Acronyms

AGYW  adolescent girls and young women
HCD   human-centered design
M&E   monitoring and evaluation
SBC   social and behavior change
SRH   sexual and reproductive health
Introduction

Purpose of the PrEP Ring Demand Creation Design Guide

This guide describes a step-by-step process intended to guide program teams and managers of social and behavior change (SBC) programs as they design and implement an integrated demand creation strategy for the dapivirine ring (“PrEP ring” or “the ring”). The guide is not intended as a stand-alone tool. Instead, it recognizes that many tools and resources already exist to support the design of ring demand creation and aims to help users sort through and apply the best available resources.

The Dapivirine Ring Design Guide, which applied human-centered design (HCD) approaches and tools to develop and test concepts with adolescent girls and young women (AGYW) in South Africa and Uganda, is the recommended starting point for teams tasked with ring demand creation. It is likely that many of the design concepts and tools in the guide can be reapplied or adapted. Ring demand creation initiatives can also benefit from well-documented audience research from seven countries, summarized in the OPTIONS Dapivirine Compendium of End-User Insights.

This PrEP Ring Demand Creation Design Guide introduces seven conditions for demand, inspired by the audience user journey, as a theoretical model for understanding ring use and continuation. These seven conditions are: Accessibility, Awareness, Acceptance, Consideration, Trial, Sustained Use, and Collective Agency. The model hypothesizes that sustained demand and use of the ring will be achieved when these seven conditions have been created.

Intended user

Mid- to senior-level program managers trained in demand creation or SBC and leading HIV prevention projects

Organization and content

The PrEP Ring Demand Creation Design Guide can be used independently and includes direct links to resources. It is understood that the user may require additional guidance. For questions, clarifications, and support, reach out to FHI 360’s SBC Team: SBC@fhi360.org.

Before you begin, confirm the market is ready to proceed with PrEP ring demand creation

Be sure the following fundamental components of market readiness are in place before launching any ring demand creation activities:

- Existing policies and regulations permit the promotion and distribution of the ring to all women at risk of HIV infection, regardless of age and marital status.
- A plan and a timeline are in place to ensure the availability of the ring at the service delivery points preferred by women at risk of HIV infection.
- Preferred service delivery points are ready, and nurses and other health care providers have been trained and feel confident to provide the ring to women at risk of HIV infection or a plan and a timeline are in place to ensure they will be ready soon.

Only after these components are in place is the market ready for widescale ring demand creation activities.
Sexually active women, including AGYW ages 15 to 24 years, are the primary consumer audience for the ring. Members of this audience are influenced by a range of other actors (secondary audiences) who may either help or hinder their journey to sustained use. These secondary audiences are:

- Male partners of sexually active women
- Parents and/or caregivers of AGYW
- Health care providers (facility- and community-based in both the public and private sectors)
- Influential leaders (such as popular opinion leaders, religious leaders, local media personalities, and local political leaders)
The PrEP Ring Demand Creation Theoretical Model

To achieve sustained demand and use of the ring, a set of seven outcomes, referred to here as “7 Conditions,” must be created. The relationships among these conditions form this guide’s Ring Demand Creation Theoretical Model.

The 7 Conditions exist either inside or outside of a woman’s locus of control. The model hypothesizes that the conditions within a woman’s control — Consideration, Trial, Sustained Use, and Collective Agency — are generally attained in this sequence, or journey to sustained use, but only after conditions outside the woman’s control — Accessibility, Awareness, and Acceptance — have been achieved. Discontinuation is not a condition for demand but is depicted here because it may occur for various reasons anywhere along the journey to sustained use and collective agency.

It is important that users of this guide consider how they may need to adjust strategies to accommodate for discontinuation when it occurs. The model, with its 7 Conditions, is the backbone of this guide and will be referred to throughout each phase of program design, implementation, and measurement.
Conditions for PrEP Ring Demand & Intermediate Objectives

The following tables define each of the 7 Conditions for ring demand and their intermediate objectives.
### “Outer Circle” Conditions for Demand and Intermediate Objectives

<table>
<thead>
<tr>
<th>Condition Definition</th>
<th>Intermediate Objectives</th>
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<tbody>
<tr>
<td><strong>Accessibility</strong></td>
<td>1. Health care providers are knowledgeable about the ring’s features and benefits.</td>
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<td></td>
<td>2. Health care providers have the skills they need to counsel women, including AGYW, about the ring, its benefits, and how it is used.</td>
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<td></td>
<td>3. Health care providers believe that national and organizational policies are intended to ensure all women, including AGYW, have access to the ring.</td>
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<tr>
<td><strong>Awareness</strong></td>
<td>1. People in the community (including women) have accurate basic knowledge about the ring (e.g., an HIV prevention product used by women, where to access it).</td>
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<td></td>
<td>2. People in the community (including women) believe the ring is safe and effective.</td>
</tr>
<tr>
<td><strong>Acceptance</strong></td>
<td>1. People in the community (including women) believe the ring is an important method to address the HIV prevention needs of community members.</td>
</tr>
<tr>
<td></td>
<td>2. People in the community believe women, including AGYW, should have access to the ring.</td>
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</tbody>
</table>
“Inner Circle” Conditions for Demand and Intermediate Objectives

<table>
<thead>
<tr>
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<th>Intermediate Objectives</th>
</tr>
</thead>
</table>
| **Consideration**     | 1. Women believe the benefits of the ring are relevant to their HIV prevention desires.  
  The woman begins to weigh the pros and cons of the ring and seeks out additional information or guidance to learn more.  
  2. Women believe their sexual partners support their use of the ring. |
| **Trial**             | 1. Women have the skills they need to insert, remove, and re-insert the ring.  
  The woman decides to try the ring and begins using it.  
  2. Women have the self-confidence they need to manage any side effects. |
| **Sustained Use**     | 1. Women feel supported by their health care providers to overcome any continuation barriers.  
  The woman returns for required HIV testing, collects ring refills, and continues to use the ring correctly.  
  2. Women believe it is important to continue using the ring. |
| **Collective Agency** | 1. Women have the self-confidence to share their ring experiences with other women.  
  The woman encourages other women to use the ring and advocates for expanded access.  
  2. Women feel a responsibility to ensure other women have access to the ring. |
The Ring Demand Creation Strategic Design and Planning Process

This Guide suggests a strategic design and planning process drawn from FHI 360’s Change Planning Process. The entire process is cumulative and includes five steps: 1) Understanding the Situation; 2) Focusing and Designing; 3) Creating; 4) Implementing and Monitoring; and 5) Evaluating and Replanning. Each of the steps and expected outputs are defined below.

**Step 1 – Understanding the Situation:** Develop a thorough understanding of intended audiences, including key insights on their HIV prevention needs, and the current status of the 7 Conditions for Demand. This understanding will guide the demand creation decisions made in subsequent steps of the process. **Output:** A comprehensive situation analysis, including clarity on the current status of each condition for demand, insights about the HIV prevention needs of intended audience segments, and personas for each segment.

**Step 2 – Focusing & Designing:** Apply the results of the situation analysis to design an audience-centered demand creation strategy and conduct any additional formative research needed to address the prioritized demand creation conditions. Develop monitoring and evaluation (M&E) indicators and data collection plans for expected outputs and outcomes. **Outputs:** Demand creation strategy, M&E plan, and implementation plan.

**Step 3 – Creating:** Co-create and test with the intended audience(s) demand creation products and tools (e.g., discussion guides, counseling tools, advocacy talking points, radio drama scripts, social media messages, and cell phone apps) to address the objective for each prioritized demand creation condition. **Output:** Package of audience-tested demand creation products and tools.

**Step 4 – Implementing & Monitoring:** Develop a detailed work plan and timeline that aligns demand creation activities with each priority demand creation objective. The work plan and timeline should also include the details for routine program monitoring and adaptation. **Outputs:** Work plan with timeline; routine supervision and monitoring plan.

**Step 5 – Evaluating & Replanning:** Implement the M&E plan through feedback loops that evaluate the demand creation strategy against the objectives for demand creation and behavioral outcomes and enable real-time learning and replanning. **Outputs:** Detailed monitoring results; adaptations of demand creation activities based on M&E results.
Terms and Language

Users of this guide will note that the tools and resources referenced throughout use somewhat different language to describe the same concepts. This section summarizes some of these differences and describes how the various concepts are related and sometimes used interchangeably.

**Audience:** The “audience” refers to the intended target of demand creation efforts, which may be either the end users (e.g., sexually active women) or an influencer (e.g., male partners, community members, and health care providers). Demand creation efforts focus on **priority audiences** (sometimes called “prioritized user groups”), which may include broad audiences (e.g., health care providers) as well as **segments** of audiences. Segmentation of audiences is particularly useful with a large, diverse group, such as potential end users (e.g., a possible segment might be young women with high levels of self-advocacy and relationship maturity). **Personas** are often developed to characterize and describe each audience or segment, which helps the implementing team to empathize with members of those groups and remember the most salient details about them.

**Conditions for Demand:** This framework, which theorizes that all of the **7 Conditions** must be met to achieve sustained uptake of the PrEP ring, is inspired by the Dapivirine Ring Journey Map (see [Dapivirine Ring Design Guide](#)). One can also understand each condition or step along the journey as representing a desired demand creation or behavior change objective.

**Design Concepts and Tools:** These concepts and tools include communication ideas, vehicles, and approaches to address the conditions for demand. They may also be **communication channels** (e.g., a booklet that integrates the ring in the broader context of HIV prevention and family planning options). **Prototypes** are quick, rough designs that represent an actual communication concept or tool for the purpose of soliciting user feedback. Examples might include drawings or mock-ups (e.g., to represent a poster or brochure) and role plays (to represent a health intervention or radio drama).

**Insights:** The brand strategy document referenced in this tool describes audience insights as having two parts: (1) a summary of the audience’s identified needs and (2) the key problem they face trying to fulfill each need. Audience insights are useful because they inspire the brand and communication strategy. The best insights have tension, are true but not obvious (the audience might not even be aware of them), are emotional, inspire the audience to think or act differently, and are short and easy to remember.

**Testing:** The resources in this document reference two different types of testing. **Prototype testing** happens in the first two steps of the process we’ve outlined, *Understanding the Situation* and *Focusing and Designing*. It involves designing mock-ups that can be used to test and refine concepts and tools. Once an idea (e.g., a radio drama) is selected and produced, it should be **tested** prior to launch (often referred to as a pretest) to ensure the content is understood and has the intended effect.
Step 1: Understanding the Situation

Objectives – By the end of this stage, you will have:

1. Developed an understanding of each audience you will need to engage to create demand for the PrEP ring (e.g., women, male partners, and community leaders). This understanding should cover: (1) psychographics (such as their beliefs, aspirations, values, and norms); (2) practices and beliefs about using ARV-based HIV prevention products (mindset, current practices, and perceived barriers); (3) the most important conditions for demand that need to be addressed for each audience; and (4) how to reach them (their daily activities, who influences their beliefs and behaviors, and their media habits).

2. Developed an overall understanding of the marketplace for the ring. What other products and services are available? Where and how are they provided and distributed? How are they perceived by each audience group (e.g., women, male partners, community leaders)?

3. Determined whether different groups within the audience might benefit from different approaches and messages and used this information to segment the audience, selected priority segments, and developed personas for each segment.

4. Developed an understanding of how best to position the ring, communicate its benefits, address barriers, and help create conditions for demand for each priority audience segment.

5. Interpreted and synthesized the findings of your analysis into a final report (situation analysis).
**UNDERSTANDING THE SITUATION**

### ACTIVITIES

1. Review the available information about each audience’s psychographics, attitudes about women’s sexual and reproductive health (SRH), and attitudes about the PrEP ring, and how best to reach each audience.

   Refer to the following:
   - **OPTIONS Compendium of End-User Insights** to understand documented opportunities and barriers related to the ring

2. Conduct qualitative research to: a) address gaps in existing research; b) assess how well the findings presented in the *Dapivirine Ring Design Guide* are relevant in your context; c) understand how the ring will be made available and distributed in the marketplace and how it compares with similar products; and d) determine how to position the ring, communicate benefits, address barriers, and achieve the 7 Conditions for Demand.

   Refer to the following:
   - **Dapivirine Ring Design Guide** (pp. 12–14) for exercises to solicit feedback on the design concepts in the Asset Library folders
   - **Demand for Health Services Field Guide: A Human-Centred Approach** (pp. 61–87) for tools to generate your own insights

3. Using qualitative research findings, consider segmenting the primary audience to tailor messaging. Prioritize segments and develop personas for each priority segment to bring the segment to life.

   Refer to the following:
   - **Dapivirine Ring Design Guide** (pp. 40–55) for starting points to develop your own audience segmentation and personas
   - **Demand for Health Services Field Guide: A Human-Centred Approach** (pp. 38–39) for a template to create your own personas
   - The [article](#) to learn more about segmentation approaches (p. 50) and how to prioritize segments (p. 53)

4. Interpret and synthesize findings, share them with partners and stakeholders, and document your learning in a situation analysis report.

   Refer to the following:
   - Guidance on interpreting research findings in *Demand for Health Services Field Guide: A Human-Centred Approach* (pp. 88–107)
   - The [Brand Strategy How-to Guide](#) to learn how to summarize an audience insight

### TOOLS & RESOURCES

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<td>insight</td>
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</table>
Best Practices and Tips:

1. **Ensure understanding of roles and responsibilities:** Identify clear roles and responsibilities at the start of the process. Identify a small core team that will be involved in all aspects of the process, as well as a separate advisory team that will be kept informed and consulted, as needed, throughout the process.

2. **Enlist experts:** Consider engaging a research and design team to facilitate any qualitative research. Their expertise in research methodology, design, group facilitation, interview techniques, and synthesis will ensure the quality of research outcomes while enabling program managers to focus on overall objectives and coordination. Enrolling creative agency partners as part of the core team described above can help strengthen your strategy and creative designs.

3. **Ensure use of a common language:** Clarify terms and nomenclature among team members. The terms audience, segment, and persona can be confusing if used interchangeably. Throughout this document, we use these terms as follows: (1) Audience: Refers to women, parents of AGYW, male partners, health care providers, and community leaders. (2) Segment: Refers to a subgroup within an audience (e.g., women with high levels of self-advocacy and relationship maturity, women with low levels of self-advocacy). Persona: A description that helps the project team better understand and remember what is important about each audience or segment.

4. **Be flexible and iterative with the process:** As described previously, it may be appropriate to introduce the design concepts from the Dapivirine Ring Design Guide at this stage. However, it is equally appropriate to focus on gathering foundational audience understanding at this stage; the concepts can be tested — along with additional concepts developed by the project team — at a later stage. Your team will need to decide how much foundational research is necessary and the degree to which it may be helpful to include prototypes to obtain this foundational understanding of the audience.

5. **Produce the situational analysis:** Use this document to capture findings about overall audience psychographics, attitudes and beliefs about the behavior and category (women’s SRH) in question, and how best to reach the audiences. Summarize the audience segmentation, prioritization, and personas. Finally, document the team’s learning about potential benefits, barriers, and mindset shifts that can help address each condition for demand.
Step 2: Focusing & Designing

Objectives – By the end of this stage, you will have:

1. Designed a demand creation strategy outlining the conditions for demand you will address for each prioritized audience segment, the communication objectives for each prioritized audience, strategies and tactics to achieve those objectives, a draft M&E framework, and a project work plan.

2. Developed a brand strategy for your demand creation activities, including overall brand positioning, brand identity, and brand behavior guidelines.

3. Developed and tested concepts and prototypes to achieve your communication objectives.

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<tr>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>1. Use learning from the situation analysis to assemble a demand creation strategy outlining:</td>
<td>Refer to the following sections of the C-Modules, Module 2:</td>
</tr>
<tr>
<td>a. conditions for demand and communication objectives for each audience</td>
<td>“Barriers” and “Communication Objectives” (pp. 21–30) and the “Matrix for Change” template (p. 25) to document the behavior change and communication objectives for each audience</td>
</tr>
<tr>
<td>b. strategies and tactics to achieve communication objectives</td>
<td>“Activity, Channel, and Materials Mix” (pp. 37–46) to identify strategies and tactics to achieve your communication objectives</td>
</tr>
<tr>
<td>c. draft work plan (implementation plan)</td>
<td>“Draft Implementation Plan” (pp. 47–49) for examples and a template</td>
</tr>
<tr>
<td>d. draft monitoring and evaluation plan</td>
<td>“Draft Monitoring and Evaluation Plan” (pp. 50–52) for examples and a template</td>
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</table>

2. Develop your brand strategy (overall positioning, brand identity, and brand behaviors) by first assessing whether the look and feel of the concepts from the Dapivirine Ring Design Guide resonate with your target audience. If not, develop a brand strategy for your demand creation program. | Refer to the following: |
| | • Asset Library folders of the Dapivirine Ring Design Guide to adapt brand guidelines that clarify brand positioning, personality, and tone, enabling consistency across marketing vehicles |
| | • Alternatively, “How to Develop a Brand Strategy” Part 1, Part 2, and Part 3 for guidance on original brand development |
Best Practices and Tips

1. **Reapply existing concepts where possible**: The Dapivirine Ring Design Guide does not specifically present the ring as a brand; however, all the demand creation activities, tools, and materials in the guide have positioning, personality, and executional elements. If the tone, look, and feel of these resources resonate with the audience, work with a creative agency team to use these design concepts as the starting point for brand development.

2. **Be flexible and iterative with the process**: As the team begins to flesh out the overall demand creation strategy, program managers may find it useful to incorporate some of the creative approaches and activities from human-centered design to identify strategies and tactics to complete your demand creation strategy. Consult the HCD field guide (“Propose Design Opportunities,” pp. 109–142) for guidance on designing solutions to address behavior change and communication objectives. This process may help the team to complete the “Activity, Channel, and Materials Mix” recommended in the tools and resources for *Focusing & Designing*.

3. **Involve a creative agency**: It is helpful to be familiar with the detailed instructions outlined in the brand strategy reference documents. However, to streamline the process, focus on describing the three components of a brand — the positioning (promise made to the consumer), the personality (how you would describe the brand if it were a person), and the look and feel (the audience-facing elements that are unique to your communication). Engage an agency as both a strategic and creative partner to help develop an overall brand name, refine the positioning, develop the identity (look and feel), and help inspire your team to bring the brand to life through potential partnerships and activities.

4. **Plan for M&E now and think about it as an ongoing process**: The draft M&E plan referenced in this phase is just that — a draft. Jump ahead to Step 4, *Implementing & Monitoring*, and Step 5, to understand what the M&E plan needs to look like and begin thinking and working toward that. Many programs think about monitoring as a way to measure outputs (e.g., how many leaflets were distributed) and evaluation as a way to measure outcomes (e.g., did we achieve our target objective of % of women who consider using the ring?). In addition to tracking outputs, find ways to continuously monitor your outcomes throughout the process. This will help the team identify communication opportunities and refinements that can be addressed along the way.
Step 3: Creating

Objectives – By the end of this stage, you will have:

1. Designed a complete package of tools and materials tailored to each of your target audiences and communication objectives.

2. Secured any required approvals for these tools and materials.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>TOOLS &amp; RESOURCES</th>
</tr>
</thead>
</table>
| 1. Review materials databases and check with partners to identify any tools and materials, produced both locally and globally, that could meet your needs. Adapt these tools and materials so they respond to your objectives and context. | Refer to the following:  
- Asset Library folders of the Dapivirine Ring Design Guide  
- How to Adapt SBC Materials for step-by-step guidance on adapting existing materials  
- Making Content Meaningful for specific guidance on how to adapt content from global materials and make it relevant for the local context |
| 2. Develop rapid prototypes to test any new concepts that have been identified through this stage of the process. | Refer to the following:  
- The “Prototype Designs” chapter of Health Services Field Guide: A Human-Centred Approach (pp. 142–151) for guidance on how to quickly prototype new concepts  
- Social Media Toolkit for tips and suggestions on producing assets for social media |
| 3. Develop a creative brief for each tool and material to be designed. The brief should include any prototypes to be refined and existing materials to be adapted. Brief your creative agency and provide ongoing support and supervision as they produce these tools and materials. | Refer to the following:  
- How to Write a Creative Brief for step-by-step guidance on developing an effective creative brief  
- Creative Brief Template to capture your decisions |
| 4. After materials have been drafted, conduct tool and material review with stakeholders and pretest revised tools and materials with intended audiences. Evaluate the quality of any print materials to inform any changes. Before final production, refine all tools and materials based on reviewer feedback. | Refer to the following:  
- Conducting a Stakeholder Review for guidance on how to effectively engage stakeholders  
- How to Conduct Pretesting for specific steps to concept testing and pretesting and different pretesting methods  
- Simply Put checklist (p. 29) to evaluate the quality of your print materials |
Best Practices and Tips

1. **Recognize the iterative nature of design:** An iterative process is one that involves a continuous cycle of design, testing, evaluation, and replanning. An effective demand creation strategy will be continually modified as new learning occurs. For PrEP ring demand creation, the 7 Conditions will continue to evolve; as they do, your demand creation strategies should be reviewed and revised as necessary.

2. **Scan the field for what can be repurposed before you design:** It is likely materials have been developed that could easily be modified to your local context and audience. Spending some time up front to identify materials to refine or repurpose can save considerable money and time.

3. **Hire a skilled creative firm:** Hiring a skilled creative agency (i.e., advertising agency) can improve efficiency and quality. Agencies and design firms employ experts in various aspects of media and production, are better able to make objective decisions about how to align media choices with communication objectives, and can often negotiate lower media rates because of their relationships and spending power with media houses and production firms.

4. **Test, Test, Test:** Materials and tools for demand creation should be tested at various stages of development. Doing so helps ensure relevance to the audience and saves time and money. Even when you are adapting existing resources, it is important to test them with your audiences.
Step 4: Implementing & Monitoring

Objectives – By the end of this stage, you will have:

1. Developed a final work plan and timeline that includes an implementation and rollout plan for all materials and activities developed in Step 2, Focusing and Designing.

2. Refined the team structure, which includes project staff and creative agency liaisons (e.g., primary point of contact, media placement team, and relevant partners) along with a description of how these individuals will be supervised.

3. Established a process for routine program tracking, routine performance review against targets for outputs and intermediate outcomes, and course correction as needed.
**ACTIVITIES**

1. **Review your staffing and partner structure to make sure it is aligned with the intervention design.** Determine whether you have the right expertise on the team and, if not, how you will strengthen it with consultants or other partners. Establish a management plan for your demand creation program.

   Refer to the following:
   - The “Management Plan” section of *A Field Guide to Designing a Health Communication Strategy* (pp. 165–191) for detailed guidance on developing a management plan
   - C-Modules, Module 4 (pp. 6–10) for staffing considerations and a project staffing plan checklist (p. 7)
   - *A Field Guide to Designing a Health Communication Strategy* (pp. 181–190) for a sample management plan

2. **Refine and update the work plan and timeline you drafted in Focusing and Designing to include key milestones (e.g., launch date, materials’ dissemination, posting, broadcast, the timeline for routine data collection, data and program review meetings) as well as the timeline for routine data collection. Schedule activities in a logical sequence and consider national holidays and other events to either plan around or leverage. The work plan should also indicate deadlines and responsible persons, including stakeholders. Share the work plan with all staff and partners and update it regularly, as needed. Align your budget accordingly.**

   Refer to the following:
   - C-Modules, Module 4 (p. 15) for important implementation planning considerations
   - C-Modules, Module 4 (p. 19) for a work plan worksheet
   - C-Modules, Module 4 (p. 12) to guide thinking on what must be included in your budget to support your demand creation program

3. **Launch your program and begin collecting routine data, according to your M&E plan, monitoring both output (e.g., numbers reached, number of radio spots broadcast, number of social media click-throughs) and outcome indicators (e.g., service uptake, changes in attitudes and beliefs). Conduct regular assessments to determine the quality of your program and identify gaps.**

   Refer to the following:
   - C-Modules, Module 4 (p. 23) for information on the different types of monitoring indicators
   - Social Media Analytics for guidance on how to track social media performance
   - The SBCC Check-in to assess your demand creation program against established quality standards

4. **Establish a schedule to routinely review data with the program team and partners and revise the program and budget based on the results of each review. For example, if you determine through a review of program data that a majority of the targeted AGYW are aware of the ring and are requesting the product from health care providers, consider whether it is time to reallocate resources or attention to focus on one of the other 7 Conditions.**

   Refer to the following:
   - The “How Could We Improve” instructions in *Demand for Health Services Field Guide: A Human-Centred Approach*, Section 5 (pp. 153–168), to develop the three-part plan for iteration
   - The “Adaptation Plan Worksheet”* in *Demand for Health Services Field Guide: A Human-Centred Approach*, Section 5 (p. 162), to plan and implement steps to iterate and replan

   (*Note: This tool guides the process for the adaptation of prototypes. Although you are no longer testing prototypes, this guidance is still useful for framing your reviews of the program even while it is operating at scale.*)
Best Practices and Tips

1. **Build a skilled team:** Find staff, partners, and contractors with the necessary skills to lead program implementation and provide them with supportive supervision and performance monitoring along the way.

2. **Make operational processes clear and simple:** Establish decision-making and approval processes that are clear and ensure that accountabilities are well known.

3. **Go beyond standard output tracking:** Indicators of reach (e.g., intended audience was exposed to the communication) and frequency (e.g., number of times the intended audience was exposed to the communication) are important, but do not stop there. Other indicators that should be tracked by your in-house monitoring staff may include but are not limited to the following: What proportion of the intended audience recalls the key message? Are some messages favored over others? Do some channels seem to work better than others? If a brand is employed, track standard brand measures, including: “X is a brand I trust,” and “X is a brand for someone like me.” These questions should be included in your M&E plan, and the data collection methodology should be designed by your monitoring staff. If you have hired an agency for mass media or social media placement, it should provide regular tracking data on different types of placement and frequency measures for mass media, community events, and social media. An advertising agency or a good digital media expert can help you track standard social media measures such as click-through and engagement rates.

4. **Make sure routine measurement is actionable:** Build a nimble monitoring plan that is quick and actionable. Ensure measures are integrated into the overall measurement plan and assign responsibilities and timelines for tracking routine data among your agency partner and monitoring staff. Routinely compare your data against targets and industry standards (for example, Facebook has benchmarks for click-through and engagement rates based on type of content).

5. **Iterate routinely:** Regularly review data with partners and other stakeholders to make programmatic changes during implementation. Check against intermediate outcomes and track changes in the 7 Conditions for Demand. Also, review your budget and team structure and make changes to align iterations to both as needed. Do not wait until the end of your program or for end-line impact evaluation results to make necessary changes.
Step 5: Evaluating & Replanning

Objectives – By the end of this stage, you will have:

1. Developed an evaluation plan to measure the extent to which the demand creation program brought about the desired changes.
2. Finalized an evaluation methodology and data collection tools.
3. Produced a final evaluation report and dissemination plan to share results and identify next steps with local government and other stakeholders.

Important: While this step is discussed last in this process, M&E must be planned during the Creating step.
### ACTIVITIES

1. **Organize the project’s measurement team and engage measurement experts early and throughout the process. Hire an external firm or consultant to design the program evaluation if your team does not have this expertise.**
   - Refer to the following:
     - The [Manager’s Guide to Evaluation](#) for step-by-step guidance to plan, structure, and/or hire an evaluation team

2. **Assuming the performance measures and indicators have been determined in the Focusing & Designing stage, refine the evaluation methodology and data collection tools for measuring outcomes and impact. Test all data collection tools before fielding any evaluation study.**
   - Refer to the following:
     - [C-Modules, Module 5](#) (pp. 8–9) for guidance on key decisions to make before data collection
     - [C-Modules, Module 5](#) (pp. 18–27) for guidance on evaluation methodologies and tools

3. **Develop a table summarizing all measurement decisions, including indicators and targets, data collection methods/data sources, data collection frequency, and data analysis techniques.**
   - Refer to the following:
     - [C-Modules Module 5](#) (pp. 28–33) for guidance on developing a data analysis plan for both monitoring and evaluation level indicators
     - [C-Modules, Module 5](#) (pp. 29–30) to check the quality of your data

4. **As mentioned in the Implementing & Monitoring stage, analyzing data and evaluating program results are part of an ongoing process. In the Evaluating & Replanning stage, you are measuring results. Specifically, you are determining whether there is any measurable relationship between exposure to the intervention and changes in any of the seven demand creation conditions. Data might also be analyzed to identify any unintended results (positive or negative).**

5. **Use the findings of your reviews of program results and experience to determine whether changes in strategy or budget allocations and/or capacity realignment are required. Share the results with the project team and stakeholders and partners at a critical point in the program (i.e., end of a project phase, year, or funding cycle) to inform which demand creation conditions should be addressed and when.**
   - Refer to the following:
     - [The Art of Knowledge Exchange](#) for guidance on how to share program knowledge with peers and partners
     - A [sample outline](#) for a results promotion event
Best Practices and Tips

1. **Engage M&E experts EARLY and throughout the five-step process**: Engaging research and M&E experts —whether project staff or hired experts — from the very beginning of the program design and throughout data collection ensures that tracked indicators align with program design and that the right study designs and methods are applied. In addition, experts will ensure that the methodology is appropriate and that all necessary research standards are applied throughout the process, including ethical review.

2. **Define the measurement plan at the Focusing and Designing stage**: The M&E plan, including indicators and frequency of data collection, must be clarified during the Creating stage and refined during the Implementing & Monitoring stage. This timing ensures that the intervention and what will be measured are aligned.

3. **Identify ways to leverage other planned research activities when possible**: Determine whether other planned research or evaluation activities are taking place during your project timeline to which you can add evaluation questions. Examples include national HIV studies or planned omnibus surveys. If the timing is complementary, leveraging planned research can save time and money and broaden the population sample.
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