

Girl
Focus
Toolkit

Step by Step Guide



Why the toolkit?

This toolkit is designed to help Ministries of Health and Education develop HPV communications for girls.

Communicating with girls about the HPV vaccine is vital to the long-term success of any campaign. It will improve broader attitudes around health-seeking behaviour at an important time for girls as they enter adolescence. This toolkit will give you a step-by-step guide and practical tools to help.

The steps and tools included here are based on research, materials and lessons from the Girl Effect - Gavi HPV programme in Malawi, Rwanda and Ethiopia. Our focus is to bring tips, examples, images and inspiration to your plans as you create your HPV project.

This toolkit is broken down into **5 key sections**. You can either read the whole guide, or look into the section that is relevant to you.

1 Set objectives

2 Gather insights

3 Design strategy

4 Create communications

5 Evaluate campaigns

Ideally, you will have at least six months before the vaccine launch to work through the five stages in this guide.

Girls are just one of the key audiences for your overall HPV communications plan.

This toolkit complements other **tools** that a number of Alliance partners have developed for other target groups.

Why talk to girls about the HPV vaccine?

It is important to communicate with girls because the vaccine is ultimately for them.

While the girl may not yet be the decision maker in the household, it is valuable for her to have a strong say in the decision to vaccinate. Young people are a major source of information for their parents.

We need to build trust and confidence in the HPV vaccine, and avoid rumours and misinformation spreading.

Girls who are informed and engaged with HPV vaccine messaging can be the biggest influencers for other girls:

- ‘In school girls’ may talk to ‘out of school’ girls.
- Girls will talk to each other and reduce fear of and resistance to vaccines.
- They will make sure misinformation and rumours don’t spread.

This may also be the first time she has been involved with the health system since infancy. So it’s also an opportunity for her to learn about the power of preventive health interventions. This can put her on a path of positive behaviours not just for her but also for her future family.



How early should you start?

Communications that work take time. Whenever possible, start planning at least 6 months in advance and make sure communications fit in with the wider programme.

Month 1
Set objectives

Month 2 - 3
Gather insights

Month 4
Design strategy

Month 5
Create and distribute
communications

Month 6
Set up baseline

**Plan your communications
as part of your programme**

**Launch
Evaluate**

Check that key elements of programme planning are in place before airing or distributing communications:

Are health workers / teachers trained?

Has microplanning been completed?

Key steps

1 Set objectives

Are you clear about what you want your communications to achieve with girls?

2 Gather insights

Thinking about doing some formative research? Some tips and guidelines on understanding girls.

3 Design strategy

Developing your communications strategy? Ensure girls remain part of your approach.

4 Create communications

Ensuring your creative work appeals to girls. Examples of some creative work to inspire you and that you can use.

5 Evaluate campaigns

Working out if you've been successful. Tips and guidelines on evaluating your approach.

Click on a speech bubble or tab to jump to a new section.

Set Objectives

What do we want to achieve with girls?



Set Objectives

The first stage of developing a communications campaign is establishing your objectives.

It's often tempting to add in as many objectives as you can, however, you will likely achieve more by prioritising, being focussed and being able to measure what you have achieved.

You know that you want to increase coverage and equity, but how do your communications contribute to this?

We hope you find these tips helpful. After you've set your overall objectives you will want to refine them according to the insights you learn and your decision on how to evaluate.

Set Objectives

Some key tips as you set your objectives:

Understanding what you want to achieve

Key steps for successful vaccine uptake

Understanding priorities for girls

Examples of why a girl may or may not choose to get the vaccine

How to use 'SMART' Objectives

Specific factors to consider when setting your objectives

A Girl Effect example in Ethiopia

A Girl Effect example in Malawi

You can **click on a box** to go to the page you are interested in!



Setting your objectives: what do you want to achieve?

The role of communications will depend on what stage of planning you are at:

1. Are you launching the vaccine?
2. Are you working to ensure drop out for the second dose is minimised?
3. Are you going to be giving the vaccine to a new age group (or multiple age groups) of girls?
4. Are you concerned that vaccine hesitancy is going to hinder your vaccine uptake?
5. Do you want to reduce the extent to which rumours are spread?

What girls are thinking and feeling at each stage will drive your communications goals. A behaviour change framework will deepen your understanding of the issues, and help you plan through each of the stages.

Informing and engaging girls with the right HPV messaging will have an impact on vaccine uptake - girls talk to each other and well informed girls will educate other girls and encourage 'out of school girls', rather than increase the spread of rumours.

Setting your objectives: A few key stages

Girls will go through several stages before they feel positive about getting the vaccine.

1. Gain awareness and knowledge of the vaccine, its purpose, its side effects and where and how to get it.

2. Consider vaccine: Attitudes and beliefs need to be positive. Girls tend to have many questions and they need answers that help them trust the vaccine.

3. Intent to vaccinate: She needs to feel that it is normal for girls her age to get vaccinated and that her parents and peers would support her.

4. Get vaccinated: She needs to feel confident that she can influence the decision, deal with problems coming her way and achieve her goal if she tries.



Setting your objectives: Understanding priorities for a girl

Why wouldn't she get the vaccine?



Think about her and what the barriers are that stop her from getting the vaccine.

Why would she?



Phrase the same barriers in a positive way. This is the aim of your communications!



Setting your objectives: Some examples

Why wouldn't she get the vaccine?



She doesn't know why the vaccine is needed, its side effects and what HPV is.



She doesn't think that her family would support her to get vaccinated.



She doesn't believe that her health is important and that she can decide what is important for her.



She doesn't think girls her age normally get the HPV vaccine and is worried that others will think she is sexually active.

Why would she?



She knows what the vaccine is for, how it's administered, what HPV is and why it's important to prevent it.



She feels that her family would sign a consent form for her to get vaccinated and would help her with any side effects.



She believes her health is important and that she has the capacity to choose if she needs the HPV vaccine.



She thinks that it's normal for girls her age to get the HPV vaccine and feels that nobody would judge her for this.



Can you make your communications objectives SMART?

Specific
Measurable
Achievable
Relevant
Timely

An example of a SMART objective from Ethiopia

Increase awareness among 14-year-old school girls in Addis Ababa that the HPV vaccine prevents cervical cancer (shifting awareness from 20% to 40% in the first month of launching the vaccine and maintaining that level for dose 2).

Specific

What is the priority? When a vaccine is launched an initial communications priority is often awareness. It helps to be specific about the target audience too.

Relevant

Increasing awareness is relevant to your overall objective to ensuring that girls feel positive about vaccine uptake.

Can you **Measure** results at the end of the campaign? How will you evaluate the impact of your campaign?

Are the objectives **Achievable** and **Relevant?** You will need to refine and revise based on what you learn when you gather insights and the media you can use.

Timely

Put a time frame on when you want to see the change. Make sure this includes both dose 1 and dose 2 of the vaccine.



Setting specific objectives

The context for girls in your country will impact your communications objectives.

How old are the girls being vaccinated?

And what role will the caregiver / gatekeepers play? What information will they need?

How many girls are being vaccinated?

Understanding the scale of the vaccination programme has an impact on content creation and evaluation design.

Are girls (and their caregivers) aware of the vaccine and what it protects them from?

Building awareness is usually the first priority for vaccine communications.



Making sure your objectives are appropriate: understanding the constraints girls can face

Girls are disadvantaged in many societies (patriarchal) which value boys more. When you design your HPV vaccine campaign remember some of the issues they may face:

- Girls in poverty may have little spare time for themselves
- They may be illiterate and not in school
- They may have restrictions on their mobility
- Girls may already be fulfilling adult roles
- They may not have access to information
- They may experience sexual / physical violence
- They can be vulnerable to contracting HIV and other sexually transmitted infections (STIs)
- They may have limited access to technology
- They often have limited agency and decision making power on issues that affect them and their families

Communications objectives

Communications objectives in Ethiopia

reflected the media possibilities there. For the first year research was developed to test how engaging the materials were for 14 year olds and their parents, sibling and peers with HPV-themed radio talk show content.

Consider the ability of your content to reach girls when setting objectives - i.e. be realistic.

Specific

Radio content provided information around cervical cancer, something which 14-year-old girls are keen for greater clarity on.

'Example of objectives from Ethiopia' In the first year of launch:

Improve knowledge that cervical cancer is caused by HPV but that it can be prevented through vaccination.

Improve beliefs among 14-year-old girls that the vaccine is safe and effective (i.e. will not cause infertility).

Achievable

These objectives were achievable with a 4 part radio series.

Measurable

3 x qualitative data collections assessed girls' engagement with Yegna radio content - including levels of knowledge, beliefs and attitudes before and after radio communications and vaccinations.

Timely

3 x data collections were scheduled around 4 x radio talk show listening groups before dose 1 and 2.

Relevant

Improving knowledge and beliefs are all relevant to increasing vaccine uptake.

Communications objectives

Communications objectives in Malawi.

Here the HPV vaccine was introduced to 9 year olds, therefore the communication objectives need to reflect the inclusion of caregivers. There was a need for simple communications.

Prioritise your communications objectives. Don't set so many that they become unattainable.

Specific

Specific elements of knowledge around vaccine delivery are referenced.

In the first year of launch objectives were:

Increase awareness of HPV vaccine among 9-year-old girls and their caregivers / parents.

Improve knowledge that two doses of the vaccine are required for 9-year-old girls, delivered at school, 6 months apart.

Improve beliefs among caregivers that the vaccine is safe and effective (i.e. will not cause infertility).

Achievable

As there were several media formats in Malawi, several objectives were achievable.

Measurable

Quantitative survey assesses knowledge, beliefs and attitudes before and after communications and vaccinations.

Timely

3 x data collections were scheduled over a 9 month period to check shifts.

Relevant

Improving awareness, knowledge and beliefs are all relevant to increasing vaccine uptake.

Understand the girl



Gather Insights

Once you have clarified your objectives you can focus on what you know, and don't know, about girls' understanding of and attitudes towards this issue. The emphasis in this section is on talking to girls to understand their perspective. Their insights and feedback will help guide your communications plan.

There are a number of useful guidelines on the stages of formative research for other target groups (such as health workers, community leaders, teachers and parents). Here we focus on what you need to consider when conducting research with girls.

Remember, if your budget is limited you can discover a lot about girls, and how best to communicate with them about the HPV vaccine, with a small-scale qualitative study.

Next steps: Think about what information you need and develop a plan for research

Gather Insights: Understand the girl

Learnings

The three stages of adolescence

An Introduction to girls' knowledge, beliefs, attitudes and behaviours

Girls' knowledge, beliefs, attitudes and behaviours: Common trends from Girl Effect's work in Ethiopia, Malawi and Rwanda

Girls' knowledge, beliefs, attitudes and behaviours: Different findings from Girl Effect's work in Ethiopia and Malawi

Tips

What to gather from already available information

How to conduct girl-centered qualitative research

How to find out what you don't know through formative research

Key questions to ask girls and their influencers in your formative research

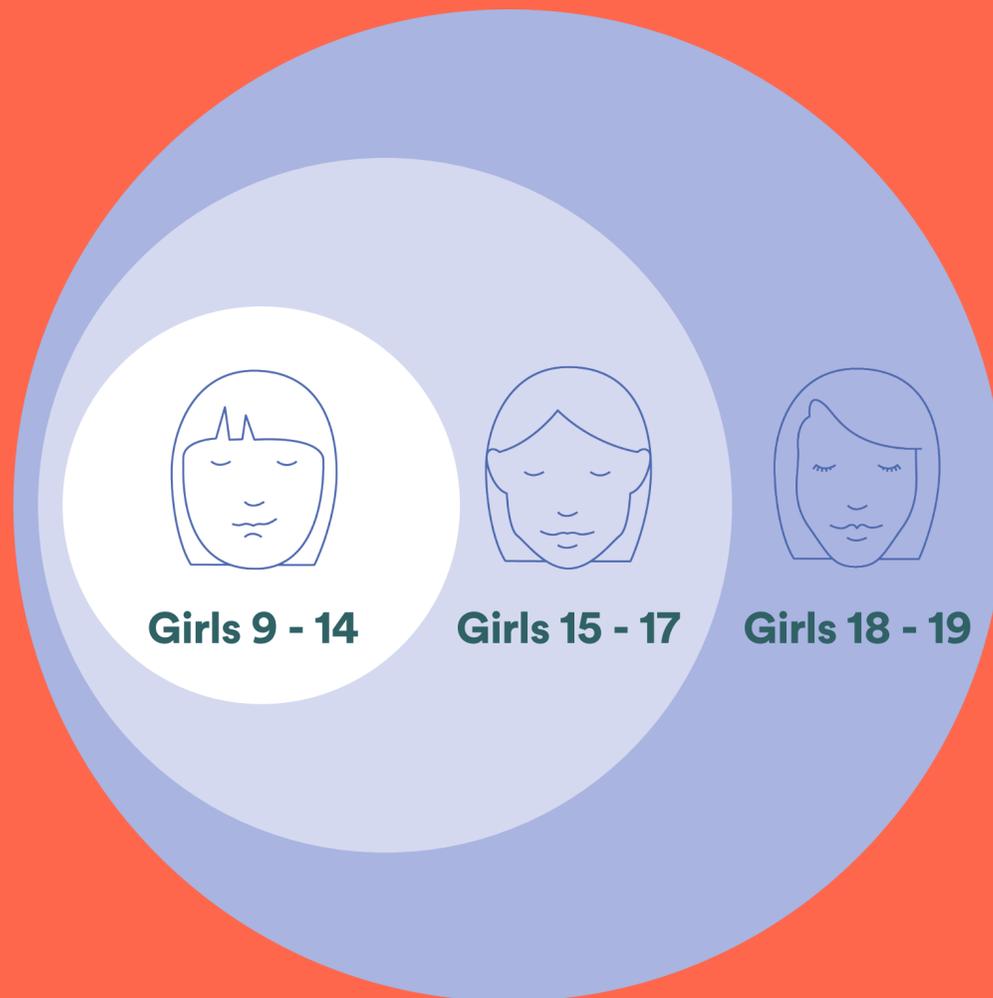
Examples

A Girl Effect example in Malawi

You can **click on a box** to go to the page you are interested in!



Three stages of adolescence



Research on adolescence conducted by Girl Effect and John Hopkins offers guidance for planning HPV communications campaigns for girls:

Early adolescence: Girls 9-14 years old

- Are less motivated by threats or punishments
- Take more risks
- Do not plan ahead (this develops in late adolescence)
- Peer recognition (and peer pressure) play a greater role
- Are easily bored

Communications need to be interesting for girls, mentioning cervical cancer that may happen in the future won't be very motivating for them. Nor will threats of cancer.

However, what other girls think and say is very important, so girls should be part of the messaging and engaged in peer-to-peer activities so they can play a role in preventing hesitancy.

Girls' health – knowledge, beliefs, attitudes and behaviours

As well as common threads, there are also some differences around how health is perceived among adolescent girls in Malawi, Ethiopia and Rwanda. These findings shape how girls approach the HPV vaccine, and in turn how we design content.

Knowledge

- Girls have knowledge gaps and are very keen to learn more (Ethiopia and Malawi).
- Girls feel there are not many people they can talk to (most comfortable talking to older female relatives about sensitive health issues eg sisters and aunts, often in preference to parents) particularly in Rwanda.

Beliefs

- Girls feel that most health information campaigns are intended for adults (Malawi).

Attitudes

- Girls worry about being judged if they are seen visiting a health clinic (Malawi).

Behaviours

- Girls and their families tend to be reactive rather than proactive in their approach to girls' health (Ethiopia, Malawi and Rwanda).



HPV Vaccine, knowledge, beliefs & attitudes

There are some common trends from our work in Ethiopia, Malawi and Rwanda regarding attitudes to the HPV vaccine:

Knowledge

- Girls and parents may have limited knowledge and access to information of cervical cancer, the HPV virus, the HPV vaccine and its role in preventing cervical cancer.
- There is a large appetite to know more: Girls and their parents have many unanswered questions, and providing some information often prompts further questions.

Beliefs

- Infertility myth: Many girls and parents have many questions around why the vaccine is only targeted at adolescent girls and this creates concerns and myths that it may cause infertility.
- Fear: Young girls are often hesitant about vaccines due to the pain of the needle during injection.

Attitude

- Positive attitudes: Girls show generally positive attitudes towards vaccines overall and understand they are good to prevent diseases.



HPV vaccine, knowledge, beliefs and attitudes – a few differences in priorities in Malawi and Ethiopia

Research findings

Content refinement

Research findings

Content refinement

Malawi

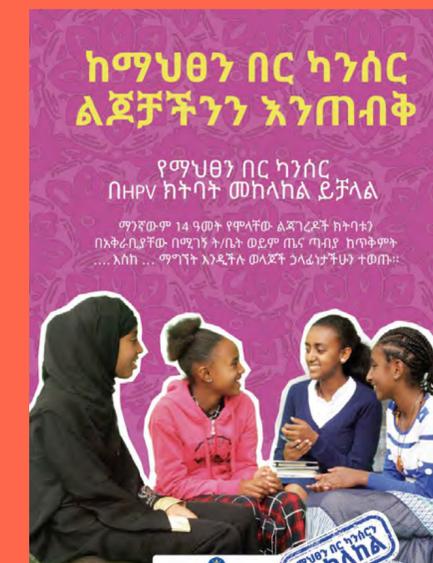
- The term ‘girls-only’ vaccine prompts suspicion and confusion.
- There is empathetic concern for girls who may not be eligible for the vaccine.
- Girls and caregivers have a low understanding of cervical cancer and the HPV vaccine.
- Girls need two types of support - formal health advice from experts and informal guidance from trusted, close family members.



Zathu magazine carries clear facts on cervical cancer and vaccine. Vaccine not described as ‘girls only’; features agony aunt advice.

Ethiopia

- Girls have low levels of knowledge and understanding of cervical cancer, HPV virus and HPV vaccine, with misconceptions.
- Girls are positive about the vaccine once they understand the benefits and are assured there are no side effects.
- Once informed, girls are keen to talk about the benefits of the vaccine with family and friends.



Yegna branded fliers show girls socialising (i.e. normalising vaccine); clear facts provided on cervical cancer and benefits of vaccine.

Gather already available information first

Good background knowledge can help guide your communications plans and lead your research. Here are some key areas to check.

Desk research

- Desk research is the first step towards gathering available data regarding the country of focus, demographic and cultural context and any previous research on this topic.
- Desk research creates a baseline and sets the context.

Demographics

- What is the population of the target audience? What are the key cultural differentiators? What are typical family structures? Which language is most prevalent?
- Knowing these elements help to understand the target audience and shapes how communications are both designed and understood.

Geography

- What is the terrain? How accessible are communities? How are urban and rural settlements characterised?
- Geography can play a significant role in how communications are accessed.

Education

- If you are targeting girls in schools: how are schools structured? How many girls are out of school? Where are they typically situated? What are literacy levels?
- Knowledge of educational status helps determine aspects of communications campaign materials.

Government

- What is the political climate? How do people typically relate to government / public authorities?
- Nuances in how government is perceived can shape how people respond to different types of communications content.

Girl-centred qualitative research

How to conduct research with girls

Ask girls directly.

Respect confidentiality and make sure girls are not put at risk by participating in the research.

Use methods where girls are directly involved in designing research tools and providing insights around their own lives and communities.

Validate findings with girls.

Ensure your researchers are respectful of and trusted by girls.

Some participatory methods for formative research are:

Focus group discussions – girls feel more at ease talking in a group with some of their peers.

Social mapping – to understand the influencers and decision makers in girls' lives.

Individual interviews – one-to-one interviews are important when we want to understand more about private and sensitive issues that girls do not feel they can share with others in their community.

If you are working with a research agency, make sure that they have experience in working with girls.

Find out what you don't know

If further insight is needed, then formative research should be considered. This can be qualitative or quantitative. Consider the following elements when designing formative research:

Objectives

For communications campaigns it's often useful to research the barriers and issues girls face which will drive your communications. Ensure your research is achievable and relevant by asking yourself and your team:

Why do we need to conduct the research?

Do we need to understand key issues girls face to drive our communications messages?

Or do we need to establish key indicators by which we measure success?

Research approach

Qualitative research with open ended questions allows for greater understanding of key issues and exploration of sensitive topics. It is useful for guiding what the main messages should be and is usually simpler and cheaper. However, qualitative data won't provide you with numerical evidence. Quantitative research enables a numerical check on the extent of the problem. It may be useful for establishing a baseline and indicators for evaluation purposes but, unlike qualitative data, won't help you understand the issues behind the numbers.

Sample

Will depend on several factors, for example:

- The objectives of your research
- Age of target group

A range of audiences may need to be consulted, e.g. girls, siblings, parents, health workers, school

teachers, local leaders. A typical formative qualitative sample could include 50 girls & 25 adults, whereas quantitative samples can be between 100 - 1000 respondents, as it needs to show a numerical significance

Timing

Research with girls needs to consider school terms, holidays, and other cultural and national events. Research also needs to be scheduled around the school day. Research projects can take 2-3 months to carry out, with most of this time devoted to planning and analysis.

Logistics

Safeguarding geography

Out of school girls

Recruitment - who are the best 'first contact' people in communities to recruit the participants?

Some key questions to ask girls and their influencers in your formative research

Your researchers will create a discussion guide to help develop an understanding of attitudes and understanding among girls and their parents. To work well, this discussion guide encourages a relaxed discussion and works to understand the broader issues girls face around health before focussing on the HPV vaccine. Here are some of the questions that you may include.

Health / Health Services

How do you feel about your health? How do you use health services? How comfortable are you talking to parents / health workers about your health? What about sexual health? How comfortable are you visiting an SRH clinic?

Vaccinations

Have you ever been vaccinated? What was it like? How do you feel about vaccines? Who makes the decision if you have a vaccine or not? What are the benefits / drawbacks of vaccines?

Cervical Cancer

Have you heard of cancer? From where? What is it? What about cervical cancer? Do you know anyone who has this? What causes it? Can it be prevented? What are local names for it?

HPV Vaccine

What do you think about the HPV vaccine? What does it prevent? Are there any risks? How many doses are required? How effective do you think it is? Would you receive it? Why / why not? What do people think/say about HPV vaccine?

Decision Making

Who makes decisions about your health? Do you discuss your health / health related issues with those around you? With whom – peers, parents, teachers, etc?

Media

What type of media do you prefer? What about health information? Where do you mostly hear / see that? Who is the most appropriate provider of health information for girls?

From Malawi

In Malawi the following elements all formed the structure of formative research design.

Research Method

Qualitative research was conducted with 9-year-old girls, siblings and their parents.

This was in addition to a quantitative baseline, midline and endline to measure impact of communications.

In-depth/focus group discussions

In-depth discussions with girls, their parents and their siblings, as girls this age are very young to participate in research.

Interviews with 9-year-old girls were kept short, otherwise there is a risk girls become fatigued and give inaccurate answers.

Sample

Two stages of research were required as the target age group changed from 14-year-olds to 9-year-olds.

In the first sample there were 100 girls, 100 parents and 23 health workers.

Key questions asked

Health: Who makes decisions about your health? Who do you discuss your health related issues with?

Media use: What type of media do you prefer?

HPV: Have you heard of cervical cancer? What do you know about the HPV vaccine? What does it prevent? Are there any risks? How effective do you think it is? Would you receive it?

Why / why not?

Key findings

Parents and siblings play a key role in decision making and health / vaccine information provision

Girls and parents have a low understanding of cancer or cervical cancer / HPV - with misconceptions.

Although positive about vaccinations, some parents are reluctant to consent to a 'girl only' treatment (concern that this impacts fertility). Girls are concerned about the pain of the needle.

Design strategy

Developing messages and strategy



Design Strategy

Now that you have gathered your insights and understand the issues your target audience faces, you can work out key messages and choose the media that will best communicate those messages.

Allow your communications to be led by what girls tell you and which media work best for them. As you plan your communications, remember different channels work better for different messages. Think through how different groups influence and interact with girls and their parents and how you can best help them to effectively communicate with girls.

Next steps: Develop a **message framework** for girls and then for your other target groups. Base this on what your insights have uncovered.



Design strategy

Learnings

A message framework

Addressing girls' knowledge on their understanding of cervical cancer

Addressing girls' knowledge on basic information about the vaccine

Addressing girls' beliefs and fears of the vaccine

Addressing girls' beliefs through combating suspicions of the vaccine

A summary of communications principles in your Message Framework

You can **click on a box** to go to the page you are interested in!

Communications principles

Tips

How different types of carriers can work better for your messages

How different channels are used for different messages

Who to consider when developing strategies to target secondary influencers

Considerations for choosing media

Examples

A Girl Effect Example of messaging for girls in Ethiopia

A Girl Effect Example of messaging for girls in Malawi

A Girl Effect Example of how media access for girls varies between countries



A Message Framework

1. To address girls' knowledge - understanding cervical cancer

Girls' understanding guides the messaging and the media that is then used. Girls questions are grouped into 4 sections: Understanding cervical cancer, Understanding the HPV vaccine, Combating fears and Combating suspicions. The questions here focus on addressing girls' knowledge around cervical cancer.

A girls perspective/need

What is it?

How can you get it?

How can you prevent it?

Key messages

Cervical cancer is one of the most common cancers affecting women and it can be fatal.

It is caused by the HPV virus, which can be transmitted sexually.

The vaccine can stop you from getting cervical cancer. As you get older (over 25 years old) screening at your local health centre will also prevent it.

Type of exposure required

Complex messaging

Repeated exposure

Longer dwell-time

Examples: Radio show, TV show, magazine article, health worker interaction

A Message Framework

2. To address girls' knowledge – basic information about the vaccine

A girls perspective/need

What is the HPV vaccine?

How many doses does it come in?

How can you get it?

Key messages

This new HPV vaccine prevents cervical cancer and will keep you in good health.

The HPV vaccine comes in two doses – it is important you have both doses for it to work properly.

You can get it in school on xx date or from the health facility if you miss the school vaccination.

Type of exposure required

Complex messaging

Repeated exposure

Longer dwell time

Examples: Radio show, health worker interaction

Simple messaging

A shorter dwell time medium

Examples: Leaflet, poster

A Message Framework

3. To address girls' beliefs – combating fears

Emotions play a big role in girls' decision making at this age, and understanding and combating their fears is very important if rumour spreading and vaccine hesitancy is to be avoided.

A girls perspective/need

I have fears about the vaccine.

I don't know much about the vaccine, some people say it can make you infertile.

I'm worried about the pain and swelling from the vaccine.

Boys will make fun of me.

Key messages

The HPV vaccine is safe, it may produce mild side effects – they usually last less than a day and are not dangerous.

The HPV vaccine keeps you healthy and you will be able to start a family when you choose to. The HPV vaccine feels like any other injection into the arm. Your arm may feel a little sore for a day or so, but that feeling soon goes away.

All girls my age are having the HPV vaccine and all boys are being told why it is important for girls to have it.

Type of exposure required

Complex messaging

Repeated exposure

Longer dwell time

Examples: Radio show, TV show, magazine article

A Message Framework

4. To address girls' beliefs – combating suspicions

Emotions play a big role in girls decision making and it's important to reassure and address girls' suspicions.

A girls perspective/need

I don't understand...
 Why is the vaccine just for girls?
 Why is the vaccine just for girls my age?

Key messages

The HPV vaccine is for girls because it mostly leads to cervical cancer, which is a cancer of the female organs.

The HPV vaccine works best when received by girls when they are young.

Type of exposure required

Complex messaging

Requires repeated exposure
 Longer dwell time

Examples: Radio show, TV show, magazine article, health worker

Communication principles

Keep it simple

Audiences will struggle to retain many messages on what is already a complex topic.

Balance of 'bad' and 'good' news

Introduce the problem (cervical cancer) and then provide the solution (HPV vaccine) and screening for those not eligible.

Encourage conversations

Ultimately we want girls to feel this vaccine is a normal thing to talk about with others.

Stress safety and effectiveness

Reassure the HPV vaccine is safe and it prevents cervical cancer.

Issues not to raise, but be ready to respond if questions arise:

Counter the infertility myth

The safety of the vaccine also means that you can still have a family in the future.

Sexual Reproductive Health (SRH)

Sexual component of HPV will likely encounter stigma and divert focus away from core message.

HPV virus

Virus is complex to describe and as with SRH may encounter stigma and divert focus.



The carrier of the message can be as important as the message itself

The person conveying the message needs to be trusted and respected by girls - particularly if you are working to combat fears and suspicions. You may want to use a variety of these messengers, who all have different roles to play:



A sense of the real-life experience



Relay technical information that needs to feel trustworthy and credible



Informed advice in a confidential and non-judgemental manner



Could be grandmother or teacher or a health worker. Underscores the importance of the messaging, helping to make it appear trustworthy and credible

Different channels are better for different messages

Try and use a combination

Are your messages complex or simple?

Short dwell-time media

Long dwell-time media

What communications channels could you use?

Poster

Jingle

Radio PSA

Billboard

Poster

Leaflet

Magazine

Print ad

Radio drama

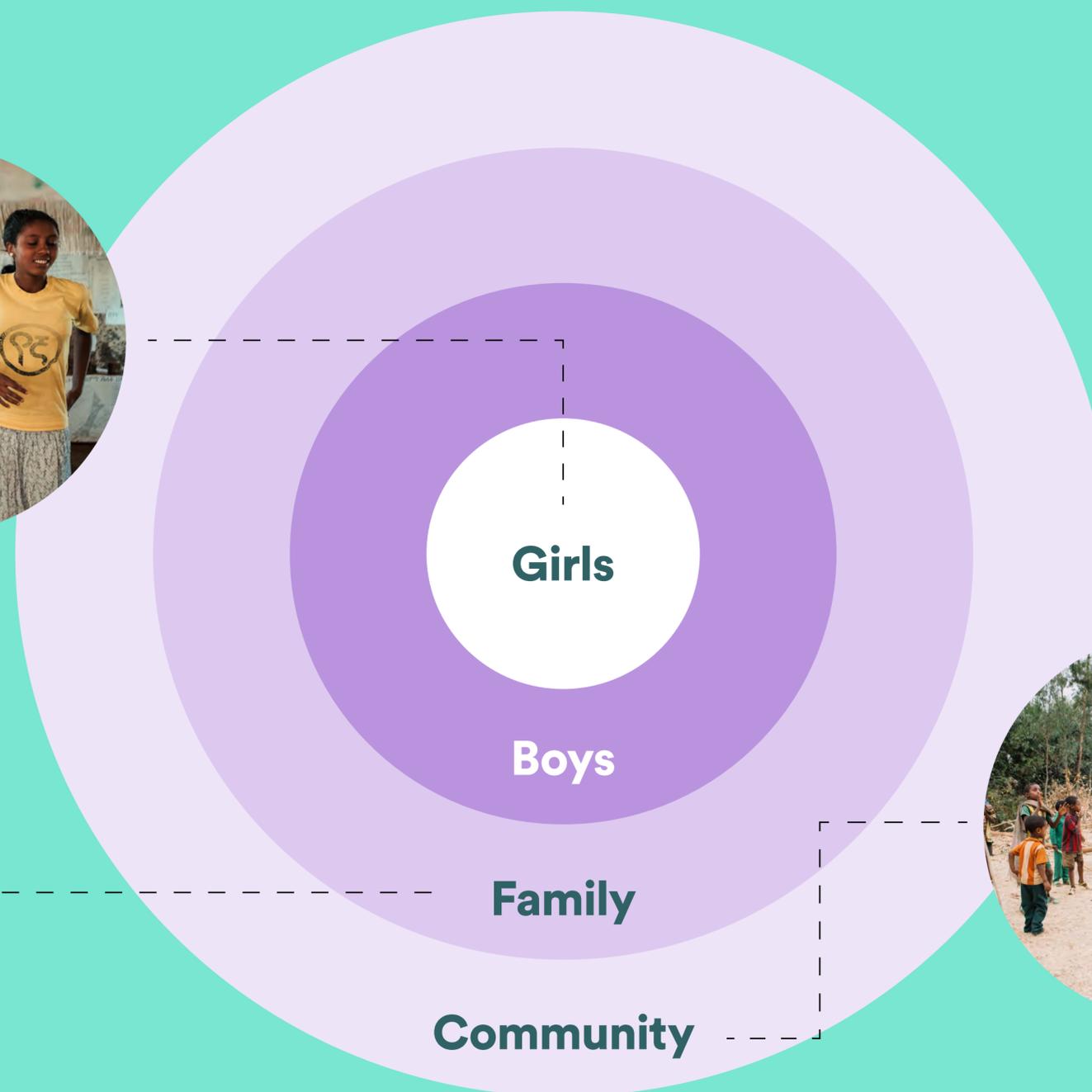
Radio show

Tips for your communication channels

- Keep number of messages limited (1-2)
- Avoid complex and contentious topics (HPV virus)
- Prioritise key messages (problem, solution, call to action)
- Ensure messages are clear and do not prompt further questioning
- Greater scope for detail and a wider range of associated topics (e.g. HPV virus, girls-only, age etc.)
- In-depth exploration of topic also encourages interactivity (i.e. girls can ask questions)

Developing strategies to target secondary influencers

- The people in a girl's network will influence her decisions.
- Ideally, some of the messages don't just target girls but also some of the people around them, those that influence girls and affect their decisions.
- Targeting those around girls will create a greater and more sustainable impact.



Considerations for managing budget and selecting media

Messaging needs – which media work best?

Which girls are you aiming to reach?
Which media do they use?

What is your available budget? What is the cost per girl reached of each media option?

Do you need several media types to enable you to convey all of the messaging required?



Managing your budget

It's important to allocate a communications budget at the beginning of your planning, and there are many different guidelines on how best to set a communications budget.

You may want to set it as a percentage of your total budget. In the Rome Consensus of 2006, the United Nations recommended including a specific budget line of at least 5% for C4D of the overall budget, for all development projects (depending on the scope of the tasks at hand).

You can cost out an ideal media plan, thinking through how best to reach your different target audiences with different media. You could also review what budgets have been allocated to other similar campaigns that have made an impact in your country. Ideally we would recommend working with an agency to help you think through your specific needs and appropriate budgets.

We understand resources can be scarce and the digital assets in the Girl Focus toolkit are designed to help you keep your costs down.

The following budget components should be considered:

- Creative design
- Pre-testing
- Production
- Printing
- Distribution / networking costs
- Social media resourcing, production and promotion
- Media planning and buying
- Campaign vs. routine vaccination approach

Assessing your media options

We've already mentioned the advantage of a multi-channel approach and the need to check the cost of any channel per girl / caregiver reached.

As you select your media you will be looking too at what is possible within your budget - ideally you want to balance scale, with the need for more personal messages:

- Radio and TV can reach both audiences at scale, are often overheard by others and help create awareness (eg radio talk shows can be an engaging way to connect with caregivers).
- School-based programming can be considered for girls, including posters, magazines, leaflets and MoE school radio / TV channels.
- Social media can reach caregivers and girls older than 13, and billboards in public can help build background familiarity around the vaccine.
- Effective interpersonal communications are important. Ensuring the messages developed work well with networks working directly (and face2face) with girls complements your other media options. It will be important to ensure your media reaches and gets noticed by your target audience.



Media planning examples

Here are some examples of coordination of messages and media from Girl Effect's work in Ethiopia and Malawi.



Approach in Ethiopia (for 14 year old girls)

Key messages

A range of messages from the framework as girls are older and long media formats and multimedia formats were possible.

Key messengers

Yegna band members act as inspiring role models for the girls to engage with.

Yegna journalists, that the girls know and trust through the radio talk shows.

The girls themselves.

Key media

TV – drama

Radio talk show

Mini media clubs in schools

Approach in Malawi (for 9 year old girls)

Key messages

The cervical cancer vaccine prevents cervical cancer and is safe and effective*

Key messengers

Zathu band members act as inspiring role models for the girls to can engage with

An agony aunt, that the girls trust and feel that they know can give girls more factual advice

Key media

Radio – drama and talk show

Mini-magazines distributed through schools to girls (to also discuss and share with parents)

Messaging here had to be simple and thoroughly tested to ensure it was appropriate for 9-year-old girls. Attempts to explain the HPV virus was too confusing for them and explanations of methods of transmission caused concerns amongst parents.

*Note in Malawi it's referred to as 'the cervical cancer vaccine', as there was concern that HPV would be confused with HIV.

Media access for girls varies between countries

Key messages

In Rwanda and Malawi radio is the most accessible media platform, however in Ethiopia mobile phones are more common.

Media access also varies dramatically within each country.

In all three countries there are huge disparities between urban and rural areas.

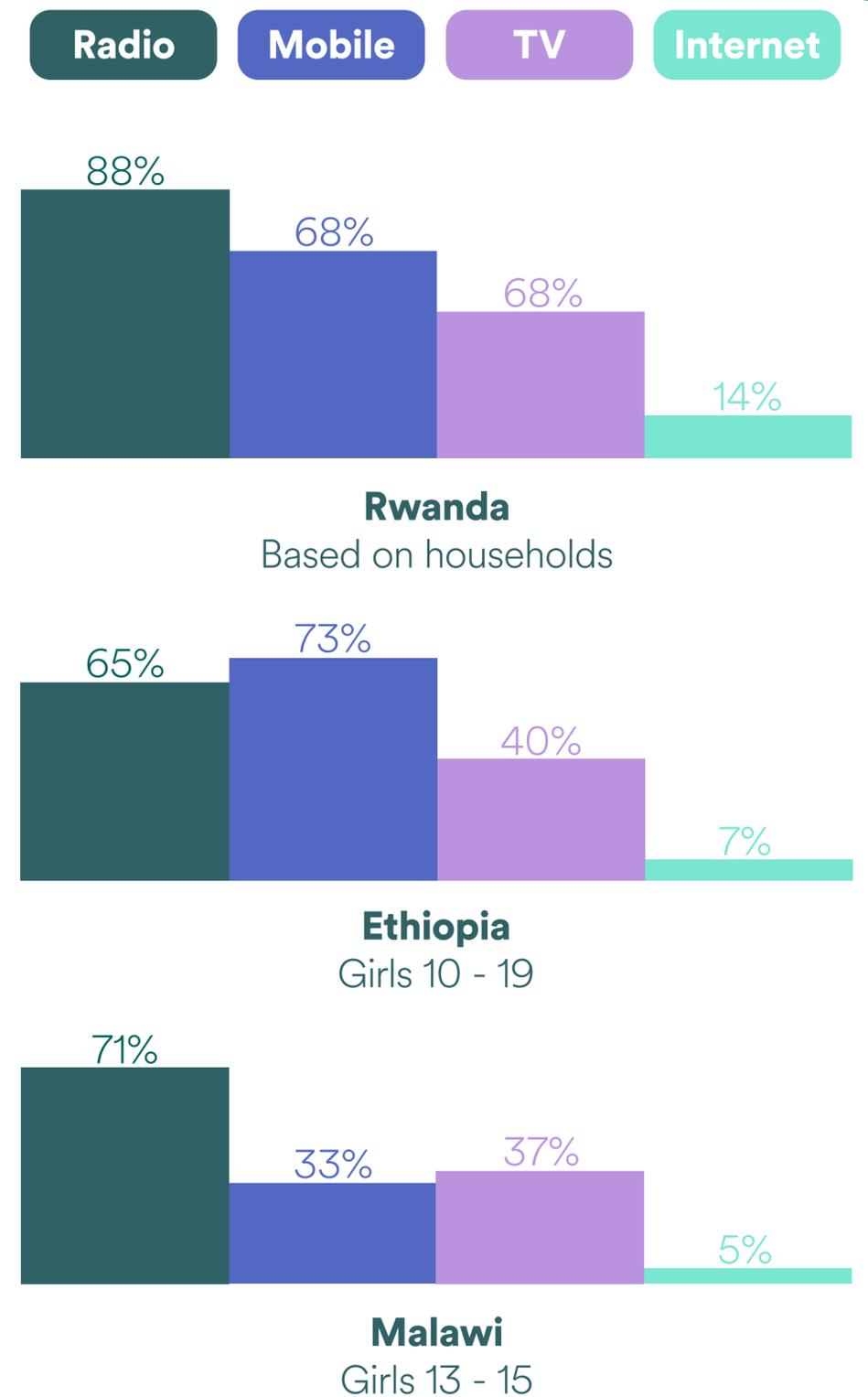
For example, watching television in rural areas in Rwanda is often a communal activity. Across the country only 16% of households have a TV, however in Kigali this is 68%.

Women and girls also often have lower media access than men and boys in the same country.

For example, in Ethiopia 21% of women have no access to any TV, radio or mobile compared to just 8% of men.

Review what data is available to tell you what media your target groups watch/listen to / use and ask them about this in your formative research.

Sources: Ni Nyampinga Wave 4 tracker 2016, Yegna Wave 4 tracker 2017, Zathu Wave 1 tracker 2017, internet access data for Ethiopia comes from DHS survey 2016. Please note: Data is not directly comparable due to differences in the methodology across the surveys. Rwanda is nat rep households access at home or in the community, Ethiopia is 10+ population in Addis Ababa and Amhara. Malawi is 18+ population in focal districts (Lilongwe, Mzimba, Machinga and Zomba)



Create communications



Create communications

Now that you have gathered your insights and designed your strategy, you can think about how you want to communicate these messages with girls. Let's be creative!

In this section we'll show you two types of creative solutions:

Create a campaign

See how you can use the Girl Focus Toolkit to connect with girls and caregivers in effective and engaging ways.

Use an existing brand

Examples from Malawi, Ethiopia and Rwanda, based on existing Girl Effect brands in those countries.



Our girl focused approach

For communities to thrive, young girls need to be given every chance to grow up healthy and informed. However, health campaigns rarely talk to girls directly and many campaigns are primarily focused on the parents. They contain information that is overly complex, too simplistic, fails to bust myths or is simply scary.

For adolescent girls, cervical cancer and the HPV vaccine can be a difficult subject to engage with. A lack of information, rumours and miscommunication have all contributed to their unease and uncertainty. But getting the HPV vaccine is an important step in ensuring their long-term health.

To make a difference, we need to do things differently

The Girl Focus Toolkit takes a girl-focused approach, within a comprehensive communications strategy. Each piece of communication speaks directly to girls, inspiring them with positive messages (while reassuring their communities) that getting vaccinated is the right thing to do.

This approach will:

- Ensure girls feel engaged, informed and valued
- Help girls understand their options and feel in control of their choices
- Help girls have a more positive vaccination experience

It will also help achieve our long-term ambition:

By receiving the HPV vaccine, a girl can begin a lifetime of positive health-seeking behaviour for herself, her children and the generations yet to come.



Girl Focus Toolkit

Each component has been created to cater for different needs:



Need to build a campaign from scratch?

The **Step by Step Guide** takes you through a five-step process for developing an HPV vaccine campaign. From setting objectives to design strategy, creating communications to evaluating effectiveness, it's full of detailed information, tips and real-world examples.

[Click here for access](#)



Want to see how others are using the toolkit?

Campaigns in Action offers insights into country specific challenges and showcases their campaign communication materials.

[Click here for access](#)



Want to provide design guidance and/or ready-to-use templates to your design agency?

The **Design Guide** offers detailed information on how to create a campaign that will be effective in your country. Developed primarily for design professionals, it shows how to design and produce girl focused communications.

[Click here for access](#)



Design Assets

The **Design Assets** folder contains lots of ready-to-use design templates that can be easily adapted to meet a country's cultural needs.

[Click here for access](#)

Girl Focus Toolkit: Design Guide

Based on experiences in other countries, it's clear the HPV vaccine is viewed differently to other vaccines. It brings out sensitivities around cervical cancer, the age of girls and sexual / reproductive healthcare.

With this in mind, all the HPV vaccine campaign options detailed in the Design Guide are positive, bright and cheerful to ensure girls feel inspired, informed and valued.

The Design Guide offers two campaign design options:

Illustration

Photography

These two options are available to meet the different cultural needs of countries to ensure the campaign resonates most effectively with young girls.

The Design Guide has already been used successfully in Côte d'Ivoire, Lao PDR and Liberia. Over the next few pages, you will find examples from their campaigns.



Poster, Côte D'Ivoire

The illustrative design option uses bright colours and charming illustrations to ensure the campaign exudes positivity and confidence. By using friendly characters, culturally relevant background elements and motifs this design option makes the topic feel more familiar and less intimidating for girls to engage with.



Press advert, Lao PDR

In some cultures, the use of photography can make a message more compelling. This design option uses real-life images of the target audience in a positive and accessible way. These warm, friendly images are further enhanced by the addition of culturally relevant objects and icons.



Leaflet, Liberia



Cap, Liberia



Wristbands, Liberia

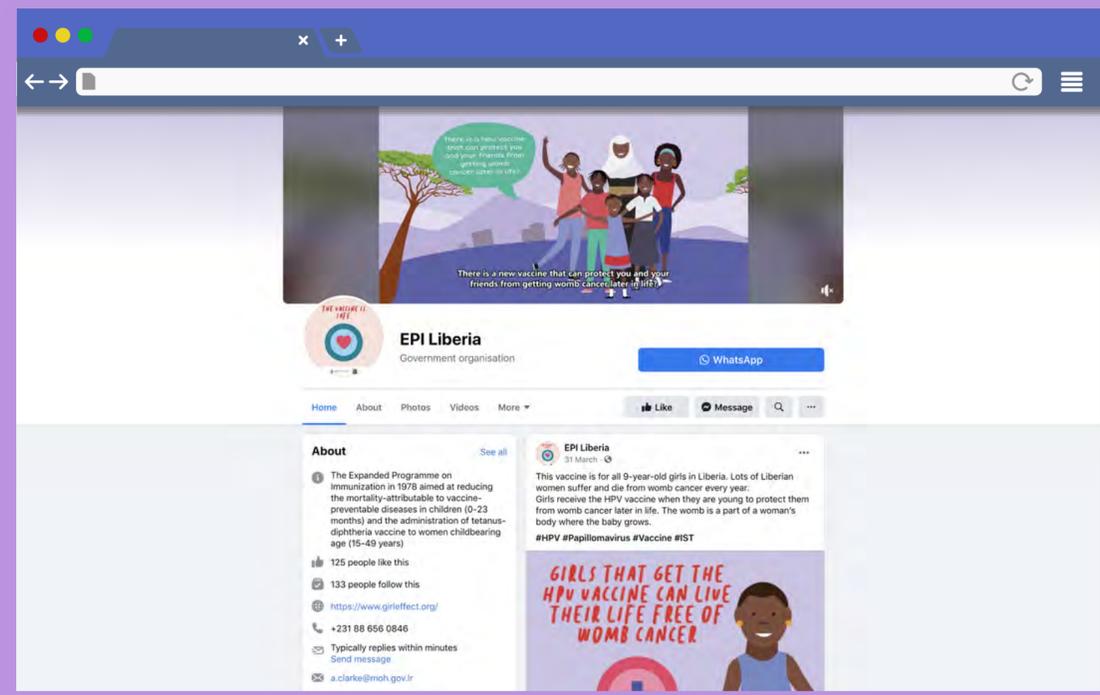


Stickers, Côte D'Ivoire

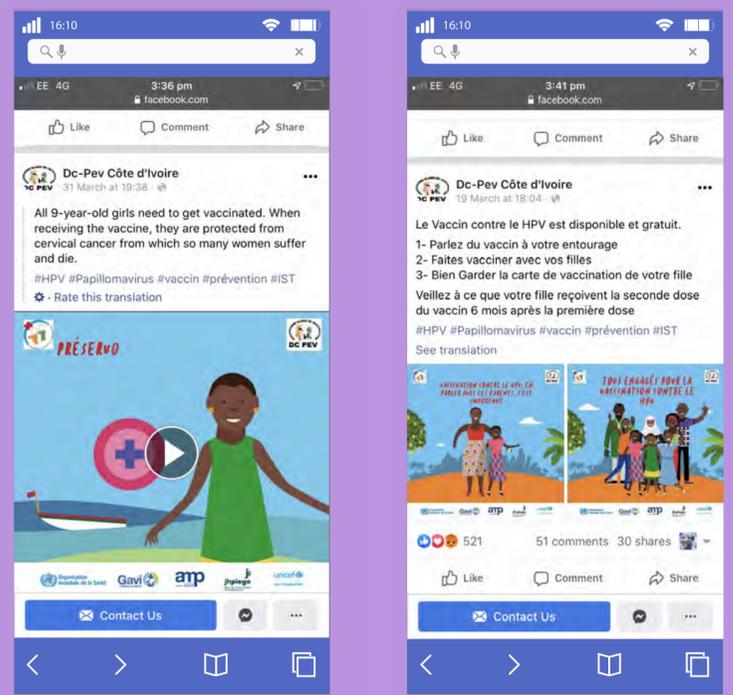


T-shirt, Liberia

Facebook and Animation, Liberia



Animated Facebook ads, Côte D'Ivoire

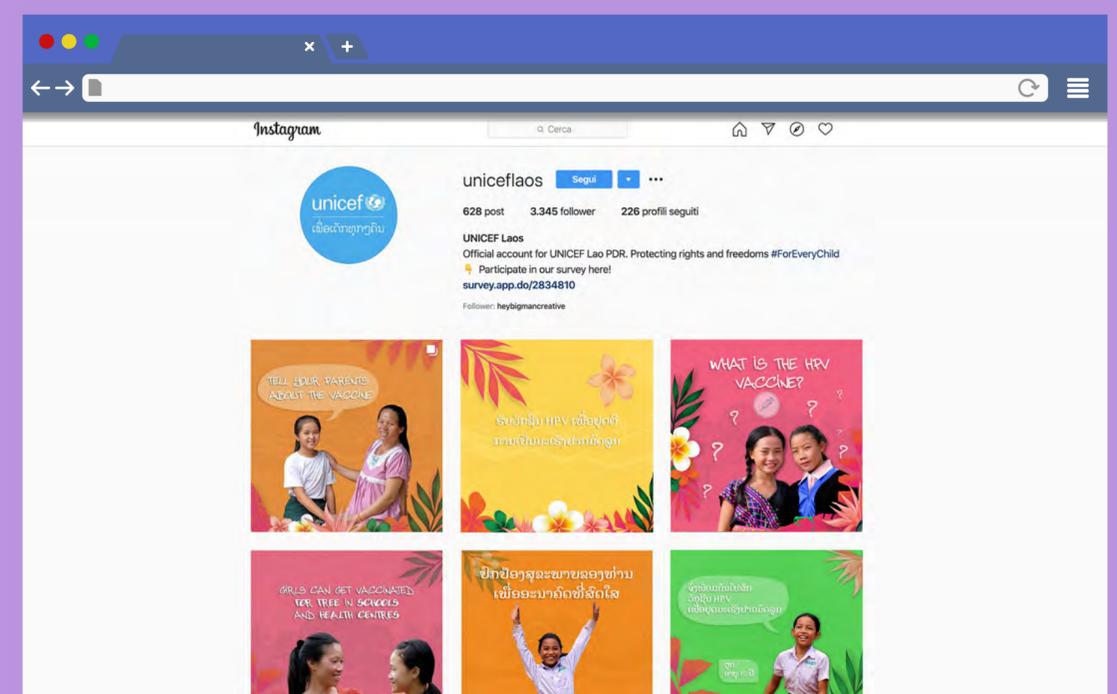


Social media

Social media is a powerful way to communicate directly with girls. This activity on Facebook and Instagram also used animation which allowed complex information to be shared quickly and easily.

Watch the animations, [Click here](#)

To see the social media templates in Design Assets, [Click here](#)



Instagram posts, Lao PDR

Girl Focus Toolkit: Campaigns in Action

This component showcases campaigns that have already been created using the Toolkit. Full of inspiring real-world examples and actionable insights, Campaigns in Action proves what is possible regardless of budget, resources and timeline.

Each Campaign in Action covers:

- Key challenges
- Campaign strategy
- Communication materials
- Insights and learnings



Challenge

To deliver the HPV vaccine campaign, the team in Lao PDR faced two challenges. The first was developing communications that could resonate across the country's rich ethnic diversity (49 ethnic groups), and the second was delivering a campaign within a busy schedule of other health interventions.

By using the easy-to-use toolkit - primarily the user-friendly Design Guide and turn-key design assets and graphic assets - it was apparent that the time required to deliver a range of communication materials and media executions would be minimised. This was key to ensuring the team would get the support it needed. The design assets could also be easily tailored to meet the country's cultural needs.



Social media was used to great effect

Social media is a powerful way to talk directly to older girls and caregivers, and was used extensively in Côte d'Ivoire. Executions (both static and animated) appeared on Facebook and LinkedIn.

Many posts used animation, a really effective medium for sharing complex information quickly and easily. These short and long form executions were distributed on EPI social media and featured a selection of characters that were appealing to girls and their communities. A long-form animation was also uploaded to YouTube.

Positive effects

Insights and learnings from Liberia:

- The importance of good coordination of the development of materials, getting buy-in from all stakeholders and starting development from an early stage.
- Targeting caregivers (i.e. parents) as well as girls proved to be important, in countering negative rumours regarding this new vaccine.
- Diversification of social channels (such as using Instagram) would reach a younger audience.
- Effective social channel community management is key to campaign success in the long term.

Feedback from partners in Liberia:

"The messages are already there, so it's just a case of contextualising it. It is all in place" [EPI Manager, Liberia]

"This was a perfect opportunity to have a look at communications that came from a different angle, a different perspective" [EPI Manager, Liberia]

Social media results:

- Posts published on Facebook - 14
- People reached - 178,085
- Likes - 4,355
- Comments - 145
- YouTube views - 24,556



Using an existing youth brand

Girl Effect has already helped many countries successfully create youth brands to inspire positive health and lifestyle choices amongst young people. If there are branded media options which target youth in your country, these could be used to communicate the HPV vaccine message to young girls.

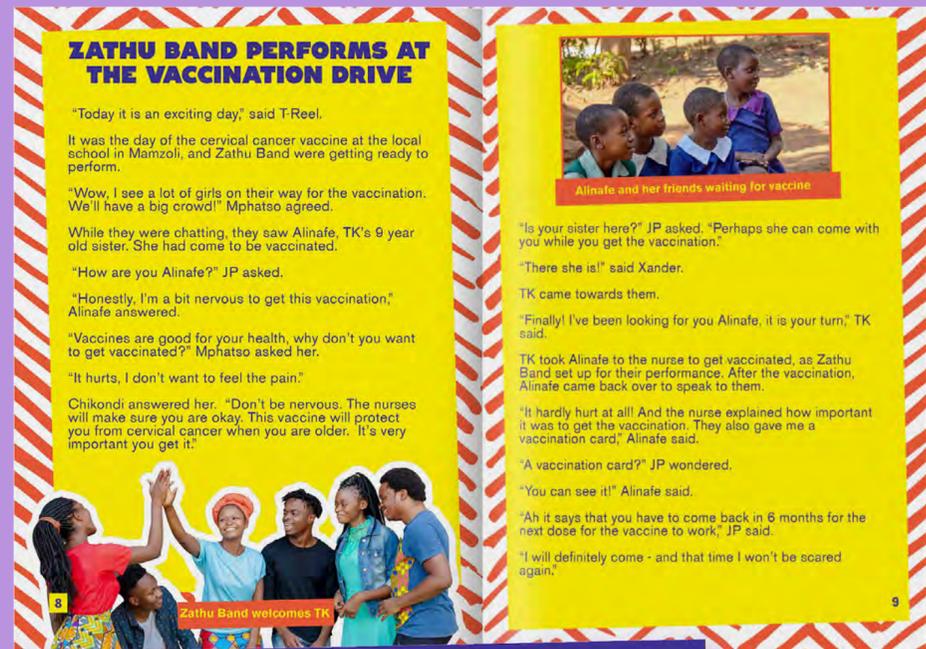
For example, in Malawi the Zathu youth brand uses the power of music and storytelling to close the gender gap and tackle challenging topics such as relationships, stereotypes, self-expression and sexual health.



To communicate the HPV vaccine message in a thoughtful, interesting and inspiring way Zathu published a mini-magazine that targeted nine-year-old girls who were due to be vaccinated the same year.

Creating an HPV vaccine campaign that leverages the strength of an existing youth brand offers several advantages:

- It's already culturally appropriate
- Is trusted by the audience
- Has an existing presence in media channels



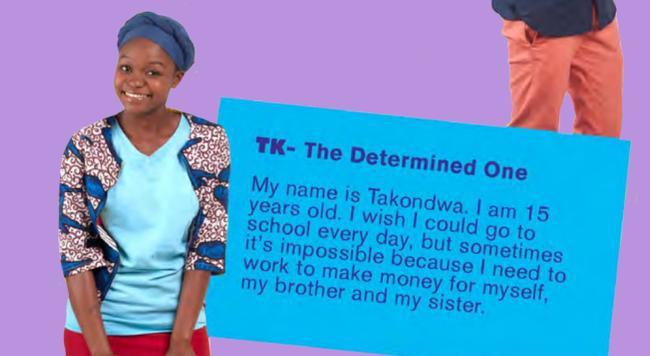
Time to meet the Zathu characters! Despite the challenges they face, these friends are always there for each other. Follow their stories on Zathu Pa Wailesi every week.



T-REEL - The Arrogant One
 What's up guys? My name's T-Reel. I'm 17. I like music more than anything else. I'm going to be a professional musician one day.



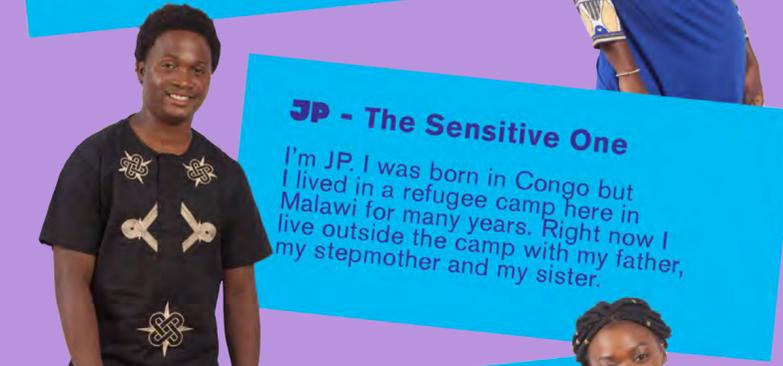
XANDER - The Good Guy
 My name is Xander. I am 16 years old. My parents own a tailoring shop - they trust me to look after the shop when they are away. It's a lot of responsibility, but I enjoy it.



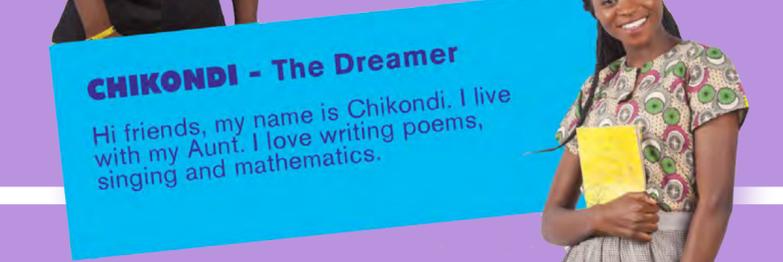
TK- The Determined One
 My name is Takondwa. I am 15 years old. I wish I could go to school every day, but sometimes it's impossible because I need to work to make money for myself, my brother and my sister.



MPHATSO - The Strong One
 My name is Mphatso. I am 17 years old. I am in Form 3 and I'm an entertainment prefect. I live with my grandmother and my cousin Gloria.



JP - The Sensitive One
 I'm JP. I was born in Congo but I lived in a refugee camp here in Malawi for many years. Right now I live outside the camp with my father, my stepmother and my sister.



CHIKONDI - The Dreamer
 Hi friends, my name is Chikondi. I live with my Aunt. I love writing poems, singing and mathematics.



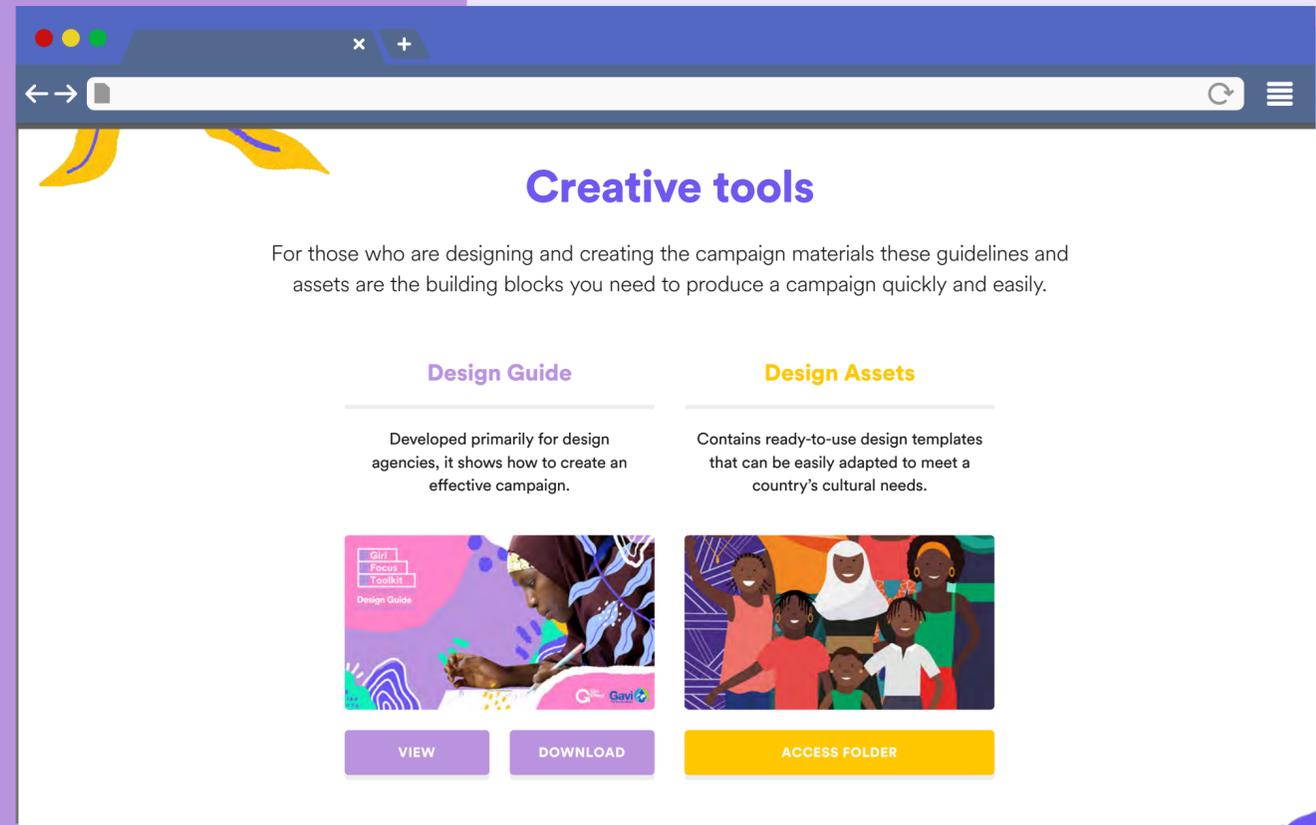
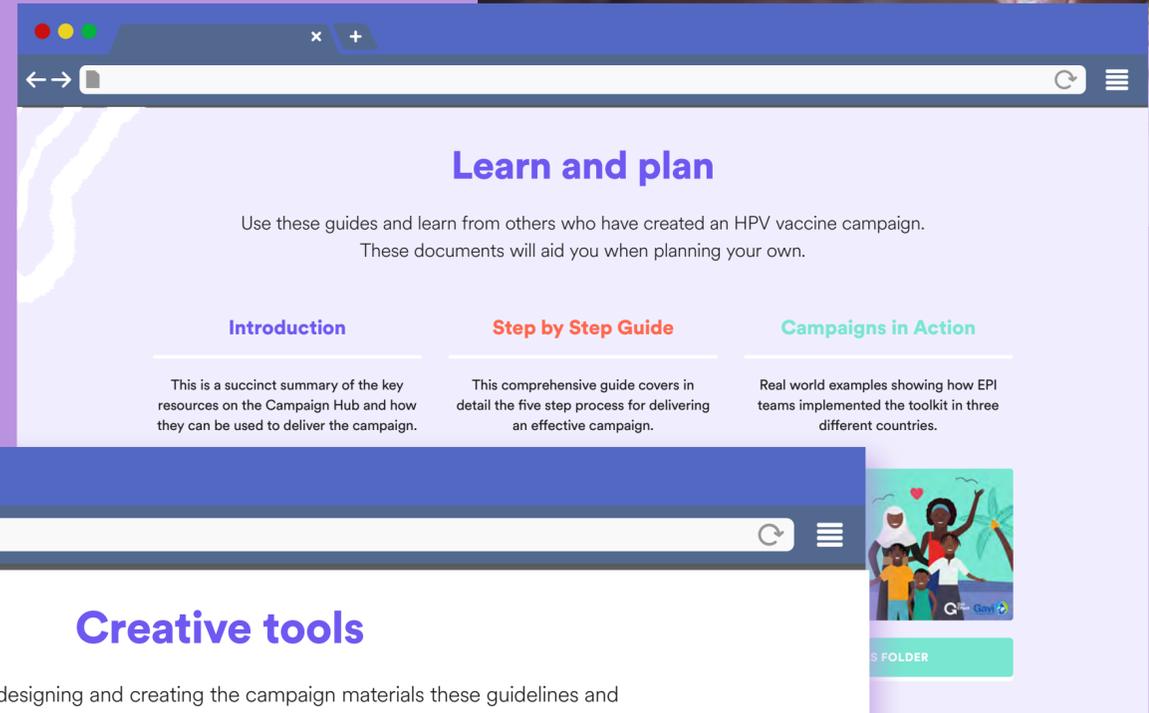
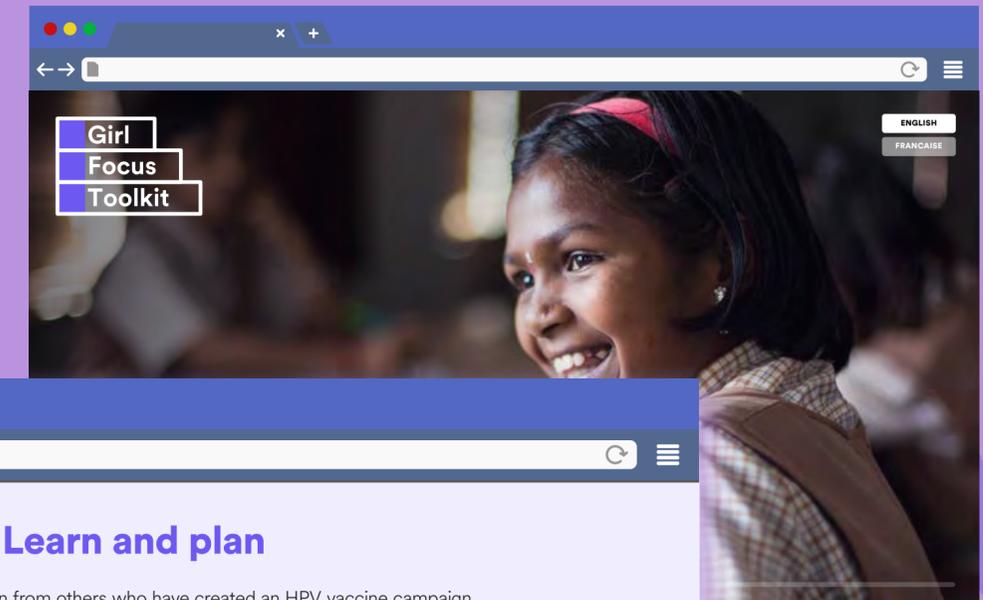
Next steps: explore the Girl Focus Toolkit online

The Girl Focus Toolkit has been designed to make the process of creating and implementing an effective HPV vaccine campaign as easy as possible for you and your communications colleagues.

However, it's important you have enough time to use these tools to their full potential. So start using the Girl Focus Toolkit today and help young girls to grow up healthy and informed.

Explore the HPV Vaccine Campaign Resource

[Click here or visit girlfocustoolkit.org](http://girlfocustoolkit.org)



Selecting and working with a creative agency

You will want to work with an agency to help you with design and perhaps with media selection too:

Some key factors to consider include:

- Conduct a fair recruitment process - send out a TOR with specific details of strategic project / campaign (objective, duration, market etc)
- Give yourself options - shortlist at least three agencies to choose from
- Evaluate according to specific criteria and services - budget, creative style, proven experience, campaign management, media house relations, PR, personalised / local context etc.

- Make the relationship mutual - think of it as a partnership, your goals, ways of working and organisational 'personality' should all align
- Think long term - agencies with a range of services can be used for further projects and campaigns

Selecting the right design agency can bring your campaign to life and make all the difference.

Some key questions to consider asking them include:

- Do they have previous experience of working on youth communications?
- Do they have a body of previous design work that is of a good quality, creative and inspiring?
- Can they work within your timeframe and budget?
- Did they demonstrate a sound understanding of your brief and what you are trying to achieve?
- Can they outline their working process, including review and feedback processes?
- Will you work together effectively?

Evaluate your campaign



Evaluate your campaign

Setting clear communications objectives at the outset helps when it comes to designing an evaluation and measuring how effective your communications have been.

You will need to decide which evaluation approach to use:

A well-designed **quantitative** evaluation will provide robust numerical data on the impact of your campaign, however can be expensive and time-consuming to implement.

Qualitative evaluations are good for assessing engagement and relevance, and a lot less expensive and time-consuming to implement, however do not provide numerical data.

You may evaluate your campaign based on its:

- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability

When choosing an evaluation approach, think back to the objectives, research questions, what you intend to do with the results, and with whom you will need to share findings.



Evaluate campaign

An introduction to evaluating your campaign

Selecting an evaluation approach

A Girl Effect example of evaluating a campaign in Ethiopia

A Girl Effect example of evaluating a campaign in Malawi

You can **click on a line** to go to the page you are interested in!



Choosing an evaluation approach

Why evaluate?

An evaluation measures the impact of communications on the target audience.

There are different options around how evaluations are designed. The chosen approach should reflect the objectives, research questions, and type of data required, in the context of the overall programme of work. Both qualitative and quantitative can be used together for a mixed-method approach.

For more guidance on how to evaluate your campaign you can refer to UNICEF's guide to field monitoring and evaluation and the WHO guide to considerations for HPV a special vaccine.



Choosing an evaluation approach

Qualitative evaluation

How does it work?

Open-ended, semi-structured discussions with research participants, interviewed as individuals, in pairs or groups of people.

What does it do?

Explores perceptions, opinions, values, motivations and barriers.

What does it provide?

Insight into how people think and feel about certain topics.

When should it be used?

If you need to understand how your audience thinks, feels and behaves in response to communications - with a view to refining future content or developing hypotheses for subsequent quantitative evaluation.

Strengths

Can provide valuable insights into how audiences think, feel and behave; smaller sample size (than quantitative); modest budget; quick turnaround in project management.

Weaknesses

Does not provide statistically significant data to demonstrate causal impact of communications.

Quantitative evaluation

How does it work?

Door-to-door, structured surveys, prompting short answers from participants ('yes', 'no', 'don't know' etc)

What does it do?

Measures specific elements relating to knowledge, belief, attitudes, behaviours.

What does it provide?

Attributional and causal impact data of communications on specific outcomes (e.g. '68% showed improved knowledge')

Why should it be used?

To offer evidence of potential impact of communications on an audience.

Strengths

Widely regarded as providing statistically significant, causal impact data which can be referenced in the development sector.

Weaknesses

Larger sample size (than qualitative) and often multiple data collections, higher costs and longer project management turnaround.

Evaluate campaign: Ethiopia



When designing a qualitative evaluation it is important to consider the content being evaluated and how best to organise the exposure of girls to that content. In this example, girls attended listening groups every week, over four weeks, and this ensured they were all given opportunity to engage with content in a comprehensive and meaningful way.

A qualitative evaluation was chosen as the best method to assess engagement with the Yegna branded radio talk show with the 2018/19 HPV vaccination cohort of 14-year-old girls.

14-year-old girls and individuals closely connected to them including parents, peers and siblings, were interviewed to see how the girls communicated the radio content to others.

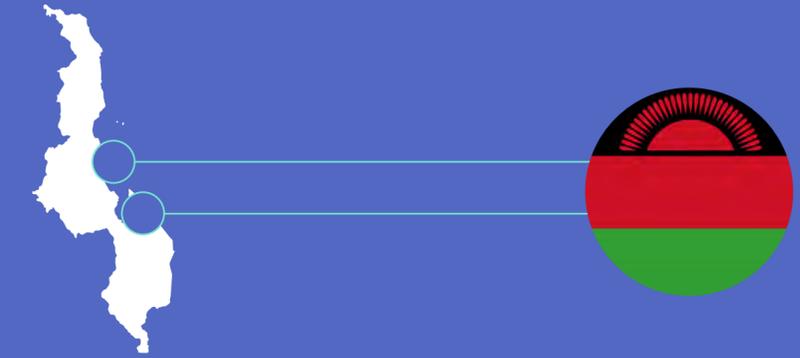
The research was structured over four weeks using listening groups and workshops with 14-year-old girls in Addis Ababa and Amhara, November 2018. The same girls were interviewed again following the 1st dose vaccinations (January 2019), and will be interviewed again after the 2nd dose (June 2019).

A qualitative approach means rich insights are generated around how girls engage with talk show content, providing valuable guidance for design of HPV-related content across multiple formats through 2019/20.

A quantitative evaluation will be implemented in 2019/20 to generate causal impact data, measuring the effect of Yegna content on behaviours.

Addis & Bahir Dar	No. participants
Baseline interview	58 x girls (age 14)
Listening group attendees	(4 weeks) 54 x girls
Parent interviews	35 x mothers 19 x fathers
Paired peer interviews	46 x friends
Sibling interviews	24 x sisters 14 x brothers
Endline interview	54 x girls

Evaluate campaign: Malawi



We chose quantitative evaluation to assess the impact of communications, on the 2019 HPV vaccination cohort of 9-year-old girls.

In addition, caregivers of these girls were also interviewed. Nine-year-olds are too young to participate as a sole research audience and caregivers are key gatekeepers around health decisions.

The research was structured around three data collections to assess the impact of the content on knowledge, beliefs, attitudes and behaviours:

- November 2018 (baseline)
- February 2019 (midline)
- August 2019 (endline)

A quantitative approach across three points in time means changes in knowledge, attitudes and beliefs can be observed and attributed back to Zathu content (where evident).

In addition, qualitative interviews with some 9-year-old girls were also conducted, to provide insights around the magazine content and the vaccination, in a more conversational and informal research environment.

When designing a quantitative evaluation, consider the ability of research participants to contribute. In this case, supplementary, qualitative interviews with 9-year-old girls were also organised, as quantitative surveys are typically too formal for young people to engage with.

MoH set vaccination age to 9 years (2018)

- Zathu magazine is customised for a 9-year-old girl audience
- Mini-magazine featuring HPV content is drafted

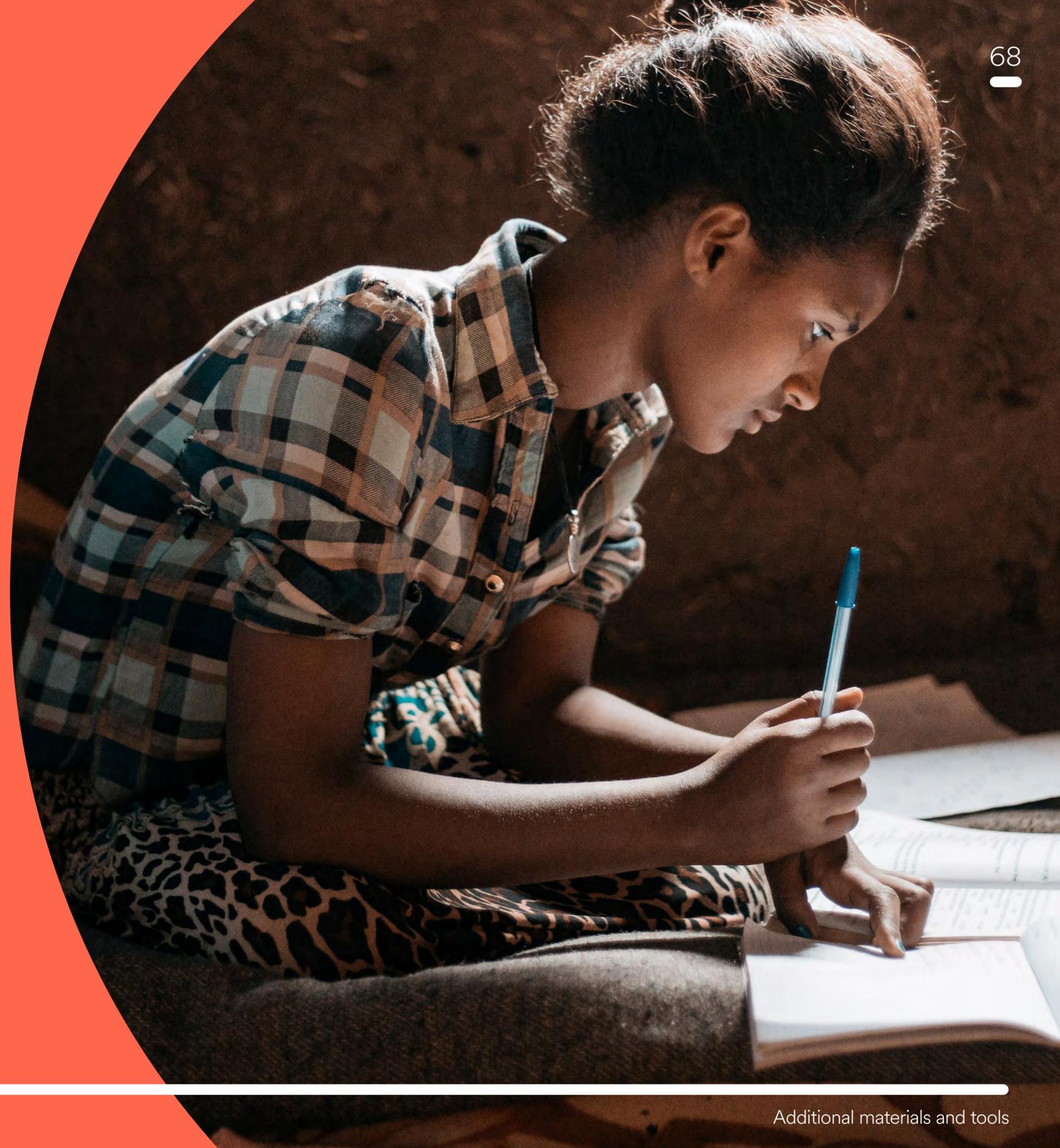
Magazine launch and 1st dose (2019)

- 200,000 copies distributed a week before vaccination 1st dose
- Magazine deployed in four evaluation 'treatment' areas (four 'control' areas do not receive Zathu content, to allow for comparison)

Evaluation (2019)

- 3 x data collections to assess impact of Zathu content
- Quant survey of caregivers and 9-year-old girls
- Qualitative interviews with 9-year-old girls

Additional materials and tools



Partner tools

**More detailed tools are available.
Click on each partner name to access them.**

Overall

WHO – HPV vaccine considerations for a special vaccine

Insights

PATH – guidelines on formative research

WHO - guidelines on formative research

Design strategy

UNICEF – message framework for other groups, HPV vaccine branding, responding to myths, crisis and risk management, communications and job aid.

Evaluation

UNICEF field monitoring and evaluation

We hope that you have found the toolkit useful.
If you are interested in testing and adapting some
of the creative ideas and assets in your country,
please contact girlfocustoolkit@girleffect.org