



CREATIVE BRIEFS/TALKING POINTS

Developing communication strategies for vitamin A capsule distribution

Creative briefs/talking points should be developed to give all members of the vitamin A capsule distribution team a clear idea of the behaviors to be promoted, barriers to be overcome, messages or actions to overcome these barriers, a “key promise” that states clearly and persuasively the main benefits from the audience’s perspective of vitamin A capsules or vitamin A, the tone to use in discussing the issue, etc. This helps to focus messages and communication on key resistance points, promotes consistent and correct messages, and helps take advantage of every opportunity for radio and TV interviews, talks with groups, etc.

The creative brief assures that all partners in the intervention are in agreement on the key elements and the communication strategy and that the materials created will reflect the analysis that you have done. Whether your team itself will undertake the task of creating the materials or will have this task done by an outside creative team (copywriter/art director) or advertising agency, drawing up the creative brief assures clear definition of the communication objectives, paints a clear picture of audiences, and integrates relevant research findings.

The creative brief will be used to brief (1) the team members or the selected firm for the creative development of the materials and (2) your team members (or the Ministry authorities) to give them a precise idea of what the communication is meant to accomplish.

The creative brief is important because it

- Is a crucial link between research and communication strategy.
- Helps you translate all background information into actual materials.
- Ensures that your interventions will reflect and address the concerns and needs of your audiences.
- Is like a contract between the client/manager of the intervention and the creative people.

A creative brief includes the following elements:

- *Target Audience.* Who do you want to reach with this communication?
- *Communication Objective(s).* What will this communication make the audience feel, think, believe, or do?
- *Obstacles.* What beliefs, cultural practices, pressures, and misinformation stand between your audience and the communication objectives?
- *Key Promise/Benefit.* What is in it for the audience? What is the benefit of doing, thinking, or feeling what you want them to do? Be single minded!
- *Support Statement/Reasons Why.* Why does the key promise outweigh the obstacles?
- *Tone.* What feeling should this communication have?
- *Media.* What channel(s) will you employ to best reach your audience?
- *Creative Considerations.* What additional points need to be considered while designing this communication?

(The above was adapted from *A Tool Box for Building Health Communication Capacity*, AED, April 1995.)

Following is a form that can be used in developing your own creative briefs, as well as examples from Ghana and Zambia. These were developed primarily to be used by spokespersons in radio interviews, community discussions and other face-to-face activities. This allows these spokespersons to act as advocates for the programs, and assures that messages are consistent, focused on the main barriers to adoption of the desired behaviors, and technically correct.

The Creative Brief

1. Background

What is the background of this intervention? Why are you doing it?

2. Target Audiences

Who do you want to reach with your communication? Be specific.

3. Objectives

What do you want your target audience to do after they hear, watch, or experience this communication?

4. Obstacles

What beliefs, cultural practices, pressures, and misinformation stand between your audience and the desired objectives?

5. Key Benefit

Select one single benefit that the audience will experience upon reading the objective(s) you have set.

6. Support Statements/Reasons Why

These are the reasons why the key benefit outweighs the obstacles and the reasons that what you are promoting is beneficial. These reasons often become messages.

7. Tone

What feeling should your communication have? Should it be authoritative, light, or emotional? Pick a tone.

8. Media

What channel(s) or form will the communication take? Television? Radio? Newspaper? Poster? Point-of-purchase? Flyer? All of the above?

9. Creative Considerations

Is there anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented?

ZAMBIA

Creative Brief for Communication with Families

Background: Vitamin A capsule (VAC) distribution has been most successful when linked to NIDs. Routine or non-NIDs distribution has had relatively poor coverage. This year the Vitamin A Focus Areas (VAFA) regions will have no NIDs to build coverage. It will be key to find ways to motivate mothers and families to bring their children to the health centers in August even without the NIDs support.

Target Audiences: The most difficult to reach are the children from two to six, who have completed their immunizations. Therefore, the primary target group is mothers of children two to six years, next the families of these children, thirdly, the families of children six months to two years.

Objectives: Families will bring their children of six months to six years to the health centers/posts to receive VAC.

Obstacles/barriers: Distance/time/effort; Kids not sick; No information on benefits, why should they bother? Possible fear of capsules/virus/unsafe/sterilization/related to family planning/mixed messages/confusion.

Key promise/benefit: Mothers/families will be happy and confident once they have taken their children for VAC. Mothers/families will know they are good parents who take care of their children.

Support Statements: Because . . . VAC protects my child from serious disease and saves lives; I have protected my child from blindness; VAC is free and has no side effects or dangers

Tone: Personal, emotional, parent-to-parent, reassuring, warm.

Media: Radio, cassettes for mobile vans and regional radio stations, TV, public meetings, newspapers, posters.

Creative Brief for Communication with Health Workers

Background: In August, many health workers (HW) will be distributing VAC without NIDs for the first time. They have not yet been informed of the upcoming distribution and have not yet come to expect it as a regular routine. They will need to be motivated and supported in achieving good coverage and reporting.

Target Audiences: HW who will distribute VAC and their District Managers; NGOs; Neighborhood Health Committees

Objectives: HW will provide VAC in correct dosages to correct ages; Organize community mobilization; Tell mothers their child is receiving vitamin A; Praise/welcome mother/family for bringing their child; Remind them when to return (February)

Keep records/tallies; Send coverage reports in to Central Level

Obstacles/barriers: Have little information on what is planned; Don't see value of VAC/vitamin A, attach no importance to VAC/vitamin A; very busy; lack experience with non-NIDs campaigns; lack of VAC/promotional materials/ (scissors); lack of knowledge about VAC administration, dosages and ages, and how to cut capsules if needed; no habit/system of reporting VAC; lack of staff

Key promise/benefit: You will feel pride in doing a good job and will help to decrease illness & demand on health services and medications in the future.

Support statements: Because VAC can reduce child illness and death (diarrhea, ARI, Measles, Malnutrition, eye infections and blindness) VAC can help to reduce demand for scarce services, time, drugs (talk to your HWs for other ideas). Children and their families will come for VAC who do not usually come to HC, and they can be offered other services (immunizations, deworming, TT, sale of bednets, etc.)

Tone: Knowledgeable, professional, scientific, sympathetic (we know you have little time, many tasks, etc.)

Media: Ministry letter to be read over radio, at meetings; radio; presentations at district-/provincial-level meetings

GHANA

Talking Points Directed to Health Workers

Target Audience: Health workers (HW) or others who will be distributing capsules or who can act as advocates for the distribution.

Objective: Help providers understand impact of vitamin A on child health; advantages to health services and communities; value of the distribution in improving HW image and in lessening demands on health services.

Obstacles: HWs often do not give priority to nutrition or preventative services, are not aware of the important health benefits of vitamin A in preventing child deaths. HWs are busy, lack resources, see no pay-off to themselves in investing extra time or energy into the distribution, and may lack confidence in their ability to administer capsules correctly.

Key Messages: In Ghana recent studies have shown that 65% of children under five in the North, and over 37% of children in the South are severely vitamin A deficient. WHO considers this level of deficiency a serious public health problem. Studies in Ghana and other countries in Africa show that providing vitamin A to deficient children will save approximately 20-30 % of them from death. Vitamin A saves lives. It helps children resist dangerous illnesses such as measles and diarrhea.

Key benefits to the health care system: Providing vitamin A to deficient children will make health care more effective and decrease demands on scarce clinic time and supplies. Communities will appreciate the HW for providing VAC. The vitamin A contacts can be used to provide other services, such as immunization and growth monitoring, especially to older children (2-5) who do not usually come to the clinics.

Talking Points Directed to Mothers and Those Who Influence Them

Target Audience: Women and caretakers of children under five, especially those with children between two and five; fathers of children under five; village leaders.

Objective: To encourage mothers and other family members to value vitamin A for their children and to be sure that their children receive vitamin A at least twice a year. To encourage fathers and village leaders to support caretakers who make sure their children are covered, and to recognize and show appreciation to mothers and other caretakers when they do so. To clarify who is eligible, when supplements are given, where they are given, and why.

Obstacles to be aware of: Mothers are busy and may not think vitamin A capsules are important enough to invest their time; may not know where or when, may not like the health services, may fear capsules.

Key messages: Many children in Ghana lack enough vitamin A (over half the children under five in the North and a third of the children in the South do not have enough vitamin A). Vitamin A helps children to fight serious illnesses like measles and diarrhea. According to studies done in Ghana and other nations in Africa and the world, if all children get enough vitamin A child deaths can decrease 20-30 %. Vitamin A will help your children grow strong and healthy.