



*National Institute of Public Health of Kosova*

# Standards and Guidelines for the Production of Health Education Materials

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## NGO Guide on Standards for the Production of Health Education Materials



**Accessible  
Quality  
Healthcare**

Kujdesi Shëndetësor i Qashtëm dhe Cilësor  
Kvalitetna i Dostupna Zdravstvena Zaštita

SDC project implemented by Swiss TPH and Save the Children

Prishtina 2017





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## Introduction:

Communicating a broad range of health messages to a wide variety of audiences can be challenging, particularly in a context such as Kosovo, where there are deep inequities in health, in particular among vulnerable groups such as the poor, the elderly, the very young, the disabled, the chronically ill, and the Roma, Ashkali and Egyptian (RAE) community). Differences among audiences make it necessary to avoid the one-size fits-all mindset when developing effective health education materials. Culture and literacy skills are two important factors, among others, to consider when designing health communication materials that will capture the intended audience's attention (CDC, 2009).

The **purpose of this document** is to outline key standards and guidelines for NIPH to use in assessing the quality of health education materials developed by Health Institutions, Regional Centers of Public Health, National, International NGOs and NIPH. The **standards** emphasise the importance of: correct clinical content of health education messages; the aesthetic value of materials (ensuring that materials are attractive, engaging, easy to read); and the literateness of materials (that they are understandable, meaningful, and easy to use) for target audiences. The **guidelines** offer a practical and systematic process, including a checklist for producing health education materials that Health Education Commission (HEC) should follow in order to **assess the process taken** by NGOs in developing the health education material to ensure that quality standards are achieved and the material is effective in increasing knowledge, and influencing attitudes and behaviours of the target population. The document also describes the roles and responsibilities of HEC in the approval process for the development of quality health education materials.

This resource was developed in wide consultation with staff from the Kosova National Institute of Public Health and Regional Centers of Public Health, the Ministry of Education, Science and Technology (MEST), the Ministry Culture, Youth and Sport, and the Main Family Medicine Centres (MFMC) during a two-day workshop (held 2<sup>nd</sup> and 3<sup>rd</sup> March in Pristina), with

support from the Accessible Quality Healthcare Project supported by the Swiss Development Corporation.

## I. Process for Review and Approval of Health Education Materials

The process for **review** and **approval** of *all* health education and health promotion materials is described below with relevant checklists for use by the approval panel.

### 1. Approval Panel and process:

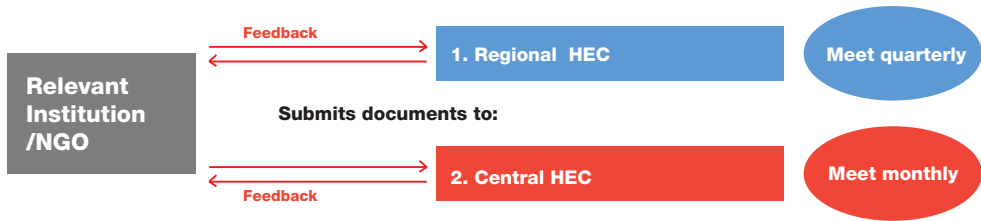
The review and approval process is to be carried out by the **Health Education Commission (HEC)** at the relevant regional and national level.

**Regional HEC:** Relevant National and International Institutions should submit the documents for approval to the Regional HEC. Once reviewed, the Regional HEC will send the material to the Central HEC for approval and sign off. If improvements are needed, the HEC will communicate these to the relevant institution.

**Central HEC:** Relevant National and International Institutions should submit the health education material for approval to the Central Level HEC. Once reviewed the Central HEC will contact the relevant institution directly, with approval and sign off, or directions for improvement.

The deadline for the Central HEC to approve and respond is 2 weeks. If an urgent response is required the HEC panel may meet sooner.





## 2. Process for reviewing health education materials:

Both Regional and National Health Education Committees should use the approval process and checklists outlined below. **First**, check the leaflet / brochure / poster / health education material for clinical content, message relevance, accuracy and aesthetic quality.

### **STEP 1: Checking for clinical content, message accuracy and aesthetic quality:**

As you assess the health education material, read the criteria and tick 'Yes' or 'No' depending on whether the materials meets each criteria.

<b>Checklist for Clinical Content, Message Accuracy &amp; Aesthetic Quality</b>	<b>Yes</b>	<b>No</b>
1. Is the target audience identifiable?		
2. Is the health education material easy to read?		
3. Is the health education material attractive?		
4. Is there an appropriate use of images?		
5. Do the visuals help explain the messages found in the text?		
6. Are the visuals placed near related text? Do they include captions?		
7. If you only read the captions, would you learn the main points?		
8. Are the visuals culturally appropriate?		
9. Is there an attractive use of colors and are the colors easy on the eyes?		
10. Is there an appropriate amount of text (not too much / too little) -no more than 8 words (40-50 characters) within a sentence?		
11. Does the material have a lot of white space? Are margins at least 2.5 cm?		
12. Is the font size large enough (at least 12 point – consider the short sighted)?		
13. Does the material use bold, <i>italics</i> , colour and text boxes to highlight information?		
14. Is information presented in an order that is logical to the target audience?		
15. Are messages limited to three to four messages per document (or section)?		

16. Have action steps or desired behaviors been identified for the target audience?		
17. Is the most important information at the beginning of the document? And repeated at the end?		
18. Are the language and content culturally appropriate?		
19. Are images and messages appropriate for the audience? (Youth, elderly, mothers of children under 5, pregnant women)		
20. Are messages and instructions clear and specific?		
21. Are messages actionable and easy to carry out?		
22. Is the language appropriate (local), not loaded with medical terms, and without of jargon?		
23. Is technical or scientific language explained?		
24. Are the messages are clinically accurate?		
25. Is the language appropriate for the level of education of the reader?		
26. Is information chunked, using headings and subheadings?		
27. Is there a use of logos and branding (government and NGO)?		
28. Does the material engage the reader by asking questions / filling gaps / ticking boxes?		
29. Is your overall evaluation of the material positive?		
<b>Total number of 'Yes' answers</b>		

**Scoring:** Add the 'yes' answers and write the total in the box.

If the number of 'yes' answers is less than 22 (approx. 75%), then the submitting organization/institution will need to make revisions on these criteria.

**STEP 2:** Checklist for assessing the process the organization followed for the development of Health Education materials:

The relevant institution needs to have submitted following documents in soft copy via **email**, with a covering letter from the **Relevant institution/ NGO Director** or a **Senior Manager** outlining the **purpose** of the health education material for approval:

List of documents that an NGO has to submit	Yes	No
1. Project outline and the need to develop the material		
2. Completed 29 point checklist on Clinical Content, message accuracy, and aesthetic quality		
3. Completed 12 point checklist on development process of Health Education materials		
4. A Pre-test report		
5. A copy of the draft health education material (if printed)		
6. A distribution plan		

## II. The process of IEC materials development

The development process of the IEC materials is described in the 12 point checklist that you need to complete in this checklist and submit it to HEC. HEC will use the same checklist to evaluate the process you have followed to develop the health education material.

Application procedure for NGOs for approval of health education material

12 Point Checklist for Development Process of Health Education Materials	Yes	No
1. Development of the material according to priorities arising from the needs assessment		
2. Review of existing health education materials on the specific health issue		
3. Identify target audience		
4. Carrying out a focus group discussion with target audience		
5. Carrying out pre-testing with 2-3 groups of community members from target audience for comprehension		
6. Developing a creative brief including all specifications for the material		
7. Aligning target audience with behavioral objectives, channels of communication and materials		
8. Working with a creative agency to develop messages based on the priorities		
9. Creating a prototype paying attention to 32 point criteria and CDC guidelines ('Simply Put' – Annex C)		
10. Translating messages into language appropriate for the target population		
11. Pilot-testing material with external audiences (2-3 group in target area)		
12. Reviewing and proof reading material for final editing and print		
<b>Total 'yes' answers</b>		

**Scoring:** Add the 'yes' answers and write the total in the box.

If the number of 'yes' answers is less than 9 (approx. 75%) then the NGO will need to make revisions on these criteria. If the number of 'yes' answers is equal or above 9, then there is no need for revisions.

### III. Process for Approval and Sign Off:

1. Add the totals from the two checklists.
2. **Unsuccessful submission:** If the total amounts to **less than 31 points** out of a possible 41 points, then the organization will have to **make revisions** to the materials and **resubmit** within **2 weeks'** time. The HEC should notify the submitting institution within **2 days** of the decision taken notifying them of the revisions needed. The relevant institution should resubmit within 2 weeks with the relevant changes made. Encourage the relevant institutions to follow the criteria in the checklists in the guideline to improve the health education material.
3. **Successful submission:** If the total amounts to **more than 31 points** out of a possible 41 points, the Regional HEC panel should **notify Central HEC** of the decision within 2 days. Central HEC should respond directly to the submitting institution with the decision for approval within 2 days. If the organization submitted directly to the Central HEC, the Central HEC should respond directly to the submitting institution with the decision for approval within 2 days.
4. **Sign off:** Central HEC notifies the relevant institution for final approval, and this should be through the Regional HEC if submitted at the Regional Level.

## References:

Centre for Disease Control (2009) **A guide for creating easy-to-understand materials**; Strategic and Proactive Communication Branch, Division of Communication Services, Office of the Associate Director for Communication, Centers for Disease Control and Prevention, Atlanta, Georgia.







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## Introduction:

Communicating a broad range of health messages to a wide variety of audiences can be challenging, particularly in a context such as Kosovo, where there are deep inequities in health, in particular among vulnerable groups such as the poor, the elderly, the very young, the disabled, the chronically ill, and the Roma, Ashkali and Egyptian (RAE) community. Differences among audiences make it necessary to avoid the one-size fits-all mindset when developing effective health education materials. Culture and literacy skills are two important factors, among others, to consider when designing health communication materials that will capture the intended audience's attention (CDC, 2009).

The **purpose of this document** is to provide guidance for **NGOs** in the production and implementation of quality health education materials. The guide outlines expected **standards** of health education materials emphasizing the importance of:

- correct clinical content of health education messages;
- the aesthetic value of materials (ensuring that materials are attractive, engaging, easy to read); and
- the literateness of materials (that they are understandable, meaningful, and easy to use) for target audiences.

This guidance also offers a practical and systematic process and checklists for developing quality health education materials which NGOs should follow.

In 2014, with the decision of the Minister of Health, the Committee for Promotion and Health Education was officially established at the central level in order to increase knowledge and raise awareness to the population to preserve improve and promote health.

The Health Education Commission (HEC) uses the same process and checklists in order to **assess the process taken** by NGOs in developing the health education material to ensure that quality standards are achieved and the material is effective in increasing knowledge, and influencing attitudes and behaviours of the target population. The document also describes the process for submission for HEC approval.

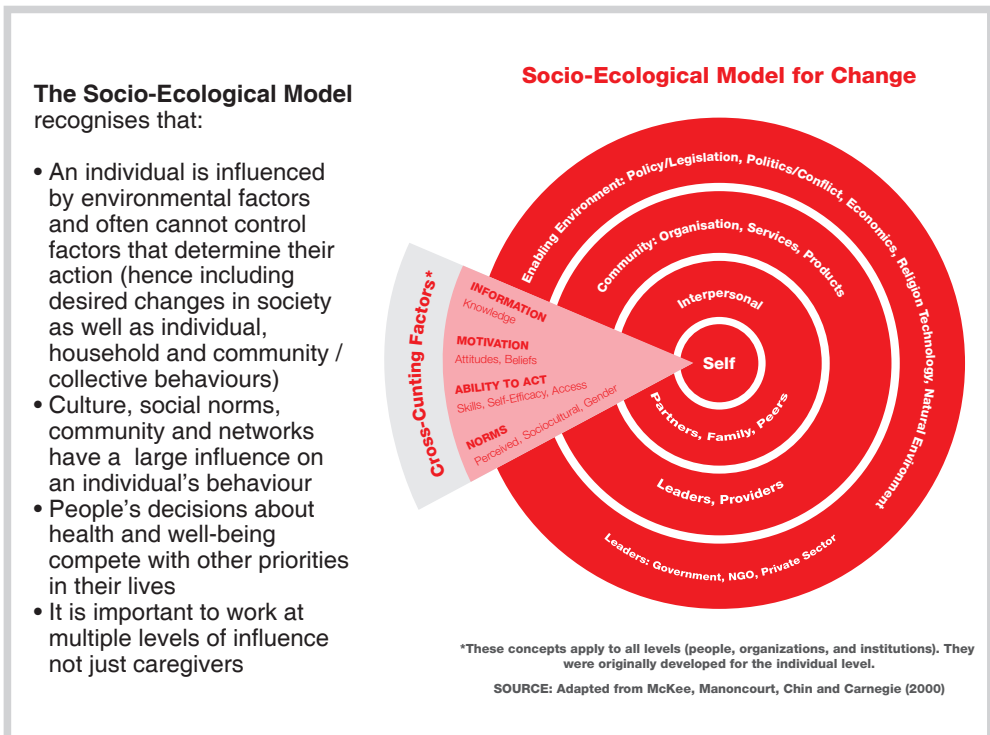
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## PART 1: Orientation for NGOs on the Process for Development of Health Education Material:

The process outlined below is considered good practice in the development of quality health education and communication materials for behaviour and social change. Firstly, here is a brief background to the rationale for the process outlined in the checklist:

### Theoretical Model for Behaviour and Social Change:

The process uses the Socio-Ecological Model for Change as the theoretical model underpinning effective and impactful work in social and behaviour change<sup>1</sup>.



<sup>1</sup> Adapted from C-Change and McKee, Manoncourt, Chin and Carnegie, EDS (2000). *Involving People, Evolving Behaviour*. New York, UNICEF. Penang, Malaysia. Southbound

In order to develop quality health education materials we should develop a comprehensive behaviour change strategy or intervention that seeks to:

- Identify prevalent social norms and determinants in a given context through evidence based research;
- Address barriers and resistances to new behaviours / care seeking;
- Provide comprehensive information on community structures, systems, and power and gender dynamics;
- Use evidence based information to inform behaviour change interventions to monitor and evaluate for impact and identify specific strategies / approaches that have worked in the past;
- Identify, organise, and mobilise participant groups to action.



## Process to follow from the checklist:

Therefore in order to ensure that NGOs are producing good quality health education materials that are evidence based and that will be effective and have an impact on determinants and social norms that influence behaviours and practices, this guidance outlines 12 steps for NGOs to follow to that can significantly enhance the quality of producing health education materials:

1. Use the KAPB survey, baseline results and/or formative research results to identify key behaviours of focus (key behaviours you aim to change during the project);
2. Review existing health education material on the health issue / behaviours of focus to see what has worked / not worked before, and what already exists and what (if anything) can be adapted;
3. Use the KAPB survey and baseline to identify target audience, which will ensure that messages are directed at a specific audience and are not too general;
4. Carry out a focus group discussion with the target audience to explore the health issue / behaviours of focus to gather information about social norms, taboos, cultural beliefs and attitudes surrounding the issue;
5. Develop a creative brief (see example A below) detailing all the specifications needed for the material (including goal, behaviour change objectives, key messages, tone and key content of messages, and channels of communication, cost and other considerations – see point 2 above)
6. Use the alignment matrix (see example B below) to ensure the target audience is aligned with behavioral objectives, channels of communication and materials
7. Develop terms of reference for a behaviour change specialist or creative agency to develop key messages based on your research study results (baseline, KAPB, formative research results)
8. Work with the creative agency / consultant to create a prototype of the health education material paying attention to the 29 point Checklist for Clinical Content and Message Accuracy (see PART 2, point 2), 12 Point

Checklist for Development Process of Health Education Materials (see PART 2, point 4) and CDC guidelines ('Simply Put' – see Annex A)

9. Use the creative agency / consultant to translate the messages into language appropriate for the target population, using engaging phrases in local language;
10. Carry out pre-testing with 2-3 groups of community members from target audience for comprehension, acceptability and feasibility (see PART 2, point 4) for an example of a pre-testing brief). This is to ensure that your messages and any images used are accessible, attractive, understood well, appropriate to the cultural, economic and social context, and that there are no strong negative reactions to the material;
11. Pilot-test the material with external audiences (2-3 group in target area). You need to see if the health education material works in the context it is to be used for with the users of the material. For example, if you are developing a leaflet for doctors to use with patients, the pilot test will observe the doctor / health worker using the material with the patient, in order to improve patient communication and provide further information for the patient to take away with them and use at home. This pilot test can usually be done when you train the doctors / health workers.
12. Review and proof read material thoroughly for final editing and printing. It is very important that you incorporate all of the changes from the pre-test and pilot test into this final version of the material that you will submit to the HEC. Once you are at this point, you are almost ready to submit the health education material and supporting documents to the HEC for approval.

## A. Creative Brief:

A creative brief is a tool where all the essential details of the behaviour change intervention are written down. You will need to complete a creative brief in order to fulfil the submission criteria. See the table below:

Creative Brief Categories	
1. Goal and Audiences	<ul style="list-style-type: none"> <li>• <b>Goal:</b> Increase knowledge of CVD patients in practicing healthy behaviours and managing their condition effectively</li> <li>• <b>Audiences:</b> Primary / Secondary:               <ol style="list-style-type: none"> <li>1. Directly affected: CVD Diabetes patients</li> <li>2. Directly influencing: patient and family</li> <li>3. Indirectly influencing: peers, neighbours, family</li> </ol> </li> </ul>
2. Behaviour Change Objectives	<ul style="list-style-type: none"> <li>• <b>Desired changes:</b> practice healthier behaviours and manage condition effectively</li> <li>• <b>Barriers/Facilitators:</b> long standing habits (eating, smoking, lifestyle)</li> <li>• <b>Behaviour Change objectives:</b> By the end of ... there will be an increase of # of audience who....</li> </ul>
3. Message Brief	<ul style="list-style-type: none"> <li>• <b>The Key Promise:</b> If you... then.....</li> <li>• <b>Support Statement:</b> Because....</li> <li>• <b>Call to Action:</b></li> <li>• <b>Lasting Impression of someone who did all this:</b></li> </ul>
4. Tone and Key Content	<ul style="list-style-type: none"> <li>• <b>Tone:</b> Informative, engaging, encouraging, positive</li> <li>• <b>Key Content:</b> informative on CVD, how practicing healthier behaviours will increase well being and longevity</li> </ul>
5. Other Creative Considerations	<ul style="list-style-type: none"> <li>• <b>Media Mix:</b></li> <li>• <b>Opening/Opportunity:</b></li> <li>• <b>Cost:</b></li> <li>• <b>Creative considerations</b></li> </ul>

1. **Goal** – the overarching goal of the health education materials – see example on Cardio Vascular Disease
  - Identify the primary and secondary audiences – those directly affected, those directly influencing those affected, and those indirectly influencing those affected.
  
2. **Behaviour Change Objectives:** What overall change in behaviours / practices do you want to achieve with your intervention?
  - Eg: that the CVD patient practices healthier behaviours to improve their condition and adheres to prescribed medication
  - Identify the barriers and facilitators of practicing the behaviour
  
3. **What are your key messages?** Give details of the different parts of the message. Ensure that the message is short, positive, doable and includes a call to action. Include information about images in this section
  
4. **Tone and key content:** what is the tone of your message? Fear-inducing? Positive? Negative? Helpful? Engaging? Attention grabbing?  
NB: messages that use fear or are overly negative are not effective.
  
5. **Content:** key clinical content of the message

## **B. Alignment Matrix:**

Once you have outlined the key information needed for your health education material (leaflet, brochure, poster, billboard, or TV / radio slot or programme) in the creative brief, you will then need to summarise the information into the alignment matrix, as in the example for increased early initiation and exclusive breastfeeding below, highlighting:

- a)** The primary (target) audience
- b)** The desired behaviour
- c)** Barriers / Enablers (opportunities)
- d)** The overall behavioural objectives with measurable targets
- e)** Channels of communication that will be used
- f)** Materials that will be produced for distribution / exposure for the target audience.

You will need to complete an alignment matrix in order to fulfil the criteria for submission.

Audience	Desired Behavior	Barriers/ Opportunities	Behav- ioural Objectives	Activities/ Channels	Support Materials
<b>Primary audience</b>					
Mothers of newborn babies	<ul style="list-style-type: none"> <li>- Early initiation of breastfeeding within 30 minutes of birth</li> <li>- Practice exclusive breastfeeding (EBF from birth to 6 month of age)- no water, no formula</li> <li>- Continued EBF practice post-discharge (in community)</li> <li>- Continued Breastfeeding</li> <li>- Knowledge of danger signs and appropriate care-seeking</li> </ul>	<ul style="list-style-type: none"> <li>- Limited knowledge of benefits of EBF</li> <li>- Limited support and counselling on EBF initiation and ongoing practice at health facilities</li> <li>- Lack of family and community support to practice EBF</li> <li>- Competing demands (care for other children, chores, etc)</li> <li>- Limited access to quality services</li> <li>- Negative norms/perceptions about EBF, favour of formula feeding</li> </ul>	<ul style="list-style-type: none"> <li>- To increase by 20% proportion of mothers who strongly agree that EBF is best nutrition from birth to 6 months</li> </ul>	<ul style="list-style-type: none"> <li>- Mass media (radio spots, TV, billboards, posters)</li> <li>- Counseling/IPC from health providers during ANC and at time of delivery</li> <li>- Counseling/IPC at ward</li> <li>- SMS messages</li> <li>- Community mobilization meetings, discussions</li> <li>- Dialogue with community messengers, EBF champions,</li> <li>- Road shows</li> </ul>	<ul style="list-style-type: none"> <li>- Take home cards</li> </ul>

## PART 2: Process for NGO Submission:

NGOs should apply for the approval of educational materials, subject to the following list of documents:

List of documents that an NGO has to submit	Yes	No
1. Project outline and the need to develop the material		
2. Completed 29 point checklist on Clinical Content, message accuracy, and aesthetic quality		
3. Completed 12 point checklist on development process of Health Education materials		
4. A Pre-test report		
5. A copy of the draft health education material (if printed)		
6. A distribution plan		

### 1. The Project Outline:

This section should include a brief description of the project and the need to develop the educational material, based on the following table:

1	Project goal and objectives <ul style="list-style-type: none"> <li>• Description of the project goals and objectives in a peremtory manner</li> </ul>
2	Target audience <ul style="list-style-type: none"> <li>• The rationale for selection of the Target Audience</li> </ul>
3	Development of the material <ul style="list-style-type: none"> <li>• Based on the priorities emerging from the needs assessment</li> </ul>
4	Main stakeholders <ul style="list-style-type: none"> <li>• Partners and stakeholders involved in the project</li> </ul>
5	Time frame <ul style="list-style-type: none"> <li>• “Gannt” diagram or detailed work plan with activities and timeframe</li> </ul>

## 2. 29 Point Checklist for Clinical Content, Message Accuracy, and Aesthetic Quality

How do you assess the material of health education? Read the criteria and tick “yes” or “no” depending on whether the materials meet each criterion.

Checklist for Clinical Content, Message Accuracy & Aesthetic Quality	Yes	No
1. Is the target audience identifiable?		
2. Is the health education material easy to read?		
3. Is the health education material attractive?		
4. Is there an appropriate use of images?		
5. Do the visuals help explain the messages found in the text?		
6. Are the visuals placed near related text? Do they include captions?		
7. If you only read the captions, would you learn the main points?		
8. Are the visuals culturally appropriate?		
9. Is there an attractive use of colors and are the colors easy on the eyes?		
10. Is there an appropriate amount of text (not too much / too little) -no more than 8 words (40-50 characters) within a sentence?		
11. Does the material have a lot of white space? Are margins at least 2.5 cm?		
12. Is the font size large enough (at least 12 point – consider the short sighted)?		
13. Does the material use bold, <i>italics</i> , colour and text boxes to highlight information?		
14. Is information presented in an order that is logical to the target audience?		



15. Are messages limited to three to four messages per document (or section)?		
16. Have action steps or desired behaviors been identified for the target audience?		
17. Is the most important information at the beginning of the document? And repeated at the end?		
18. Are the language and content culturally appropriate?		
19. Are images and messages appropriate for the audience? (Youth, elderly, mothers of children under 5, pregnant women)		
20. Are messages and instructions clear and specific?		
21. Are messages actionable and easy to carry out?		
22. Is the language appropriate (local), not loaded with medical terms, and without of jargon?		
23. Is technical or scientific language explained?		
24. Are the messages are clinically accurate?		
25. Is the language appropriate for the level of education of the reader?		
26. Is information chunked, using headings and subheadings?		
27. Is there a use of logos and branding (government and NGO)?		
28. Does the material engage the reader by asking questions / filling gaps / ticking boxes?		
29. Is your overall evaluation of the material positive?		
<b>Total number of 'Yes' answers</b>		

**Scoring:** Add the 'yes' answers and write the total in the box.

If the number of 'yes' answers is less than 22 (approx. 75%), then the submitting NGO/Institution will need to make revisions on these criteria.

### 3. 12 Point Checklist for Development Process of Health Education Materials:

The development process described in the 12-point checklist must be completed and submitted to KESH. KESH uses the same checklist to evaluate the process followed during development of the education material.

12 Point Checklist for Development Process of Health Education Materials	Yes	No
1. Development of the material according to priorities arising from the needs assessment		
2. Review of existing health education materials on the specific health issue		
3. Identify target audience		
4. Carrying out a focus group discussion with target audience		
5. Carrying out pre-testing with 2-3 groups of community members from target audience for comprehension		
6. Developing a creative brief including all specifications for the material		
7. Aligning target audience with behavioral objectives, channels of communication and materials		
8. Working with a creative agency to develop messages based on the priorities		
9. Creating a prototype paying attention to 32 point criteria and CDC guidelines ('Simply Put' – Annex C)		
10. Translating messages into language appropriate for the target population		
11. Pilot-testing material with external audiences (2-3 group in target area)		
12. Reviewing and proof reading material for final editing and print		
<b>Total 'yes' answers</b>		

**Scoring:** Add the 'yes' answers and write the total in the box.

If the number of 'yes' answers is less than 9 (approx. 75%) then the NGO will need to make revisions on these criteria. If the number of 'yes' answer is equal to or more than 9, the NGO will not need to make revisions.

#### **4. Pre-test report:**

A pre-test report is the result of consulting the community on their perceptions about the content and attractiveness of the health education material. The pre-test is usually done using focus group discussion (6-12 people) and messages and images are tested against a set of criteria, as follows:

##### **1. Attraction, Noticeability:**

- a. Is the material (visually for A4 laminated print) appealing?
- b. Is the material visible to all participants from a 3-4 metre distance?

##### **2. Universality, Acceptability:**

- a. Are the materials culturally appropriate? (not offending)
- b. Are the images / key messages universal and acceptable to audiences from a variety of ethnicities and backgrounds?

##### **3. Comprehension, Memorability:**

- a. Are the words/messages/ images understandable in the material?
- b. Is the image / key message understood in the way it is intended in the design?
- c. Can the 'key messages' be understood by all audiences to an acceptable level (i.e. the message is conveyed) from a variety of languages and backgrounds?
- d. Does the key message directly relate to the image?

**4. Believability, Credibility:**

- a. Does the audience think that the messages/actions described in the material are believable and realistic (ie: the information is true and action could happen in real life)?
- b. Is the image appropriate for the purpose of the message it wishes to communicate?
- c. Is the key message appropriate for the point it wishes to communicate?

**5. Personal Involvement, Relevance:**

- a. Does the audience think that the materials are made for them or for another audience?
- b. Are the materials acceptable to the intended audience?

**6. Persuasion, Convenience:**

- a. Are the materials able to hold the audience's attention?

The pre-testing exercise is essential in order to gauge whether your material is well or poorly directed at your target audience, and will give you a sense of whether you are hitting the right tone / content / level of education / cultural group, or adaptations need to be made to ensure your materials are sufficiently and effectively adapted to your target audience.

**5. The draft of educational material**

The compiled draft of the educational material is sent electronically or physically to HEC and is recorded in the protocol book.

## 6. A distribution Plan

It is essential to know the type and the quantity of the compiled materials as well as the distribution plan, as in the following table:

#	Institution	Location	Type Of material	Quantity	Signature	Comments
1						
2						
3						

## Submission and Approval

1. In order not to have to resubmit, you should go through both checklists, first assessing the process that you followed to develop the health education materials (12 point checklist); and whether your material meets the criteria for Clinical Content and Message Accuracy (29 point checklist). Add the totals from the two checklists and make revisions if your assessment comes to 31 points or fewer out of a possible 41 points. If your assessment score amounts to more than 31 points, proceed to submit all required documents.
2. Unsuccessful submission: If the total amounts to less than 31 points out of a possible 41 points, then the NGO will have to make revisions to the materials and resubmit within 2 weeks' time. The HEC should notify the submitting institution within 2 days of the decision taken notifying them of the revisions needed. The relevant institution should resubmit within 2 weeks with the relevant changes made. Encourage the relevant institutions to follow the criteria in the checklists in the guideline to improve the health education material.
3. Successful submission: If the total amounts to more than 31 points out of a possible 41 points, the Regional HEC panel should notify Central HEC of the decision within 2 days. Central HEC should respond directly to the submitting NGO with the decision for approval within 2 days. If the organization submitted directly to the Central HEC, the Central HEC should respond directly to the submitting NGO with the decision for approval within 2 days.
4. Sign off: Central HEC notifies the NGO for final approval, and this should be through the Regional HEC if submitted at the Regional Level.





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and Cooperation SDC**