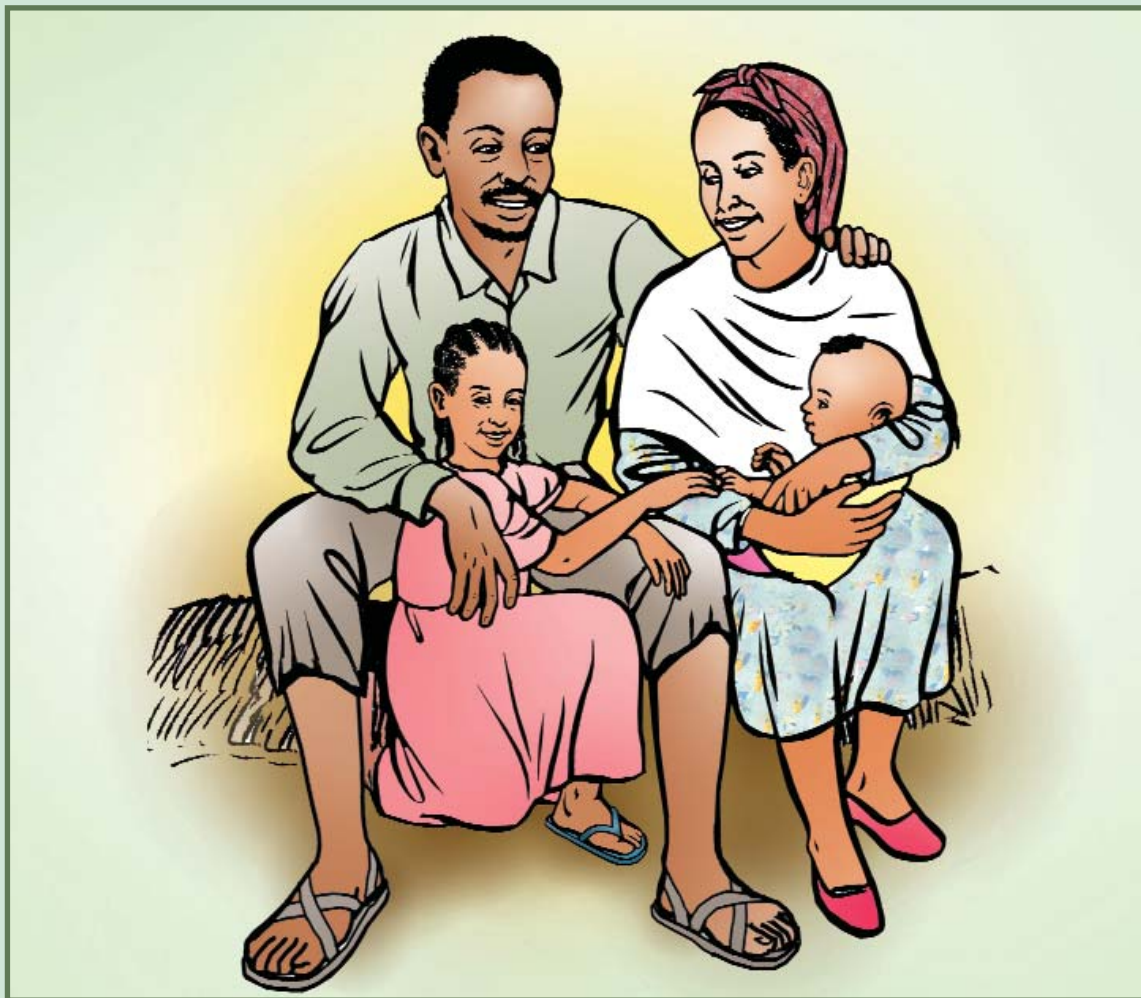


Family Planning and Reproductive Health

MESSAGE GUIDE



WORKING DRAFT

Healthy Actions for Ethiopian Families!

ACKNOWLEDGEMENTS

The Health Communication Partnership would like to thank the many organizations that were instrumental in developing the Family Planning and Reproductive Health Guide. A list of all the organizations who participated is included in Annex 4 of this guide. In particular, we would like to thank Pathfinder International Ethiopia and its implementing organizations for providing invaluable input. We would also like to thank the United States Agency for International Development for providing funding for this project.



TABLE OF CONTENTS

	<u>Page</u>
OBJECTIVES OF THIS GUIDE	1
FAMILY PLANNING AND REPRODUCTIVE HEALTH IN ETHIOPIA	2
HOW TO USE THIS GUIDE	3
ANALYZING A MESSAGE	4
FAMILY PLANNING	
○ Delaying Childbearing	8
○ Child Spacing	12
○ Completing Families	14
REPRODUCTIVE HEALTH	
○ Care after Miscarriage and Abortion	17
HIV/AIDS and REPRODUCTIVE HEALTH/FAMILY PLANNING	
○ HIV/AIDS and Reproductive Health	21
○ HIV/AIDS and Family Planning	24
ANNEXES:	
1. How these messages were developed	25
2. How to develop BCC materials	26
3. Feedback form	31
4. Organizations that participated in the development of the guide	32

OBJECTIVES OF THIS GUIDE

For the past several years, the Health Education Center, the Ministry of Health and organizations active in development have used behavior change communication (BCC) to promote healthy behaviors. As part of their BCC activities, these organizations have traditionally developed their own health messages. These messages are communicated through many different channels, including print materials, mass media, and interpersonal communication by health workers and educators. Despite great progress in the field of BCC, inconsistency among and inaccuracy within messages produced by different organizations continues to hinder efforts to improve the health status of Ethiopians.

This guide represents an effort of different organizations working in health in Ethiopia to harmonize their messages around the topics of family planning and reproductive health. Local and international NGOs took part in the development of this guide, a process that included an initial Message Harmonization Development Workshop, the development of draft messages, a second workshop to refine the draft messages, and production of the guide itself.

In Family Planning, three themes are covered:

- Delaying Childbearing
- Child Spacing
- Completing Families

One theme is addressed in Reproductive Health:

- Care After Miscarriage or Abortion

In RH/FP and HIV/AIDS, two themes are covered:

- HIV and Reproductive Health
- HIV and Family Planning

By providing this guide, Health Communication Partnership and its partner organizations hope to improve the quality of BCC efforts in Ethiopia by ensuring the consistency, accuracy, and relevance of messages focused on the most high impact actions an individual or family can take. This message guide represents an innovative attempt to apply the model of small, "doable" actions. Organizations using this guide as a basis for BCC materials development will avoid duplicating efforts and thus save both time and money.

FAMILY PLANNING AND REPRODUCTIVE HEALTH IN ETHIOPIA

Overview

The current reproductive health situation in Ethiopia is challenging. The country continues to experience high fertility rates, low contraceptive prevalence and significant mortality due to maternal health issues and HIV/AIDS. While contraceptive knowledge is quite high, with nearly 84% of the population aware of at least one family planning method, utilization of such services remains low. According to the 2000 Demographic and Health Survey (DHS), total unmet need for family planning is around 36%, while the total fertility rate (TFR) remains at 5.9 children per woman nationally (6.4 in rural areas and 3.3 in urban areas). Ethiopia's high fertility and unmet need can be attributed to a host of factors, some related to the culture and society as a whole, and others to the service delivery environment. Among the former, for example, are traditional values - values that encourage large family size and early marriage, favor the boy-child, and discourage contraceptive use and promote harmful traditional practices (HTPs). Also important are low literacy rates, the influence of religion and economic determinants that contribute to high fertility rate and unmet need.

A nationwide study on abortion reported that method non-use or failure is responsible for 78% of pregnancies that occurred in the country and 50% of all the pregnancies ending in abortion were either unwanted and/or unplanned. This study also found illegal abortion has been one of the major contributing factors to maternal morbidity and mortality (Mekbib T, Gebre Hiwot Y, Fantahun M, 2002: 3).

The Adult HIV prevalence rate is estimated to be 4.4% with rates as high as 12.6% in Addis Ababa (MOH, 2004/8). Mother-to-child HIV transmission is responsible for over 90% of infections among children under the age of 15 and in 2001, over 25,000 children under five were believed to be infected with the virus (MOH, 2001/2).

HOW TO USE THIS GUIDE

Q: How can I use this guide?

A: If you (or your organization) would like to develop BCC materials relating to family planning and reproductive health, use this guide as a starting point. Simply select the messages that pertain to your subject matter, adapt them to your area and build your BCC materials around them.

Q: What can I do if I don't agree with the terms used in a message?

A: The content of the messages in this guide is medically accurate, so you should not change it. For example, if a message promotes using a condom correctly every time, you should not produce materials promoting using a condom only with at-risk populations. You should feel free, however, to change the language of the message if it will help your intended audience understand.

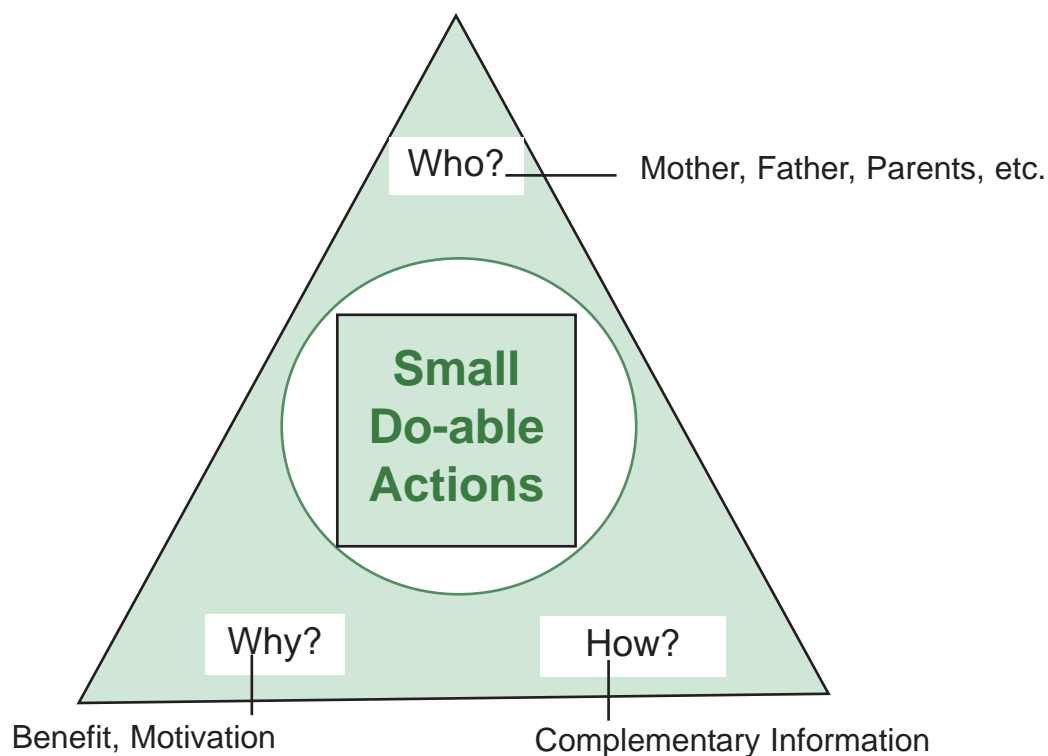
Q: Are there actions Ethiopian families should take to address family planning and reproductive health that are not included in this guide?

A: Yes. This guide contains key messages relating to family planning and reproductive but is not exhaustive. If there are messages that you believe should be added to the guide, you can send your suggestions to Health Communication Partnership.

Note: Similar message guides have been developed on the themes of Child Survival and Youth and HIV/AIDS. To obtain copies, contact Health Communication Partnership at 011-416 9212.

ANALYZING A MESSAGE

The diagram below shows the main components of an effective BCC message.



1. Why does each message in this guide promote a small, "doable" action?

Traditionally, BCC materials and programs have focused upon increasing knowledge and awareness of healthy behaviors. In recent years, however, it has become clear that increasing knowledge is not enough to prompt people to change their behavior. Achieving that requires that messages affect not just knowledge, but also lead to a behavior. The messages in this guide address the many factors that influence behavior, and go beyond encouraging people to know more by asking them to do more.

2. Why do we link the word "action" to "doable"?

The adjective "doable" means that the suggested action does not represent a major challenge for the target population. This is the case if the action:

- is simple
- does not take a great amount of time
- is not costly
- is culturally acceptable.

Quite simply, the more an action meets these criteria, the more likely it is that people will be convinced to do it.

Examples of doable actions:

"HIV+ pregnant wives and husbands, deliver in a health center to prevent your baby from becoming infected with HIV."

"Families, teach your children to solve problems peacefully so that they can become mature and responsible adults."

Examples of less-doable actions:

"Parents, only have one child to decrease the strain on your family."

"Wives, if your husband is violent, immediately divorce him to protect yourself and your children."



3. Who do the messages in this guide target?

The messages in this guide target all family members as everyone is involved with family planning and reproductive health. Some messages target more specific groups, such as couples who do not wish to have more children. When developing BCC messages, it is important to choose an audience to target and then tailor the message to that audience.

Example of properly targeted message:

"Married young women and men, discuss delaying your first pregnancy until the wife is 18-20 years old in order to protect her and your baby's health."

Since it is when women are married young that they may have a baby before they are 20 years old, you should target the message to these couples.

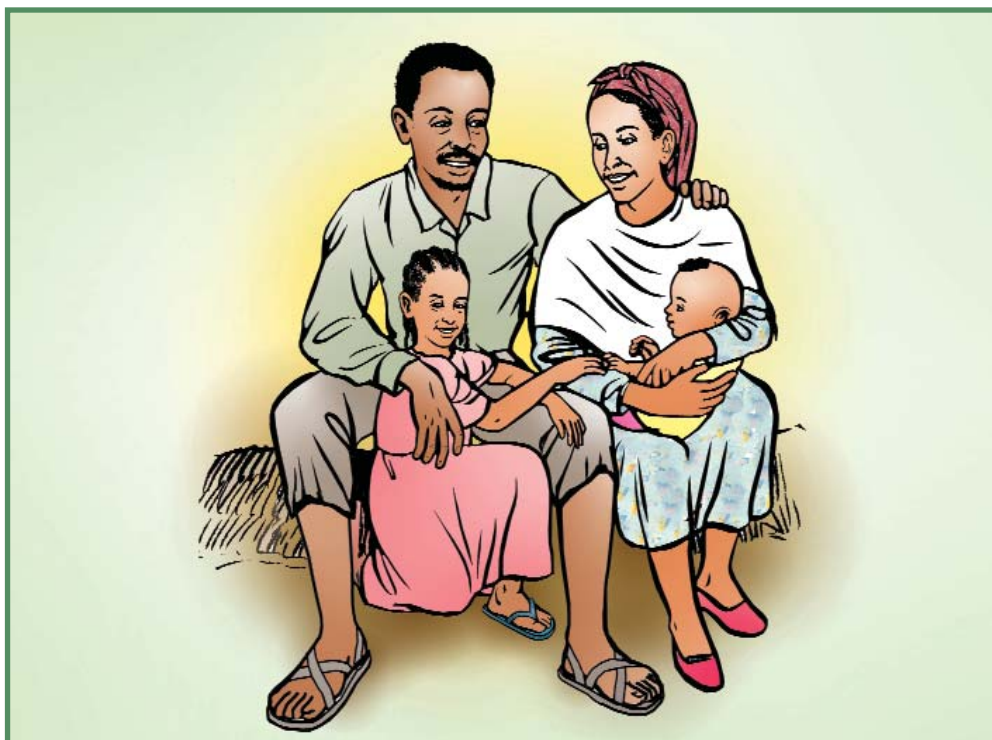


4. What is a benefit, and why is it important to include one in a message?

In a BCC message, the benefit is what will happen if someone carries out the recommended action: "If you do X, then you will get Y." The benefit answers the question "Why should I do this?" Usually, each action has several benefits; for example, if families space their children at least two years apart, the mother and their babies will be healthier, they will be able to devote more time and resources to each baby, and the family will have less economic strain. The key to effective BCC is establishing which benefit is most compelling for the intended audience and clearly communicating it to them.

5. What is complementary information?

Complementary information is the "extra" information that relates to a message. It answers the questions the intended audience is likely to ask about the message. For example, for a message about delaying childbearing until the mother is at least 18, the complementary information might answer the question: "Why is it dangerous for a woman to have a baby before the age of 18?"



FAMILY PLANNING

DELAYING CHILDBEARING

The following messages target married and unmarried adult couples. See **Healthy Actions for Ethiopian Youth: HIV/AIDS** for more messages on abstinence, condom use and sexual health.

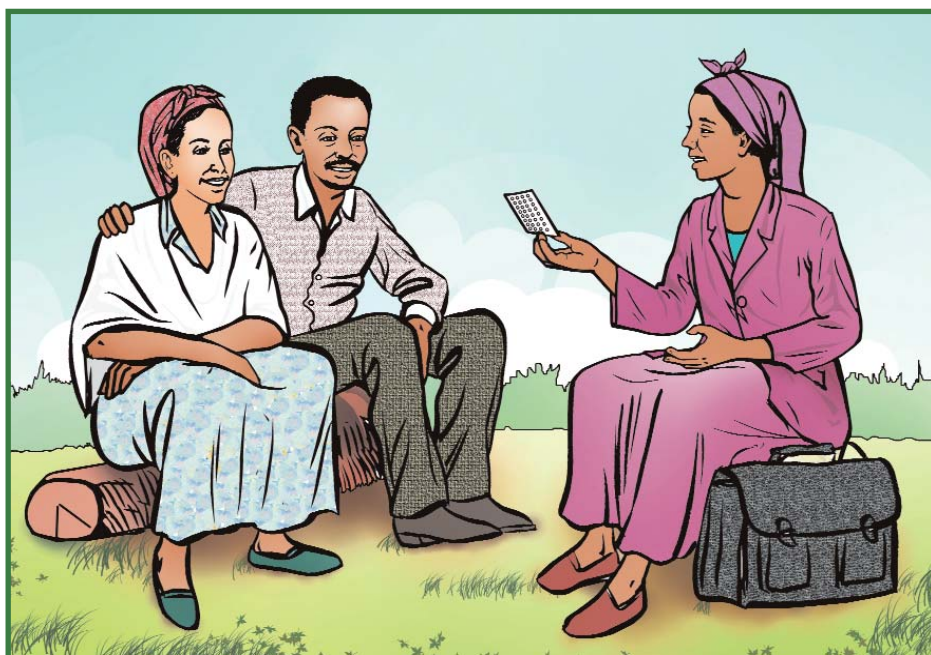
1. *Couples, discuss family planning before you have sex to decide when and how many children you want to have.*

Q. Where can I get information about Family Planning?

A. Ask your community-based reproductive health agent (CBRHA) or health extension worker (HEW). They will help you choose the method best for you.

Q: How will talking about it beforehand help?

A: In an intimate moment, you will probably forget the importance of using family planning; you may also hesitate to interrupt the moment by talking about family planning. This can pose a particular problem if you use a method family planning method like condoms or the diaphragm, which have to be worn each time you have sex.



2. Couples, visit the community-based reproductive health agent (CBRHA) or health worker to get information on and choose a family planning method.

Q: What are the different types of methods available?

A: Family planning methods include lactational amenorrhea (LAM), the standard days method (SDM), pills, condoms, IUDs, injectables, implants, diaphragms, tubal ligation and vasectomy. Your health worker, community-based reproductive health agent (CBRHA) or health extension worker (HEW) can tell you more about all the methods available.

Q: If we use family planning, will we be able to have children later?

A: Yes, unless you choose a permanent method like vasectomy or tubal ligation. Other contraceptives are only effective as long as you use them correctly.

3. Couples, use a contraceptive method correctly and consistently to protect yourself from unintended pregnancy.

Q: What does correctly and consistently mean?

A: Follow the instructions directed by the health worker or community-based reproductive health agent (CBRHA).

4. Men, support your partner in using the chosen family planning method to avoid unintended pregnancy.

Q: What kind of support does she need?

A: Go to the CBRHA or health worker together; remind her to use the method consistently and correctly.

Q: She's the one who could get pregnant; why should I have to worry about family planning?

A: If your partner becomes pregnant, it is your responsibility, too. Be responsible and make choices that will help you and your partner avoid unintended pregnancy.

5. Women, if you experience side effects with your family planning method, talk to your healthcare provider for the best advice.

Q: What are some side effects I could experience?

A: Depending on the method you're using, you could experience temporary changes in your menstrual cycle (heavier or lighter bleeding), nausea, and weight gain or loss.

6. Couples, if you are not faithful to your partner, you are risking your lives. Use a condom to protect yourselves from HIV/AIDS.

Q: Isn't sex less pleasurable with condoms because there's less sensation?

A: Sex is still pleasurable with condoms and there is still sensation; you may actually enjoy sex more because you do not have to worry as much about unintended pregnancy, HIV/AIDS and other STIs.

Q: How reliable is a condom in protecting me against unintended pregnancy, HIV/AIDS and other STIs?

A: Some studies have found condoms to be about 98% reliable when used correctly and consistently.

Q: If I ask my partner to use a condom, will s/he think that I do not trust him/her?

A: Tell your partner that using a condom is not a question of trust; it is a question of safety and respect. Explain to your partner that it is foolish to risk unintended pregnancy or infection with HIV/AIDS or other STIs.

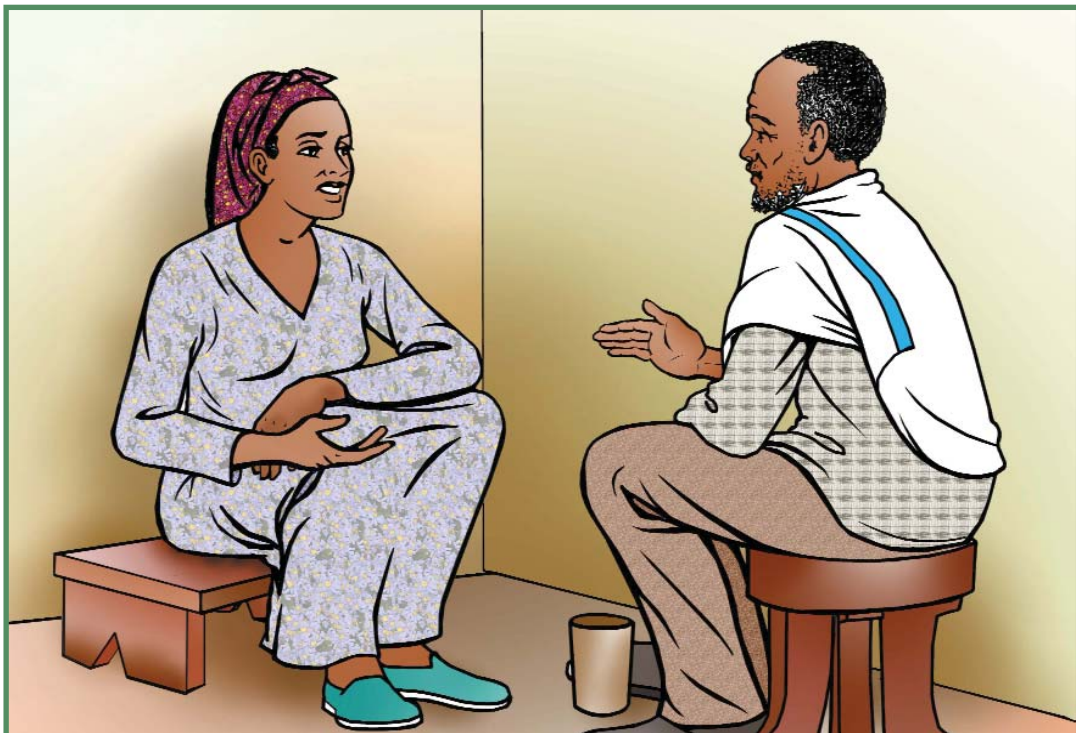
7. Couples, if you want to use condoms but your partner does not, try to convince him/her.

Q: How can I convince my partner?

A: Tell your partner the reasons you want to use a condom - that it protects you both from unintended pregnancy, HIV/AIDS and other STIs. Explain that using a condom does not mean that you do not trust one another but that you care enough to protect each other.

Q: What should I do if I cannot convince my partner?

A: Don't have sex. Making your partner happy is not worth risking your life. Having sex without a condom will put you in danger of unintended pregnancy, HIV/AIDS and other STIs. If your partner says s/he will leave you if you do not have sex with him/her without a condom, consider ending the relationship.



CHILD SPACING

The following messages target husband and wives who have a child and want another child.

- 1. *Husbands and wives, visit a community-based reproductive health agent (CBRHA), health extension worker (HEW) or a health center to discuss the benefits of child spacing.***

Q: What are the benefits of child spacing?

A: You can ensure that each child has time to grow strong before the next one comes along.

- 2. *Husbands and wives, discuss spacing your children at least three years apart to help ensure your family is healthy.***

Q: What is the benefit of discussing when to have children?

A: To come to an agreement and have same understanding.

Q: But we want a big family; why can't we have another baby right away?

A: Babies and their mothers are healthier if the woman waits at least three years between pregnancies. Waiting has the following benefits:

- the mother can properly recover her health between births.
- extra food will be available for the baby to help him or her grow strong and fight disease before a younger sister or brother comes along.
- planning their children gives mothers and fathers more time to earn money, which can be used to buy food, pay school fees, or pay for medical care.

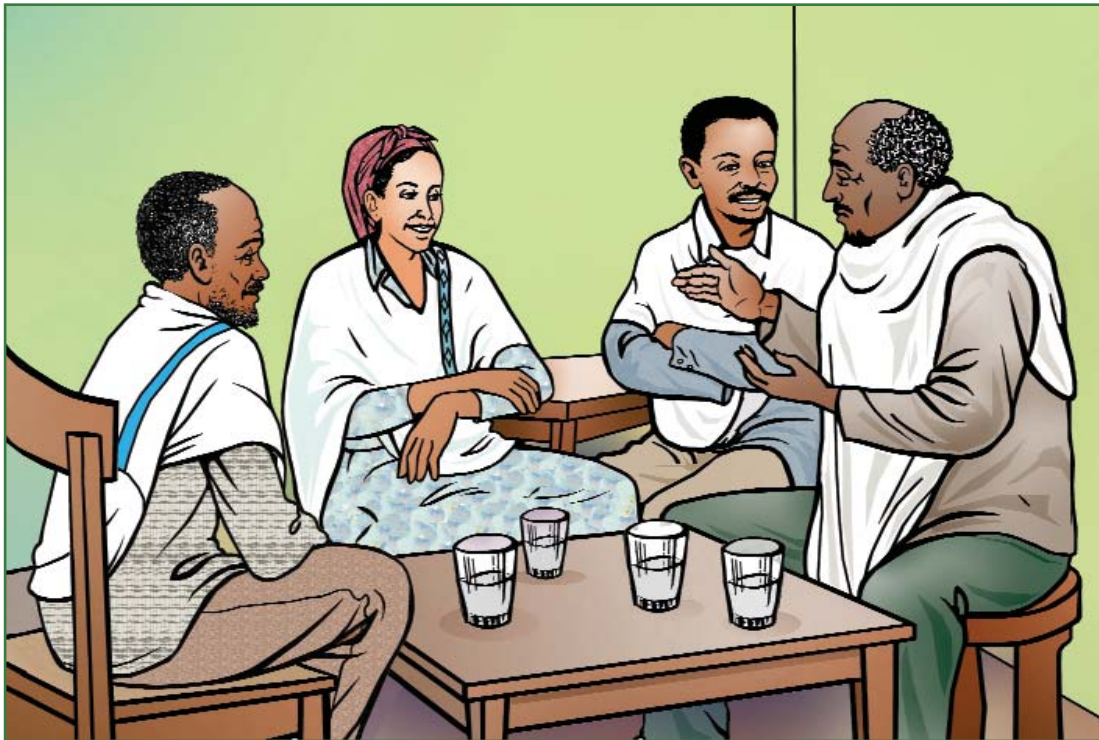
Q: What are some family planning methods we can use?

A: The most popular modern methods include pills, condoms and injectables, but there are many other options as well. Your family planning counselor can explain how these and other methods work and help you choose the one best for you.

3. *Husbands and wives, talk to your extended family about your decision to space your children in order to gain their support.*

Q: But our decision is personal; why should we discuss it with our extended family?

A: Your mother-in-law, aunts, uncles, brothers and sisters may ask why you aren't having children more frequently. Informing them of your decision to plan for each child will help them understand that you want your family to be healthy and successful.



COMPLETING FAMILIES

These messages target couples that are satisfied with their family size and want to switch from short-term to long-term family planning methods.

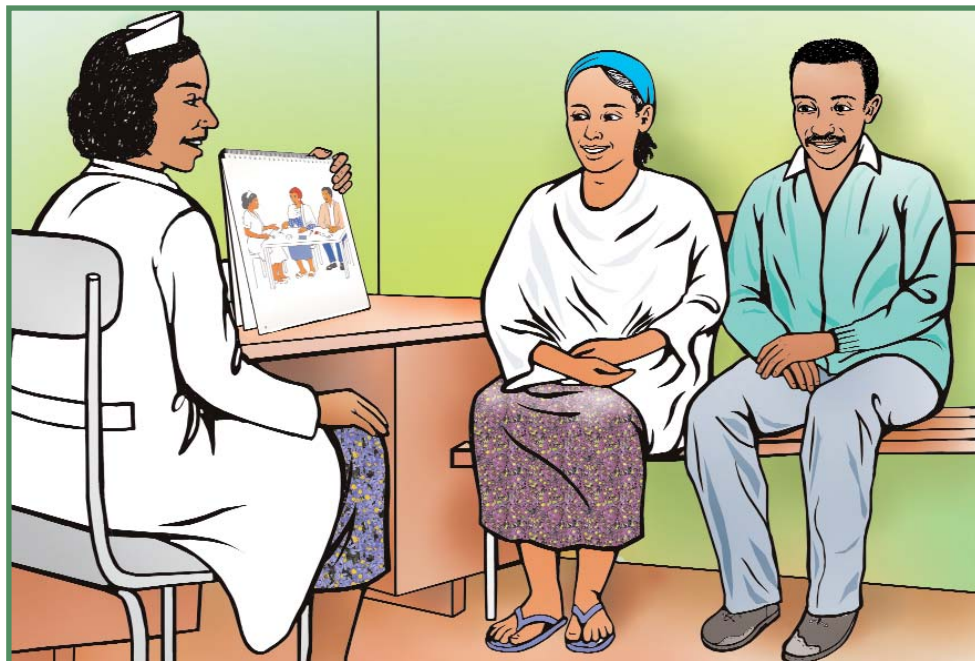
1. *Husbands and Wives*, discuss the number of children you would like to have so you can share the responsibility of planning your family.

Q: What is the benefit of discussing this issue?

A: By openly discussing how many children would be best for your family, you share the responsibility of planning for each child and helping each one grow up to be healthy.

Q: What factors should we consider in this decision?

A: You should compare your income to the costs of raising children so you know the number of children for whom you can provide. You should also consider the health of the mother as giving birth to many children increases her risk of becoming ill or dying.



2. Husbands and wives, discuss long-term and permanent family planning methods to keep your family the size you planned.

Q: What are the benefits of using long-term or permanent family planning methods?

A: Once you've decided that your family is complete, using a long-term or permanent family planning method decreases your risk of unintended pregnancy. It is also easier for you than using a short-term method because you do not have to think about it as frequently.

3. Husbands and wives, if you have decided not to have any more children, visit a health center to discuss the best method to keep your family the size you planned.

Q: What is the difference between short-term and long-term family planning methods?

A: Short-term methods are usually for couples that want to have more children. Long-term or permanent methods are usually for couples that have decided not to have any more children.



4. *Husbands and wives, discuss with your extended family the benefits of completing your family to gain their support.*

Q. Our families believe that having lots of children is a blessing. How can we convince them that limiting our family size benefits their extended family?

A. Tell them that planning your family ensures their offspring will have enough resources to be healthy and strong.

Q. How can we respond if our mothers tell us that "children grow upon their luck"?

A. The number of children you have greatly affects their destiny. The food they eat, school they attend, medical care they receive, and clothing they wear is determined by your ability to provide these things, which affects their future well-being or destiny.



REPRODUCTIVE HEALTH

CARE AFTER MISCARRIAGE AND ABORTION

These messages target women who have a miscarriage or an abortion.

1. *Parents*, discuss the dangers of abortion with your daughter to protect her health.

Q. I raised my daughter to believe that premarital sex and abortion are wrong ; why should I bring up subjects that I oppose?

A. The values you instilled in your daughter are important but do not guarantee that she won't have sex. Therefore, it is best to equip her with facts about unintended pregnancy and how to avoid abortion.

2. *Women*, go immediately to a health facility if you have prolonged vaginal bleeding, abdominal pain, fever, or chills after a miscarriage or abortion in order to prevent serious complications.

Q: What could happen if I have warning signs and do not seek help?

A: Complications following a miscarriage or abortion may lead to long-term medical problems such as pelvic inflammatory disease, which can make you infertile. There can also be damage to the vagina and uterus. Severe complications can also lead to death.



3. Men, take your partner to a health facility if you know she had a miscarriage or abortion to ensure her complete recovery.

Q: Why should I go with her?

A: As the pregnancy is yours, too, it is your responsibility to give her support in such a difficult situation.

4. Families, take your daughter to a health facility if you know she had a miscarriage or abortion to ensure her complete recovery.

Q: We didn't have anything to do with the pregnancy or the miscarriage; why should we go with her?

A: Women who have had a miscarriage need family support. Show your concern about her and her health.

Q: We think what she did was wrong; why should we support her now?

A: Regardless of whether her actions were right or wrong, she could now suffer serious complications and possibly die. She needs your support to recover fully.

5. Women, keep your vaginal area clean after a miscarriage or abortion in order to avoid infection and recover fully.

Q: How should I clean my vagina?

A: Clean your vagina with soap and water and a cloth, three to four times a day.

6. Women, get more iron and protein to help you recover fully after a miscarriage or abortion.

Q: How will iron and protein help me recover?

A: Your iron levels are reduced because of blood loss. Taking iron will help you prevent from anemia. Protein helps your body repair itself by building tissue, skin and muscle.

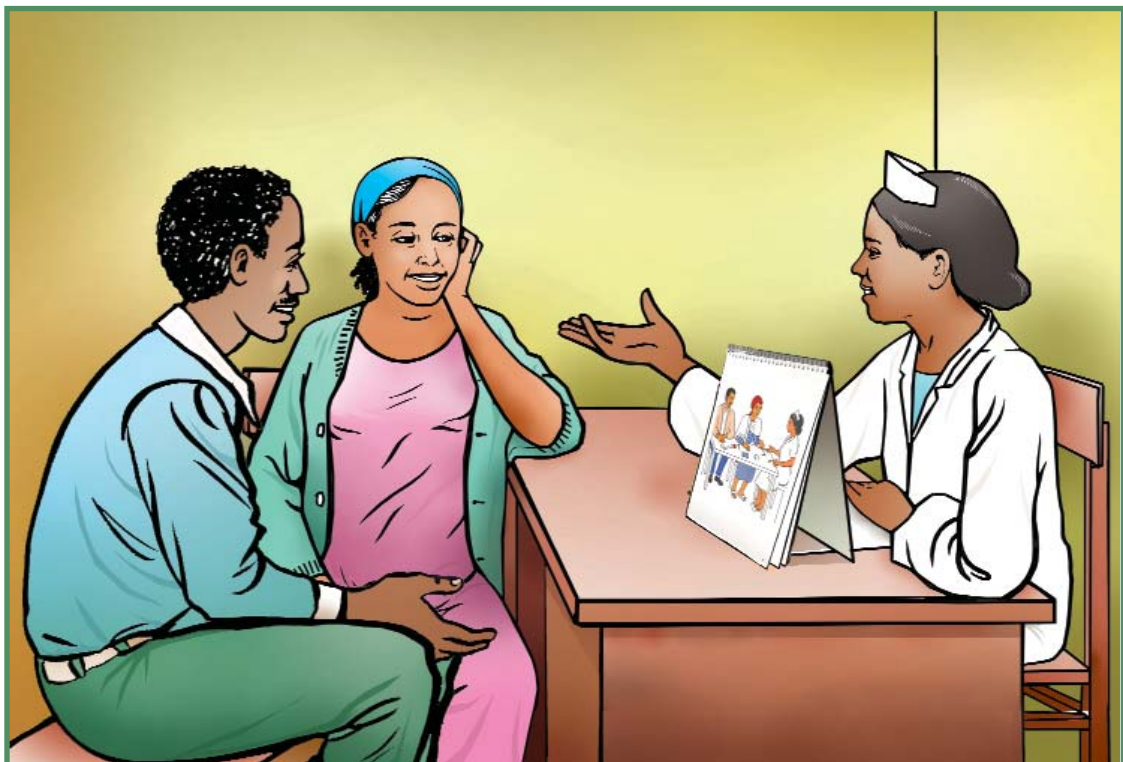
Q: Where can I get iron and protein?

A: Iron is in shiro, meat, and dark green leafy vegetables; protein is in shiro, meat, chicken, eggs, and milk.

7. Women, after a miscarriage or abortion, do not have sex until seven days after your bleeding stops to ensure a full recovery.

Q: How will having sex interfere with my recovery?

A: During a miscarriage or abortion your uterus can suffer trauma. Having sex could damage it further so that it will take more time to heal.



8. Women, after a miscarriage or abortion, use a contraceptive method to prevent unintended pregnancy.

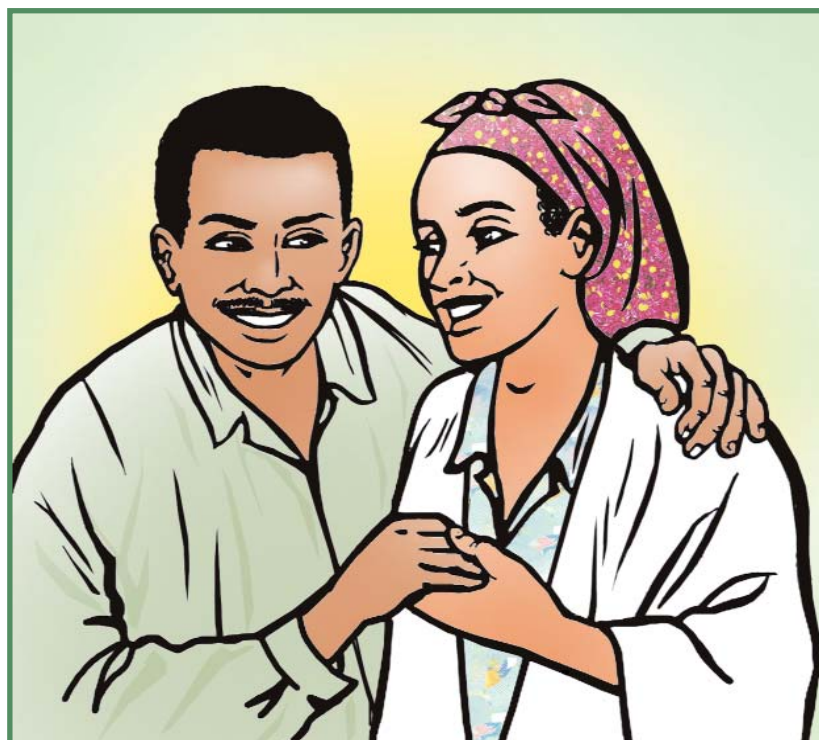
Q: How soon after the miscarriage or abortion can I get pregnant?

A: You can become pregnant anytime after a miscarriage or an abortion if you have sex. Use a contraceptive method consistently and correctly if you decided to have sex.

9. Men, provide support to your partner after a miscarriage or an abortion to help her recover fully.

Q: What kind of support can I give her?

A: After a miscarriage or an abortion, a woman may go through various emotional stages. She may feel relieved and at peace with her decision. She may also feel sadness, loss, anger or fear. You can help her by listening to her, holding her, and reminding her that her feelings are part of the normal recovery process.



HIV AND REPRODUCTIVE HEALTH

These messages target couples in which one or both partners may be HIV+.

1. *Couples, discuss about getting tested for HIV/AIDS.*

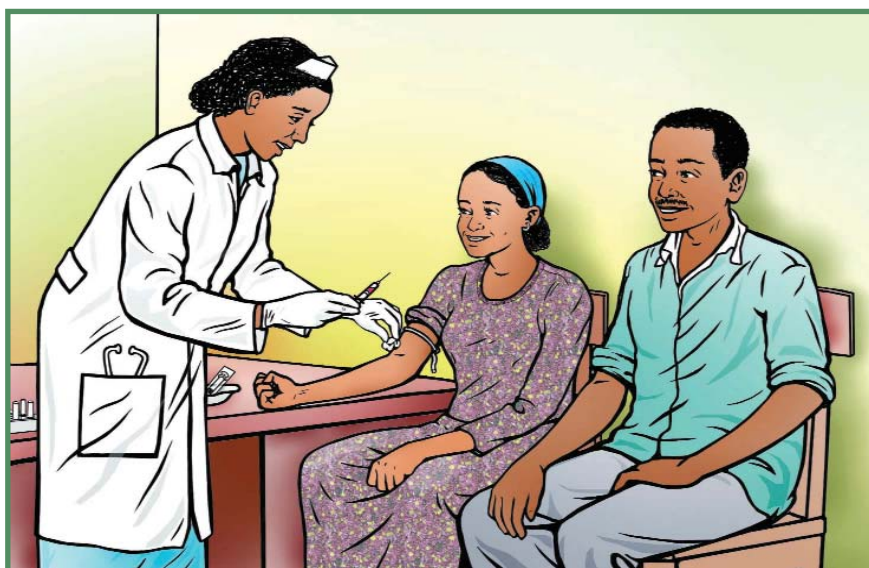
Q: How can I start talking about testing with my partner?

A: Start the discussion with the benefits of testing and slowly convince him/her you both need to get tested to protect each other from being infected with the virus.

2. *Couples, get tested for HIV, so that you both can learn your status.*

Q: What is the benefit of my partner being tested?

A: You can learn your status so that you can make informed decisions that prolong your life. For example, if you know that you are HIV+, you can obtain appropriate medical treatment, eat nutritious foods, and get plenty of rest in order to live a healthier life. You should use a condom every time you have sex to avoid passing the virus to others.



3. HIV+ men and women, disclose your HIV status to your partner so you can both take steps to preserve your health.

Q: What if disclosing might mean I lose my partner?

A: Once your partner finds out that s/he has been exposed to HIV, s/he can find out her/his own status so s/he can take care of her/himself. S/he will then be able to plan his/her future. If you don't disclose, s/he will be at risk of being infected or re-infected. It is also his/her right to know.

Q: What should I do if I'm afraid that telling my male partner about my status could lead to physical abuse?

A: Talk to a counselor about how to disclose safely or get your partner to go to the health center for testing. If it still feels too dangerous, take whatever precautions are necessary to protect yourself, even if it means not telling your partner.

4. HIV+ men and women, ask your health care worker or counselor about how to live positively while living with the virus.

Q. What does it mean to live positively?

A. Living positively means getting enough rest, doing exercise, eating nutritious food, getting emotional support, and seeking medical care when appropriate.

5. HIV+ men and women, if you are sexually active, be faithful to one partner and use condoms correctly every time you have sex to protect yourself and your partner's health.

Q. Can I still have sex if I'm HIV+?

A. Discuss your HIV status with your partner, and if you both decide to have sex, use a condom correctly every time to protect yourselves from re-infection.

Q. What's the point of using a condom and being faithful if I'm already HIV+?

A. Even though you are HIV+, you can still be infected with other strains of HIV or another STI, which will make you sicker. You should also think about the health of your partner who might still be HIV-.

6. HIV+ pregnant wives and husbands, go to a health center for antenatal care to avoid transmitting HIV to your baby.

Q: How can we transmit the virus to our baby?

A: If you are HIV+, the virus can be transmitted to your baby through blood exchange during pregnancy and delivery, or through milk during breastfeeding.

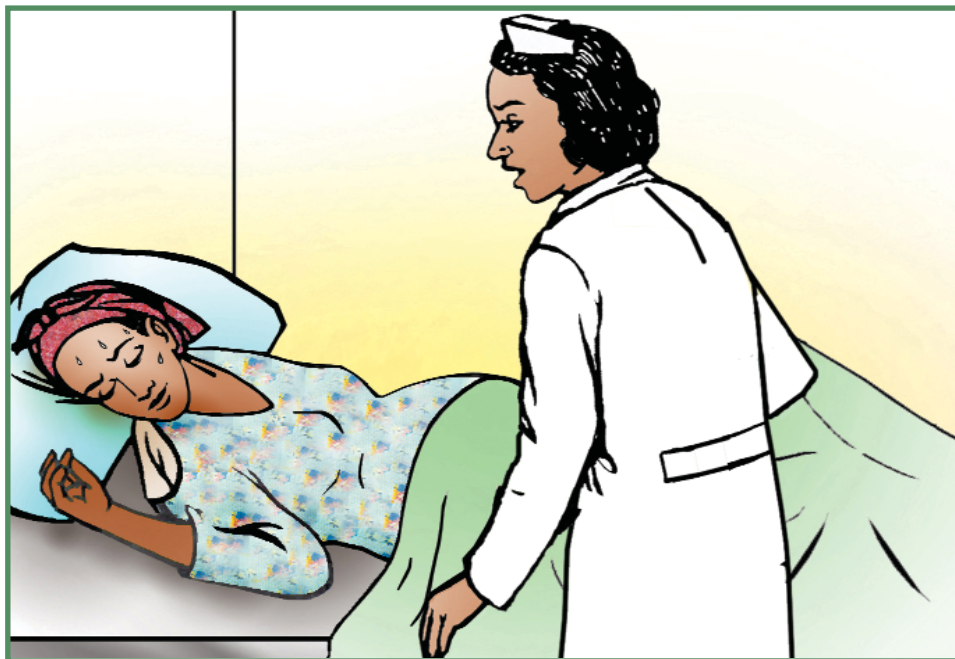
Q: How can the health worker help us reduce the risk of transmission to our baby?

A: The health worker can give you medicine that reduces the risk of HIV transmission to your baby during pregnancy, take special precautions during delivery, and counsel you on how to improve your nutrition and feeding options for your baby.

7. HIV+ pregnant wives and husbands, deliver at a health center to protect your baby from becoming infected with HIV.

Q: How will delivering in a health center protect our baby?

A: The risk of transmitting HIV is high during delivery because of exchange of blood between the mother and child. Your health care worker can take precautions during delivery to reduce this risk.



HIV AND FAMILY PLANNING

These messages target couples who are HIV+.

1. **HIV+ couples, if you resume having sex after delivery, use condoms correctly every time and ask your health worker about permanent methods in order to keep your family healthy.**

Q: Why should we use condoms after delivery?

A: A baby can be infected with HIV through breast milk. If the mother is exposed to another strain of HIV, her viral load will increase, thus increasing the risk of her transmitting the virus to the baby. By using a condom when you have sex, you can protect the mother and therefore, the baby, from HIV infection.

2. **HIV+ Couples, Use other family planning methods in addition to condoms to get extra protection to avoid pregnancy.**

Q: Why should we need extra protection?

A: If don't use condom properly, you can prevent pregnancy by using other family planning methods. Avoiding unintended or poorly spaced pregnancies is especially important for women who are HIV+ and extra susceptible to becoming run-down or immuno-compromised.



HOW THE MESSAGES WERE DEVELOPED

In May 2004, the Health Communication Partnership organized a workshop for Pathfinder internal staff and partners (see Annex 4 for the complete list) to develop key family planning and reproductive health messages. At the workshop, facilitators divided the participants into small groups, assigning each group a sub-topic in family planning and reproductive health. Each group was then asked to create a list of key messages around their topic, identifying desired actions and people responsible for carrying out these actions (i.e. "Discuss delaying pregnancy until the wife is 18-20 years old in order to protect her and your baby's health-married young women and men").

After these initial messages were developed, they were reviewed by technical experts from a variety of organizations, who ensured that the messages (and complementary information) were medically accurate. Finally, the Health Communication Partnership organized the messages and complementary information into a draft of the guide you now see, which was reviewed again by partner organizations before being produced and distributed.



HOW TO DEVELOP BCC MATERIALS

BCC materials should have a clearly defined strategy with specific goals. The process of developing BCC materials should consist of five steps: analysis, strategic design, development and testing, implementation and monitoring, and evaluation and re-planning¹.

Step 1: Analysis

Analysis helps program staff to:

- Identify the issues to be addressed;
- Understand the intended audience; and
- Mobilize available resources.

There are two components of analysis: situation analysis and audience analysis.

- Situation analysis is gathering information about:
 - The issue and its severity; and
 - Factors that could promote or hinder change.

Audience analysis is gathering information about:

- Possible partners for your project, activity, or materials development;
- The knowledge, attitudes, skills, and behaviors of your intended audience; and
- Communication channels in the area where you plan to conduct your activity.

You can conduct your analysis through:

- Focus group discussions with intended audience;
- Observation;
- Review of existing materials;
- Meetings with partners; and
- Assessment of available communication channels (who uses them and for what).

¹ Health Communication Partnership (December 2003). *The new P-Process, steps in strategic communication*. Baltimore: Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs / Health Communication Partnership.

Step 2: Strategic Design

Strategic design helps you to:

- Define your project's objectives;
- Decide the most effective way to achieve them;
- Create an implementation plan; and
- Create a monitoring and evaluation plan.

To define your project's objectives, you should make them **SMART**:

- **S**pecific;
- **M**easurable;
- **A**ppropriate;
- **R**ealistic; and
- **T**ime-bound.

To prepare yourself for making an implementation plan, you need to decide the most effective way to achieve your project's objectives. You should:

- Select your approach to behavior change (the model that you will follow);
- State your assumptions regarding the intended audience and your goals for them;
- State why and how you expect to affect change in your intended audience; and
- Select the partners and communication channels that provide you the most effective access to your intended audience, resulting, if possible, in both mobilizing the community as a whole and reaching individuals through interpersonal communication.

Once you have made these decisions, you can develop an implementation plan with the following characteristics outlining your strategy:

- Regular benchmarks to track your progress over time;
- Clear responsibilities for all stakeholders; and
- A line-item budget.

Your monitoring and evaluation plan should:

- Identify indicators and data sources to assess your intended audience's reaction and the impact of your materials;
- Identify methods of collecting information, such as:
 - Focus groups;
 - Observation; and
 - Surveys; and
 - Identify methods of sharing information, results, and credit between all actors (partners, allies, and communities).

Step 3: Development and Testing

Before you are ready to launch your BCC materials, you need to develop and test them. This helps you confirm that your product motivates your audience to change.

To do so, you can conduct design workshops, which:

- Include key stakeholders, such as managers, field workers, and members of your intended audience;
- Use participants input to determine whether your products meet your audience's needs; and
- Test your approach to the project and the ideas you include in your products.

After the material is designed, you should pre-test it, noting whether all information is:

- Clear;
- Easy to remember; and
- Socially and culturally appropriate.

Based on input from the workshop and pre-test, you can revise and retest the products.

You should report all of your results to partners and allies in order to:

- Build ownership; and
- Motivate them to eventually use the products.

Step 4: Implementation and Monitoring

Implementation involves:

- Participation by all key participants to distribute the materials;
- Flexibility and communication so that problems that arise can be quickly solved;
- Training so that all key players have the necessary skills for the project;
- Sharing information, results, and credit with partners, allies, and communities to keep everyone motivated towards achieving the program's goal; and
- Adjusting materials to ensure that strategic goals are being met.

Monitoring is about:

- Tracking existing statistics related to the targeted behavior;
- Tracking outputs to ensure that materials are:
 - Utilized as planned; and
 - Have the desired effect; and
- Tracking the reaction of your intended audience to ensure that they are:
 - Motivated by the product; and
 - Change their behavior.

Step 5: Evaluation and Re-planning

Evaluation can:

- Study whether the materials have assisted in achieving the desired change in knowledge, attitude, and behavior in the targeted audience;
- Identify the lessons learned:
 - Where your program is weak and needs revision; and
 - Where your program is strong and should be replicated;
- Guide your future program plans, including:
 - Follow-up; and
 - Extension activities;
 - Guide future funding allocations; and
 - Guide advocacy.

You should widely distribute your evaluation results throughout the community, so that everyone involved is aware of the program's impact.

Your evaluation results may indicate that you need to replan the design of your materials. Re-planning involves:

- Returning to the analysis stage to properly address the issues; and
- Continuing through the five steps with your new plan and materials (strategic design, development and testing, implementation and monitoring, and evaluation and re-planning).

FEEDBACK FORM

Any suggestions you offer are welcome. You can use the form below to organize your suggestions by key message and accompanying complementary information. You can either: 1) suggest new messages; 2) suggest changes to existing messages; 3) suggest new complementary information; or 4) suggest changes to existing complementary information. Please indicate which you are doing by circling whether your message/complementary information is new or existing.

General Topic	
Key Message Circle One: New Existing	
Complementary Information Circle One: New Existing	
Comments:	

You can submit your comments to Health Communication Partnership. For more information, call 011-416 9212.

Organizations participated in the development of the guide

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HEALTH COMMUNICATION PARTNERSHIP