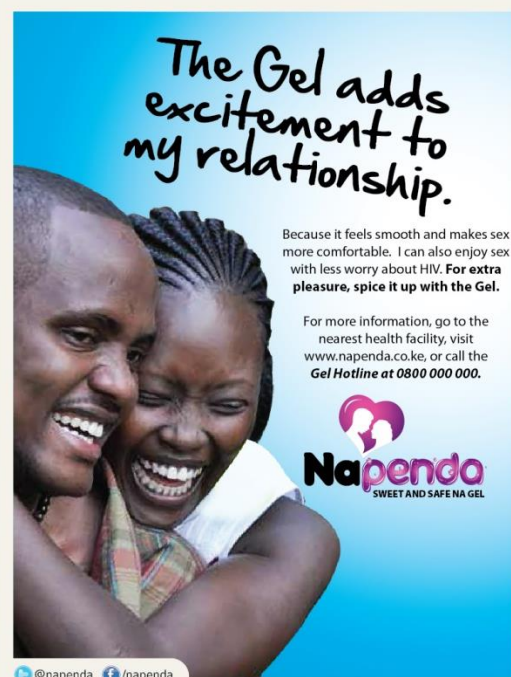


### BOX 3: REVISED POSTER FOR WOMEN IN RELATIONSHIPS

#### HIV-Framed Poster Revision



#### Non-HIV-Framed Poster Revision



### SECOND ROUND OF PRETESTING

In October 2013, FHI 360 conducted a second round of pretesting in Nairobi and Nakuru with key audiences (see Table 3). For this round of pretesting, FHI 360 sought to recruit more “HIV naïve” participants, as compared to the participants in the first round of pretests. This decision was made, in part, out of concern that participants in the first round of the pretests might have been more receptive to an HIV-framed message, given their affiliation with the NGOs that facilitated recruitment, and therefore less representative of the broader

range of people who would be exposed to many of the communication materials being developed through the project. Consequently, young women, women in relationships and men were recruited from public spaces, venues and off the street. However, due to recruitment challenges for FSWs, these participants were recruited as before by local NGOs—Family Health Options Kenya (Nakuru) and Sex Worker Outreach Program (Nairobi). Twelve focus group discussions (FGDs) with key audiences of mixed education and income levels were held.

**TABLE 3: SECOND ROUND OF PRETESTING PARTICIPANTS**

Audience	Nairobi (6 FGDs)	Nakuru (6 FGDs)	Total (12 FGDs; 169 participants)
Young Women 18–24 years	Class 8 15 participants	Class 8 15 participants	30 participants
Young Women 18–24 years	Form 4 15 participants	Form 4 16 participants	31 participants
Women in relationships 25–35 years	Class 8 10 participants	Class 8 11 participants	21 participants
Women in relationships 25–35 years	Form 4 14 participants	Form 4 17 participants	31 participants
FSW 18–24 years	Mixed education 17 participants	Mixed education 12 participants	29 participants
Single or married men 25–35 years	Form 4 12 participants	Class 8 15 participants	27 participants

The second round of pretesting assessed draft materials and potential illustrations<sup>ii</sup> to ensure that they conveyed the intended message, were relevant and realistic to target audiences, were visually appealing and attractive and were clear and understandable. Materials assessed during this round included revised posters, draft radio spots and animated TV storyboards for storylines that were selected based on results from the first round of pretesting.

Specifically, the items tested included the following:

**Posters:** Each audience viewed two versions of a poster, each containing the same image. One version (with a yellow background and *NaGel* logo) was HIV-framed with a corresponding logo and messages. The second poster (with a blue background and the *Napenda* logo) was non-HIV-framed with a corresponding logo and messages. During the discussions, most groups, with the exception of women in relationships, preferred the HIV-framed poster. Although some participants liked the non-HIV-framed poster, others found it confusing or thought it could be encouraging sex. Overall, the men did

not like the male-only poster. For a female-initiated product such as microbicides, men preferred posters with couples. Participants in this round of testing did not like the image of the stable couple, even though it had received positive feedback during the first round of testing.

**Radio spots and TV storyboards:** Scratch radio spots were recorded and animated TV storyboards were developed for the *Bridal Shower* (non-HIV-framed) and *Late Date* (HIV-framed) storylines. All FGDs heard the radio spot first and then watched the animated storyboard with voiceover. Participants liked both spots but thought the characters appeared too old (in their 30s), especially in *Late Date*. Participants liked the dialogue and the fact that the man was supportive and willing to use condoms in *Late Date*. However, some felt the story was not romantic enough and that it implied that the gel had to be used with condoms. Participants related well to the *Bridal Shower* storyline and saw it targeting both single and married women. The groups liked the scene when the married woman shared her

<sup>ii</sup> The PTA project tested and adapted several illustrations used in the CAPRISA 004 trials such as the 24-hour clock and the BAT 24 regimen.

experiences about using the gel, but felt that if the woman was carrying it around in her purse it implied infidelity. *Bridal Shower* was slightly more preferred than *Late Date*. Almost all of the women in relationships preferred *Bridal Shower*, while the other groups were more split in preference.

**Informational brochure:** Participants were asked to review a tri-fold brochure introducing microbicides, who can use them, their effectiveness and how to obtain them. The brochure also included a diagram illustrating how to insert microbicide gel. Participants were given the option of reviewing the brochure in either English or Swahili. Overall, the information was well understood and well received, aside from a few Swahili translation concerns. Participants wanted more specific information on effectiveness and disliked the wording “the Gel provides *some protection*.” Some participants, especially women in relationships with Form 4 education, were offended by the detail included in the insertion diagram.

**A series of draft illustrations to be used in the flip charts:** Participants understood most illustrations; however, a few were difficult to understand without explanatory text. These included images to convey the hierarchy of protection, multiple sexual partners and a woman thinking about the feasibility of microbicide use (see examples in Box 4). Minor

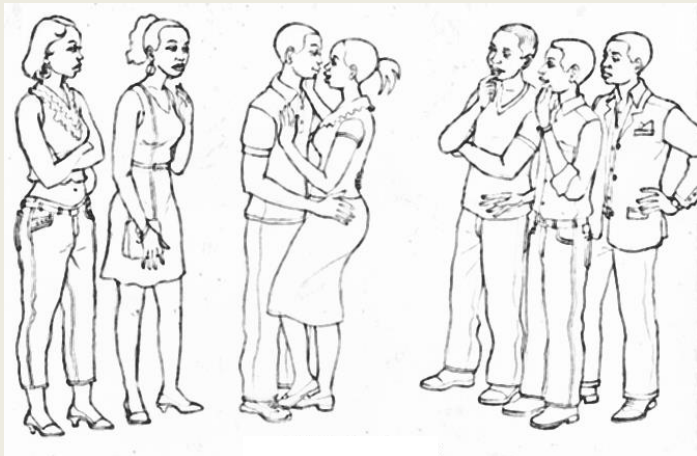
modifications were suggested for other illustrations.

In general, participants in the second round of pretesting tended to view the HIV protection of microbicides as the most important benefit. However, this preference was less pronounced than the first round of pretesting. Participants’ responses to questions indicated that materials were too heavily focused on stable couples, as opposed to women and men in casual relationships. For example, when asked who the material was meant for (couple posters and radio/TV spots), many participants mentioned couples, people in love or those in relationships rather than casual couples.

Many participants felt the materials focused too much on the use of gel together with condoms; the phrase “best protection” diminished the value of gel alone and implied that gel should *only* be used with condoms. Similarly, the idea of receiving “some protection” from gel alone was too vague and not appealing. Participants felt many of the materials implied that condoms were unsafe by suggesting they could easily break or fall off. This was also echoed by the PAC, who felt that implying condoms were unsafe or unreliable would undermine years of efforts by the Ministry of Health to widely promote condom use in Kenya.

The following changes were made to the materials based on the second round of testing:

#### BOX 4: EXAMPLES OF ILLUSTRATIONS TESTED IN SECOND ROUND OF PRETESTING



*Multiple sexual partners*



*Feasibility of microbicide use*

**All materials:** FHI 360 removed references to condoms falling off or breaking and changed the phrasing to “in case a condom is not used properly.” In addition, the materials were revised to have less emphasis on condom use in materials for women/couples in stable relationships. All the materials were revised to clarify that microbicides can be used alone, although they offer the best protection when used together with condoms. The project wanted to clearly convey “if you don’t have any protection, the gel is better than nothing.”

**Posters:** Both HIV-framed and non-HIV-framed posters were edited to have yellow backgrounds. The poster with the man was eliminated from the materials as men did not understand why a man would be in poster by himself for a product designed for women. Instead, a new set of posters for casual couples was developed. The suite of materials now included two sets of posters for couples—casual couples and stable couples. The image for the stable couple poster was replaced. See Box 5 for the posters tested and Box 6 for the revised posters.



## BOX 5: POSTERS FOR WOMEN IN RELATIONSHIPS: PRETEST ROUND 2

### HIV-Framed Poster



**I'VE WORKED HARD TO BUILD MY RELATIONSHIP. The Gel helps me protect it.**

Because it can reduce my risk of getting HIV in case my partner strays. It's most effective when used with a condom, but also gives some protection when used alone. **Talk to your partner about the Gel.**

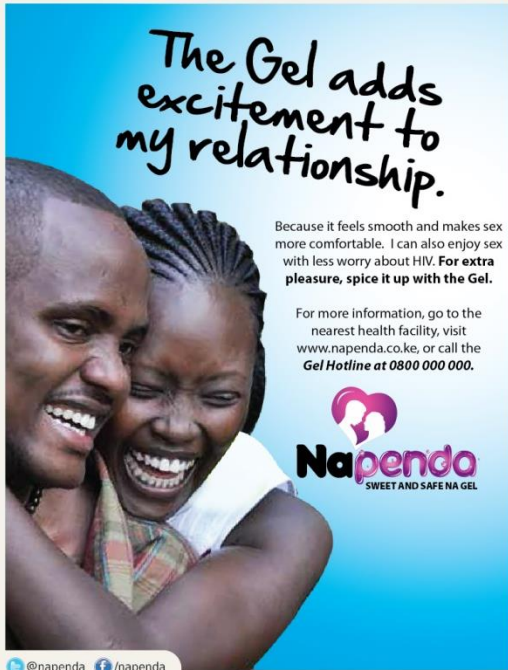
For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke), or call the **Gel Hotline at 0800 000 000.**

**NaGel**  
NIKO SAFE

@nagel /nagel

USAID fhi360

### Non-HIV-Framed Poster



**The Gel adds excitement to my relationship.**

Because it feels smooth and makes sex more comfortable. I can also enjoy sex with less worry about HIV. **For extra pleasure, spice it up with the Gel.**

For more information, go to the nearest health facility, visit [www.napenda.co.ke](http://www.napenda.co.ke), or call the **Gel Hotline at 0800 000 000.**

**Napendo**  
SWEET AND SAFE NA GEL

@napenda /napenda

USAID fhi360



## BOX 6: REVISED POSTERS FOR COUPLES (ORIGINALLY FOR WOMEN IN RELATIONSHIPS)

**HIV-Framed Posters (separate posters for casual and stable couples)**

**WE ALREADY PLAY SAFE**  
**The Gel helps us play safer.**

Because the Gel reduces a woman's risk of getting HIV. It can be used alone or with condoms for extra protection. **Make the Gel your back-up plan.**

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free **Gel Hotline at 0800 000 000.**

**NaGel**  
NIKO SAFE

@nagel /nagel

USAID PTA fhi360

**WE'VE WORKED HARD TO BUILD OUR RELATIONSHIP.**  
**The Gel helps us protect it.**

Because it can reduce a woman's risk of getting HIV. We can enjoy more and worry less. **Talk to your partner about the Gel.**

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free **Gel Hotline at 0800 000 000.**

**NaGel**  
NIKO SAFE

@nagel /nagel

USAID PTA fhi360

**Non-HIV-Framed Posters (separate posters for casual and stable couples)**

**The Gel makes our good times even better.**

Because sex is more pleasurable and she can worry less about HIV. It can be used alone or with condoms for extra protection. **Maximize your enjoyment with the Gel.**

For more information, go to the nearest health facility, visit [www.napenda.co.ke](http://www.napenda.co.ke) or call the free **Gel Hotline at 0800 000 000.**

**Napendo**  
SWEET AND SAFE NA GEL

@nagel /nagel

USAID PTA fhi360

**The Gel adds excitement to our relationship.**

Because it feels smooth and makes our intimate moments more comfortable. She can also enjoy sex with less worry about HIV. **For extra pleasure, spice it up with the Gel.**

For more information, go to the nearest health facility, visit [www.napenda.co.ke](http://www.napenda.co.ke) or call the free **Gel Hotline at 0800 000 000.**

**Napendo**  
SWEET AND SAFE NA GEL

@nagel /nagel

USAID PTA fhi360

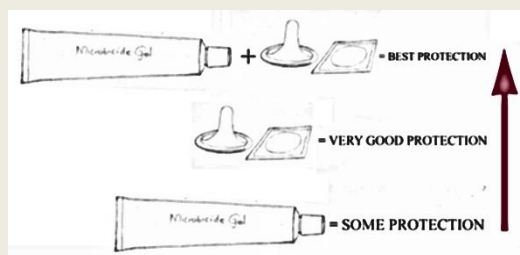
**Radio/TV spots:** The *Late Date* storyline was changed to have a younger couple with a more romantic dialogue. To avoid suggesting that the gel can only be used with condoms, the dialogue was changed so condom use was less certain in the relationship. The ladies in the *Bridal Shower* storyline were all redrawn to appear younger. The gift was expanded to include a honeymoon gown with a gel brochure rather than the gel itself to make it clear that women need to visit a health facility to receive the gel.

**Brochure:** Minor text changes and revisions to Swahili translations were made. The illustrations were colored, instructions for filling applicator with gel (since prefilled applicators are likely to be cost-prohibitive) were added,

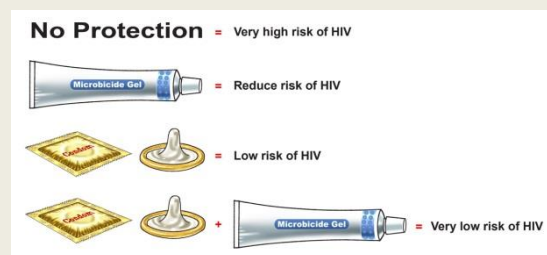
and the text was clarified to indicate that gel can be used alone. In addition, the phrase “The Gel offers some protection against HIV. It does not offer full protection” was changed to “The Gel can reduce a woman’s risk of getting HIV, but it is not 100% effective” to address participants’ dislike of the phrase “some protection.”

**Illustrations:** Illustrations identified as unclear were revised, after which they were inserted into flip charts to be tested during the material assessment phase. Of all illustrations, the hierarchy of protection illustration was most fully revised to focus on reduction in risk, rather than increase in protection (Box 7). All images were colored in for the flip charts.

#### BOX 7: SECOND ROUND OF PRETESTING ILLUSTRATION AND REVISION



*Illustration tested in second round of pretesting*



*Revisions after second round of pretesting*

## MATERIALS ASSESSMENT

From November 2013 through February 2014, FHI 360 conducted formal research in Nairobi and Nakuru to assess the effect of the communication materials (including their framing for awareness-raising materials) on interest in microbicide use, negative attitudes towards microbicides and potential condom migration. The study also aimed to identify potential implementation challenges for materials designed for health care providers. Lessons learned from the assessment were used to inform final edits to the materials. Ethical approval for the research was granted by FHI 360’s Protection of Human Subjects Committee and the Kenya Medical Research

Institute. All participants provided informed consent before participating.

**An intercept survey** was conducted with 600 women (ages 16–45) and 200 men (ages 18–45). Respondents were randomized to one of three groups:

- One-third of participants received microbicide information-only. This group did not view the communication materials.
- One-third viewed microbicide-related materials with HIV-framing.
- One-third viewed microbicide-related materials with non-HIV-framing.

Those who viewed materials, viewed one radio spot, one TV spot and a set of three posters, according to their randomly assigned framing;

the order in which the materials was presented to each respondent was also randomized.

Results from the intercept survey revealed the following:

- Women, overall, reported more interest in using microbicides than men.
- Framing affected interest in microbicide use and negative attitudes towards microbicides for some groups. For example, married women and men who reported having only one partner and who viewed non-HIV-framed materials had significantly higher interest in microbicide use and lower levels of negative attitudes towards microbicides than similar participants who viewed HIV-framed materials. Additionally, younger participants (16–24) reported lower levels of negative attitudes towards microbicides when viewing the non-HIV-framed materials. Framing was not associated with interest in microbicide use for others (single or married with multiple partners).
- The TV storyboard sparked more interest in learning more about the gel than did the radio spot or posters.

**Eight group educational sessions** were held with young women (16–24) and FSWs (16–45) to assess the effect of informational materials on participant interest in microbicide use, negative microbicide attitudes and condom migration. Data collectors audio-recorded the sessions and filled out observation forms to document facilitators' ease of using materials, the level of participant engagement and any questions asked. The flip charts generated a high level of discussion in five of the eight sessions, resulting in lengthy sessions. However, it was noted that additional training may be required to ensure all facilitators are encouraging open discussion. Moreover, it appeared that the "scenarios" (cards describing fictitious user profiles that aimed to generate conversation about women in various risk contexts) should be introduced earlier and be better integrated within the flip chart, as opposed to appearing at the end. Participants

seemed the most engaged when discussing both the scenarios and general information about vaginal microbicide gel. The BAT 24 regimen was the most challenging concept for participants to grasp.

Participants completed pre- and post-session surveys, which provided an opportunity to systematically assess how participants responded to the flip chart information. Results revealed that interest in gel use increased from 40 to 57 percent among young women and from 65 to 83 percent among female sex workers. Moreover, the potential desire to abandon condoms for use of a less effective gel only decreased among young women and remained low among FSWs after participating in the educational sessions.

**Four additional group educational sessions** were held with young women and FSWs to assess the use of digital medial concepts and the brochure. Digital media concepts included sample Facebook posts and tweets for Twitter, and a sample homepage for a website. In general, participants felt that the sample Facebook posts motivated them to learn more about microbicides. Some concern, however, was raised about the level of effectiveness of microbicides as compared to condoms; participants appeared cautious about the potential for condom migration. For tweets, participants generally preferred that they be informational; tweets used to generate discussion by asking questions were not as well liked.

The website was well liked, however. Most felt it was clear and simple, and they thought the inclusion of various scenarios was intriguing and potentially informative. Participants in Nakuru mentioned they were interested in all four scenarios, while sex workers in Nairobi identified themselves most with Lucy, a young sex worker. Nearly all young women from Nairobi identified with Mercy, a young, single woman. Although, several participants in this group also mentioned that they sometimes engage in sex work and would, therefore, be



interested in learning more about Lucy's scenario.

The brochure generated a high level of discussion among participants in all four groups. Participants generally liked the brochure; however, one group of young women in Nakuru felt it was somewhat challenging to understand. Sex workers appeared more comfortable with the insertion instructions than young women in both Nairobi and Nakuru; the BAT 24 regimen generated a number of questions among young women in Nairobi.

**Twenty-four in-depth interviews (IDIs)** were conducted with providers from a range of health facilities to assess the provider materials (brochure, wall chart algorithm and flip chart). Providers viewed microbicides as a useful method to add to the mix of current HIV prevention options. They generally liked the materials, and the HIV Testing and Counseling (HTC) wall chart algorithm seemed to fit most clinic contexts; brochures were also well appreciated. Similarly, providers found the flip chart content easy to understand and offered only a few suggestions for improvement, including making the flip chart less bulky. More conservative providers expressed some concern that the nude illustrations in the brochure and flip chart were inappropriate or could be accidentally viewed by children. Further, providers identified implementation challenges, including concern that the BAT 24 regimen is difficult to understand, both for providers and for clients, and that women may lack partner support for microbicide use or that they will be concerned about potential side-effects. Providers also expressed some concern about the relatively low level of HIV protection that microbicides currently provide, and the subsequent potential for condom migration. However, providers largely felt that the materials would help them effectively counsel women and couples on microbicide use. Although there appears to be a tendency for rote counseling—whereby providers counsel young women on abstinence, FSWs on condom use and married women on faithfulness—the

use of scenarios during the interview session revealed that providers would be able to appropriately tailor microbicide counseling messages to meet the needs of their clients.

## **FINDINGS FROM MATERIALS ASSESSMENT.**

Overall, the assessment findings suggested that the materials were successful in generating interest in microbicides across a range of Kenyan participants. Results related to the framing suggest that the promotion of non-HIV-related benefits may have a stronger effect on generating interest than those focusing on HIV prevention alone, especially among married couples and younger participants. The findings also suggested that condom migration would likely occur infrequently. However, adequate time for in-depth educational sessions and counseling from providers will be needed to ensure women and couples fully understand how to use microbicides.

Based on the results of the materials assessment, FHI 360 made the following major changes to the materials:

**All materials:** Both HIV-framed and non-HIV-framed materials were revised to have one logo—*NaGel*. All materials were reviewed for a final time and minor changes made to the text.

**Flip charts:** Revisions included inserting more information for providers on the health care provider flip chart, detailing how to use the counseling tools (including integration into existing protocols) and the intent of microbicides counseling. All flip charts were revised to provide additional guidance and clarity on the BAT 24 regimen.

**Posters:** Artful Eyes Productions conducted a photo shoot to acquire images of stable couples and casual couples, since the images used during the pretesting and assessment were not of high enough resolution to be used in posters.

**Brochure:** The illustration of the BAT 24 regimen was moved from the first inside panel to the inside middle panel under the insertion instructions. This was done in response to some participants' concerns that these images were too explicit for the first page. In addition, the insertion diagram was modified to include labels for the applicator components, and text was clarified concerning the hierarchy of effectiveness.

**Webpage mock-up and potential tweets and Facebook posts:** The final webpage mockup was revised to include more information on what the microbicide gel is on the front page. The tweets and Facebook posts were slightly modified to incorporate participant feedback on preferred topics. In addition, the hashtag was shortened from #NaGelNikoSafe to #NaGel.



## BOX 8: COUPLES POSTERS TESTED DURING MATERIALS ASSESSMENT

### HIV-Framed Posters Tested in Materials Assessment



**WE ALREADY  
PLAY SAFE  
The Gel helps  
us play safer.**

Because the Gel reduces a woman's risk of getting HIV. It can be used alone or with condoms for extra protection. *Make the Gel your back-up plan.*

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**NaGel**  
NIKO SAFE

@nagel /nagel

USAID PTA fhi360

### Non-HIV-Framed Posters Tested in Materials Assessment



**The Gel makes  
our good times  
even better.**

Because sex is more pleasurable and she can worry less about HIV. It can be used alone or with condoms for extra protection. *Maximize your enjoyment with the Gel.*

For more information, go to the nearest health facility, visit [www.napenda.co.ke](http://www.napenda.co.ke) or call the free Gel Hotline at 0800 000 000.

**Napenda**  
SWEET AND SAFE NA GEL

@nagel /nagel

USAID PTA fhi360



**WE'VE WORKED  
HARD TO BUILD  
OUR RELATIONSHIP.  
The Gel helps us  
protect it.**

Because it can reduce a woman's risk of getting HIV. We can enjoy more and worry less. *Talk to your partner about the Gel.*

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**NaGel**  
NIKO SAFE

@nagel /nagel

USAID PTA fhi360



**The Gel adds  
excitement to  
our relationship.**

Because it feels smooth and makes our intimate moments more comfortable. She can also enjoy sex with less worry about HIV. *For extra pleasure, spice it up with the Gel.*

For more information, go to the nearest health facility, visit [www.napenda.co.ke](http://www.napenda.co.ke) or call the free Gel Hotline at 0800 000 000.

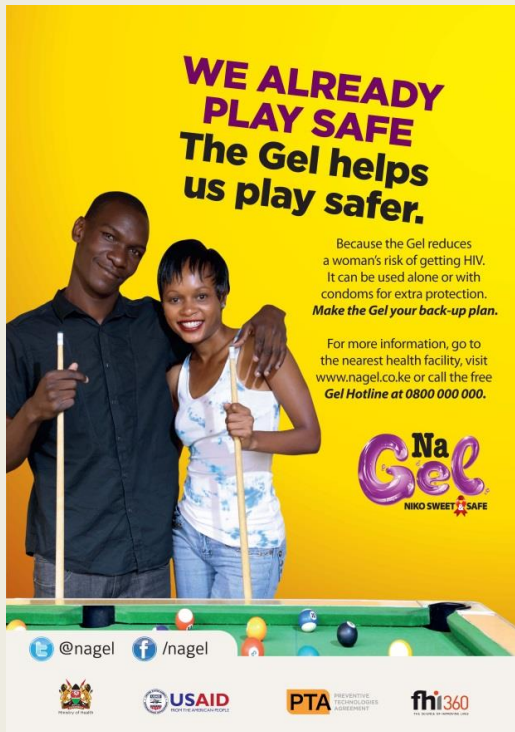
**Napenda**  
SWEET AND SAFE NA GEL

@nagel /nagel

USAID PTA fhi360

## BOX 9: FINAL COUPLES POSTERS

### Final HIV-Framed Posters



**WE ALREADY  
PLAY SAFE**  
The Gel helps  
us play safer.

Because the Gel reduces a woman's risk of getting HIV. It can be used alone or with condoms for extra protection. **Make the Gel your back-up plan.**

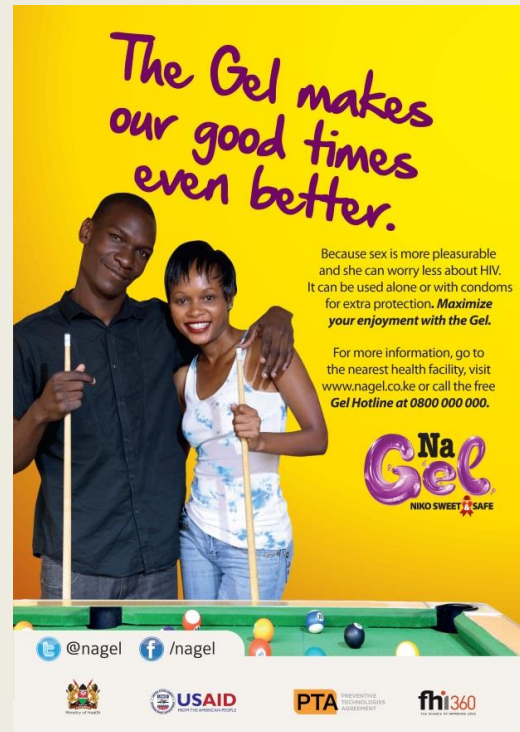
For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**Na Gel**  
NIKO SWEET SAFE

@nagel /nagel

Kenya USAID PTA PREVENTIVE TECHNOLOGIES AGREEMENT fhi360

### Final Non-HIV-Framed Posters



**The Gel makes  
our good times  
even better.**

Because sex is more pleasurable and she can worry less about HIV. It can be used alone or with condoms for extra protection. **Maximize your enjoyment with the Gel.**

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**Na Gel**  
NIKO SWEET SAFE

@nagel /nagel

Kenya USAID PTA PREVENTIVE TECHNOLOGIES AGREEMENT fhi360



**WE'VE WORKED  
HARD TO BUILD  
OUR RELATIONSHIP.**  
The Gel helps us  
protect it.

Because it can reduce a woman's risk of getting HIV. We can enjoy more and worry less. **Talk to your partner about the Gel.**

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**Na Gel**  
NIKO SWEET SAFE

@nagel /nagel

Kenya USAID PTA PREVENTIVE TECHNOLOGIES AGREEMENT fhi360



**The Gel adds  
excitement to  
our relationship.**

Because it feels smooth and makes our intimate moments more comfortable. She can also enjoy sex with less worry about HIV. **For extra pleasure, spice it up with the Gel.**

For more information, go to the nearest health facility, visit [www.nagel.co.ke](http://www.nagel.co.ke) or call the free Gel Hotline at 0800 000 000.

**Na Gel**  
NIKO SWEET SAFE

@nagel /nagel

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## FINAL SUITE OF MATERIALS DEVELOPED BY FHI 360

In April 2014, FHI 360 invited the PAC and other stakeholders to a final meeting to review research findings and provide feedback on the proposed changes for the final materials. Meeting participants also shared ideas for sections of the communication strategy related to the campaign launch, media buying and outreach, community outreach/events and health provider training. Dr. George Githuka, PAC chair, also led a discussion on issues related to adapting the materials to other countries and other HIV prevention technologies.

One of the major decisions coming from this meeting was a consensus on which logo to use for the final materials. Both rounds of pretesting had indicated that the HIV-framed *NaGel* logo was preferred by most audiences, although some FSWs and men found the large red ribbon to be stigmatizing. At the same time, the materials assessment indicated that the non-HIV-framed TV spot, radio spot and posters (featuring the *Napenda* logo) had been more effective in generating microbicide interest among married men and women, and among younger participants. However, this effect was likely due to the messaging and not the *Napenda* logo, given that the logo was very small when viewed on the electronic tablets that had been used during the assessment.

The meeting participants expressed a strong preference for *NaGel* because of its clarity and its clear association with HIV prevention. They felt that stigma was becoming less of an issue in Kenya and that the red ribbon should be retained, since microbicide gel would likely be marketed as part of a larger suite of HIV prevention tools. They also felt that some materials could still have non-HIV-framed messages even if the *NaGel* logo were to be used.

Based on this feedback, FHI 360 decided to retain the *NaGel* logo for the final suite of materials, with two modifications:

- The red ribbon was made smaller
- The logo was changed to read *NaGel—Niko sweet and safe* (to include a reference to sexual pleasure)

As with the poster images, although there will not be another opportunity to test the revised logo again under the PTA project, future projects may wish to conduct additional testing to ensure that it is well received, especially among FSWs and men who had been concerned about stigma.

After the April meeting, FHI 360 worked with AEP to finalize the final suite of materials (see Annex C for images of the final materials), consisting of:

### Revised logo

#### General audience awareness-raising materials:

- Eight posters for key audiences with a mix of English and Swahili text for young women, casual couples, established couples, female sex workers
- Two radio spots and animated TV storyboards in English and Swahili for *Late Date* storyline and *Bridal Shower* storyline
- Digital media mock-ups for a website
- Potential Facebook posts and Twitter tweets.

#### In-depth educational materials

- A flip chart for community members and a flip chart for female sex workers

#### Health care provider materials

- One health care provider flip chart
- An informational brochure in both English and Swahili
- A wall chart algorithm for microbicide counseling for HTC setting and non-HTC setting

## 1.4 Final Refinements

Given that this communication project was conducted at a time when a microbicide product was not available for introduction, the project was required to make several assumptions when developing the materials. These included, for example, determining how to depict the gel—whether in single-dose prefilled applicators, as were used in past clinical trials, or as a single tube with disposable applicators, which would likely be more economical. Additionally, the project team decided to model information about how to use the gel and gel effectiveness based on the completed CAPRISA 004 trial, even though the ongoing FACTS 001 trial might lead to changes in some information, such as the estimated efficacy level. Consequently, before the materials and campaign can be rolled out, refinements will likely be needed.

- Once a microbicide gel is approved, national guidelines from Kenya and other international organizations such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) will have to be consulted. Information in the materials will need to be reviewed to ensure it is in agreement with approved guidelines. For example, guidance on the frequency of HIV testing needed for continued gel use will need to be confirmed and use instructions (e.g., BAT 24) need to be adjusted as needed. In addition, the Guidelines for Advertisement and Promotion of Medicines and Medical Devices in Kenya will need to be consulted.
- Additional revisions may include changes to illustrations and text, including branding, referring to the packaging and type of gel applicator. The materials currently assume the gel will be distributed in the form of a tube with user-filled applicators. If the gel is distributed in prefilled applicators, images of the gel tube will need to be replaced and instructions for insertion will need to be modified.

- Once it is determined how the gel will be distributed, where it will be available, and the cost of the gel, this information will need to be reviewed and updated in the flip charts and brochure.
- Before the materials are used in a campaign, the need for translation into other Kenyan languages should be considered. Currently some of the materials (posters, brochure, radio and TV ads) are in Kiswahili and English. The wall chart and flip charts are currently only in English. Depending on the geographic location and needs of the intended audiences, these materials may need to be translated into additional Kenyan languages.

# PART 2: SAMPLE COMMUNICATION STRATEGY FOR KENYA

## 2.1 Introduction

This document presents recommendations for a comprehensive campaign that could be implemented in Kenya if and when vaginal microbicides become available, using the materials developed by FHI 360 for a vaginal microbicide gel. The strategy assumes that this campaign would be implemented by the Ministry of Health (MOH) in partnership with international and/or local NGOs. It should be noted that pieces of the materials or components of this strategy could be used in the context of smaller programs, such as those that only focus on provider training or community outreach.

These are high level recommendations, rather than a detailed campaign plan, given that the amount of funding available and the campaign timeline are not yet known. As mentioned in the previous section, there are also other unknown factors that may impact the campaign design, including:

- Who will be manufacturing microbicides and how they will be branded and promoted by the manufacturer
- Which audiences the Kenyan government will prioritize for receiving them
- Where microbicides will be offered (e.g., clinics, hospitals, private doctors' offices)
- How often HIV testing will be required for microbicide users
- How much microbicides will cost—recognizing that they may be offered free of charge in public clinics and they may need to be purchased in private clinics
- How they will fit into the mix of other prevention options that will be available in

Kenya by the time that microbicides are launched (e.g., PrEP)

In light of these information gaps, this strategy is only intended to offer guidance and recommendations to consider for different aspects of a communication campaign. Future campaign managers can use this high-level strategy to develop a more detailed campaign plan once the issues noted above have been determined.

## 2.2 Campaign Objectives

The ultimate goal of a future microbicide campaign should be to increase demand for microbicides among sexually active women at risk of HIV infection. The following campaign objectives are recommended to achieve demand generation:

- Increase awareness of microbicides among different types of women and their sex partners
- Increase positive attitudes towards microbicides and interest in trying them
- Increase knowledge of correct microbicide use among women
- Increase women's ability to negotiate microbicide use with partners
- Strengthen capacity of health providers to effectively counsel women on microbicide use

It is important to recognize that communication is only one factor that can influence microbicide demand and uptake. Demand will also be heavily influenced by structural factors, including the availability of the product, the price of the product and the readiness of the health care sector to roll it out in both public



and private clinics. National policies, such as those that require parental consent for adolescent health services, can also affect demand and uptake.

## 2.3 Target Audiences

Microbicides can benefit any sexually active woman who is at risk of HIV, regardless of her relationship status. In Kenya, it is estimated that 44 percent of new infections occur within stable relationships,<sup>9</sup> meaning that future microbicide campaigns cannot limit target audiences to those groups that have traditionally been considered at high risk of HIV. Targeting only those groups, such as FSW or serodiscordant couples, would not only miss a large proportion of women who need microbicides, it could also potentially stigmatize them. It is important to promote microbicides to a wide variety of women. The following groups are therefore recommended as **primary target audiences**:

- Young, single women ages 16–24
- Women in stable relationships ages 25–35
- FSWs

Clinical trial experience has shown that gel use can be easier for women if they have supportive partners. Health care providers also play a critical role for counseling women on correct product use and adherence. Therefore, we recommend the following **secondary target audiences**:

- Men with female sex partners (married and single)
- Health care providers in settings offering microbicides, which may include voluntary counseling and testing (VCT) centers, family planning centers, primary health centers and youth-friendly clinics

## 2.4 Potential Campaign Partners

Early in the planning process, the campaign team should draft a list of organizations to invite to become campaign partners. The PAC,

described earlier, would be a good starting point. These partners could participate in the campaign in a variety of ways, including:

- Providing campaign spokespeople
- Facilitating media contacts
- Co-sponsoring the campaign launch and other events
- Distributing campaign materials within their networks and community-based programs
- Using flip charts for their community-based education activities
- Using provider education materials within their clinical settings
- Collaborating on joint activities, such as a microbicide hotline
- Placing web banners on their websites and promoting microbicides through their social media platforms
- Distributing articles and information about microbicides and the campaign through their organizational newsletters or email lists

Potential partners may have other ideas about ways to participate. In exchange for their involvement, partners would gain access to high-quality communication materials on microbicides. They would also benefit from increased publicity by having their name associated with the campaign, especially if they supply a spokesperson who participated in media interviews.

The following is an initial list of partners to consider for this campaign. These types of organizations would either have a vested interest in promoting microbicides or in representing the interests of different target audiences. This list should be viewed as a starting point for discussion and expansion.

- The Ministry of Health (MOH), including the National AIDS and STI Control Programme, the National AIDS Control Council, the Reproductive Health and Maternal Services Unit, and the Department of Health Promotion

- HIV/AIDS prevention and treatment organizations, such as Liverpool VCT, AVAC, Women Fighting AIDS in Kenya and the Network of People Living with HIV and AIDS in Kenya (NEPHAK)
- NGO health care providers, such as Family Health Options Kenya
- International NGOs working in HIV/AIDS prevention, such as PS Kenya (formerly Population Services International), the International Centre for Reproductive Health (ICRH) and the International AIDS Vaccine Initiative (IAVI)
- Organizations serving women, such as Maendeleo Ya Wanawake
- Organizations serving FSWs, such as the Sex Workers Outreach Programme (SWOP)
- Peer education groups, such as the National Organization of Peer Educators (NOPE)
- Professional associations, such as the Kenya Medical Association, the Kenya Women's Medical Association and the National Nurses Association of Kenya
- Religious leaders and faith-based networks
- Secondary schools and universities
- Youth leaders and associations
- Major employers, such as matatu (public transport vehicle) associations, agricultural cooperatives and factories
- Pharmaceutical companies that manufacture microbicides
- Media networks

The development of a detailed partnership plan is recommended, including the names of specific organizations, contact details, and the types of partnership activities that could be proposed to each partner. Individual calls or meetings are recommended to discuss each organization's specific role, contributions, and requirements for partnering. A flyer coming from NASCOP to introduce the campaign to potential partners could be produced, along

with draft letters or emails requesting a meeting.

## 2.5 Campaign Launch and Duration

The type of campaign launch implemented will depend on the budget level, the funder, and the preferences of the MOH. A phased launch and rollout is recommended, starting in Nairobi and then moving to secondary cities and towns or provinces where HIV prevalence is high or HIV incidence is increasing. Secondary cities would include, at a minimum, Kisumu, Mombasa, and Nakuru. Other areas could be selected based on HIV prevalence or incidence, such as Nyanza province (other towns in addition to Kisumu), which has the highest HIV prevalence in the country (15.1 percent)<sup>10</sup> and Rift Valley region, which has experienced recent increases in HIV infection.<sup>9</sup>

The campaign launch could consist of a mix of events in Nairobi and other locations. Events in each location could potentially include:

- A meeting convened by the MOH to introduce the campaign to stakeholders and the media. During this meeting, campaign spokespeople would introduce the product, explain how it works and who can use it, and unveil communication materials to be used during the campaign.
- A media briefing to provide more in-depth information to journalists and give them opportunities for interviewing spokespeople.
- Community events with entertainment and product demonstrations (using vaginal models), or a special booth at an existing event like a health fair. Given that microbicides can only be used by HIV-negative women, product giveaways would not be recommended. However, HIV testing and microbicide counseling could be offered on the spot for those interested in trying it. Campaign partner may also be willing to supply coupons for free testing and/or free microbicide gel.

Campaign launches can be flashy or subdued; flashy events can generate a lot of media attention but may not appeal to the MOH or donors. It will be important to take these preferences into account when deciding the tone of launch events. Involvement of the MOH in all stages of the campaign launch planning is critical. It is also important to engage the County Health Management Team in each location, in advance of any launch events, to educate them about microbicides and obtain their support. County Health Management Teams can be instrumental in securing event venues, engaging local stakeholders and liaising with local media.

Campaigns are most effective when they repeat messages multiples times through a variety of channels over a long period of time. The duration of any campaign depends on the funding level available and timelines of both the implementing agency (e.g., Ministry of Health) and the donor agency. When discussing length, it is important to distinguish between the length of the overall campaign or program and the length of time that mass media materials such as TV and radio spots are broadcast. Although there are no firm guidelines, research on the effectiveness of other public health programs has shown that campaigns have been most effective when they have lasted a minimum of 3 years, with mass media spots being broadcast for a minimum duration of 4 weeks.<sup>11</sup> In general, we recommend the following guidelines if budget permits:

- Air radio and TV spots during times your audience is listening or viewing
- Air spots for 3–4 months
- Air spots at least twice a day on each station. For example, if you have 3 radio spots on 2 stations, make sure they are aired 12 times a day (2 times a day X 3 spots X 2 stations)

## 2.6 Media Plan Considerations

When designing a media plan, two types of media outreach must be considered: paid media outreach, involving purchase of paid media placements; and earned media outreach, where “free” media coverage of microbicides is obtained by convincing journalists to cover the issue in their reports and stories. Before designing the plan, it is a good idea to research communication preferences or media-use habits of your target audience. One source of such information is Audiencescapes (<http://www.audiencescapes.org>).

### PAID MEDIA

FHI 360 developed and pretested two scratch (not professional quality) radio ads and animated storyboards for two television ads entitled *Late Date* and *Bridal Shower*. Additional mass media products have been recommended in the creative brief, such as billboards, web banner ads and print ads. Campaign staff will need to decide on the mix and quantity of mass materials to develop, depending on the available budget.

Before working with a creative agency to do professional “shoots” of any mass media materials, approval for the scripts will need to be obtained from the Ministry of Health and the National AIDS Control Council (NACC). While these approvals are being obtained, planning for media buys can take place.

The purchase of paid media is a highly specialized field that is best handled by a media buying agency. These agencies have established relationships with media outlets and can negotiate the best rates. They can typically purchase the following types of paid media:

- Television and radio ad space
- Magazine and newspaper ad space
- Billboards and other types of outdoor advertising

- Digital media placements (e.g., web banner ad space, search engine optimization buys, email blasts)

They can also make recommendations about the following, based on the budget available:

**Which media outlets to target** to reach the campaign's audiences. A mix of stations targeting young women, women in relationships and men would be recommended. FSWs would not be specifically targeted through media buys, as there are few, if any, media outlets specifically for them. A mix of English, Swahili and vernacular media outlets would also be recommended to ensure that the ads reach both urban and rural audiences. Budget permitting, radio spots could be recorded in vernacular languages for airing on vernacular radio stations. Some specific outlets to consider would include stations like Kiss FM, which reaches young audiences, and Citizen Radio, which reaches a wide range of audiences. Additional stations to consider can be found in the Audiencescapes profile for Kenya (mentioned above).

**Frequency and duration of ad placements** to achieve maximum penetration among target audiences. This will depend largely on the available budget, but as mentioned earlier, research has suggested running ads for a minimum of 4 weeks to achieve impact.

**Sequence for launching ads.** One recommendation would be to launch *Late Date* before *Bridal Shower*, given that *Late Date* features a man. This would help to get men interested in the product from the beginning and emphasize the need for partner support and communication. Some overlap in the airing of the two spots would be recommended, however.

How to get **bonus placements free of charge**. This aspect is particularly important for public health campaigns, which typically have smaller budgets than commercial advertising campaigns. Media buying agencies can often negotiate free ad placements as part of a paid ad buy. For example, they may be able to obtain

free television placements with a certain number of paid placements. Or they may be able to get free web banner ad placements on the website of a magazine if they purchase ad space in the print publication. Be sure to take any free airtime or placements into account when planning how often the ad will be aired or placed.

## EARNED MEDIA

Obtaining widespread public support for microbicides will require a robust media advocacy strategy to engage journalists and reporters and ensure that they provide accurate coverage of microbicides in general as well as the campaign launch. The first step is to recruit **campaign spokespeople**, who can speak in support of microbicides as an HIV prevention tool and to promote the campaign. A mix of spokespeople should be identified well in advance of the campaign launch, such as:

- MOH representatives
- Media personalities who resonate with different target audiences
- Health care providers who provide microbicides
- Well-known advocates of women's health, such as the First Lady of Kenya
- Different types of women who have used microbicides and can speak about their positive experiences

Before the campaign launch, consider developing or adapting a simple guide for journalists on how to report on microbicides to help journalists report accurately. The guide should have essential information on the history and science of microbicides (how they work) as well as sections on key terms and frequently asked questions. A list of trained spokespeople for different organizations may also be included. Pretest the guide with a few good health journalists and editors before finalizing and disseminating it.



All spokespeople should be given training on the campaign messages and interview skills, including how to answer difficult questions. The training should include time for mock interviews, followed by constructive feedback. It could also include a discussion of how spokespeople could incorporate microbicide messages into other speaking opportunities that may present themselves in their professional or personal lives.

Once these spokespeople have been recruited and trained, the next step is to identify members of the media to target for outreach. The MOH may be able to provide the names of journalists who frequently write articles about health issues, HIV/AIDS prevention or women's empowerment issues. These journalists are likely to be the most interested in microbicides. In addition to obtaining contacts from the MOH, campaign staff can do a search using tools such as Google News, or they can consult the Media Council of Kenya to see if there are any media databases that could be searched. It may also be worth identifying journalists who have written articles opposing new HIV prevention technologies, to try and change their views and obtain their support.

Journalists can also be identified through established associations and networks, such as the following:

**African Broadcast Media Partnership Against HIV/AIDS (ABMP):** A pan-African coalition of broadcast companies for the purpose of reinvigorating and increasing the effectiveness of broadcast media's contribution to the fight against HIV/AIDS. Inspired by the UN Secretary General's call to action under the *Global Media AIDS Initiative*, the ABMP creates a structured framework for leveraging broadcast media resources with the goal of significantly expanding HIV/AIDS-related broadcast programming across Africa.

**Internews:** An international NGO that works with stakeholders to build the capacity of journalists to report on health issues and lobbies media outlets to carry health content. In

Kenya, Internews has trained hundreds of journalists in health reporting through two USAID-funded projects—the previous “Voices in Health” and the current “Health Media Project.” Internews hosts an annual media awards event.

**Kenya Correspondents Association:** An association that promotes the welfare and professional development of media correspondents. This organization provides a platform for reaching out to journalists dispersed across the county. The association partners with development organizations to link journalists to news sources and provide training to improve the quality of reporting.

**Kenya Media Network on Population and Development (KEMEP):** A network of journalists who cover family planning and reproductive health, population and development issues. KEMEP works closely with the National Council for Population and Development to hold an annual media awards event.

**Media for Environment, Science, Health and Agriculture (MESHA):** A professional association of journalists and communication practitioners that promotes media coverage of science and health issues. MESHA partners with various organizations and serves as a bridge between them and the journalists.

Once journalists have been identified, there are several activities that can be implemented to educate them about microbicides and encourage them to write stories about the campaign:

**Media briefings and workshops:** Inviting the media to learn about microbicides is an excellent way to generate interest and ensure accurate media coverage. A short media briefing before the campaign launch is recommended. This could happen immediately before the launch event, so that the media could stay and do interviews on the spot. A longer educational workshop (e.g., half day) may also be worthwhile if budget permits. This would allow for more in-depth education about the background behind microbicide development, microbicide use, adherence



issues, partner communication and other topics.

**Desk-side briefings:** Campaign staff may wish to visit the offices of individual journalists whose support is important, either because they are strong advocates of HIV prevention technologies or because they may oppose these technologies. Such one-on-one attention can foster a productive relationship with individual journalists.

**National HIV/AIDS Reporting Awards:** Each year, NACC awards journalists who display exceptional skills reporting on HIV/AIDS issues. The campaign could approach NACC about creating a new award sub-category focused specifically on microbicide reporting.

**Letters to the editor:** Campaign spokespeople can write letters to the editor of major newspapers discussing the importance of microbicides for a wide variety of audiences.

Once the campaign is launched, some type of media monitoring is recommended to evaluate the impact of the media outreach efforts. This can be done by searching Google News, subscribing to a media monitoring service or using media software such as Vocus and Cision, if available. Media monitoring is discussed more in the Evaluation section of this document.

## DIGITAL MEDIA

Digital media will be a critical channel for reaching urban audiences, especially young women and men. An integrated digital media plan that uses the various channels to support and promote each other can be very powerful for creating “buzz” about a campaign and disseminating campaign materials. It is recommended that the campaign staff include at least one person with special expertise in digital media, including website content development and social media.

**Websites** are important channels for disseminating information on potentially sensitive topics related to sexual health and HIV/AIDS. FHI 360 created a mock-up of a *NaGel*

website home page that could be used as a starting point for building a complete website. Some website considerations would include:

- **Domain name and hosting:** A name reflecting the campaign logo is recommended, such as *NaGel.or.ke*. The campaign would need to purchase the domain name and determine who will host and maintain the site—either the MOH or the organization implementing the campaign (if different from the MOH).
- **Format:** Budget permitting, optimization of the website for mobile phones and tablets is recommended, given that people increasingly access websites through their phones or tablets.
- **Interactivity:** One way to increase the amount of time that visitors spend on the website is to include an interactive feature where people could email questions or participate in live chats. This would require constant staffing of the website so that questions could be answered in a timely manner or chats could be conducted in “real time.”
- **Search engine optimization:** Paying for search engine optimization (SEO) is recommended to ensure that the website comes to the top of search results when Kenyans type in search terms such as microbicides, HIV gel and HIV prevention. SEO buys can be conducted directly with Google, although it may be most efficient to have the campaign’s media buying agency include digital buys as part of their scope of work.
- **Promotion:** Consider including the campaign website in pamphlets, posters, TV/radio spots, social media posts and other informational products to drive traffic to the website.

**Social media** aims to engage target audiences in a campaign—going beyond one-way information transfer to involve target audiences in discussing and promoting microbicides. Facebook and Twitter can increase awareness of microbicides and create “buzz,” thereby generating interest in the product and driving people to the *NaGel* website. FHI 360 has created a set of sample Facebook posts and Tweets, which are included in Annex C.

Successful social media engagement depends largely on the timeliness of responses to posts and tweets. The campaign’s social media specialist should be prepared to monitor the campaign’s Facebook page and Twitter account on a daily basis, posting new items frequently and responding to comments and tweets in a timely manner.

The campaign may also wish to create web banner ads for different target audiences, based on the designs of the posters. Like social media posts, web banners will generate interest in learning more about microbicides and drive traffic to the *NaGel* website. These ads could be placed on popular websites frequented by young women, women in relationships, FSWs and men. A media buying agency could recommend which websites on which to consider purchasing space. The agency may also be able to negotiate free web banner placements as part of larger print, radio or television ad buys. The campaign could also ask partner organizations to place web banners on their websites free of charge.

**Mobile phone applications** could be another way of increasing access to microbicide information if the campaign has the budget to develop and market one. Microbicide messages could also potentially be integrated into other existing platforms, such as the “mobile for reproductive health” (M4RH) platform that FHI 360 created to provide family planning information and a clinic locator. It was piloted in Kenya and Tanzania. See <http://m4rh.fhi360.org> for more information.

## 2.7 Community Events and Mid-Media

Campaigns are most effective when they use a mix of media channels so that people receive similar messages from different sources. Community events and mid-media complement mass media activities and provide opportunities for more in-depth information sharing, education and counseling. FHI 360 developed several materials for use in the community, including posters, a flip chart for use with community groups, a flip chart for use with FSWs and an informational brochure. The creative brief lists a variety of other materials that could potentially be developed, such as community toolkits, playing cards, bar dangles and *boda boda* (public transport motorbike) vests.

Mid-media materials such as posters and brochures can be displayed in a variety of venues and at community events, depending on the target audience. Examples include:

- **Young women:** Secondary schools, colleges/universities, hostels, youth-serving organizations, youth-friendly clinics, concerts, festivals
- **Women in relationships:** Markets, clinics, community centers, workplaces
- **FSWs:** Brothels, bars, restaurants, lodgings, FSW clinics
- **Men:** Bars, car washes, workplaces (e.g., factories, farms), video houses

Materials such as *boda boda* vests could potentially reach all of these target audiences in smaller cities and towns. If such vests are produced, a sensitization workshop for *boda boda* drivers would be recommended, to enable to them to have short conversations about microbicides with their clients.

Flip charts can be used by peer educators and other types of community leaders to facilitate discussions in a variety of contexts, such as:

- FSW support groups

- Youth groups
- Church groups
- Women's groups, including merry-go-rounds
- Support groups for HIV serodiscordant couples
- Men's groups
- Employee groups

These discussions can also serve as venues for distributing brochures. Campaign staff should identify community groups who would be willing to organize these discussions and provide peer educators who could serve as facilitators. In-depth, participatory training is recommended for peer educators, covering all of the information provided in the flip charts, including:

- HIV prevention basics and risk assessment
- Microbicides: What they are, how they work, effectiveness
- BAT 24 regimen and insertion scenarios
- Tips for correct use
- Partner negotiation and communication
- Flip chart scenarios and how to integrate them into the discussion
- Frequently asked questions
- Facilitation practice and feedback

The project may also wish to set up a **gel hotline** to answer questions from women and men who are interested in getting more information. A phone number for a hypothetical gel hotline has been included in the posters, since participants in FHI 360's pretesting activities indicated that they would be interested in calling a hotline, provided that it was free of charge. Starting and staffing a hotline from scratch is very costly and labor-intensive, however. Therefore, partnering with an organization that has an existing hotline is recommended. For example, Liverpool VCT runs the "One2One" hotline that could potentially provide information about microbicides. The

campaign staff could train existing hotline counselors on microbicides and, budget permitting, support a portion of the hotline costs.

## 2.8 Health Care Provider Training

Microbicide use is complicated and requires intensive counseling over a period of time. Women need to understand their own HIV risk, the effectiveness of the gel in comparison to other HIV prevention methods, how to insert the gel, how to implement the BAT 24 regimen and what to do if doses are missed. They need to have strategies for negotiating gel use with partners (if they decide to disclose it) and skills for using condoms together with the gel. They also need to receive HTC before accessing the gel. Counseling by a trained and unbiased health care provider is critical for ensuring correct and consistent use.

It is not yet known exactly where microbicides will be offered, but potential venues include HTC centers, family planning clinics, sexually transmitted infection (STI) clinics, primary care centers and youth-friendly clinics. The type of staff providing counseling in these settings may vary, ranging from HTC counselors to doctors to nurses. Any staff member who counsels women on sexual and reproductive health issues in these types of clinical settings should be trained on vaginal microbicide counseling.

FHI 360 developed a suite of materials to help providers effectively counsel women and couples, including the following:

- Two wall charts with counseling algorithms for use in HTC and non-HTC settings
- A flip chart with detailed information on HIV risk reduction, microbicide effectiveness, correct microbicide use, the BAT 24 regimen, partner negotiation, condom use and adherence counseling
- An informational brochure for distribution to clients (NOTE: This is the same brochure mentioned above under mid-media)

- An “Ask me about microbicides” badge to encourage questions from patients
- Posters for hanging in waiting rooms (NOTE: These are the same posters mentioned above under mid-media)

Rigorous provider training is recommended, with separate trainings for providers in HTC and non-HTC settings. The MOH has national-level and county-level trainers who could potentially be involved in this effort. One option would be to follow a cascade model. This could consist of a 2-day training of trainers (TOT), to which one person from each health care facility would be invited. These trainers would then train staff from their respective facilities during a 1-day training. Both the TOT and facility-level trainings would ideally be participatory and include time for mock-counseling sessions, with some participants playing the role of patients and others practicing counseling techniques. They would also include product demonstrations using the gel and vaginal models. If opting for a TOT model, however, it is important to ensure that the people trained as trainers already have some training skills and experience—if not, the effectiveness of subsequent trainings could be compromised. Follow-up of people trained during the TOT is highly recommended, to ensure that they are implementing trainings as planned.

FHI 360 did not develop a training curriculum under the PTA project, but a formal curriculum would be recommended. Endorsement of the curriculum by Kenyan medical associations and/or the relevant MOH unit that reviews and approves curricula could enhance its credibility and uptake. The campaign could also partner with such associations/MOH units to offer continuing medical education or continuing professional development (CME/CPD) courses on microbicides.

Post-training follow-up is recommended to ensure that the trainings are implemented as planned. A system of observations and supportive supervision should also be

implemented to monitor the quality of counseling and address any deficiencies.

Periodic refresher trainings would be helpful for providing clinical updates, ensuring that counseling skills have been internalized by providers and sharing challenges and lessons learned. Such trainings could also provide opportunities to replenish supplies of communication materials stocked in clinics, such as brochures. These could be offered in-person or via webinars for providers with adequate Internet access. Electronic newsletters with microbicide updates, lessons learned and counseling scenarios could also provide valuable updates to providers.

Eventual introduction of microbicide content into pre-service training for doctors and nurses would also be recommended, although this may fall beyond the scope of a communication campaign.

## 2.9 Campaign Monitoring and Evaluation

Future microbicide campaigns will likely be part of a larger HIV prevention project, such as a national strategy. A monitoring and evaluation plan should be developed to track the implementation of activities and progress towards the achievement of campaign objectives. It is helpful to have a monitoring and evaluation specialist as part of the campaign team to design evaluation activities, train data collectors, oversee the implementation of activities and produce reports. Two types of evaluation are recommended as part of any microbicide campaign: process evaluation and outcome evaluation.

**Process evaluation** measures how well the campaign is being implemented. It is important for a number of reasons:

- It ensures that your materials are being distributed to and accessed by target audiences as planned.

- It ensures that materials are being used as intended.
- It allows for midstream improvements and corrections to campaign implementation.

**Outcome evaluation** measures the campaign's success and accomplishments. This form of evaluation will help answer:

- Whether the campaign met its goals and objectives
- Whether the campaign had any unintended consequences

In the case of a microbicide campaign, outcome evaluation would aim to see if the campaign achieved its objectives, which were to:

- Increase awareness of microbicides among different types of women and their sex partners
- Motivate women and men to seek more information about microbicides
- Increase knowledge of correct microbicide use among women
- Strengthen capacity of women to negotiate microbicide use with partners
- Strengthen capacity of health providers to effectively counsel women on microbicide use

Both process evaluation and outcome evaluation activities are recommended, budget permitting. The design and mix of monitoring and evaluation activities will depend on the future campaign's timeline and available resources, but the following ideas and

guidelines can help inform a future monitoring and evaluation plan.

## PROCESS EVALUATION

When planning process evaluation activities, the first step is to create a list of all materials, including the intended audience(s), channel(s) for their dissemination, and specific activities through which they will be disseminated. Creating this detailed list will help you identify indicators which to track the extent to which these activities are being implemented as intended.

For example, perhaps your campaign has adapted the Kenya posters for generating microbicide awareness and interest among young women. Your campaign would like to distribute posters at a range of health facilities (i.e., youth friendly, family planning, or HTC facilities) and to NGOs and CBOs that work with youth. Before distributing the posters, your campaign representatives would visit these venues, meet with staff and provide them with information about the product. Process indicators for this activity could include number of posters distributed by type of facility (NGO facility for family planning, public facility for HTC, etc.); and percentage of facilities observed to be displaying posters 1 or 2 weeks after the initial visit. Such statistics are often tracked on a monthly basis, although the frequency can be adjusted depending on how often it is possible to obtain data. See Table 4 for additional examples.



**TABLE 4: SAMPLE PROCESS EVALUATION INDICATORS FOR A MICROBICIDE CAMPAIGN**

Type of Monitoring	Sample Questions to Ask	Sample Indicators
Distribution of print materials (brochures, posters)	<ul style="list-style-type: none"> <li>• Are materials printed/ distributed according to the work plan?</li> <li>• Are materials visible/ accessible to target audience?</li> <li>• Are audiences taking the materials home?</li> </ul>	<ul style="list-style-type: none"> <li>• # of final brochures/posters developed</li> <li>• # of brochures/posters printed</li> <li>• # of brochures/posters distributed</li> <li>• # of targeted venues displaying brochures/posters</li> <li>• # of brochures taken from venues</li> </ul>
Use of flip charts	<ul style="list-style-type: none"> <li>• Are flip charts being used with your intended target audience?</li> <li>• How many women are being reached by community and provider counseling?</li> </ul>	<ul style="list-style-type: none"> <li>• # of community organizations and health care facilities trained to use the materials appropriately</li> <li>• # of community discussions conducted using flip charts</li> <li>• # and profile of women attending discussions (educational level, marital status, etc.)</li> <li>• # of providers using the flip chart for microbicides counseling</li> <li>• # of clients initially counseled by providers</li> <li>• # clients who receive follow-up counseling</li> </ul>
Use of PSA materials (TV and radio spots)	<ul style="list-style-type: none"> <li>• How large is the audience being reached by the PSA materials?</li> <li>• Are spots being aired on the specified days/at the specified times?</li> </ul>	<ul style="list-style-type: none"> <li>• # radio ads aired in target markets (by language)</li> <li>• # TV ads aired in target markets</li> <li>• # of stations airing radio/TV ads</li> <li>• # of markets (cities) in which radio/TV ads were aired</li> <li>• # of times radio/TV ads were aired and at what times</li> <li>• Estimated # of listeners/viewers</li> <li>• Estimated value of free/donated air time</li> </ul>
Use of the website	<ul style="list-style-type: none"> <li>• Is the website accessible to your target audience?</li> <li>• Is the website being used?</li> </ul>	<ul style="list-style-type: none"> <li>• # of website hits</li> <li>• # of unique visitors</li> <li>• # of visitors coming to site from partner websites</li> <li>• # of clicks on different links within the website</li> </ul>
Use of social media sites	<ul style="list-style-type: none"> <li>• Are social media sites being used?</li> <li>• Which site is being used the most?</li> <li>• What is the tone of trending discussions? (positive/negative/neutral)</li> </ul>	<ul style="list-style-type: none"> <li>• # of Facebook “likes” and % of audience engaged</li> <li>• # of posts</li> <li>• # of comments generated by Facebook posts (by tone—positive/negative/neutral)</li> <li>• # of Twitter followers</li> <li>• # of tweets that are retweeted</li> <li>• # and topics of discussions trending</li> </ul>

**TABLE 4: SAMPLE PROCESS EVALUATION INDICATORS (CONTINUED)**

Type of Monitoring	Sample Questions to Ask	Sample Indicators
Gel hotline	<ul style="list-style-type: none"> <li>• How often is the hotline being used?</li> <li>• What types of questions are being asked?</li> </ul>	<ul style="list-style-type: none"> <li>• # of hotline calls per month</li> <li>• Average length of calls</li> <li>• # of calls per topic area</li> <li>• Trends in call volume in relation to PSA airing/media coverage</li> </ul>
Media monitoring	<ul style="list-style-type: none"> <li>• What is being said in the media?</li> <li>• Have journalists come to any outreach activities?</li> </ul>	<ul style="list-style-type: none"> <li>• # media articles/stories published</li> <li>• # of radio/TV broadcasts</li> <li>• # of media impressions</li> <li>• Titles of articles/stories</li> <li>• Tone of articles/stories being published—positive/negative/neutral</li> <li>• Accuracy of stories (% of stories with one or more factual errors about microbicides)</li> <li>• Names and contacts of journalists</li> <li>• Outlets used for media articles/stories</li> </ul>

## OUTCOME EVALUATION

Microbicide communication campaigns are only one piece of the puzzle when it comes to increasing microbicide uptake. Other factors, such as microbicide availability, may be handled by larger programs and will also impact uptake. However, it is important to evaluate the overall success of the campaign. Ultimately, for a microbicide communication campaign, we want to know that the materials developed and disseminated lead to increases in:

- Awareness of microbicides
- Positive attitudes towards microbicides and interest in trying them
- Knowledge of correct microbicide use
- Ability of women to have positive/favorable discussions with their partners about microbicide use, should they choose to do so
- Ability of providers to effectively counsel on microbicides and tailor their messages to the individual needs of their clients

Ideally, all evaluation tools should be used to compare results gathered before the campaign with results gathered after the campaign to help determine whether the campaign has made any real impact. To do this, there are a range of both qualitative and quantitative approaches that could be used. Suggestions are included below—moving from more intensive/highly resourced to less intensive approaches. A combination of these approaches might be useful.

***Resources permitting, the most comprehensive approach would be to conduct a mixed-method approach, including:***

- A pre- and post-campaign survey in the campaign area
- Exit surveys with women/couples leaving health facilities in the campaign area after an initial or follow-up microbicide visit
- Focus group discussions (FGDs) with groups of women and men in the campaign area

→ In-depth interviews (IDIs) with health care providers offering microbicide counseling in the campaign area

→ Analytics for social media and webpages

A pre- and post-campaign survey could be conducted to assess the target audience's knowledge of the campaign message before the campaign launch. Data collected during the pre-campaign survey will be compared with data collected during the post-campaign survey to assess changes in microbicide awareness, knowledge, attitudes and behavior (KAB). These surveys are sometimes called KAB surveys. If possible, it is best to include scales or index measures in the survey; this will help to ensure reliability and validity of the data. Previously validated scales such as the sexual relationship power scale<sup>12</sup> or the HIV stigma and discrimination scale<sup>13</sup> are available online.

Pre-and post-campaign surveys can be designed in a number of ways, but it is best to recruit participants from the entire campaign area, rather than focusing on a small subset of the campaign area. Input from a statistician can inform the sampling methodology and verify the number of participants to recruit. Depending on resources and infrastructure, these surveys can be conducted in a number of ways, including via random telephone calls, household visits or intercept surveys.

For the *Communicating about Microbicides with Women in Mind* project, FHI 360 conducted intercept surveys whereby interviewers randomly approached potential target participants (young women, men, women in stable relationships, etc.) on the street or in select venues (parks, bars, etc.). Participants were shown TV storyboards, radio spots and posters (all on handheld tablets) and were then asked a series of questions about the materials they viewed. They also answered socio-demographic questions about themselves. It should be noted, however, that this was not considered a campaign evaluation however, since the PTA project did not conduct an actual campaign.

Exit surveys can be conducted with women or couples who are leaving a health care facility. This approach can determine (1) how the client first heard about the campaign topic (microbicides), (2) what they thought about the providers' delivery of the counseling information and why, and (3) whether they left the health facility with microbicides, and why or why not. Ideally, interviews would be conducted with women and couples leaving the full range of health care facilities offering microbicides.

FGDs are small group gatherings of about eight people who share characteristics such as age, gender, socioeconomic status, lifestyle, and literacy level. Discussions are led by a trained facilitator, who is accompanied by a skilled note-taker. People in the group should not know each other. Each participant should be encouraged to speak freely, and to respect the opinions of others. FGDs are good for materials addressing social norms. The number of FGDs held will depend on how diverse the intended audience is. However, it is recommended to hold at least three for each audience so as to make better comparisons. FGDs with groups of women or men in the campaign area would provide insight into what people know about microbicides (including where they typically obtain information), how they feel about microbicides and why and what people are doing as a result of the campaign and why.

IDIs are conducted one-on-one by an unbiased and trained professional with representative members of the intended audience. They gather in-depth information about attitudes and beliefs and reactions to the draft materials and activities. Often, they are used to obtain information about sensitive topics that people may not wish to discuss in a larger group. The numbers of interviews held depends on the diversity of the intended audience. IDIs could be held with health care providers in the campaign area to assess how well they are implementing microbicide counseling. The use of scenarios or vignettes during these interviews is also helpful

to assess how providers might counsel various types of clients.

Simple analytics for social media and webpages can be used to assess online traffic and trends related to social media. For example these tools can be used to track the number of retweets on Twitter, “likes” on Facebook or visits to the campaign website.

***A good evaluation design, capable of being carried out with fewer resources, would include the following:***

- Exit surveys from a range of health care facilities throughout the campaign area
- FGDs with target audiences from the campaign area

With fewer resources, a campaign may not be able to conduct a large-scale pre- and post-campaign survey. However, data should still be collected from across the campaign area. This can be done by employing exit surveys from a range of health facilities throughout the campaign area. Participants can be interviewed regardless of whether they were at the facility for microbicide-related reasons.

Coupling quantitative exit surveys with qualitative FGDs is a good way to ensure collection of data on social norms. Similar to the exit surveys, it is best to hold FGDs with a variety of audience groups throughout the

campaign area. FGDs could also be conducted with health care providers, unless resources are available to conduct IDIs with them.

***When very few resources are available, we would recommend:***

- Conducting a series of FGDs with audience members who have been exposed to the campaign

With limited resources, conducting a series of FGDs will help to assess how the campaign may have affected participants’ knowledge, attitudes or behaviors towards microbicides. If possible, it is best to hold a series of FGDs with various types of audience members—for example, conducting separate FGDs with various potential users of microbicides, such as young women, FSWs or women in stable relationships. It is helpful to have FGDs with men and with providers, to gain insight into their knowledge, attitudes and beliefs about microbicides as well.

Although the exact evaluation design will depend on the mix of campaign activities implemented, as well as budget and available resources, Table 5 lists some example questions and indicators. This is by no means an exhaustive list; rather, it should be used to generate ideas.

**TABLE 5: EXAMPLE OUTCOME EVALUATION INDICATORS FOR A MICROBICIDE CAMPAIGN**

Assessment Purpose	Sample Questions to Ask	Sample Indicators
Awareness	<ul style="list-style-type: none"> <li>What is the level of community awareness about microbicides?</li> </ul>	<ul style="list-style-type: none"> <li># of IDIs/FGDs with key informants/target audiences reporting increased knowledge of microbicides, relative to before the campaign</li> <li># of IDIs/FGDs with key informants/ target audiences reporting knowledge of where to access microbicides, relative to before the campaign</li> </ul>
Attitudes and Interest	<ul style="list-style-type: none"> <li>Has community interest in and acceptance of microbicides increased?</li> </ul>	<ul style="list-style-type: none"> <li># of women or couples who visit health facilities in target areas for the purpose of seeking microbicide information, relative to before the campaign</li> <li># of hotline calls, relative to before the campaign</li> <li># of visitors to the website, relative to before the campaign</li> <li># of articles/stories published, relative to before the campaign</li> <li># of Facebook “likes,” relative to before the campaign</li> <li># of tweets retweeted, relative to before the campaign</li> <li># of IDIs/FGDs with key informants/target audiences reporting views (by tone – positive/negative/neutral) about microbicides</li> <li># of women reporting discussions (by tone – positive/negative/neutral) about microbicides (by audience—partner(s), family, peers)</li> <li># of men reporting discussions (by tone— positive/negative/neutral) with their partner(s) about microbicides</li> </ul>
Attitudes and Interest	<ul style="list-style-type: none"> <li>Has uptake of microbicides increased?</li> </ul>	<ul style="list-style-type: none"> <li># of women/couples leaving health facilities with microbicides, relative to before the campaign</li> <li># of women/couples who return to the health facility on time for follow-up counseling and additional microbicide provision, relative to before the campaign</li> </ul>



Assessment Purpose	Sample Questions to Ask	Sample Indicators
Attitudes and Interest	<ul style="list-style-type: none"> <li>Who is using microbicides?</li> </ul>	<ul style="list-style-type: none"> <li># of women in various sexual risk contexts (i.e., stable relationships, FSW, young women, serodiscordant relationships) using microbicides, relative to before the campaign</li> </ul>
Microbicide Discussions	<ul style="list-style-type: none"> <li>Are women discussing microbicides with their partners?</li> <li>With whom are women discussing microbicides?</li> </ul>	<ul style="list-style-type: none"> <li># of women leaving the health facility who are confident they can discuss microbicide use with their partner(s), relative to before the campaign</li> <li># of women leaving the health facility who are confident they can discuss microbicide use with their friends/peers/family members, relative to before the campaign</li> <li># of women returning to the health facility for follow-up counseling who report sharing microbicide information with their partners, relative to before the campaign</li> <li># of women reporting sharing information with partners</li> <li># of women reporting sharing information with other family members</li> <li># of women reporting sharing information with peers</li> </ul>
Knowledge	<ul style="list-style-type: none"> <li>Do women know how to properly use microbicides?</li> </ul>	<ul style="list-style-type: none"> <li># of women leaving the health facility who can accurately describe when and how to insert microbicides, relative to before the campaign</li> <li># of women leaving the health facility who can accurately indicate when they need to return for follow-up counseling and testing, relative to before the campaign</li> </ul>
Knowledge	<ul style="list-style-type: none"> <li>Is uptake leading to higher levels of protection?</li> </ul>	<ul style="list-style-type: none"> <li># of women who report past condom use with current partner(s), and now report condom and gel use with current partner(s)</li> <li># of women who report no past condom use with their current partner(s), and now report gel use with current partner(s)</li> </ul>
Provider Counseling	<ul style="list-style-type: none"> <li>Are providers effectively counseling on microbicides?</li> </ul>	<ul style="list-style-type: none"> <li># of providers who can accurately describe the BAT 24 regimen, relative to before the campaign</li> <li># of providers who can accurately describe the level of effectiveness of microbicides compared to condoms, relative to before the campaign</li> <li># of providers who feel comfortable promoting microbicides alone to women who indicate they are unable to negotiate condom use, relative to before the campaign</li> </ul>

Once data have been collected, and analyzed, the monitoring results should be used to improve an ongoing campaign. Improvements are always possible, so making changes mid-course should not be seen as a failure. Each change to the campaign, and corresponding data-driven rationale, should be documented so that future campaigns can apply the lessons learned.

Results from the evaluation data should be used to describe the overall success of the campaign. Reporting these findings is not only important, but also an obligation. Funders will want to know whether and how the campaign was successful, and future campaigns will want to know how they might be able to replicate or adapt your campaign to meet their goals. Sharing these successes builds support for the current efforts and lays the groundwork for future and/or expanded efforts.

## PART 3: ADAPTING THE MATERIALS<sup>iii</sup>

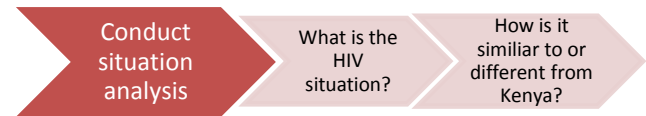
### 3.1 Introduction

As described in the previous sections of this document, FHI 360 developed and rigorously tested a package of microbicide communication materials to raise awareness of microbicide gel and provide in-depth education and counseling on its use. However, these materials will need to be adapted to account for any future changes to the product. Other countries and organizations can build on the processes and/or materials to develop or adapt country-specific materials. Additionally, other countries or the Kenyan government may wish to adapt these materials for use with other ARV-based prevention products, such as vaginal microbicide rings, should they become available.

Materials adaptation involves more than translating text and modifying artwork. Although these are important steps, materials adaptation is a rigorous, systematic process that is similar in many ways to the process FHI 360 undertook to develop the set of materials for microbicide use in Kenya.

This section outlines a process and considerations for deciding whether or not to adapt the suite of materials created under this project. The guidelines in this section are written for program planners or campaign planners who will be doing the adaptation work.

### 3.2 Conduct Situation Analyses for Adapting to another Country



Before adapting this set of materials for another country, a thorough review of the new country's HIV situation is needed. In addition to reviewing HIV statistics, a review of the National Communication Strategy for HIV and Microbicides (if there is one) is recommended. The communication strategy can provide valuable information on intended audience(s) including characteristics, barriers to change, cultural norms and preferred communication channels.

**Identify the existing guidelines (international and national) for microbicide use, advertising microbicide gel, and the service delivery models.** Microbicide gel may be only one new HIV prevention method among several that countries may offer. Consider how vaginal microbicide gel fits with other prevention options currently being offered in the country, such as PrEP and Treatment as Prevention. If there are no existing guidelines, visit the WHO website and websites from neighboring countries that may have already developed guidelines. In addition, determine if there are any existing guidelines for advertising and promoting medicines and medical products. In Kenya, such guidelines exist that will impact the communication campaign.

**Determine the country's priority audiences for HIV prevention.** More than likely, microbicides may be intended for specific priority audiences,

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<sup>iii</sup> Portions of this section were adapted and inspired by C-Change (Communication for Change). 2011. Voluntary Medical Male Circumcision (VMMC) Communication Material Adaptation Guide. Washington DC: C-Change/FHI 360.

and they should be considered when developing materials. For example:

- Are people in relationships a priority?
- Are people who do not or cannot use condoms a priority?
- Are serodiscordant couples with an HIV-negative female partner a priority?
- Are key populations such as female sex workers a priority?

In addition to identifying priority audiences, cultural context should be considered—especially cultural norms and practices around relationships and sex. Explore:

- The gender dynamics between men and women. Do they differ among older, younger and married people?
- The status of women, including prevalence and age of marriage, educational attainment and employment opportunities, intergenerational sex and transactional or formal sex work. For example in South Africa, small percentages of men and women actually even marry—they tend to live separately, because they cannot afford the bride price to get married. In contrast, in Zimbabwe, marriage is much more common. In some countries, young women cannot remain in school if pregnant. The lack of educational or employment opportunities for women may encourage engagement in transactional sex or formal sex work. Consider if sex work is legal and where it is practiced (e.g., brothels, street-based). How do these different factors affect HIV prevention or microbicide use?
- The degree and form of stigma around HIV and towards priority populations in the country.
- Existing cultural practices such as use of vaginal products or the practice of anal sex that can contribute to the spread of HIV and may inhibit the use of microbicide gel.

- Risk perceptions among the priority audience(s). Do they perceive themselves to be at risk for HIV?

If adapting the materials for another country, keep in mind that this package of materials was developed for Kenyan audiences. Before moving forward to adapt these materials, consider the following questions:

- Will microbicides be introduced in the country?
- Is the HIV situation similar to Kenya in prevalence, type of epidemic, at-risk population(s)?
- Is the country geographically close to Kenya?
- Is the country culturally similar to Kenya (e.g., similar beliefs, pop culture and motivators)?

Similarly, if adapting this set of materials for use with other microbicide products such as a vaginal microbicide ring, it will be important to consider how the new product (e.g., a vaginal ring) will differ from the gel, as this will impact the content of the materials, especially the messages and instructions. Some considerations are:

- Some of the non-HIV-prevention benefits of gel may not apply to products like rings (e.g., increased sexual pleasure), but other benefits may in fact apply (e.g., increased intimacy, increased female empowerment).
- The audience may still be able to enjoy sex more because they can worry less about HIV.
- Instructions on use, especially about timing, will have to be developed and tested with intended audiences to ensure they are understood.

## **WHERE TO FIND INFORMATION FOR A SITUATION ANALYSIS**

When conducting a situation analysis, it is important to review relevant literature and documents. In addition, collect information from different sources; holding discussions with decision-makers, stakeholders and potential



audiences can provide valuable insight. Ideally, countries and organizations will hold stakeholder and audience consultations. At a minimum, we recommend contacting some audience members and decision makers by phone or in person, if more formal, broad-based consultations are not possible.

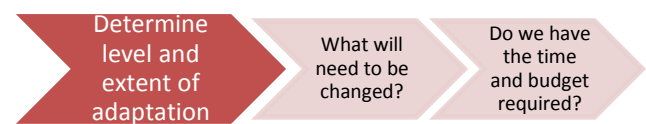
When conducting a literature review, countries can:

- Consult the Demographic and Health Survey, the Behavioral Surveillance Survey or other kinds of special reports.
- Research local sources including large and small organizations, universities or government ministries who often produce research and data for their own purposes.
- Search published journal articles, using search engines such as Google Scholar or Pub Med. It is best to be strategic with search terms and limit the search to a reasonable timeframe (such as the last 5 years).

When consulting decision makers and stakeholders, consider consulting key members of:

- Ministries and government institutions working in health
- National AIDS control programs
- Existing technical working groups or project advisory committees
- International donors and agencies working in HIV prevention
- Health facilities
- Organizations and networks working with priority audiences

### 3.3 Determine Level and Extent of Adaptation



FHI 360 undertook a rigorous process to develop the materials to ensure accurate technical content, relevance to target audiences and visually appealing, attractive, clear and understandable messages and materials. Others can build on this process to adapt these materials or create new materials for their own microbicide campaign. For example, the technical content on vaginal microbicide gels may require a few changes. In addition, other countries and organizations may be able to take advantage of creative concepts and formats that were found to be appealing to audiences in Kenya.

#### DECIDING WHAT LEVEL OF ADAPTATION TO UNDERTAKE

There are different levels of adaptation ranging from superficial (e.g., just switching out logos or images) to more in-depth (e.g., changing visuals or formats or re-writing content). In some cases, it may be easier to create new materials than to adapt existing ones. When determining whether or not to adapt the Kenyan microbicide materials, countries and organizations will need to consider whether the materials would be relevant, compelling, and well designed for the new audience. If the materials meet these criteria, they can be adapted. If they would require extensive modification or revision to meet the needs of the new audience, countries may wish to consider developing their own materials from scratch.

Many countries and organizations are constrained by time and budget. Different levels of adaptation require different budget and timelines. While it is easy to switch out text, changes to images and audiovisual materials can be more complicated and expensive. Any

type of change—whether to text or images—will require additional pretesting.

Figure 3 outlines the steps, time requirements and budget levels needed for each level of adaptation. We suggest reviewing these requirements and asking the following questions:

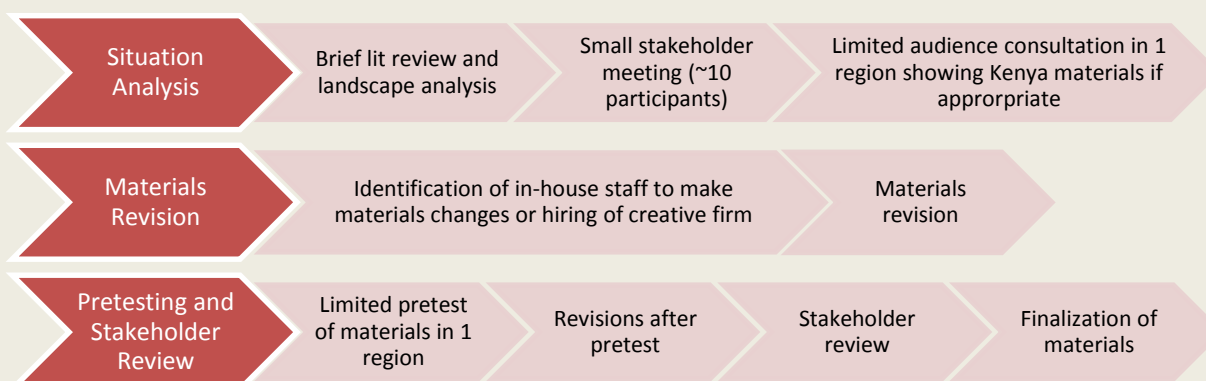
→ Considering how much time and money we have, what level of adaptation can we afford?

→ Will this level of adaptation be sufficient to make the materials relevant, attractive and understandable for our target audiences?

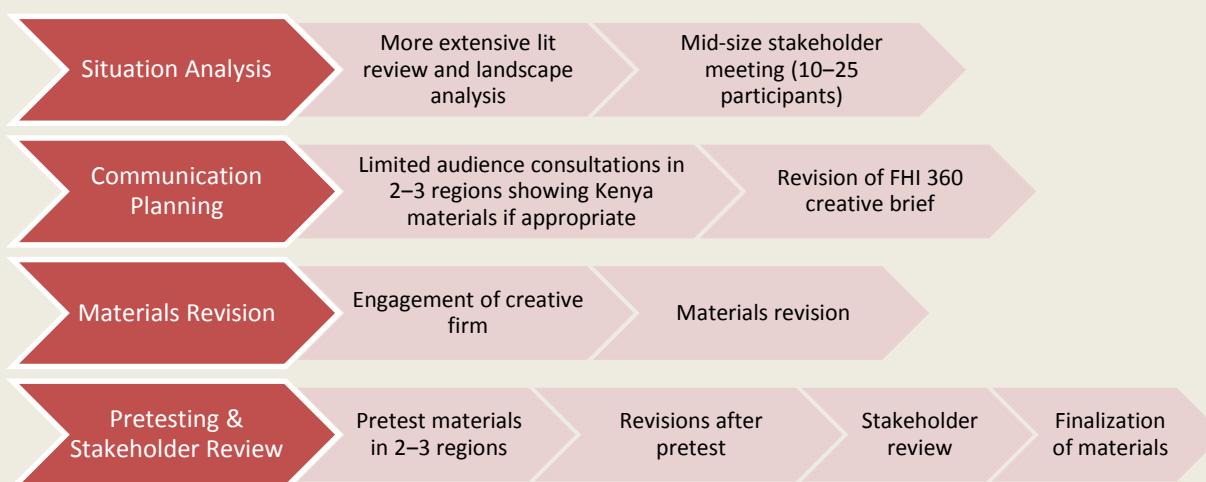
If the answer to the second question is NO, then you may wish to find other existing materials that you can use “as is” (with no changes) or materials that require less adaptation.

### FIGURE 3: REQUIREMENTS FOR DIFFERENT LEVELS OF ADAPTATION

**Basic Adaptation**—Adapting materials for introduction of microbicides to a country similar to Kenya (HIV situation, culture, etc.) takes approximately 3–6 months.



**Moderate Adaptation**—Adapting materials for an alternative microbicide gel product (e.g., vaginal ring) in Kenya or a similar country takes approximately 6–9 months.



**Full Adaptation**—Adapting materials about microbicide gel or an alternative product (e.g., vaginal ring) in a country not similar to Kenya (HIV situation, culture, and/or geography) takes approximately 1 year, based on stakeholder buy-in and the number of pretests needed.

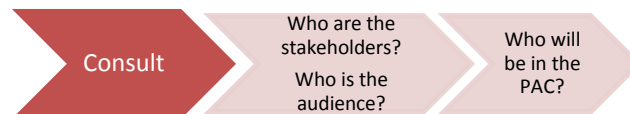


## PERMISSION AND CREDITING MATERIALS FOR ADAPTATION

In general, before adapting materials, countries and organizations should gain permission to use materials developed by others. It is never a mistake to contact the organizations identified on the material or product and ask for permission to adapt it. 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.

The Kenya materials were produced with USAID funding. As a result, the contents are public property and copyrights cannot be imposed, even if the creator was an advertising agency.

## 3.4 Consult Stakeholders and Audiences



### HOLDING A NATIONAL-LEVEL CONSULTATION

One of the initial steps to adapting materials is engaging partners and stakeholders. Holding a national-level consultation with stakeholders and decision makers will help in obtaining buy-in to the process and insight into possible adaptations. A national-level consultation can serve the purpose of setting the stage for introducing microbicides.

Some suggested objectives of the meeting are:

- To review the state of the evidence around microbicide and other HIV prevention methods, especially for women in the country and region

- To review recent work done in the country and region around microbicide introduction and existing campaigns
- To facilitate discussion and feedback on a campaign and materials development for microbicides in the country

FHI 360 held a national consultation meeting in Kenya that was attended by 43 individuals from various organizations including representatives from the government, international donors, health facilities, local and international NGOs and faith based organizations. Review the stakeholder landscape and consider inviting a variety of representatives working with priority and potential audiences for microbicides, including:

- Policy makers who can influence how microbicides are delivered
- Government officials of departments/ministries working in health, HIV prevention, family planning, and other services accessed by the target audience
- Representatives from donor agencies
- Stakeholders (NGOs, faith-based organizations, churches, networks) working with or who can influence the target audiences
- People with knowledge on microbicide development, use and delivery

Review Annex A, which provides a brief summary of FHI 360's national policy consultation, for ideas of what type of information may come out of such an event.

### **FORMING AND ENGAGING A PROJECT ADVISORY COMMITTEE**

Holding repeated national-level consultations throughout the adaptation process is not feasible. At the end of the national consultation meeting or shortly after, consider forming a small, but engaged, project advisory committee (PAC) to consult and periodically call together.

The PAC usually is formed of key decision makers and stakeholders from a variety of

organizations (government, NGO, educational, etc.). Rather than creating a PAC from scratch, it may be possible to engage an existing technical working group, task force or network. Instead of bringing people together for a separate meeting, it might be more feasible and sustainable to have your activity incorporated into an existing group's agenda. After identifying an existing group, work with the group to include the plan for adapting materials on the agenda of the next meeting. Consider in advance how to present the plan and work closely with potential allies. If there is no communication working group or taskforce, facilitate its establishment, under the chairmanship of the Ministry of Health.

Whether you are considering an existing group or forming a new PAC, it is important that the members represent a wide variety of stakeholders. In addition to government officials, consider inviting representatives of prioritized (primary and secondary) audiences. In addition, ensure there is a set of core members who are committed and will be engaged throughout the process. Make sure participants understand the expectations of PAC members and are committed to attending meetings and providing feedback to the materials adaptation and development process.

Keep the PAC engaged throughout the adaptation process. Determine ahead of time when the PAC should meet. Some of the key times may be:

- To review findings from audience consultations, which inform target audiences, ideas for materials, and messages that can be shared
- To assist in the selection of a creative agency
- To share findings of pretests and to gain agreement on suggested changes
- To review and approve revisions for the final materials
- To provide input on or approve campaign and communication strategies for the materials



- To share final materials and thank the PAC members for their participation and input

Remember that although PAC feedback cannot speak for the audience's context and perspective, they can ensure that the materials are accurate and aligned with national or local guidelines and priorities, and provide important buy-in and support for the materials, including their distribution and use.

Maintaining PAC members' participation in meetings over a period of time can be difficult. The following tips can help keep them engaged.

- Send meeting invitations to the PAC through the PAC chair, potentially a representative of the Ministry of Health.
- Involve the PAC at key points throughout the adaptation process.
- Prepare a focused agenda and manage the time the PAC is together effectively. A focused PowerPoint presentation can keep the meeting on track.
- Reach out to certain PAC members for focused feedback on certain issues. For example, if PAC members have in-depth knowledge of a certain topic, ask them to provide some technical input or review.
- Acknowledge the PAC and their contribution in all documents, presentations, and other written materials.

## **HOLD AUDIENCE CONSULTATIONS AND A MESSAGE DEVELOPMENT WORKSHOP**

Consulting potential audiences, including through a message development workshop, is an important step for developing and adapting materials. Audience consultations can provide greater insight into the adaptation of the materials than reports and surveys. Consider holding consultations with each of the targeted audiences to discuss their communication needs, motivators and barriers around HIV and microbicide interest. If there is only budget for one consultation, plan for breakout sessions for

each targeted audience to discuss this information in small groups.

Suggested objectives for the audience consultation are:

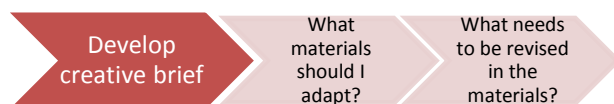
- Review and obtain feedback on the Kenya materials (if appropriate, e.g., the same language is spoken) to determine if the materials are appealing to the audience and gain insight into what might need to be adapted. Review the materials for the:
  - Words—written and spoken
  - Visuals—photographs, illustrations, images and graphics
  - Formats—style, size and type of material or sequence of events

The review of materials can serve as a mini-pretest. This might save money down the road as you can begin to adapt and revise the Kenyan materials based on audience input before the first pretest. Without gathering this information now, changes may be made to the materials that are not appropriate to the audience. If the Kenya materials are not appropriate, gather a variety of materials that other organizations have developed in the country.

- Decide how to adapt messaging and images. If the materials need to be adapted, the audience can provide valuable insight into revised text, messages and images needed.
- Choose other materials or channels. Consult the audience for other potential materials or activities that can be developed for a comprehensive campaign.

Based on audience consultations and message development workshop, countries and organizations can determine final priority audiences to develop materials for and a creative brief that will outline the adaptation of the materials.

### 3.5 Develop Creative Brief



The creative brief guides the adaptation process and explains the overall design and content of the materials. The creative brief for adapting materials is similar to that for new materials (as shown in Annex B), but the information in the creative brief should be modified to reflect the context of the adaptation.

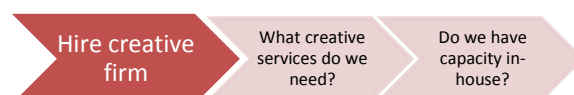
Fill in each section of the creative brief with information gathered in the situation analysis, stakeholder consultations and audience consultations. When developing the creative brief consider the following areas carefully:

- What will the package of materials consist of? What materials will be adapted or developed from scratch? Each of the materials in the creative brief should have a clear audience and communication objective. However, since the materials are part of the package, they need to work together. Consider how they will work together to support the overall objectives.
- What formats will the package have? Are the formats of the materials that are being adapted appropriate for your audiences and objectives? Do they need to be modified based on audience communication preferences?
- What are the key messages of the materials? The Kenya materials include key messages that are both HIV-framed and non-HIV-framed. The framing may need to be adapted for other countries and prioritized audiences. In addition, make sure the messages appeal to the prioritized audiences. Messages that are appealing in Kenya may not work in other countries. Or,

messages for a vaginal microbicide gel may not work for other products.

- Do the images need to be adapted? The images in the current materials should be reviewed for appropriateness. They might be appropriate for countries in East Africa; however, they may not be appropriate elsewhere. In addition, audience preference for photos vs. illustrations should be considered. If the materials will be used in a country with a diverse population, illustrations may allow images to resonate over a wider range of audiences.
- Is the language appropriate? It is important to determine early on what languages will be used in the materials. In addition to the language use, the text, narrative and situation need to fit within the cultural context. Consider that some materials may be developed in different languages e.g. health care provider flip chart may be in English or the main local language, while radio spots may be in several other local languages.

### 3.6 Hire a Creative Firm<sup>iv</sup>



After developing the creative brief, countries and organizations should have an idea about the degree of adaptation they will be undertaking and can form the creative team. The creative team can include artists, graphic designers, video producers, writers, actors, musicians and other professionals.

Based on the creative services needed, determine whether the work can be done in-house or a creative firm should be hired. Many agencies provide a full range of services. If countries and organizations are new to working

<sup>iv</sup> This section was adapted from Improving Health Behaviors Program in India (IHBP). 2013. Creating Social and Behavior Change Communication (SBCC) Campaigns: A Toolkit for Information, Education, and Communication (IEC) Officers. Washington DC: IHBP/FHI 360.

with creative agencies, talk to some programs or organizations that have experience and know the industry. Examples of services needed for materials adaptation may include:

- Graphic design, if edits to the print materials (e.g., posters, flip charts) are required. Such revisions could be as simple as changing text and switching images, or they could involve changing the entire look and feel of the materials.
- Radio/television editing and production. Currently the Kenya materials have scratch radio spots and animated TV storyboards. If these materials are adapted to be aired, they will need to be produced and recorded.
- Website development. The Kenya materials contain a mock-up of the webpage. Countries and organizations will need to design and program their own webpage.

Some organizations have software, such as Adobe InDesign or Adobe Illustrator, needed to make minor changes, such as switching out text and logos. Creating new illustrations or photos or redesigning materials may require substantially more equipment and staff expertise. Before deciding to do all creative

services in-house, ensure the staff has the capacity and time to make these changes.

When hiring a full-service agency or a team of creative professionals, use a competitive selection process to ensure the best value for the money. Each organization has its own regulations and processes for hiring external contractors. However, the general steps are to issue a request for proposal and evaluate the proposals on technical capacity and budget to select the agency.

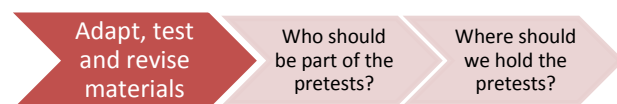
Once the agency is selected, and final budget and scope of work negotiations are finalized, schedule a kick-off meeting with the agency. In working with creative professionals, it is always important to define clearly what needs to be done, establish roles, set expectations, monitor progress, answer questions and provide support. Table 6 outlines the respective roles of the campaign/program manager and the agency.

It is also important to develop a clear system for review and approval. Designate one person or team to review drafts and provide feedback to the creative team. Schedule regular meetings for check-ins to ensure work stays on track and any issues or questions are addressed quickly.

**TABLE 6: ROLES OF CAMPAIGN/PROGRAM MANAGER AND CREATIVE AGENCY**

Campaign/Program Manager	Creative Agency
<ul style="list-style-type: none"> <li>• Ensure appropriateness and accuracy of the content of the material or activity</li> <li>• Ensure materials appeal to audience</li> <li>• Maintain the program's strategic focus</li> <li>• Give final approvals for all materials</li> <li>• Conduct pretests, analyze results, and communicate changes</li> </ul>	<ul style="list-style-type: none"> <li>• Translate technical content into appealing and effective materials</li> <li>• Present detailed or professional language in a way that does not confuse the intended audience</li> <li>• Provide creative direction and concepts</li> <li>• Develop creative concepts</li> </ul>

### 3.7 Adapt, Test and Revise Materials



#### SPECIFIC ADAPTATION CONSIDERATIONS FOR THE KENYA MINIMUM PACKAGE OF MATERIALS

##### **Logo and branding of package of materials:**

Based on guidelines provided by the PAC and donors (if applicable), the logos and branding on the campaign materials may need to be modified. Currently logos for the Kenya Ministry of Health, USAID (the donor), FHI 360 (organization) and PTA (the project) appear on all the materials. This was determined in consultation with USAID and the PAC.

In addition to determining what logos need to appear on the materials, the placement of the logos is important. For the Kenya materials the Ministry of Health logo is placed in a prominent position—in either the top or bottom center of the materials—as is common practice in Kenya. Consult the PAC for guidance on branding the materials. Keep in mind that the donor may also have requirements. For example, USAID usually requests its logo in the bottom left in printed materials with the same size and prominence of other logos.

**Campaign Logo:** The *NaGel*, *Niko Sweet & Safe* campaign logo was tested thoroughly for Kenyan audiences. The look, feel and mix of English and Swahili was tested extensively and designed to speak to Kenyan audiences. When adapting the package of materials, consider what the new campaign logo and branding will be. For an alternative microbicide product, the *NaGel* logo will not work. In addition, developing a campaign in another country will more than likely require a new logo. FHI 360 tested several logos before designing the final version on the materials. If using a similar logo to *NaGel*, make sure to test the ribbon to ensure that it is not stigmatizing. Consider using with the logos FHI 360 developed, slightly

adapted to your context, as a starting point for audience pretesting.

**Brochure:** The information in the brochure may need to be modified to align with information gathered in the situation analysis. Instructions on how the microbicide gel is obtained, its packaging and its cost will need to be added. In addition, if the gel is offered in prefilled tubes, the insertion instructions must be changed. When adapting the brochure, consider if the sex illustration or insertion instructions will be appropriate for the country context; they may be too realistic for some countries. However, make sure that instructions for insertion are available. Consider developing a leaflet with insertion instructions that can be included in the brochure as needed.

**Flip charts:** The flip charts are currently in English. Translation into local languages should be considered, based on the audience who will use them. For example, if health care providers are comfortable reading in English, but community workers using the other flip charts are not, consider translating the community and sex worker flip charts.

The illustrations may need to be adapted. The illustrations in the flip charts were developed with Kenya's context in mind. Changes to the environment and people depicted in the illustrations may be necessary. In addition, audiences may have preferences for photographs rather than illustrations. However, remember that it is easier to convey images that may be of a sexual nature in illustrations, and illustrations also make it easier for images to resonate across different tribes or ethnic groups.

The details of the scenarios in the community and female sex worker flip charts may need to be adapted, as they contain some specific Kenyan references. Some of the names, images and storylines may need to be adapted to fit another country's context.

Specific adaptation considerations for the flip charts include the following:



- **Risk assessment.** Review the risk assessment questions to determine if they are appropriate for the country's HIV situation. For example, if intravenous drug use is not relevant, consider removing the question.
- **HIV prevention options.** Review the prevention options discussed to align with the prevention options available in the country. For example, if PrEP is not available, it may need to be removed from the image and text.
- **Introduction to microbicide gel.** Make sure the image matches what the product looks like. In the text, revise the cost of microbicide gel to indicate whether the gel is free or the client will be charged.
- **Gel insertion (health care provider flip chart only).** If the gel is provided in a prefilled applicator, the instructions will need to be modified (as in the brochure).
- **BAT 24 regimen.** This project selected the BAT 24 regimen for the set of Kenya materials. Make sure to review the most up-to-date guidance on use instructions as there may be a simpler or different regimen recommended for the country.

If the BAT 24 regimen is recommended, the image of the 24-hour clock may need to be adapted. Explore how people in the country envision the representation of time. For example, for certain countries and audiences who are not familiar with clocks, a linear timeline would be more appropriate showing specific daily events vs. hours. In some countries, the use of cell phones is more prevalent than clocks and watches. Explore during the testing phase how to represent time and the passage of time.

- **Scenarios for BAT 24 regimen.** Review the scenarios to make sure they are culturally appropriate.
- **Tips for using the gel correctly.** Review the text to ensure that the content fits within the country's context. For example, the practice and word "douching" may not be

appropriate for other countries, or it may have different meaning.

- **Feasibility of microbicide use.** Barriers and motivators to using microbicides may differ from country to country. Explore, during the audience consultation, what these may be and revise the text as necessary.
- **Final questions/concerns and sources of support and follow-up and counseling cards (health care provider flip chart only).** Review the guidance on how much of a microbicide supply the client will receive and when she will need to return for a follow-up visit.
- **Counseling algorithm/wall chart.** Review the algorithm to ensure that it makes sense within the county's health care context. Also explore what size it should be printed in and where it will be placed in the health care facility. For example, there may be no space on the wall for a chart and providers might prefer something they could place on their desk. The card can also be printed on laminated A4 paper so that providers can use it as a cue card when counseling a client.

**Radio and TV storylines.** The storylines should be reviewed for appropriateness and the script for language. Adapt the language based on how people actually speak. The radio ads in the Kenya materials are not of broadcast quality and will need to be professionally recorded and mixed for broadcast. The TV storyboards are animated and will need to be filmed as live-action spots and produced before distribution. In addition, these radio spots and TV storyboards are 60 seconds long. Explore the length of typical radio and TV PSAs in your country and adjust the length of the spots accordingly. Also identify which organization should endorse the ad in a closing remark; for the Kenya PSAs, this was the Ministry of Health.

**Website and social media.** The Kenya materials include mock-ups of a webpage and potential Facebook post and Twitter tweets. Before investing in the technology to develop the website and social media, consider how it will

interact as a package and link to current platforms. When adapting and developing the website and social media platforms, consider not only what information should be on these pages, but also how people should interact with them. Interactive pages and social media posts/tweets that encourage dialogue and action are recommended. This requires a dedicated staff person to monitor the sites and respond to comments on a daily basis. Depending on the capacity of implementers, this may or may not be feasible.

## TESTING THE MATERIALS

Test the materials with target audiences to develop effective materials. Although countries and organizations are adapting materials, pretesting is needed to ensure that the appropriate changes were made and made well. It is not recommended to pretest the Kenya

materials as they are in other countries or for other products. If appropriate (e.g., the spoken language is the same), show the Kenya materials during the audience consultations to obtain feedback from the intended audiences.

**Determine the audience segments and number of pretests to conduct.** Make sure that pretest participants are representative of the target audience. Consider how to segment the audience—e.g., by gender, income, education level and/or urban/rural. Make sure each group is properly segmented. For example, if communication needs are different among single women and women in relationships, consider having two different groups for these participants. The scope and number of pretests will vary depending on the level of adaptation and available budget. Table 7 provides some guidance, based on the Kenya experience.

**TABLE 7: SUGGESTED SCOPE AND NUMBER OF PRETESTS FOR ADAPTED MICROBICIDE CAMPAIGN MATERIALS**

	Basic Adaptation	Moderate Adaptation	Full Adaptation
<b>Audience segments</b>	<ul style="list-style-type: none"> <li>• Single young women</li> <li>• Women in relationships</li> <li>• Female sex workers</li> </ul>	<ul style="list-style-type: none"> <li>• Single young men</li> <li>• Men in relationships</li> </ul>	
<b>Education level of audiences*</b>	Class 8	Class 8 Form 4	
<b>Rounds of pretests</b>	1 pretest	1–2 pretests depending on amount of changes	2–3 pretests depending on amount of changes
<b>Number of groups/sessions for each audience segment</b>	3 groups of women for each pretest If budget is limited, 1 group of men	3 groups for all audiences, focusing on Class 8 for each pretest.	3 groups for all audiences at least once**
<b>Number of regions for testing</b>	1 (at least a few groups held in peri-urban or rural areas)	2–3 (at least 2 groups for each segment held in peri-urban or rural areas)	3–4 (at least 2 groups for each segment held in peri-urban or rural areas)
<p>* The number of groups conducted with each will depend on the educational profile of the country. Based on the Kenya experience, it is recommended to segment groups into those who have completed Class 8 and those who have completed Form 4.</p> <p>** After the second pretest, you may not need to test the all the revised materials with all the groups again. Review the changes and focus the next pretest on the materials that have changed the most or groups from which you need more information. For example, if there are small changes to most of the materials and major changes in the posters for stable couples, consider having more groups of women in relationships in the next pretest.</p>			

**Determine how best to recruit your intended audiences.** For example, during the testing of the Kenya materials, participants were recruited by local AIDS service/reproductive health organizations. Consider working with local organizations in the regions in which you are testing. These organizations should be working with the audiences in the community. In addition, consider organizations working with youth, family planning and/or HIV prevention.

Recruiting participants off the street and venues is another option; FHI 360 used this technique in the second round of pretesting. This may avoid recruiting participants who are better educated about HIV issues than the general population, which was a concern for FHI 360 after the first round of pretesting. If participants will be recruited off the street or in venues, it is important to identify where the audience will be throughout the day. For example, will older women in relationships be at the bar in the evening? Or is it more likely that these women can be recruited at another venue?

Depending on the scope of the campaign, make sure to conduct the pretest in the appropriate regions. If the campaign is intended to be national, test in several areas with different lifestyles, cultures (tribes, ethnicities) and/or religions. Testing in every city or village is not necessary, but consider key differences in various areas the campaign will reach and conduct at least one round of testing in each area.

**In the last pretest, make sure the materials should look professional and as close to the final product as possible.** The audience should react and provide information on the materials the program plans to use. In earlier pretests, drafts and mock-ups can be used. This may save the money. For example, FHI 360 tested black and white illustrations, as the illustrations were hand-drawn and major changes would have taken time. In addition, FHI 360 did not produce final radio or TV spots. Instead, scratch recordings and animated storyboards were tested as the storylines and scripts were refined.

There is no magic number of pretests that will result in perfect materials, but as the suggestions for changes and improvements become more minor, programs can stop pretesting and finalize the materials.

**Develop a pretesting guide for each pretest.**

This document will be tailored to the materials being tested and the format of the pretest. Below are some sample questions that pretests can ask.

→ **Attention**—Determine if the materials will gain the intended audience's attention. In other words will they read, listen to or watch the materials? Some questions to include in the pretest are:

- Do you think the [picture, words, music, images, format] is attractive or appealing? Why or why not?
- What do you like about the [picture, words, music, images, format]? Why?
- What don't you like about the [picture, words, music, images, format]? Why?
- What caught your attention in the [picture, words, music, images, format]?

→ **Comprehension**—Test the materials to determine if the information about microbicide gel is clear and well understood by all audiences. In addition, make sure there is enough information and detail in the in-depth education materials to respond to the audience's main questions. The goal of awareness-raising materials is to capture audience interest, so that they will go elsewhere (a website or a clinic) to obtain additional information. Some questions to include in the pretest are:

- Can you tell me in your own words what the message is in the [material]?
- What is the main idea of this [material]?

→ **Motivation**—Determine if the materials motivate the audience to obtain or seek out more information about the microbicide gel. Find out if the materials motivate the audience to talk to their friends, family and

peers about the microbicide gel. Some questions to include in the pretest are:

- Would you talk to someone about what you saw/heard in the [material]? Why/why not?
- Would you do what the [material] is asking you to do? Why or why not?
- Do you think this [material] will help people? How?
- After seeing/hearing the [material], are you interested in finding out more about the gel? Will you go to a health care facility? Why or why not?

→ **Recall**—Ask questions to determine what the audience remembers about microbicide gel in the materials and what they are asked to do after hearing/seeing the messages.

Some pretest questions include:

- What is the purpose of the material?
- Is the [material] asking you to do anything? If so, what?

→ **Personal and cultural relevance**—Ensure that the audience relates to the people, scenarios and language used in the materials. Some questions to include in the pretest are:

- Who is this picture/image of?
- What do you think of how he/she/they are dressed?
- What kind of person do you think he/she is (what kind of personality do they have)?
- Who do you think the material is for? Why?
- Is the information/scenario/story believable? Why or why not?

→ **Areas for improvement (weak and strong points)**—Find out what appeals to the target audience and how they would improve the materials. In addition, spend some time determining if there are any sensitive or controversial elements to the materials.

Some questions to include in the pretest are:

- What do you think can be done to make the material better?
- 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?
- What words are unclear or confusing?
- Is there anything about the material or product that might confuse, offend, or embarrass some people? What, in particular?

#### **Determine the appropriate methods for pretesting.**

Following are some popular methods for pretesting. Multiple methods may be used; not all of the methods must be used. See section 2.9 Campaign Monitoring and Evaluation page 41 for more detailed information on these methods.

→ **Focus group discussions:** This is one of the most common methodologies for pretesting. The number of focus group discussions (FGDs) held will depend on how diverse the intended audience is. FGDs can be used with most audiences. However, it is important to ensure the groups are not too large (no more than 15 people) and they are homogenous.

→ **In-depth interviews (IDIs):** The number of interviews held depends on the diversity of the intended audience (normally two to four interviews are a minimum number per audience segment) and geographic area. IDIs work well with materials that are complex. They can be held with health care providers to discuss the flip chart and counseling algorithm, as these materials contain a lot of complex information.

→ **Field testing:** When developing materials such as flip charts and job aids, conducting a field test to determine how they are used may be helpful. At least two field tests per audience segment are recommended. Testers should pay attention to both the user of the material and the audience. For example, FHI 360 held mock group discussions (field tests) with health care providers. Field testing and IDIs can be paired together. Conduct a field test to determine how the materials are being used, and conduct FGDs with the user and



audiences to gather information on what they thought of the materials.

- **Online usability:** This method may be cheaper and faster if the country has companies that can organize it. However, in many countries, it is not the most effective (time and budget) method.

**Review the information gathered and determine what changes are needed.** After conducting the tests, organize the notes, transcripts and other data and review participant responses for major themes and points about which participants were in general agreement. Some themes to watch for may include:

- Feedback on materials (likes, dislikes, offensive text/images)
- Understanding of what microbicide gel is and use instructions (e.g., BAT 24 regimen)
- Understanding of the hierarchy of protection and the concept of partial protection
- Ability to use condoms and negotiate gel and condom use with partners
- Feasibility of gel use and storage
- Feasibility of return for follow-up testing, counseling and gel provision

It may be helpful to summarize your findings in the same order that you structured the discussion guide. You can gauge the importance of making changes by the number of times participants point out problems with materials. Try to determine patterns that emerged or significant differences between groups.

Keep in mind that while participants are experts in what they understand and accept in a material, they are not experts in material design. Not all suggestions should be followed; this requires professional judgment.

As discussed before, share the testing results with the PAC. Before making changes, it is advisable to consult the PAC and get their agreement on the proposed changes. If wider buy-in is desirable, you may also wish to reconvene the stakeholders who attended the materials development workshop to obtain their feedback before materials are finalized.

# SUMMARY

In this document, we described in detail the process we used to develop a comprehensive communication strategy, in addition to audience-specific messages and materials; these materials can be used by policy makers and program implementers in Kenya to position microbicides so that women who find themselves in a range of different contexts can use them. We provide suggestions on how the materials could be adapted to communicate about microbicides to different audiences within different countries, or to communicate about different types of products in Kenya or elsewhere. We hope that others will find the guide useful and, through our collective efforts, women will be able to access and use new HIV prevention products to ensure the health and well-being for themselves and their families.

PDFs of the Kenya print materials and video/audio files of the TV and radio spots are posted on the FHI 360 website at <http://www.fhi360.org/projects/communicating-about-microbicides-women-mind-project>. Please contact Elizabeth Tolley, Project Director, at [btolley@fhi360.org](mailto:btolley@fhi360.org) to obtain modifiable design files for adaptation or any of the research and material development tools used in this project. FHI 360 would be more than pleased to assist in fulfilling requests.

For the Kenya package of materials, the suggested acknowledgement is:

*These materials were adapted from work developed by FHI 360 through the USAID-funded Preventive Technologies Agreement No. GHO-A-00-09-00016-00.*

# USEFUL RESOURCES

## General Resources

C-Change. 2012. *C-Modules: A Learning Package for Social and Behavior Change Communication*. Washington, DC: FHI 360/C-Change. <https://www.c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules>

Morrow, Kathleen et al. 2007. Willingness to use microbicides is affected by the importance of product characteristics, use parameters, and protective properties. *J Acquir Immune Defic Syndr*. 45(1): p. 93-101. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628545/>

Morrow, Kathleen, et al. 2007. Willingness to Use Microbicides Varies by Race/Ethnicity, Experience With Prevention Products, and Partner Type. *Health Psychology*. 26(6): 777-786. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628547/>

**Microbicides and Gender Project.** Under the Preventive Technologies Agreement, FHI 360 implemented two projects designed to increase understanding of the gender issues that will likely affect women's microbicide use. FHI 360 developed several resources, including guidance for others wishing to conduct gender analyses for microbicide introduction, technical briefs detailing the findings of the gender analyses in Kenya and South Africa, and advocacy tools to promote uptake of the findings, and recommendations for engaging men in future microbicide research and product introduction. Detailed information and materials related to this project can be downloaded from <http://www.fhi360.org/projects/microbicides-and-gender>

## Materials Development

C-Change (Communication for Change). 2012. *C-Bulletins: Working with a Creative Team*. Washington, DC: FHI 360/C-Change. <https://www.c-changeprogram.org/sites/default/files/C-Bulletin-7.pdf>

C-Change (Communication for Change). 2012. *C-Bulletins: Conducting a Stakeholder Review*. Washington, DC: FHI 360/C-Change. <https://www.c-changeprogram.org/sites/default/files/C-Bulletin-9.pdf>

C-Change (Communication for Change). 2012. *C-Bulletins: Developing and Adapting Materials for Audiences with Lower Literacy Skills*. Washington, DC: FHI 360/C-Change. <https://www.c-changeprogram.org/resources/c-bulletins>

Centers for Disease Control and Prevention. 2011. *The Health Communicator's Social Media Toolkit*. [http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit\\_BM.pdf](http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf).

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## Materials Pretesting and Monitoring and Evaluation

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# ANNEXES

- A. Policy Consultation Brief
- B. Creative Brief
- C. Pretested Materials and Final Materials

These annexes are contained in a separate document, which can be downloaded at <http://www.fhi360.org/projects/communicating-about-microbicides-women-mind>