

SPOT ON

MALARIA



A Guide to

Adapting, Developing and Producing Effective Radio Spots

change



USAID
FROM THE AMERICAN PEOPLE

SPOT ON

MALARIA

A Guide to

Adapting, Developing
and Producing
Effective Radio Spots

The CHANGE Project
Academy for Educational Development and The Manoff Group
U.S. Agency for International Development

March 2005

ACKNOWLEDGMENTS

This Guide is adapted from and expands on two earlier manuals:

- “Using Radio Spots to Support National CDD Programmes,” published by WHO, UNICEF and HealthCOM/USAID (1994)
- “AIDS on the Radio,” developed by Elizabeth M. Booth and Beverly Schwartz, Academy for Educational Development/AIDSCAP. (Unpublished).

With permission from the authors, WHO, UNICEF and USAID, these invaluable models provided the solid framework upon which this guide is built. **Spot On** focuses on malaria prevention and treatment; discusses adapting existing spots as well as producing new ones; expands the areas on radio production, testing and placement techniques; and incorporates lessons learned from field testing workshops in Uganda.

The authors would like to thank Prudence Smith of Roll Back Malaria and Elizabeth Booth for reviewing versions of the Guide and offering their advice and suggestions. We would also like to acknowledge the contributions of Albert Killian, USAID Malaria Advisor in Uganda; Paul Kagwa, Assistant Commissioner of Health Services, Health Promotion and Education, Uganda Ministry of Health; and our in-country partner, Communication for Development Foundation Uganda. We have also gained considerably from the insights offered by CHANGE Project Director Susan Zimicki, who developed the idea to create this document and served as a guiding light throughout its development. The Guide has also benefited from the assistance of the following CHANGE and AED colleagues: Almudena Fernandez, Todd Fisk, Eileen Hanlon and Cindy Rider. Special thanks go to Craig Klein for his insights into and assistance with radio production. Finally, we owe a debt of gratitude to the Ugandan workshop participants from Kampala and eight districts from the Eastern and Western regions who tested and helped shape the final product.

Spot On Malaria: A Guide to Adapting, Developing and Producing Effective Radio Spots was developed by the CHANGE Project under a cooperative agreement with USAID. All rights are reserved by the Academy for Educational Development/CHANGE Project and USAID. The guide may be photocopied or adapted, in part or in whole, without permission, provided that the material is distributed free of charge and that credit is given to the CHANGE Project and USAID.

Suggested citation:

Cowan, Cate and Shafritz, Lonna. *Spot On Malaria: A Guide to Adapting, Creating and Producing Effective Radio Spots*. Washington, DC: CHANGE Project, 2005.

The CHANGE Project is a cooperative agreement (#HRN-A-00-98-00044-00) between the Academy for Educational Development (AED) and the U.S. Agency for International Development (USAID). The opinions expressed therein are those of the authors and do not necessarily reflect the views of USAID.

The CHANGE Project
Academy for Educational Development
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
www.changeproject.org

Design and layout: Jel C. Montoya-Reed

Illustrations: Ariel Lucerna

INTRODUCTION

Radio, without a doubt, is the communication tool most available throughout the world. Harnessing its power to promote behavior change can be easy when you know how. That is the aim of ***Spot On***, a guide to adapting and creating, testing, producing, placing and evaluating radio spots for those with some or no radio experience.

The ***Spot On Malaria*** guide focuses on malaria prevention and treatment messages and ways to tailor them to reach communities often missed by national malaria programs. However, its methods may be applied to any health topic.

This Guide to using the airwaves more effectively will be especially helpful to those charged with communicating with their community about malaria—program managers at the district or sub-national level, health educators, district health officers, malarial focal persons as well as radio producers.

Spot On shows you how to adapt or localize materials from your national malaria program and how to create original radio spots or adverts to respond to local needs. It offers a wealth of tools to help you through the production process. The Guide also encourages you to work with colleagues and local experts. Gathering a team to provide advice and share some of the work will make your product stronger.

What's inside

Spot On takes you through a seven-step process for planning, adapting or creating, testing and producing radio spots. It also offers tips on:

- Securing adequate and appropriate airtime
- Deciding whether to use free or paid airtime
- Monitoring and evaluating your spots

Spot On also includes:

- Resources about malaria, radio and communication that you can tap right now, with many available free on the Web (Annex 4)
- Planning, research and implementation tools, including a sample pretesting guide and screener (Annex 2)
- Over 15 sample scripts on various malaria topics, including treatment, insecticide-treated nets and intermittent preventive treatment of pregnant women (Annex 3)
- A sample five-day agenda for conducting a ***Spot On*** training workshop (Annex 2)

As the electronic media play an ever larger role in people's lives, it is hoped that ***Spot On*** will be one resource that enables a broad range of people to use one of its most powerful tools—radio—more effectively.

CONTENTS

OVERVIEW

Spotlight on malaria	3
How radio can help	3
When are radio spots not useful?	5
Adapting or creating original spots at the sub-national level	5
Seven-step radio spot production cycle	6

STEP 1: Gather information, build your team, plan your spot

Determine your communication objective: What do you want to accomplish?	11
Focus on behavior: What do people do?	13
Make sure radio is the right channel for you	13
Use radio as part of an overall malaria program	15
Build your team	15
Gather information about your potential audiences	16
Decide how many spots to develop	17
Calculate your budget: Tally costs from concept to air	18
Partnering and cost-sharing	20

STEP 2: Develop the creative brief

Adapting vs creating new spots	23
What is a creative brief?	25
Sample creative brief	34

STEP 3: Adapt or develop effective spots

Creating effective radio spots	39
The colors of radio: Creative elements of a radio spot	41
Eight simple rules for writing/adapting scripts for radio	46
How to set up a radio script	48
Beyond spots: Other radio formats	52
Reviewing and assessing your scripts	53

STEP 4: Pretest

Pretesting: The key to better spots	57
Using your pretest results to select and revise the spots	65

STEP 5: Pre-production, production and post-production

Pre-production	71
Production	72
Post-production	75

STEP 6: Broadcast your spots

Targeting the right stations: Determining a radio station's profile	79
Reaching your audience with enough frequency	82
Extending your radio message	84

STEP 7: Monitor, evaluate and revise your spots

Monitoring and evaluating your radio spots	89
Revising and improving your spots	92

ANNEXES

Annex 1: Resources	97
---------------------------------	----

Annex 2: Tools You Can Use

Worksheets and checklists	107
---------------------------------	-----

Annex 3: Sample Scripts for Spots

Insecticide Treated Nets (ITNs)	136–142
Early/Prompt/Home-based Treatment	143–146
Complete the treatment	147–149
Intermittent Preventive Treatment (IPT)	150–151

Annex 4: Glossary	153
--------------------------------	-----

ABBREVIATIONS

ANC	Antenatal care
CIDA	Canadian International Development Agency
DD	Drug distributor
DHS	Demographic and Health Survey
DFID	Department for International Development (UK)
IMCI	Integrated Management of Childhood Illness
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
KAP	Knowledge, Attitudes and Practices
MOH	Ministry of Health
PSA	Public Service Announcement
SP	Sulfadoxine pyrimethamine (generic name of a specific antimalarial drug; Fansidar is one of its common brand names)
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

OVERVIEW

Spotlight on malaria

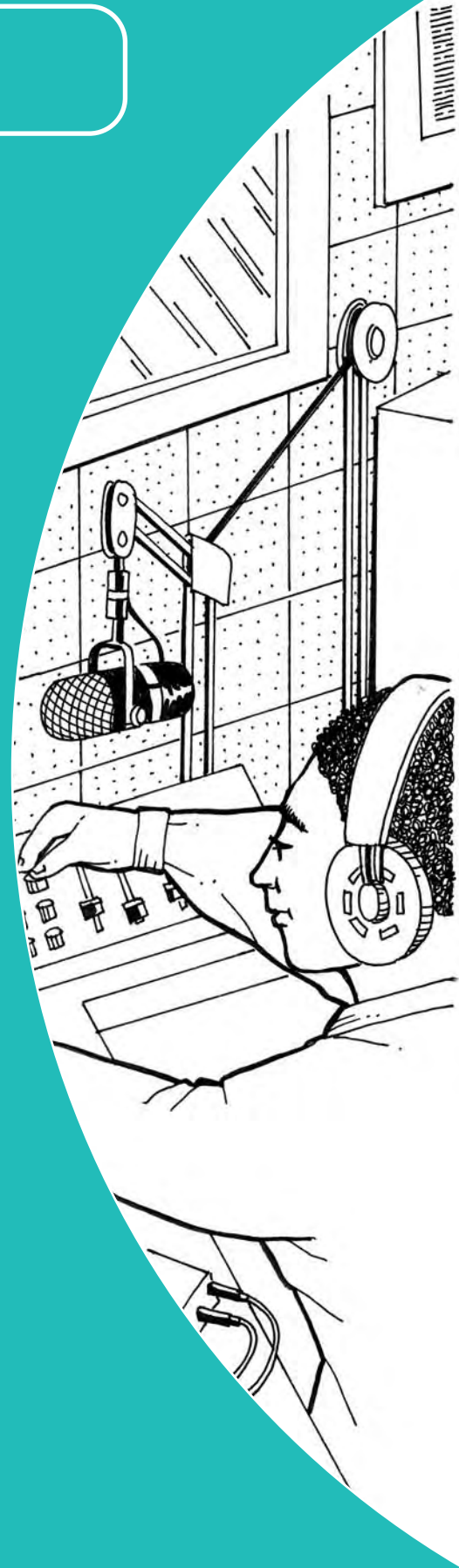
How radio can help

When are radio spots not useful?

Adapting or creating original spots at the sub-national level

Seven-step radio spot production cycle

- Overview
- Workplan and timeline



OVERVIEW

SPOTLIGHT ON MALARIA

Each year, more than 300 million people around the world get malaria. Of these, more than a million die. Most of the people who die of malaria live in Sub-Saharan Africa and most of these victims are children under five years old. Pregnant women and their newborns are also especially vulnerable to malaria. Malaria makes poor communities suffer more and makes it difficult for people to work and support their families.

Many African countries have malaria programs to help their communities fight malaria. These programs encourage people to:

- Get effective treatment quickly
- Prevent and control malaria during pregnancy
- Use insecticide-treated mosquito nets, especially for young children and pregnant women, to prevent malaria

Malaria programs also help communities combat malaria in emergency and epidemic situations. For more information about malaria, see the *Frequently asked questions about malaria* in Annex 1.

Communication is an important tool to help communities learn ways to prevent and treat malaria. Health workers talk with families face to face about how to prevent malaria and how to treat the disease. This personal communication is the most effective way to teach parents. But the advice given by health workers reaches only those people who go to health facilities. National malaria programs try to reach communities in other ways, too. This Guide walks through the process of developing radio spots to help increase the number and effectiveness of malaria messages people hear.

HOW RADIO CAN HELP

In many countries, radio is a very powerful tool because no mass medium reaches more people, is easier to learn or cheaper to use. Radio can reinforce the advice that health workers give and deliver information to families who have not seen a health worker recently.

Radio is an influential communication channel because it can:*

- **Inform people and raise awareness** about a new idea, a new product or a service.
For example, “Every fever in your young child is a serious matter. Take her to the health facility within 24 hours.”
- **Create demand for services.** Radio spots can encourage people to seek treatment:
For example, “Ask the community health worker for advice on how to recognize malaria symptoms.” “Ask the community health worker how to give the right medicine correctly.”
- **Reinforce the advice** of health workers, as well as other messages of the malaria program. Radio can reach people with the same message more frequently than a health worker or other interpersonal communication, improving the chances people will remember a message.
- **Remind people about what they have already learned.** For example, “Sleeping under an insecticide-treated net tonight and every night protects a pregnant woman like you and your unborn baby from malaria.”
- **Model behavior** or demonstrate the benefits of adopting a positive behavior. This could include highlighting the negative effects of another behavior or giving an example of how to overcome a particular barrier (reason for not doing something).
- **Motivate** people to take action, by presenting benefits in a compelling or personally relevant way.
- **Get feedback from the audience** by, for example, having the audience discuss the messages with others and having listeners contact the radio station.
- **Foster community ownership** of the issue by involving the community in designing the messages and in monitoring community response.
- Give listeners the opportunity **to make informed choices** about decisions affecting their health and greater self-determination over their lives.
- **Complement a national program** at the local or district level.

Radio spots can be easily adapted or created and produced, even by people with little radio production experience. Spots can reflect local languages, culture and values. Because they can be played frequently, well-crafted, well-targeted spots can effectively promote a single message that people will understand and remember. In addition, by their nature, spots are flexible: You can change your message and, if you are paying for airtime, adjust time schedules for broadcasting them with relative ease. Radio spots are also usually shorter and less expensive to produce than other radio formats (such as radio drama).

* Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 1.

WHEN ARE RADIO SPOTS NOT USEFUL?

Radio is not the solution to all health communication problems. Be sure to use radio for its advantages, but do not use radio for purposes for which it is not useful, such as:

- **Small audiences:** Do not use radio in areas where people do not listen to the radio or where families do not have radios. See Step One for more information on how to gather listener data.
- **Lack of services:** Do not use radio announcements or spots to create demand for things that are not available.
For example, do not use radio to promote insecticide-treated bed nets in areas where they are not sold or to encourage intermittent preventive treatment (IPT) where clinics are not prepared to provide it or are constantly out of stock.
- **Teaching skills:** Radio can explain skills or model others trying new skills. But complex skills that require many steps or practice cannot be taught using the radio. Radio alone is usually not enough for an audience to learn the difference between less hot and very hot (urgent) fever or to learn how to properly mix the insecticide solution for a mosquito net and treat the net at exactly the right time.

ADAPTING OR CREATING ORIGINAL SPOTS AT THE SUB-NATIONAL LEVEL

Spot On presents the entire process for adapting existing radio spots to local needs or creating original spots. Adaptation can be as simple as translating an existing spot into the local language, adjusting a few cultural beliefs or practices, using locally specific statistics, using a different announcer and local accents, or adding different sounds and/or music. On the other hand, adaptation can mean modifying the spot more significantly because things are done differently in the area you want to reach, people in the area do not say those kinds of things, there are no nearby health centers, or the spot would be more effective with a different approach, such as a dialogue rather than a monologue.

Whether adapting or creating original radio spots, working at the district, local or other sub-national level offers distinct challenges and advantages when compared to working at the central or national level. Challenges may include fewer resources (both financial and human); also personnel may be less experienced at developing and producing effective spots. In addition, topics or objectives may be preset at the national level. But, on the plus side, the intended geographic area often shares a culture and spoken language which can make it easier to focus your message. Also, production and broadcast costs are usually lower. And since there are often fewer stations for people to choose from, the audience can often be reached using only one station.

SEVEN-STEP RADIO SPOT PRODUCTION CYCLE: AN OVERVIEW

Radio is not direct, interactive dialogue, like you have when you talk with others face to face. But well-developed spots do facilitate an indirect dialogue with the community. The production steps are a circular process in which feedback from the community is incorporated as you work through a loop of planning, implementation and improvement.

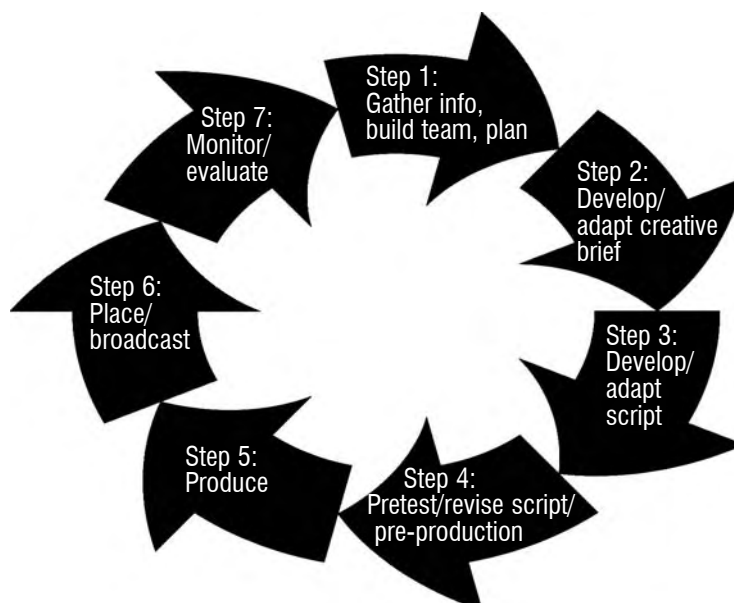
First, you gather and review information about what people in the community know, believe and do about malaria, in addition to their radio listening habits (Step 1). This research helps you make informed decisions about how you will use radio and what you will ask people to do. Also in Step 1, you will partner with other organizations and plan your radio spot with them. Then, you will develop a creative brief (Step 2)—the road map for evaluating an existing spot or developing a new one.

Once you have adapted an existing radio spot or created a new one (Step 3), you play it for people from your target audience (pretest), make changes based on their reactions (Step 4) and prepare for studio production.

Next, you produce (Step 5), place and broadcast the spot(s) (Step 6). After the spots are broadcast, you track when they were aired as well as what the target audience heard, learned and did based on the spots. This information will help you make necessary changes to the spots or the broadcast schedule (Step 7).

Seven-step radio spot production cycle

Each of the seven steps is important. The process should be followed in the order recommended.



Gathering information periodically and systematically from the community and using that information to guide your decisions fosters a “dialogue” with the community. This dialogue is what makes your radio spots effective.

Use the following checklist to help manage the seven-step process. Each of the next sections in *Spot On* explains how to complete a step.



Seven-step radio spot production cycle*

Workplan and timeline

A checklist for planning, producing, airing, pretesting and evaluating effective radio spots. See Annex 2 for detailed checklist.

Step/activity	Who will do it	By when	Funding
PRE-PRODUCTION			
Step 1: Plan—gather information, enroll partners and decide how to use radio to support your malaria program			
Step 2: Develop a creative brief			
Step 3: Adapt/develop and produce spots for testing			
Step 4: Pretest, pre-produce and revise concepts, messages, spots based on findings Pretest the spots Choose and/or change spots based on the results of the pretest Conduct pre-production			
PRODUCTION, POST-PRODUCTION			
Step 5: Produce spots Record spots Mix, edit as needed (post-production) Duplicate/dub copies Package			

continued next page



Seven-step radio spot production cycle (con't)

Step/activity	Who will do it	By when	Funding
POST-PRODUCTION			
Step 6: Place/broadcast spots Determine the best station(s) to reach target audience Negotiate a broadcast schedule, with each spot airing at least twice a day during the hours your target audience is listening Conduct informational meeting or other activity with radio station staff as partners of your malaria team Distribute the spots to the radio station(s) Get copy of radio station's schedule to facilitate monitoring airing of your spots			
Step 7: Monitor, evaluate and revise Monitor your spots to ensure the radio station is airing them when agreed Evaluate how frequently your target audience is hearing your radio spots, on which stations and when, and what effect the spots are having on what they know, believe and do Based on the results of the evaluation, decide whether to continue broadcasting the same spots and/or develop new ones			

* Adapted from WHO, UNICEF and HealthCOM/USAID (1994), "Using Radio Spots to Support National CDD Programmes," p. 73.

STEP 1

GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

- Determine your communication objective: What do you want to accomplish?
- Focus on behavior: What do people do?
- Make sure radio is the right channel for you
- Use radio as part of an overall program
- Build your team
- Gather information about your potential audiences
- Decide how many spots to develop
- Calculate your budget: Tally costs from concept to air
- Partnering and cost-sharing



STEP 1

GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

DETERMINE YOUR OBJECTIVES: WHAT DO YOU WANT TO ACCOMPLISH?

Before you can begin planning your spots, decide what specifically the radio spots will accomplish. A number of malaria issues can be addressed through communication. Often the overall objective will already be determined by the national or district-level malaria program. If not, reviewing information you collected by talking to local health managers can help you decide which objective to focus on in your spots. (See page 17)

Try to select an objective that uses radio for its strengths:

- **Awareness:** Radio excels at building awareness of and demand for products and services. It is also good for popularizing the names of products and letting people know where to find them.
- **Reach:** Radio is a universal medium and has the largest audience of any communication channel. Radio can expand the reach of interpersonal communication (such as face-to-face counseling, health education talks) and print materials (flipcharts, counseling cards/guides, flyers) to people who have not been reached by these channels, as well as to reinforce messages for those who have.
- **Local impact:** District-level or local radio can complement the reach and impact of a national program's radio messages (and those of other channels) by broadcasting them to more remote areas, within specific cultural contexts or in more local languages and dialects.
- **Model behavior:** Radio is also an efficient and effective way to model a desired behavior, remind people about things and encourage repeated or continued action.

While radio can promote a range of malaria and fever-related behavioral objectives, the following are common to many countries:

- Increase recognition of specific child health danger sign(s) that prompt care-seeking within 24 hours of fever onset
- Reduce time between fever onset and care-seeking for children with fever/convulsions
- Acquire the appropriate medicine promptly
- Complete the treatment: Take medicine for the correct amount of time, the correct number of times per day

STEP 1: GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

- Improve follow-up/referral for sick children
- Prevent malaria by using treated mosquito nets every night
- Prevent malaria among pregnant women by having them take intermittent preventive treatment at least twice during pregnancy

Once you have identified the priority malaria problems, you can learn which community members must take action to prevent or treat malaria. From this desired action and target actor, you can develop the communication objective for your spots. The following table describes some of these communication objectives.

Priority problem	Audience that takes action	Communication objective
Sick children are not given malaria treatment quickly; some die	Family member who cares for the child	Increase recognition of specific child health danger sign(s) that prompt care-seeking
	Family member who cares for the child	Reduce time between fever onset and care-seeking for children with fever
	Family member who cares for the child Family member who makes purchasing decisions	Acquire and start giving the appropriate medicine promptly
Children are not taking the entire malaria treatment	Family member who cares for the child	Take medicine for the correct amount of time, the correct number of times per day
Children do not get better after treatment	Family member who cares for the child	Improve follow-up/referral for sick children
Increased cases during malaria season Many children are getting malaria Many women are getting malaria	Family member who cares for young children Family member who makes purchasing decisions Pregnant women	Prevent malaria by using mosquito nets every night
Many pregnant women are getting malaria Increased cases during malaria season	Pregnant women	Prevent malaria in your unborn child by taking intermittent preventive treatment

STEP 1: GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

Before selecting a communication objective, make sure any services and products required to meet that objective are in place so that listeners can do what the spots are suggesting. Your spots will fail and possibly undermine future efforts if, for example, people cannot get the right drugs or if clinic workers are not adequately trained or accessible.

FOCUS ON BEHAVIOR: WHAT DO PEOPLE DO? (Rather than what they think or know)

Note that all the communication objectives in the table are behaviors. These are not communication objectives that aim to increase awareness or change beliefs. While those objectives may be part of your spot to support a new behavior, the goals of your communications should be to change behavior.

When developing your communication objective, it is very important to distinguish behavior from knowledge and beliefs. Here are some synonyms to better understand these terms:

- **Knowledge:** information, facts, data, awareness, understanding, skill, realization
- **Belief/attitude:** faith, idea, feeling, thought, view, opinion, principle, trust, confidence
- **Behavior:** action, performance, deeds, activities, conduct

Behavior is key to improving health outcomes. Without a change in behavior, children will not get treatment they need nor will pregnant women use treated nets at night. Behavior is something that is done and can be seen. One cannot really know what someone knows or believes, but one can determine what someone does by observing the action (or lack of action).

For example, many people know and believe that insecticide-treated nets protect them and their young children from getting and dying from malaria. But fewer people own the nets, and those who do, do not use them every night. Your communication objective may be to help families decide to buy and use a treated net every night.

MAKE SURE THAT RADIO IS THE RIGHT CHANNEL FOR YOU

Before spending the time and money to adapt or create and produce radio spots, make sure that radio is a good channel to use. At least **30 to 40 percent of your target audience** (the group of people you want to receive your message) **should have access to radio and listen to it.**¹ If they do not, **do not** use radio to deliver your message.

¹ Used with permission from WHO, UNICEF HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 18.

Find out who listens

- **You may want to use radio to reach women.** This is a good strategy if enough women in the area(s) you want to reach and in the categories you want (e.g., rural mothers with children under five, urban grandmothers) listen to the radio.

If you learn that most women do not listen to the radio but a sizeable proportion of men do...

- **You may want to use radio to reach men,** but you will need to consider how this different audience might change the content or focus of your messages. Fathers can encourage and support their wives to do many helpful actions related to malaria. For example, men can help their wives recognize the danger signs that mean a child needs medical attention. Fathers are often the key to deciding whether, when and where to seek care for sick children. Alternatively, you may review the malaria objectives and see if there are some communication objectives that are specifically within the father's domain. For example, fathers may decide when and where to buy bed nets, and you may decide to concentrate your spots only on that objective.

You can determine who listens to the radio by examining basic listenership information, which may be available from government or private radio stations in your area, the Health Education Unit, the Ministry of Information, district health information officer, advertising agencies, media monitoring agencies or nongovernmental organizations (NGOs). If available, also collect broadcast schedules, maps of areas covered, and rate schedules from all local radio stations-both public and private.

Radio listenership data includes how many and which households have radios, who in the family normally listens, to what stations and programs, and at what times of the day. If no recent listenership information is available, you may consider asking that several listenership questions be added to the next household survey being conducted where you are working. In Step 6 of **Spot On**, you will find a tool you can use to find out who listens, when and where, so you can decide if radio is appropriate to reach your audience.



Deciding to use radio

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 Do your local stations reach the geographical areas you need to reach? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 Does at least 30%-40% of your target audience listen to radio? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 Do the local station(s) broadcast in the local language(s)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 Can you/your partners afford to use radio? If not, can you get free time? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 Are the malaria services and products promoted fully available? |

STEP 1: GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

If you answer **no** to any of the five questions, you probably should not use radio at this time. When you can say **yes** to all five, then radio is the right option for delivering your message.

Remember that service delivery, policy, management, logistics and supply interventions are critical complements to any communication strategy and must be in place before you start. However, as situations change, a “No” response may become a “Yes.” For example, when a product that currently is not available (such as a new medicine for treating malaria) becomes available, revisit the questions.

If you decide that radio is the right channel for your message, the resources and tools in Spot On can help you adapt or create and produce effective malaria radio spots.

USE RADIO AS PART OF AN OVERALL MALARIA PROGRAM

Local radio spots are most effective when they are part of an overall malaria campaign or program and support other malaria prevention or treatment activities. A campaign or integrated program is more likely than a single channel to reach people and increase awareness and action. (*See Annex 1 for a sample communication plan.*) The keys to a successful campaign are:

- Setting clear objectives
- Complementing any national malaria program
- Using many channels and activities (such as radio, billboards, school outreach, village-based meetings)
- Making sure messages for each channel complement and reinforce each other
- Ensuring that all partners fulfill their responsibilities (e.g., health workers, drug suppliers, school animators)
- Having enough funding for radio airtime

BUILD YOUR TEAM

Partners can bring resources, expertise and credibility to your spot and to your message. Your spot will be stronger if you work in interdisciplinary teams comprising different types of people: malaria experts, community members and radio producers. It is also useful if at least one team member has a background in health education or message development. This list illustrates the range of knowledge, skills and capabilities needed to produce effective radio spots:

- Knowledge of national malaria policies, service delivery, drug supply
- Communication or health education background, experience in message design
- Knowledge of local policies, service delivery, drug and insecticide-treated net supply
- Understanding of local culture, beliefs, values regarding malaria prevention and treatment

STEP 1: GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

- Familiarity with local target populations through community interaction or outreach
- Research or evaluation expertise, including pretesting
- Radio production skills
- Access to radio and audio production facilities

An example of a four-person team that combines the desired expertise could include someone from an NGO or local program working on malaria, a local health educator or member of the local Information, Education, Communication (IEC) working group, a malaria focal person and a producer from the local radio station. However, interest in malaria prevention and treatment may also go well beyond this core group. Be alert for opportunities to open new channels of communication and create working relationships with other agencies, NGOs and even businesses that share an interest in fighting malaria and can support your efforts.

GATHER INFORMATION ABOUT YOUR POTENTIAL AUDIENCES

From your communication objectives, you have identified at least one target audience, the specific group of people your message is intended to reach. We often distinguish between primary and secondary target audiences. A primary target audience includes those your message is designed to directly affect, that is, those whose behavior you want to influence. A secondary audience includes those who influence the primary audience (such as a family member or community leader).

A target audience can be described in many ways. Demographic characteristics are often used, such as income level, age (or age of their children), where they live (towns or rural areas) location, gender, language spoken or employment status. Audiences can also be described by other factors, such as behaviors, values and knowledge. The most important audiences for malaria prevention messages are family members who make decisions about the household. Secondary audiences may be community leaders or others that influence families.

For example, your primary target audience may be rural mothers with children under five who have a fever. The secondary audience may be the health workers with whom they come in contact. Another secondary audience may be the fathers or other caretakers, such as grandmothers.

Before developing any materials, get a good understanding of potential target audiences, specifically who they are, what they believe and what they do and do not do. When you listen to a radio spot, it should be clear exactly to whom the material is talking. If you know your audience well, it will be reflected in your spot, and your message will more likely be heard by your audience. Here are some key questions about target audiences:



Key questions to help describe a target audience

- ☐ Who are they? (age, ethnicity, family relationship, daily activities or work)
- ☐ What do they know about malaria prevention and treatment?
- ☐ What are they doing now to prevent and treat malaria?
- ☐ Why aren't they doing other behaviors to prevent or treat malaria?
- ☐ What is making it hard for them to do what they "should" be doing?
- ☐ What would make it easier for them to do what they "should" be doing?
- ☐ Who influences the target audience about malaria treatment and prevention?

At this stage, you should begin to collect as much information as you can about your target audiences. You will need to refer to it later in the production process. Collect and review whatever research information you can find. Here are some resources available from the national malaria program, your district health office, WHO, UNICEF or non-governmental organizations (NGOs):

- National malaria program policy guidelines
- Household survey results, including demographic and health surveys
- Health facility data
- Program review reports (focused program review, comprehensive review or desk review)
- Country program profile
- KAP (knowledge-attitude-practice) survey results
- Qualitative research or ethnographic study reports about what people know, believe and do concerning malaria/fever, including what they call different types of fever, what they believe causes them and how they treat them
- Radio listenership surveys—details on who listens to what programs on which stations, at what times of day

DECIDE HOW MANY SPOTS TO DEVELOP²

The number of spots you develop will depend on your communication objective(s). You can estimate the number of spots by the number of target audiences you want to influence and the number of behaviors you want to change.

Count one spot for each combination of target audience and desired action. As the example in this table shows, an objective may include several actions. But people tend to remember only one message from each spot. **If more than one action is needed to achieve the objective, plan to make several spots.**

² Used with permission from WHO, UNICEF HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 18.

STEP 1: GATHER INFORMATION, BUILD YOUR TEAM, PLAN YOUR SPOT

Number of spots to develop

Objective	Target audience	Action(s) to be taken	Number of spots (one message per spot)
Encourage correct dosing of medicine. (Give medicine for the correct amount of time, the correct number of times per day.)	Mothers of children under 5 years old	1. Ask the drug provider how often to give the medicine and for how long. 2. Follow the instructions given by the drug provider (and/or written on the package). 3. Make sure you give all of the medicine that you have been given or your child could get sick again soon.	3

You may also have to produce different spots to match the formats of different radio stations. Radio stations tend to have a distinct personality or sound that is called a format. Common formats include talk radio, all news and information or a certain style of music (rock, pop). Ideally, the sound of your spot should match the sound of the station.

CALCULATE YOUR BUDGET: TALLY COSTS FROM CONCEPT TO AIR

Consider all three phases in your plan and budget: **pre-production**, **production** and **post-production**. Even though radio spots are short, they require the same full production process as longer formats. To help manage the process, refer to the *Radio spot production workplan and timeline* in the Overview section or see Appendix 2.

Create a budget by estimating the costs for:

- Developing the spot (pre-production, Steps 1-4)
- Producing the spot (production, Step 5)
- Broadcasting, monitoring and evaluating the spot (post-production, Steps 6-7)

Do not let budget or other limitations keep you from learning about your intended audience, planning, pretesting the spot or monitoring/evaluating it. Neglecting any of these steps could undermine your spot's effectiveness.

Key items to include in your budget

Budget item	Cost per unit	Total cost
Pre-production		
Research		
Scripting		
Casting		
Recording tape or other media and other supplies		
Securing music rights		
Pretesting the spot(s)		
■ Recruiting participants		
■ Incentives for participants		
■ Venue/location to hold pretest(s)		
■ Transportation for participants/observers		
Adapting script to reflect what was learned in pretest		
Production		
Rehearsal		
Studio rental/hire for recording session		
Music rights/use fees		
Actors' performance fees		
Tape mastering		
Producer/engineer's time in the studio to direct and record		
Post-production		
Editing/mixing studio time		
Producer/engineer's time to edit/mix the final product		
Additional supplies (splicing block, tape—if analog)		
Duplication/dubbing costs		
Packaging and distributing spot(s)		
Broadcasting (buying airtime)		
Monitoring		
Evaluating		

PARTNERING AND COST-SHARING

Developing, producing and airing spots can be complicated and requires adequate finances. It is helpful to join forces with others to plan, organize and implement these activities.

Financial and administrative support can come from these sources:

- Ministry of Health
- Ministry of Information
- NGOs
- District government
- Funding agencies

Consider these factors when you decide how to use radio to support your program:

- Are there any agreements between ministries for free or reduced-cost production and broadcasting that may be helpful to you?
- Is there a budget for radio communication at your administrative level?
- Is there radio production expertise in the health education department, at local NGOs or elsewhere?
- What kind of support is available for other programs (health, social, agricultural, educational) that have used radio? How did they pay for it?
- If your program does not have sufficient funding for all the necessary activities that radio work requires, you can build on existing resources.

For example:

Human resources (expertise in design and production, pretesting and evaluation, etc.): Coordinate with the Health Education Unit or radio station staff to develop and produce your materials.

Financial resources (e.g., to pay for production and broadcast time and costs for pretesting and evaluation): Find out what MOH funding is available to produce radio materials and how you can use some of those funds.

Airtime: Find out what other MOH programs are using radio. If the programs reach your target audience, ask the producer to include your materials in their programs.

Information gathering/research: Use existing information. Conduct only small, focused studies to complete the information you need.

STEP 2

DEVELOP THE CREATIVE BRIEF

- Adapting vs creating new spots

- What is a creative brief?

- Understanding your target audience: Which segments will you reach?
- Determining your message: What is the desired action?
- Building on benefits and breaking barriers: How to encourage your audience to take the desired action
- Other ways to shape your spot

- Completing your creative brief

- Sample creative brief
- Sample script based on the creative brief



STEP 2

DEVELOP THE CREATIVE BRIEF

ADAPTING vs CREATING NEW SPOTS

Now that you have defined your communication objectives, you can assess whether to adapt existing spots or create new ones. In either case, the basic goal and tools are the same: Your radio materials should make people want to listen to them. They should create a picture in the listener's mind.

If you have quality national radio spots or are mandated by the national program to use specific spots, work with those. Compare them to your creative brief and note whether they reach the same objective, whether the target audience is the same, and what other elements must be adapted. Note that adapting scripts written for TV or copy written for print ads presents special challenges because the text was not written for the ear. The writer must understand what radio can and cannot do in order to engage listeners rather than viewers or readers. The basic tools for adapting or developing radio scripts are covered in Step 3.

Consider developing new spots if the existing spots are too different from your creative brief. To do so, you will need the help of professionals with experience producing creative radio spots for publicity or promotional purposes. Such people might be found within the Ministry of Health Education Unit, at national or local radio stations, in NGOs or private-sector advertising agencies. The professionals you select may depend on your available funding.

If this expertise is not available to you, and you do not have access to other good scripts for spots, then adapt one or more of the 16 sample malaria radio spot scripts in Annex 3. Some of the scripts are from actual programs; others have been developed for *Spot On*.

Adapting existing spots

Adapting spots can save you money as well as time.

Analyzing the quality and appropriateness of an existing spot for the specific geographic area and audience you are planning to reach will help you determine what degree of adaptation is necessary. Following is a suggestion for how to do this:



Existing spot check

- ☐ Listen critically to existing spot(s). (See Annex 2 “Assessing radio spots for pretest” worksheet for criteria)
- ☐ Find out if the spot(s) was pretested. If so, find out how: request the report and questionnaire and review them.
- ☐ Get the creative brief for the spot(s), if one exists. Review it.
- ☐ Continue as explained below.

Here is a **process for adapting existing national spots** or those found in *Spot On*:

1. Develop a creative brief for the spot, if one does not already exist. (Guidelines follow.) Be sure to specify a target audience and **one positive key benefit** that is relevant to that specific audience. Ensure that the message is appropriate for your local malaria program.
2. Change the names, vocabulary, sound effects (SFX) and music in the script to make them more relevant to your target audience.
3. Review/read the script out loud as you would want it to be performed. It should be clear WHY your target audience should do what is being advised/asked. Check it for pacing, inflection, timing and use of music and SFX and then adjust the script accordingly. Use the *Assessing radio spots for pretest* worksheet in Annex 2 to ensure that your spot is ready to pretest.
4. Test the spot with the target audience. Revise based on your findings.
5. Follow the process: pre-production, production and post production.
6. Get feedback from partners and any necessary approvals at key points during this process: on the creative brief, the script and taped spot before pretesting; the revised script after pretesting but before producing, etc.

Creating new spots

Original spots allow you to open up new avenues of creativity. Only the starting points differ when creating a new spot rather than adapting one.

1. Develop a creative brief for the spot. (Guidelines follow.) Be sure to specify a target audience and **one positive key benefit** that is relevant to that specific audience.
2. Gather a few people who are familiar with the issue and invite them to a brainstorming session to help develop a concept/storyline that will transmit the key message.
3. Write the script. Make it fun to listen to by adding SFX and music as appropriate.

STEP 2: DEVELOP THE CREATIVE BRIEF

Once the script is written, the process of reviewing, pretesting, revising, doing pre-production, production and post production, and getting approvals is the same as noted above (#3–#6).

To be effective, radio spots must say the right thing, in the right way, to the right people, at the right time, via the right channel, with sufficient frequency for a sufficient period of time, whether adapted or developed from zero. This means they should be developed for a **specific audience**. They need to communicate a **clear objective**—a practical, clear course of action, that your target audience is capable of doing. And they should promote **one benefit** that persuades your target audience to do what the spots are asking.

WHAT IS A CREATIVE BRIEF?

The first step in the development of any communication product is to outline its purpose, main content points and key features. The creative brief is a tool for this step.

A creative brief is both a process and a product. The process is a step-by-step approach to deciding what your spot will be. The product is a short document (two to four pages) that captures these decisions. The creative brief serves as a:

- **Blueprint:** Like an architectural drawing, the creative brief illustrates the building to be constructed; it outlines your communication objective and builds on the information and research that you collect during the planning process.
- **Billboard:** A creative brief lets everyone involved see clearly what is being planned. The creative brief is used as a guide through all the production steps, so that all participants understand the direction the spot is to take.
- **Buy-in:** The creative brief is a good way to get decision-makers to focus on the key elements of the message to be developed. It can be used as a starting point for discussion to get agreement on the approach, the timing and the budget.

Like a map that changes when new streets are built, a creative brief can always be modified and may need to be depending on what you learn from pretesting.

Develop a creative brief even if you are adapting a spot from another source. You will use the brief to indicate how the existing spot should be modified and to ensure that your adapted spot will achieve your communication objective.

A creative brief template follows. The rest of this section will help you develop the elements needed to complete your own creative brief.

STEP 2: DEVELOP THE CREATIVE BRIEF



Creative brief template³

Project: _____

Contact information: _____

Prepared by: _____ Approved by: _____

1. Target audiences

Whom do you want to reach with your radio spot? Be specific.

2. Objectives

What do you want your target audiences to do after they hear this radio spot?

3. Obstacles

What beliefs, cultural practices, social pressure or misinformation are barriers to your audience doing that?

4. Benefit

Select one single benefit that the audience will experience upon doing that, from the audience's point of view.

5. Support statements/Reasons why

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

6. Tone

What **feeling** or **personality** should your communication have? Should it be authoritative, light, emotional ...?

7. Opportunities

What times, seasons or events increase the likelihood of reaching your audience? What other ways might the spot be used?

8. Creative considerations

What should the writers and producers keep in mind during development? Which format is best for the selected radio stations and preferred by the target audiences: Announced or produced, monologue, dialogue, testimonial, informational? Will the spot be in more than one language? Who are the characters? What words, phrases or jingles should be used?

Please add a second page, summarizing the results of the research you collected and reviewed.

³ Adapted from *Making Health Communication Programs Work: A Planner's Guide*, US Department of Health & Human Services, Office of Communications, National Cancer Institute, 2002. Available online at www.cancer.gov/pinkbook.

UNDERSTANDING YOUR TARGET AUDIENCE

Which segments will you reach?

In Step 1, you began collecting information about your target audiences and the listeners of the radio stations. During the creative brief process, you must review and analyze this information to get a complete understanding of your target audience. Who is the audience you want to reach to improve malaria treatment and prevention? And which segments among these audiences are listening to the radio stations? An audience **segment** is a subgroup within your target audience: for example, young women (ages 18-25) are a segment of all women radio listeners.

Your radio spots will be more effective if they are adapted or created for and speak to the specific audience segments who listen to your stations. As a result, both your message and media schedule can be tightly targeted.

For example, your spot might focus on rural women who are having their first pregnancy and are most likely to be 18-25 years old, because women who are pregnant for the first time are more susceptible to malaria and the data shows that younger women are more likely to be listening to the radio. The message will also be appropriate for and heard by older women, but your priority audience is more likely to be reached.

In addition to demographic characteristics, another important way to understand your audience is to look at their differences in knowledge, behavior or psychographic characteristics (which include attitudes, beliefs, values and personality traits). Each specific segment would know, believe, and/or do different things about behaviors related to malaria prevention and treatment. You would need to promote different solutions or strategies to address each segment's situation because each segment is likely to have different **barriers** to (reasons not to) and benefits for adopting those solutions.

Sample target audiences

Rural first-time pregnant women ages 18-25 <i>who use treated</i> mosquito nets would be a different segment than rural first-time pregnant women aged 18-25 who do NOT use nets.	Rural first-time pregnant women ages 18-25 who <i>do not use</i> nets and <i>cannot afford one</i> , compared to those who do not use one but can afford to.
Rural first-time pregnant women ages 18-25 who <i>do not use</i> nets but <i>think that it would be good to use one</i> would be a separate target than those who neither use one nor think it would be good to use one.	Rural first-time pregnant women ages 18-25 who think that they <i>are at high risk for malaria</i> would behave differently than those who think that they are not at risk.

Use your research findings from Step 1 and the following discussion on segmenting your audience to help you evaluate potential audience segments and select the ones to focus on.

Understanding your audience's behavioral stage⁴

Research shows that people make changes in behavior in stages. One way to determine what your spot should focus on is to see where your audience falls in its readiness to adopt a behavior. This table shows four broad categories where audiences can fall in their attitudes toward a behavior, along with specific communication approaches for each level.

Stage of readiness	Communication approach
Not aware of behavior or of its importance	Increase awareness of the importance of doing the behavior (or that a product or service exists).
Is aware of but has not tried the behavior	Reduce the barrier that is keeping them from trying the behavior.
Has tried the behavior once	Reinforce the importance/positive outcome of continuing this behavior when the same situation occurs again.
Has adopted the behavior	Reinforce the benefits of continuing the new behavior and demonstrate that they can help others by advocating that they try the behavior.

If most of your audience falls into one readiness stage, then it is clear which approach to take. If your audience segments are equally represented in two or more stages, you may need to more narrowly segment your audience.

For example, if half of the area's rural mothers with children under five are not aware of home treatment of malaria with a locally available medicine and half are aware but are not using the treatment, then you have two segments: aware and not aware. You will need to select one of these as your key segment and adapt/develop radio spots for that segment. You can also develop separate spots targeted to the other segment.

Selecting an audience segment

Once you have listed all your potential audience segments, you will need to choose which one(s) you want to address in your spots, based on your available resources. One way of doing this is to rank them by scoring them according to a few criteria. Some sample criteria are in this table. You may wish to add more or change these, according to your program priorities.

⁴ For more on the theory of stages of change, see The Communication Initiative's theories page: www.comminit.com/changetheories/ctheories/changetheories-56.html

STEP 2: DEVELOP THE CREATIVE BRIEF

Ranking audience segments

Use a scale of from 5 (most) to 1 (least) important

Criteria	Segment 1	Segment 2	Segment 3
Which audience segment represents the highest priority for you and your partners?			
Which segment can be reached using the radio?			
Which segment is most affected by malaria?			
Which segment is most likely to change their behavior?			
Which segment is not reached by other programs?			
Total score			

DETERMINING YOUR MESSAGE: WHAT IS THE DESIRED ACTION?

When developing your message, you must know what action you want your audience to take as a result of hearing your message. This desired action must be clearly understood by the audience from your message. Further, it must be something that is feasible for them to do. Moreover, they must be convinced by your message that, from their point of view, there is a reason or benefit that outweighs any objections to taking the action.

Now, develop the basic message. Each behavioral objective has a number of possible messages that can be developed, as illustrated in this table. Feel free to develop your own. Note that this table does not specify a target audience. In general, for these key messages the target audience will be mothers or fathers (except for pregnant women for the intermittent preventive treatment messages). Selecting whether to focus on fathers or mothers may depend on which key message you select.

When you listen to a radio spot, it should be clear **exactly what it is asking the target audience to do**. The sample radio spot scripts in Annex 3 show a variety of behavioral messages for a number of malaria problems.

Behavioral objectives and key messages

Objective	Some key messages
Increase recognition of specific child malaria danger signs to prompt care-seeking	<ol style="list-style-type: none"> 1. When your child has high fever/hot body you must start giving _____ medicine. 2. When your child has high fever/hot body and sleeps a lot, you should go to the nearest health center.
Reduce time between fever onset and care-seeking for children with fever.	<ol style="list-style-type: none"> 1. Treat your feverish child for malaria within 24 hours of start of fever/hot body. 2. Take your feverish child within 24 hours to the nearest health center.
Acquire and start giving the appropriate medicine promptly	<ol style="list-style-type: none"> 1. It is important to get malaria medicine and start treating the fever/hot body. 2. If your child is under _____ years old, make sure you get the _____ medicine that is _____ color.
Take medicine for the correct amount of time, the correct number of times per day	<ol style="list-style-type: none"> 1. Ask the provider how often to take the medicine and for how long. 2. Follow the instructions given by the provider (written on the package). 3. Make sure to use all of the medicine that you have been given, otherwise you (your child) could get sick again soon.
Improve follow-up/referral for sick children	<ol style="list-style-type: none"> 1. If your child remains sick after _____ days, go back to the health center. 2. If your child gets sicker, go to the higher-level health facility immediately.
Prevent malaria by using mosquito nets every night	<ol style="list-style-type: none"> 1. Make sure that all your children under five sleep under a treated mosquito net every night. 2. If you are pregnant, sleep under a treated mosquito net every night.
Prevent malaria among pregnant women by taking intermittent preventive treatment	<ol style="list-style-type: none"> 1. If you are pregnant, visit the prenatal clinic as soon as you can. 2. If you are pregnant, ask for and take at least two treatment doses of SP (commonly known as Fansidar) starting in the fourth month of pregnancy.

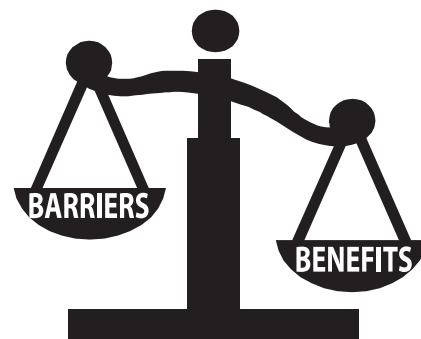
BUILDING ON BENEFITS AND BREAKING BARRIERS

How to encourage your audience to take the desired action

What you ask your target audience to do in your radio spots will depend on what they are currently doing and why they are not performing the behaviors you want to promote. Once you have selected your target audience, you will need to refer to existing research or research you have conducted to understand what they are currently doing in relation to malaria prevention and treatment and why.

People usually have good reasons for behaving as they do. It is important to note that it is not always clear to us why people do or do not do something. From the available data, you should be able to determine the main barriers (obstacles) to the audience's adopting the desired behavior. Barriers can be beliefs, cultural practices, peer pressure, misinformation or other factors. The audience itself may not be able to explain or recognize what the barriers are, but you should be able to determine them from the data and/or from people who know the audience well.

Barriers keep people from acting. But people will take an action when they perceive it to **benefit** them, even if it is not the consequence that we are hoping they find. Therefore, your spot must convey through your message a benefit related to the new behavior that will persuade your target audience to overcome its resistance to that behavior/action.



When you listen to your radio spot, it should be clear **why** your target audience should do what it is asking and what one key benefit/promise it will bring them.

The principal differences between informational and persuasive radio materials:

- Informational materials present facts and may raise awareness, but they rarely have an impact on people's behavior.
- Materials that persuade people to change their behaviors emphasize the **benefits** of doing that behavior.

In selecting the benefit to promote, remember that it is the **audience's viewpoint** that matters. Too often, program managers become so focused on the public health benefit that they forget they are not audience members—and what families care about and what motivates them may have little to do with public health priorities.

For example, a common reason people give for using treated mosquito nets is that they sleep better because they are not bothered by mosquitoes or other insects. This is not a direct health benefit, but it can be used to promote use of treated mosquito nets, which will result in a health benefit.

STEP 2: DEVELOP THE CREATIVE BRIEF

Select one **positive** key benefit that is relevant to your specific audience and that directly addresses the behavior you want them to perform. In the examples below, the behavior promoted is the same—treat children for fever within the first 24 hours—but the key benefit is different because each target audience will have different motivations for treating a child's fever promptly.

Examples of key benefits

Target audience	Some key messages
Rural mothers of children under five with fever who are aware that there is a local health center available for treatment of fever but have not tried it.	Mothers who treat their child's fever within the first 24 hours are loving and caring.
Rural fathers of children under five with fever who are aware that there is a local health center available for treatment of fever but have not tried it.	Treating your child's fever within the first 24 hours will save money (you will not have to pay hospital costs, and his mother can keep working). It is the responsible thing to do.

It is important to convey to audience members how they benefit if they take the recommended action. You should have a valid reason why you have chosen one particular benefit rather than another. The reason why the **key promise/benefit outweighs the obstacles**—why what you are promising or promoting is beneficial—often becomes the actual message you will broadcast.

Again, the selection of this key benefit and the reason you select it must be based on research conducted with your selected target audience. If you are having specific research conducted, it should include asking your target audience to describe their concerns or worries about performing the behavior you are promoting and what benefits that behavior could provide to minimize those concerns. Below are the seven questions that can help you discover important information about the **barriers** and **benefits** of a given behavior to your selected audience.



Seven elicitation questions

1. What good things happen as a result of doing _____ [fill in behavior]?
2. What things make it easier to do _____ [fill in behavior]?
3. What people approve of _____ [fill in behavior]?
4. What bad things happen as a result of doing _____ [fill in behavior]?
5. What things make it harder to _____ [fill in behavior]?
6. What people disapprove of _____ [fill in behavior]?
7. Do you _____ [fill in behavior]?

OTHER WAYS TO SHAPE YOUR SPOT

When you develop your creative brief and write your scripts, consider:

Tone

What **feeling** or **personality** should your spot have? Should it be authoritative, light, emotional or friendly? The key to deciding on a tone is to decide how you want your audience to feel when they hear your radio spot. Select a tone that is appropriate for your audience. If you are focused on a serious illness, it is probably not appropriate for the tone to be light or humorous. Approaches that appeal to the audience's emotions often have more effect than a tone that is distant, official or factual; a friendly tone usually gets the listener involved in the spot.

Tone and other persuasive elements

Media makers, especially advertisers, use identifiable techniques to inform and influence consumer behavior. These elements are powerful and proven tools when used appropriately. Some persuasive elements to consider include:

- **Fear**—Emphasizes negative consequences, meant to make people afraid that if they do not do what is asked of them, something bad could happen to them, their family or community. Can be ineffective or backfire depending on the audience, topic and approach used.
- **Other emotional appeals**—Making people feel happy, loving, confident or in control can result in people becoming more involved in the spot and make it more relevant to them.
- **Humor**—Making people laugh and relax can make them more open to your message.
- **Anecdote**—Usually a short narrative of an interesting, amusing or biographical incident used to illustrate your key message or benefit.
- **Testimonial**—A real or fictitious person (or people) talks in the first person about his or her (or their) own experiences.
- **Plain folks**—Uses people just like the target audience, from towns or villages just like theirs, talking about and doing something the target audience can do as well.
- **Scientific evidence**—Uses doctor's or other official statements, facts and/or statistics to back up the claim made in the message.

Creative considerations

During development and production, keep in mind the spot's length, type of spot, language, specific terminology, ethnicity, education level, age and gender of characters in the spot and creative elements that must be included (such as MOH tagline, slogan, jingle, local sayings). Include any interesting findings from the research, such as credible sources of information or spokespersons.

STEP 2: DEVELOP THE CREATIVE BRIEF

Remember that your audience cannot see anything, so note any information that may help describe the behavior or other visuals.

For example,

- If you mention the name of a medicine, you might also want to describe what it looks like (e.g., the yellow tablet) or how it is packaged. Or,
- If there is more than one type of the same medicine, it may be important to explain that the green package is meant for children of a certain age and the red one is for children of a different age.

Opportunities

To maximize the spot's impact, consider when your audience might be most receptive to or able to act on the message.

For example,

- Are there times, seasons or events when you should air the spot that will increase the likelihood of reaching your audience? How does malaria season affect how people will react?
- What way(s)—other than broadcasting—might the spot reach your target audience? Perhaps the spot could be played at special health fairs or in the waiting room of a health clinic.

SAMPLE CREATIVE BRIEF

You have now learned about all the elements of a creative brief. Complete the creative brief for each of your radio spots by summarizing what you have learned about your intended audiences, the action you want them to take and how you will reach and influence them.

As you develop your creative brief, make sure that you:

- Know exactly who your audience segment is and look at everything from their point of view (“put yourself in their shoes”)
- Focus on the action
- **Maximize the benefits** and **minimize the barriers** that matter to the audience
- Base your decisions on research and other information you have collected.

Your creative brief may need to be modified. As you learn more about one element, other elements may need to be adjusted.

Here is an example of a creative brief (followed by a sample script based on it) for a 60-second spot on the importance of nightly use of treated nets by pregnant women. You may want to refer to it as you complete yours. Once you have developed your creative brief and reviewed it with the program's manager or other decision-makers, you are ready to start developing and producing the actual spot(s).

STEP 2: DEVELOP THE CREATIVE BRIEF



Sample creative brief for radio spot

1. Intended (target) audiences

Primary: rural husbands of women who are pregnant

2. Objectives

- To urge husbands to buy an insecticide-treated net for their pregnant wives
- To increase nightly use of nets by pregnant women
- To increase understanding that women are more at risk for malaria when they are pregnant and that malaria can cause serious problems for pregnant women and their babies
- To increase belief that using treated nets reduces chances of getting malaria

3. Obstacles

- High cost of treated nets
- Not understanding the key benefit of treated nets—killing mosquitoes
- Not understanding that pregnancy has additional risks to mother/child
- Not knowing where to find treated nets

4. Key Promise

Show the benefit of treated nets clearly being greater than the barrier of cost: The husband who buys a treated net for his pregnant wife to use nightly shows he is wise and forward-thinking, that he is investing in his family's future.

5. Supporting statements/Reason why:

Malaria is serious for pregnant women and their unborn children—it can kill or cause other serious problems (anemia, miscarriage, low birth weight). Preventing your wife from getting malaria while she is pregnant can help protect her life and that of your child. It will also save you money on treating malaria.

6. Tone

Material should convey the need for taking action to prevent malaria in one's pregnant wife and unborn baby. It should also be:

- Friendly, welcoming, inclusive
- Smart, strong, effective, solid, paternal
- Protective, supportive, caring, loving and appealing

7. Opportunities

- Broadcast at higher frequency during heavy mosquito season and when there are activities/events related to maternal health and malaria (for example, Africa Malaria Day).
- Play at special events, at the prenatal clinic and places where men gather.

8. Creative Considerations

- 60-second radio spot—dialogue
- Language—most common to target audience
- Spot should tell a story about real people (with names) that listeners can identify with. The characters should go through some kind of transition that will involve the audience and motivate them to take appropriate actions.
- People should perceive the characters in the spot as being people like them doing things that they do, using things that they use, living in places like they live in and dealing with situations that they deal with.
- Use (pretested) jingle and slogan for campaign.
- Spot must be simple and realistic, both the people and the action represented.
- Use sound effects sparingly to establish scene. Use music, being sure not to distract the listener from the message.

STEP 2: DEVELOP THE CREATIVE BRIEF



Sample script based on the creative brief

Title:	Invest in your family
Product:	Insecticide-treated nets for pregnant women
Target Audience:	Rural husbands of pregnant women
Message:	Preventing your pregnant wife from getting malaria can help protect her life and that of your child. It will also save you money on treating malaria.
Key Benefit:	The husband who buys a treated net for his pregnant wife to use nightly shows he is wise and forward-thinking, that he is investing in his family's future.
Approach:	Using trusted male friend as advisor. Positive reinforcement and modeling of positive behavior.
Language:	English
Duration:	60 sec

<u>SFX</u>	<u>SOUNDS OF CHICKENS, CRICKETS, EARLY EVENING UP AND UNDER</u>
JOHN	(WARM GREETING) Hi David, what is that thing that you're carrying home from market?
DAVID	(FRIENDLY) Hey John, it's an insecticide-treated mosquito net.
JOHN	Whoa, that's a major investment, isn't it?
DAVID	Yes it is. But it's an important investment...in the health of my pregnant wife and our unborn baby. Sleeping under a treated mosquito net every night protects her from getting malaria. And while a treated net is not cheap, it's cheaper than going to hospital for treatment.
JOHN	(PUZZLED) Why is it so important for <u>pregnant</u> women? (CONCERNED) You know, my wife is pregnant, too.
DAVID	Because, John, when women are pregnant they are more likely to get malaria and it can cause many serious problems for both them and the baby!
JOHN	(SURPRISED) Wow! (GRATEFUL) David, that does sound like a good investment... protecting your wife and baby from malaria. Next market day, I'm going to buy an insecticide-treated mosquito net for my wife and unborn baby.
<u>MUSIC</u>	<u>LIGHT, HAPPY MUSIC, UP AND UNDER</u>
ANNCR TAG	Sleeping under a treated mosquito net every night protects both the pregnant woman and baby from malaria.

STEP 3

ADAPT OR DEVELOP EFFECTIVE SPOTS

- Creating effective radio spots

- The colors of radio: Creative elements of a radio spot

- Voices
- Music
- Sound effects
- Maintaining continuity

- Eight simple rules for writing/adapting scripts for radio

- How to set up a radio script

- How to format the script
- Basic script layout
- Calculating the length of your radio script

- Beyond spots: Other radio formats

- Reviewing and assessing your scripts



STEP 3

ADAPT OR DEVELOP EFFECTIVE SPOTS

CREATING EFFECTIVE RADIO SPOTS

There is a lot of “noise” on the radio airwaves. Noise refers to messages people tune out because they are irrelevant or unappealing. To reduce the chance that your radio spots become noise, you must have a clear objective, target audience and strategic message. Step 2 described these building blocks, which make up your creative brief.

Also, to break through the clutter of music, voices and other messages that crowd the airwaves, your spots need an unexpected approach—something unusual that will make people stop and listen. They need to be produced with the best writing skills and actors possible so they can compete for the audience’s attention. Finally, your spots must be broadcast frequently at the times your audience is listening so that your audience has many opportunities to hear the spots, understand them and act on what is being suggested.

Effective radio spots

- **Tell people what you want them to do and why.**
- **State the message at least twice.** Repetition increases the chances that the audience will hear, remember, understand and act on the message.
- **Show others doing the behavior and being rewarded** or praised for it. Everyone likes to be praised for what they have done. Radio spots are a powerful way to show people being praised for doing the right action.
- **Create a picture in people’s minds.** With radio, the listener can travel, meet new people, look at his peers in new ways, feel and see things in his imagination that he never thought of before. When you listen to good radio material, you should be able to shut your eyes and “see” who is talking, where they are and what they are doing.
- **Make people feel something after they listen:** happy, affectionate, energetic or capable of doing what you are asking. Most of the sample spots written for the Guide in Annex 3 make the listener feel happy, loving, confident or in control.
- **Catch people’s attention** by using music, words, sound effects, jingles, slogans or tag lines in an unusual or unexpected way. One of the most effective ways to create an unusual spot is to make a mix of old and new elements.

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

Not sure what makes a bad spot? This table compares what makes spots effective or ineffective.

Good spots	Bad spots
Create a picture in people's minds	Do not suggest a place or mood
Communicate a single message	Include too many messages
Make people feel something after they listen	Are bland, like a lecture
Show people doing what you are asking and being rewarded or praised for it	Tell, do not show an action/behavior
Use an unexpected approach—catch people's attention by using music, words, sound effects, jingles, slogans or tag lines in an unusual or unexpected way	Are boring, confusing and/or use inappropriate elements—music, voices, sound effects
Use quality voices—understandable, reflect the voices of the target audience and/or an authoritative, trustworthy tone	Use poor quality voices—unclear pronunciation, wrong accent, do not echo the listener's patterns
Demonstrate good technical production quality—all the elements are balanced	Are of poor technical production quality

The typical spot below would make any target audience feel lectured to. The listener would be bored, confused and possibly offended, and probably would not really listen to the spot again.



Example of an ineffective radio spot

MUSIC: (anything available when the message is recorded)

MALE ANNOUNCER 1: Mothers, it's important to treat malaria correctly. Children who have fever should be given the recommended antimalarial medicine. The dose of antimalarial will depend on the age of the child; use the green pack for children 2 to 5 years old and the red pack for children 2 months to 2 years old. Start treatment within 24 hours of the onset of fever.

(TAG)

MALE ANNOUNCER 2: This message was brought to you by the Ministry of Health.

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

There are two formats for spots:

- 1. Announced spots:** These follow a very basic, voice-only approach, usually a monologue. A simple script is given to a disc jockey (DJ) or announcer to read live and/or record for broadcasting later.
- 2. Produced spots:** These can range from very simple voice-over-music recordings (monologue) to elaborate but brief mini-dramas. Produced spots often contain more than one voice (dialogue) and incorporate music and/or sound effects to help convey the message.

THE COLORS OF RADIO: CREATIVE ELEMENTS OF A RADIO SPOT

In addition to the words (action and benefit) and the story that will frame the message, radio is made from three main elements or colors—voice(s), sound effects and music. Another element, often ignored, is silence—actual silence, allowing the listener to breathe, or relative silence, such as the use of a whisper over a shout. When combined creatively, these elements can paint memorable images in your listener’s mind and give your radio spots impact.

Voices

Voices contribute to the overall sound and meaning of your spot beyond the words they are saying. The speed and intensity with which the actors speak can create an atmosphere or mood for the spot. The speech patterns of your script, actors and announcers should be the same as those of your target audience.

Monologue vs. Dialogue⁵

One way to make your radio spots fun to listen to is to vary the number of voices from spot to spot. Two basic approaches are the monologue and the dialogue. The table describes the advantages and disadvantages of each one.

⁵ Used with permission from WHO, UNICEF, HealthCOM (1994), “Using Radio Spots to Support National CDD Programmes,” p. 40.

Monologue vs Dialogue

Description	Advantages	Disadvantages
<p>Monologue The voice of one person. Types include:</p> <ol style="list-style-type: none"> 1. Informational—a person talks in the third person to explain something/give information. The most common format in most countries for both programs and spots. 2. Testimonial—a real or fictitious person talks in the first person about his or her own experience. 3. Character—a memorable character, either real or fictitious, who is a credible source of information. 	<p>Simple and less costly to produce.</p> <p>Effective because listeners identify with the person talking.</p> <p>Easy to produce.</p>	<p>Is monotonous and may sound like all of the other materials on the radio.</p> <p>Can be ineffective if listeners do not find the testimony appealing or believable.</p>
<p>Dialogue Contains voices of two or more people. These voices can be:</p> <ol style="list-style-type: none"> 1. Real people talking about their own experiences through an interview, round-table or panel discussion. Or a news story if it includes interviews or a sequential use of multiple voices as testimonials may also be presented. 2. Fictional people discussing the messages in a setting the target audience would experience, similar to a radio drama. 	<p>Frequently more attractive and interesting because of the variety of the voices and interchange of different opinions and perspectives.</p> <p>Dialogue is how we engage with the world. Characters inform, argue with and amuse one another, and express outrage through the give and take of dialogue.</p>	<p>Can be more complex and costly to produce.</p>

Use voices, accents and characters that your audience trust to give them information about malaria. People will be more likely to listen and respond to your spots if they believe in and trust the people talking in them. The person who talks in your radio spot is called the “source of information.”

The source of information you select will depend on your message and your target audience. You could use a real person who is well respected by your target audience, such as a popular entertainer or other well-known person. You also could create a fictional character that represents a trustworthy source of information.

In your script, describe how the voices will sound. Consider:

- **Speed:** Actors and announcers can speak quickly to communicate that they are excited, nervous or angry, or they can speak more slowly to communicate that they are thoughtful, deliberate or loving. Be sure the speed at which the actors and announcers speak reflects the speech patterns of your target audience.
- **Intensity (volume):** People generally speak loudly when they are angry or excited. They speak more softly when they are talking lovingly or “aside” to someone else.
- **Variety:** If you use two or more voices in your spots, be sure they sound different from each other so listeners are not confused about who is talking. When the speakers are of a different gender, this difference should be obvious. But if two or more voices are of the same gender, select actors or announcers whose voices do not sound the same. Rule of thumb: Use no more than three voices of the same sex in one spot.

Be sure the voices sound balanced or natural. If the script calls for a normal conversation, do not let one voice overwhelm the others and divert the listener’s attention away from the message.

Music

Music has several very important uses in your spots. It can:

- **Attract attention, spice up a spot, establish a mood:** In many radio spots, music is played softly underneath the announcer’s voice. This “music bed” can contribute to the mood of or add emotional strength to the material. For example, light, fast music can set a happy mood, while slow, somber music creates a sad one. Select music to create a specific mood or do not use it at all.
- **Create transitions:** A musical transition, or segue, is two to five seconds of music that separates scenes or portions of the spot, or signifies the end of a scene. Musical transitions can also be used to shift from one location to another in the same scene or change the mood of one scene into another for the following scene. Musical transitions are primarily used in longer radio programs or dramas. For example, you may want to play a few seconds of your theme song between interviews in a radio program to help the listener understand that you are about to talk with a different person.
- **Provide a signature tune:** A jingle is a short (5-10 seconds long) original song composed expressly to create an identity or audio signature for a product or idea. It may be used to maintain continuity from one spot to another. A jingle is often the program slogan (frequently the reason why people should do what you are asking) put to music. The best jingles are catchy tunes that stick in a listener’s mind, reinforcing the message long after the spot has gone off the air.
- **Act as a theme song:** Many radio programs have a consistent opening and closing theme song that quickly identifies the program for the listener. Select theme songs that are appropriate for your specific target audience. For example, if you want to reach urban women, you might select a theme song that uses rhythms, instruments and melodies that these women like and find appropriate.

There are no hard and fast rules for using music in spot production. However, it is best to use instrumental music (without words) when people are speaking because vocal performances tend to compete for the listener's attention. But occasionally a well-timed vocal piece with relevant lyrics can be just the right unexpected element that grabs the listener's attention. Also, be aware of the dynamic range (the distance between the softest sounds and the loudest sounds in a piece) of the music because it can "disappear" during quieter parts.

How do you know the music is right? Test it with your target audience to make sure it communicates the right mood and does not undercut the message. (*Pretesting is covered in Step 4.*)

Music use rights and permissions

Be aware of copyright laws regarding the use of music. Check whether you must pay a royalty fee or secure permission to use the music you have chosen. Using a well-known piece of music can be expensive. Securing rights/permission to use music ("clearing") often involves contacting two sets of people:

- Publishers own the rights to words and music in written form. So, if you want to perform your own version of a song by Michael Jackson, you need permission from the song's publisher.
- Record companies own the rights to the actual recorded performance.

An alternative is to ask or commission someone to compose music for you or to get a local band or musician to perform original material for your spot. Your studio may also have royalty-free music you can use or pre-produced music for use for a one-time fee.

Sound effects

Sound effects create an image in the listener's mind in several ways:

- **Establish a place:** Traffic sounds can create the image of an urban setting, while the sounds of chickens or cattle will evoke a rural one. People talking and babies crying could sound like a clinic or hospital.
- **Create a mood:** The sound of a woman humming while sweeping the floor can create a happy, homey image. The sound of running feet and banging doors can create a sense of urgency.
- **Establish time:** The sound of roosters crowing tells the listener that it is early morning, while the chirping of crickets usually means it is evening. The ticking of a clock can communicate that time is passing.
- **Indicate entrances and exits:** The sound of footsteps approaching ("fade-in") or going away ("fade-out") will help the listener understand that someone is entering or leaving a room. The use of other sounds can reinforce those transitions. For example, if an actor leaves the scene angrily or hastily, he might slam a door behind him. Think of the different "images" you can create by speeding up or

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

slowing down these sound effects: a car drives up (fade-in the sound of a car engine), the car door shuts, approaching footsteps, a squeaky door opens and finally the actor speaks.

- **Create a transition:** Although music is a much more common transition cue, sound effects can accomplish the same purpose. For example, to create a transition between a scene in a man's home where he is leaving for work and the scene at work, you could have the sound of his feet walking away (fade-out) and then his feet walking up to the office (fade-in).

Whether you adapt or develop an original spot, you must decide which sounds are needed to help the listener understand where the characters are or where the action takes place.

Examples of how sound can help tell a story

Sound effect	What it tells the listener
traffic noise, cars, horns (location)	urban street
chickens (location)	rural
babies crying (location)	clinic
woman humming while sweeping the floor (mood)	home, contentment
feet running, door slamming (mood)	urgency
rooster crowing (time)	morning
crickets (time)	evening



Tips for using sound effects

1. **Do not use too many!** Too many sound effects are confusing to the ear and distract the listener from the key message.
2. **Do not use sound effects that are meaningless in the scene.**
3. **Use your script to help listeners interpret the sound effect(s).** Identify any unusual sound through prior dialogue to prevent listeners' misconceptions. For example, having one of the actors say "Mary, how are you? Are you waiting for the bus?" would help listeners understand the sound of footsteps and street/traffic noise. Some sounds, such as fire, rain, water effects, footsteps and other physical activity sounds are particularly confusing if they are not supported or explained. Regardless of the background, the volume of the sound effect should stay up just long enough to set the scene and then be lowered so the actors' voices can be clearly heard over it.
4. **Test any sound effect with your target audience** to make sure that they understand it and do not find it distracting!

MAINTAINING CONTINUITY

Many elements of your radio spots should stay the same over time to help give your radio materials continuity. Do this by using a special voice, music, sound effect, slogan or jingle in all of your spots. When people hear this element, they will recognize it and know that the information is important and will help them take better care of their families. The chart⁶ below illustrates which should remain constant to help listeners recognize your spot(s) and alert them to the nature of your message. These elements should be tested to ensure that your target audience finds them attractive and persuasive.

Description	Elements that should stay the same over a period of several years	Elements that should change every three to six months
Target audience	✓	
What you want them to do	✓	
Why they should do it	✓	
How you say it		✓
Slogan/tag	✓	
Jingle	✓	
Source of information	✓	

EIGHT SIMPLE RULES FOR WRITING/ADAPTING SCRIPTS FOR RADIO

- 1. Write to one specific person.** Imagine the face of a person from your target audience and write as if you are telling a story to that person.
- 2. Think of your script as a play in three acts.** People love stories, especially ones they can relate to their own lives. Create your spot as you would a good story using a three-part structure:
 - Act I: The **beginning** sets up the situation and the characters (defines the problem/ situation/barrier)
 - Act II: The **middle** illustrates the problem or conflict (suggests a decision that must be made/an action to be taken)
 - Act III: The **ending** resolves the problem (provides the benefit and overcomes the barrier)

⁶ Used with permission from WHO, UNICEF, HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 42.

3. Write simple sentences. The sentences we speak are simpler than those we write. Write your scripts so they are like conversations. Write the main idea first and then the description of the idea.

Poor: Having gone to the market and purchased an insecticide-treated net, Thomas thought his troubles were over. (The listener has to wait much too long to understand who we are talking about.)

Better: Thomas thought his troubles were over. He'd gone to the market and purchased a net treated with insecticide.

Poor: Although she knew she should be careful about taking medicines while pregnant, Mary was told by her Traditional Birth Attendant to take intermittent preventive treatment.

Better: Mary felt confused. She knew she should be careful about taking medicines while pregnant, but her Traditional Birth Attendant told her to take intermittent preventive treatment.

4. Write in the active voice. The active voice is more dynamic and forceful, and will make your spots sound more "alive." In sentences written in active voice, the subject acts out the verb. The first example below is in the passive voice: The subject is acted upon and the agent performing the action appears in a phrase with the word "by."

Poor: The insecticide-treated net was purchased by Thomas.

Better: Thomas purchased the insecticide-treated net.

Poor: Mary was persuaded by her Traditional Birth Attendant to take intermittent preventive treatment.

Better: The Traditional Birth Attendant persuaded Mary to take intermittent preventive treatment.

5. Use short descriptive words. These words can help stir the listener's imagination and add color and life to the spot.

6. Write for the ear. Radio should have the natural, spontaneous sound of a conversation, sometimes with the imperfections of a conversation. On paper, natural-sounding dialogue may not look proper, but it is more likely to appeal to the listener than formal, grammatically correct speech. Read your spot to yourself aloud several times to hear how it will sound.

7. Use the same words and phrases as your target audience. People cannot do what you are asking if they do not understand what you are saying. Do not use technical words in your radio spots, and avoid abbreviations.

Talking about malaria offers some specific challenges. In some areas, people have different names for fevers, only some of which they consider to be the same as

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

malaria. In general, government policy in most countries is that ANY fever in children under five should be treated with antimalarials. To be sure that the listener understands this, you may need to use more than one of the common words for the different kinds of fever.

8. State the positive, not the negative. In general, negative statements are harder for the listener to understand. Frequently, he will actually hear that you want him to do the action, instead of NOT do it! For example:

Poor: You will have greater chance of getting malaria if you do not use a treated net.

Better: Use treated nets to prevent getting malaria.

HOW TO SET UP A RADIO SCRIPT

The radio script is more than just a text; it is a road map that helps the production staff prepare the spot as efficiently as possible. To do that, all of the spot's elements—lines to be spoken, instructions to the actors and announcers, sound effects and music—must be described clearly, accurately and completely and presented in a standardized form that everyone can follow. Radio producers in your country may have specific ways to prepare a script, but here are some widely used rules for scripting.

How to format the script

- **Type the script.** Typing should be neat, with no strikeouts or deletions. Some minor changes may be added in pencil, if necessary, but there is always the danger that penciled changes will not be clear and will cause problems during production.
- **Double-space the script.** Use only one side of the paper.
- **Use standard-size paper.** Choose a heavier grade that will not rattle when handled.
- **Number the pages.** If the script is more than one page long, number all pages at the top.
- **Number the lines.** If you have a complex, longer script involving several characters, music or sound effects, number the lines to help actors and announcers know where to start during production. **For short scripts, particularly radio spots, the numbering is usually omitted.**
- **Script headings or headers.** At a minimum, headings should include the spot's title, client, product/idea (e.g., ITN, prompt treatment), medium, language and duration. The heading may also include target audience, message, key benefit—taken from the creative brief—and a number, if part of a series. Other helpful information can include names of the writer, director and/or producer, date and time of production, cast list, music and sound effects list.

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

- If the heading is brief, put it at the top of the first page of the script. If it is lengthy, put it on a separate title page and use a short identifying title on subsequent pages. Use the same two-column format as the script itself (more on script layouts in the next section).



Sample script header

Title:	Invest in your family
Client:	Ministry of Health
Product:	ITN
Target audience:	Rural husbands of pregnant women
Medium:	Radio
Language:	Swahili
Duration:	60 sec

- Try to keep an entire speaking part on one page. But if the lines of an actor or announcer continue to the next page, write the warning cue MORE MORE MORE at the bottom of the page. This warns the actor/announcer that his speech continues and keeps him from breaking the flow of his delivery—which usually would mean you would have to re-record that section.

Basic script layout for spots

The radio script is written in two columns (three columns if the script is lengthy, has complex cues and uses line numbering). On the left is a short column that identifies the source of each sound (voice, music or sound effect). On the right is the main column where the spoken lines and instructions for sound effects and music cues are written. (*A glossary of script writing terms appears in Annex 4; sample scripts in Annex 3.*)

Voice cues: If a single voice is used, it is frequently designated as ANNCR for announcer or NARR for narrator. Multiple voices may be identified by the names of their characters such as MARY, or if the role is too small to have a name, as MALE VOICE, FEMALE VOICE, VOICE #1, VOICE #2.

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

If the script calls for multiple characters, be sure they are addressed by name, especially when they first appear. And again, make sure that there are not too many characters and that their voices are different. ➤

DOCTOR How are you feeling today, Sarina?

SARINA Not very well doctor. I feel tired all the time, and my fever is higher.

DOCTOR How many days have you had the fever this time?

MARY (WORRIED) Good morning, my son. Are you feeling better this morning?

◀ Note in parentheses and capital letters any directions concerning emotion, rhythm and style for the actors and announcers, such as (IRRITATED), (NERVOUSLY) and (HAPPY).

You can indicate that you want the actor to change tone or rhythm within the same speech by writing (TRANSITION) or (TRANS). ➤

MARY (WORRIED) I'm so worried that you're not eating very much (TRANS) I know, I'm going to prepare your favorite soup. Maybe you'll eat some of that.

MARY Please, my son. Try just a little bit of the soup. You know it makes me happy to see you eat. (PAUSE) I knew you could do it.

◀ You may also want to indicate that the actor or announcer should pause before going on with the text.

Underline words that you want the actors or announcers to emphasize. A phrase can vary in meaning depending on which word is accented or emphasized. For example, look at how simply underlining a word can change the meaning of Mary's last line. ➤

MARY I knew you could do it. (*No one else believed you could do it.*)

MARY I knew you could do it. (*I had faith that you could do it.*)

MARY I knew you could do it. (*No one else could do it but you.*)

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

MUSIC LIGHT "MORNING MUSIC" UP
AND UNDER

MUSIC PROGRAM THEME, UP AND
FADES OUT

◀ **Music cues:** Simply write MUSIC in the left column and a description of the music you want played in the right column. Capitalize and underline the entire phrase.

Sound effect cues: Similarly, the word SOUND (or SFX, for sound effects) is written in the left column, with the description of the sound effect you want in the right column. Again, the entire phrase is capitalized and underlined. ➤

SOUND ROOSTERS CROWING IN THE
DISTANCE. RAPID FOOTSTEPS
FADE IN AND STOP.

MARY (WORRIED) Good morning, my
son. Are you feeling better this
morning?

Calculating the length of your radio script

The length of your spot should be similar to what people in your area are already hearing on the radio. Usually, 60 seconds is a good length for a new message—long enough to have some kind of story and to repeat the key message, but short enough for the radio to find lots of slots to air it. If people in your area are used to listening to shorter spots, you can make spots of different lengths by adapting the script to keep only the key points. For example, 15- to 30-second spots can use much of the same script, but eliminate the middle section of the spot. These shorter spots often start airing several months after the original spots started, to act as a reminder.

Native English speakers generally speak 150 to 200 words per minute, so a one-minute monologue or dialogue would be about 150 to 200 words. But this does not include sound effects, music and the tone you want the speakers to have. Experience is the best teacher of how long a page of your script will take to be produced. Read your script aloud several times the way you would want it to sound on the radio and time each element. Be sure to take into account the time you will need for sound effects, music and any tag line or slogan.

BEYOND SPOTS: OTHER RADIO FORMATS

Depending on your funding, you can complement your radio spots with other radio formats. Or, conversely, your spots can complement other radio formats that you or the national malaria program develop. One particularly effective approach is to air the spots immediately before, during or immediately after other programs related to malaria. Other formats include:

- **Interviews:** A one-on-one discussion with a person who is knowledgeable about or has personal experience with the subject. You could interview people who perform the behaviors you are promoting. For example, if your objective is to increase the use of insecticide-treated nets in rural areas, you could interview heads of household who bought nets for the entire family. You could also interview role models such as athletes, entertainers, religious or community leaders who could validate this behavior and encourage everyone to practice it.
- **Drama/serial:** A one-time program or ongoing series in which a plot develops around a central person or group of people and their relationships. This format is particularly effective at modeling both positive and negative behavior and consequences.
- **Documentary:** A program that describes or documents the lives or activities of people. For example, if your objective is to increase the use of community drug distributors or community health workers for malaria medication, you could develop a documentary about a typical day in his or her life. This could include showing people coming to the distributor with questions about fever, the distributor showing the medication and explaining how to take it, and meeting with the facility health worker, as well as interviews with the distributor, the health worker and a client or two.
- **News:** Journalists can play an important role in informing about and promoting positive malaria behaviors. However, you will need to help them become effective educators on what people should do about malaria prevention and treatment. Once you have done so, providing the media with regular (weekly or monthly) press releases can be a cost-effective way of reinforcing your radio messages.
- **Audience participation/interactive program:** In this program, listeners call the radio station and ask questions or give their opinions about a subject. Frequently the program will feature an expert on the topic as the studio guest. In countries where your audience has access to telephones, this can be an effective way of using radio to create a dialogue.
- **Quiz show:** This game-show format features a knowledgeable host who reinforces accurate, credible, factual answers and contestants in the studio or on the phone (call-in) who compete for prizes by answering questions about a subject.
- **Panel discussion:** This type of program involves several participants with experience or expertise but different perspectives on an issue. For example, if your objective is to motivate parents to treat infants within the first 24 hours of developing symptoms, you could have a panel of two or three parents talking about their experiences.

STEP 3: ADAPT OR DEVELOP EFFECTIVE SPOTS

- **Magazine:** A program that uses a combination of the above formats and may address several themes.

Any of the formats can give the messages in your spots the additional reach and frequency they need to be effective. However, if the radio programs are not scripted—such as interviews, news programs, audience participation programs and panel discussions—make sure you or an appropriate official approves of the speakers and briefs them. It is very useful to give the speakers a fact sheet or talking points that support your objectives.

This chart shows the strategy behind using a format other than a spot to communicate about a specific malaria issue. Try using the same approach to decide whether other alternative formats are appropriate.

Radio format	Malaria issue	Reason for choosing this format
Drama/serial	Intermittent preventive treatment (IPT): <ul style="list-style-type: none">• Malaria especially dangerous during pregnancy.• IPT can prevent.• IPT needs to be given several times* during pregnancy.• Husband's support needed for prenatal care visits.	<ul style="list-style-type: none">• Since IPT has to be taken at several times* during a pregnancy, try to create a number of episodes that occur over time during a woman's pregnancy and end with her delivering a healthy baby.• This approach also provides an opportunity for the pregnant woman to learn about the importance of IPT from a friend or neighbor.• It also allows time to show her husband learning about IPT, then helping her remember and encouraging her to go for prenatal care services throughout her pregnancy.• The final episode can feature the new healthy baby as a way of reinforcing the positive behavior of going to prenatal care and getting IPT.

* Number of times depends on national policy

REVIEWING AND ASSESSING YOUR SCRIPTS

Once your scripts are written, check each one against the creative brief to ensure that you have remained on strategy and that the spot will reach the communication objective. This checklist also can help you evaluate the scripts before recording or pretesting the spots.



Assessing radio spots for pretest

Worksheet

While the radio script is read aloud several times, answer the following statements “yes” or “no.” Rewrite the spot if you cannot answer “yes” to more than 10 of these criteria.*

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 It is clear who the target audience for this spot is. (Who is it? What elements of the spot make it clear that this is the target audience?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 The spot asks people to do a concrete action. (What is it?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 The spot tells people the reason why they should perform this action. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 The spot has one message. (What is it?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 The message is repeated at least twice. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6 The spot is “different” from other materials you hear on the radio right now. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7 The spot uses sources of information that your target audience trusts to give them information about the health of their children. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 The spot makes the listener feel happy, loving or confident that they can do what you are asking. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9 The spot shows people having positive results from doing the right action. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 The spot creates an image in your mind. (What do you see?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11 The spot uses the phrases and words that your target audience uses. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12 The spot sounds natural-like a conversation, not a speech. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13 The spot uses a slogan, jingle, sound effect or music that you can use over time to give continuity to your spots. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14 The music is relevant to your target audience and creates a specific mood. |

Total _____

* Adapted from WHO, UNICEF and HealthCOM (1994) “Using Radio Spots to Support National CDD Programmes,” p. 45.

STEP 4

PRETEST

Pretesting: The key to better spots

- The questionnaire: Five measures of effectiveness
- Recruiting participants for the pretest
- How to pretest
- Organizing pretest groups
- Who should conduct the pretest
- Taking notes

Using your pretest results to select and revise the spots

- Are any spots good enough?
- Which spot is potentially most effective?
- Revising the spots



PRETEST

PRETESTING: THE KEY TO BETTER SPOTS

Before producing your spots, you should test them with your target audience to learn how they react to your materials. Pretesting means playing or reading your spot in front of target audience members, either one person at a time (individual interviews) or in a group (focus group discussion). If your budget allows, you can make a nonprofessional recording of your spot to play for your target audience. Or you can ask the group moderator to read the script aloud.

Pretesting helps identify a spot's **strengths** and **weaknesses** and can help you revise it to make it more effective. It can also help you see which spot is more appealing to the audience than the others.

Good pretesting is essential for developing effective communication materials because it:

- Refines your message and makes the materials more successful
- Ensures that the audience understands your message
- Reveals potential problems (such as unacceptable expressions or images) before the spot is produced
- Involves the local community in the development process

Health programs often do not pretest, or do a quick pretest that does not provide enough useful feedback. Reasons why pretesting is not done include lack of time or money, the technical staff's often mistaken assumption that they "know their audience" well enough not to pretest, and the creative staff's mistaken belief that audiences should not be given an opportunity to judge their creativity. However, pretesting often provides surprising results that are worth the time and effort.

Pretesting can save you time and money and reduce the risk that your spots will offend or give the wrong impression to your audience. The more changes a spot needs based on the pretesting results, the more successful the pretesting process. If significant revisions are made to the spot (for example, the genders of the characters or the call to action), you should conduct another round of pretesting.

Pretesting with small groups is an efficient way to get feedback from a number of people at once. In this method, you hold four to five discussion groups, each with six

to ten participants. It is recommended that you conduct multiple groups with similar types of participants so that you can detect patterns and trends across groups. The disadvantage of groups is that you may have a few people dominating the discussion and may not get the views of all the participants. If you have a complicated spot or want more feedback from individual members of your audience than you can get in a group discussion, consider conducting individual interviews. Interviews give each participant more time to respond. You would need to conduct 25 to 30 interviews with your target audience to get a good sample of feedback. You can also combine these methods. *(For more information on research methods, see Annex 1.)*

You should work with a researcher with some field experience. A researcher can help with logistics (how to manage and organize the research) and interpreting the results. The usefulness of your pretest findings will depend on the relevance and completeness of the information you collect. This, in turn, depends on the quality of interviewing and the recruitment of appropriate participants.



Keys to getting valuable, insightful pretest results

- ☐ Use research methods that will give you the results you need.
- ☐ Use questionnaires that will get answers in a logical, conversational way.
- ☐ Carefully screen participants according to recruitment criteria.
- ☐ Carefully select facilitators, note takers and those who will screen participants.
- ☐ Train facilitators, note takers and “screeners,” including providing actual practice experience.
- ☐ Organize and schedule the research activities and materials from start to finish.

The questionnaire: Five measures of effectiveness

Before holding your focus groups or interviews, you will need a pretesting guide (see *Annex 2 for a sample guide*). These guides are generally designed to gather information on these five areas:

- **Acceptability:** Is anything in the message offensive? Is there anything that people perceive to be false and unrealistic? Which spot is the most acceptable and believable?
- **Comprehension:** Do people understand the spot’s main message? Do people understand the call to action? Is the language appropriate? What words can make the message clearer? Which spot is most clearly understood?
- **Personal relevance:** Does your target audience perceive that this spot is talking to them or to others? Is the call to action something they can do? Which spot is perceived to be the most relevant?
- **Attraction:** Is the spot interesting enough to attract and hold their attention? Do people like it? Which spot attracts the most attention and is best liked?

- **Persuasion:** Does the message persuade the audience to act differently? Does the audience hear the advantage or benefit to trying the behavior? Which spot might best convince them?

For each spot, a researcher will ask a number of questions to get to these five main areas. Because pretesting is a form of qualitative research, you may restate any questions or change the order of the questions during your research to suit the situation.

Recruiting participants for the pretest

The main requirement for selecting respondents for pretesting your spot is that they are members of the target audience for that spot. For example:

If the target audience is rural women with at least one child under five years old, make sure that everyone you recruit is rural, a woman and has at least one child under five. **The women must also be regular radio listeners.** To determine this, ask each woman, “About how many hours do you listen to the radio during the week?” Look for women who listen at least seven hours. They must also understand and speak the language that the spot is in.

Use a **short screening** questionnaire to make sure your participants represent your target audience. A screening questionnaire asks a few simple questions about a potential respondent to be sure the person matches your target audience; exclude the person if he or she does not. A sample screening questionnaire appears in Annex 2.

When recruiting, **do not mention the specific topic of your spots.** Participants should not be biased about the topic before they join the focus group. Just say, “We want to get feedback on some radio ads and want to talk with someone like you.”

Plan ahead for how you will recruit participants, so that you get people from a variety of sources. Try to use non-biased channels to recruit participants. For example, rather than rely only on village elders or health clinic staff for recommendations, recruit some participants yourself by going door to door.

Save the completed screening questionnaires for each focus group or interview. The information they contain can help with the analysis of your results.

How to pretest⁷

Invite your participants to a convenient neutral location. Be sure to provide food, beverages and other amenities if you are conducting a focus group. Try to avoid having other distractions nearby.

⁷ Used with permission from WHO, UNICEF HealthCOM (1994), “Using Radio Spots to Support National CDD Programmes,” p. 48.

STEP 4: PRETEST

Pretesting can involve varying levels of sophistication and cost, ranging from reading a script aloud to playing produced/recorded spots. A relatively simple, low-cost method compares two versions of a spot with the same message. The versions may have different formats, sources of information, music and/or sound effects. Pretesting helps identify the strengths and weaknesses of each version and select the spot that could be the most effective.

In interviews with individuals or in a group discussion, the interviewer/moderator plays one spot (sometimes two times to allow for comprehension) and then asks a series of questions about the five measures of effectiveness. She or he then plays the second spot (ideally, an alternate version of the first spot with a different creative approach or specific message) and asks a similar series of questions. Finally, the interviewer plays both spots and asks the respondents to say which one they like best and why.

Rotating the spots during the pretest

Experience shows that if people are unsure which spot they like best, they will tend to select the last version that they hear. Therefore, be sure to rotate the order the spots are played. In the first group, the interviewer would play spot A first, and in the second group spot B, and so on.

The easiest way to rotate is to make two different cassettes (or other recording medium) for each interviewer. The interviewer plays the Test 1 cassette during the first (and every odd numbered) group, then plays Test 2 cassette during the second (and every even numbered) group. To facilitate the analysis, note on the questionnaire what order the spots were played in for each group.

Pretesting pattern for two different radio spots

On the first cassette, record each version twice and mark it Test 1.

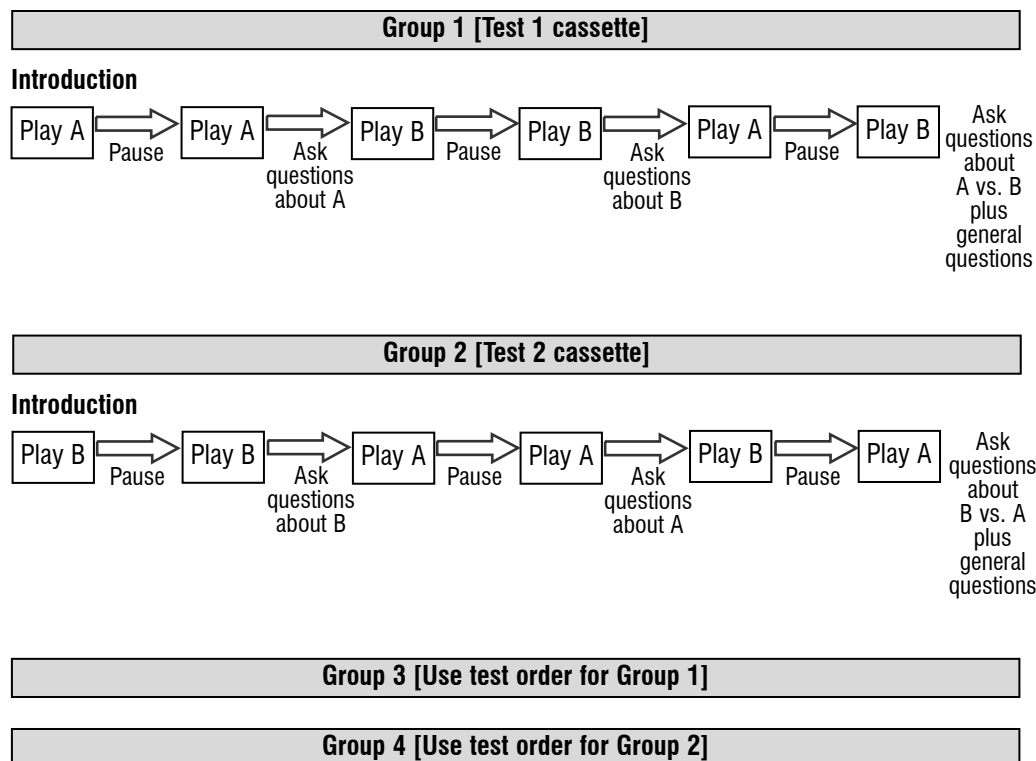
TEST 1	Spot A	 	Spot A	 	Spot B	 	Spot B	 	Spot A	 	Spot B
---------------	---------------	----------	---------------	----------	---------------	----------	---------------	----------	---------------	----------	---------------

On the second cassette, reverse the order and mark the cassette Test 2.

TEST 2	Spot B	 	Spot B	 	Spot A	 	Spot A	 	Spot B	 	Spot A
---------------	---------------	----------	---------------	----------	---------------	----------	---------------	----------	---------------	----------	---------------

Leave four to five seconds between each set of spots to give the interviewer time to turn off the player before the next set starts.

Pattern for Four Groups



This process can be modified if you have three or four different spots. You will have enough time to play and discuss four to six spots in one group discussion. However, in individual interviews, try not to play more than two spots per interview. If you have more than two spots to review in individual interviews, you will have to increase the number of interviewees and use different combination of two spots—in both first and second order to make sure all spots are compared with each other.

Organizing pretest groups

Planning and organization are key to conducting effective pretesting and creating an environment where both the moderator and the participants feel comfortable. Before pretesting, the spots must be recorded and duplicated, the moderator's guide finalized and researchers recruited and trained. The moderator's guide and screening questionnaire both should be pretested during the training, before they are copied and the spot pretesting work begins. You also need to determine the total number of groups that will be conducted. It is recommended that you conduct multiple groups with similar types of participants so that you can detect patterns and trends across groups. In addition, assigning responsibility for the following list of logistics and equipment in advance will contribute to the success of your research.

Organizing pretest groups—A checklist

SITE 1		SITE 2	
List of things for each group	Who is responsible	List of things for each group	Who is responsible
<input type="checkbox"/> Moderator <input type="checkbox"/> Notetaker <input type="checkbox"/> Interpreter (if needed)		<input type="checkbox"/> Moderator <input type="checkbox"/> Notetaker <input type="checkbox"/> Interpreter (if needed)	
<input type="checkbox"/> Place/room <input type="checkbox"/> Moderator's Guides(1 for the moderator, 1 for the notetaker to follow along) <input type="checkbox"/> Notetaking forms for notetakers and observers or plenty of paper <input type="checkbox"/> Chairs set up in a circle <input type="checkbox"/> Table to put player on (optional) <input type="checkbox"/> Tape player, batteries, or electrical power cord (extension cord) <input type="checkbox"/> Tapes with radio spots <input type="checkbox"/> Cassette recorder (if taping groups) <input type="checkbox"/> Blank cassette tapes (if taping groups) <input type="checkbox"/> Pens/pencils <input type="checkbox"/> Name cards/markers <input type="checkbox"/> Refreshments <input type="checkbox"/> Incentives for participants/envelopes (if needed) <input type="checkbox"/> List of participants (page to be filled in) <input type="checkbox"/> Baby monitor or intercom with batteries (optional) <input type="checkbox"/> Other?		<input type="checkbox"/> Place/room <input type="checkbox"/> Moderator's Guides(1 for the moderator, 1 for the notetaker to follow along) <input type="checkbox"/> Notetaking forms for notetakers and observers or plenty of paper <input type="checkbox"/> Chairs set up in a circle <input type="checkbox"/> Table to put player on (optional) <input type="checkbox"/> Tape player, batteries, or electrical power cord (extension cord) <input type="checkbox"/> Tapes with radio spots <input type="checkbox"/> Cassette recorder (if taping groups) <input type="checkbox"/> Blank cassette tapes (if taping groups) <input type="checkbox"/> Pens/pencils <input type="checkbox"/> Name cards/markers <input type="checkbox"/> Refreshments <input type="checkbox"/> Incentives for participants/envelopes (if needed) <input type="checkbox"/> List of participants (page to be filled in) <input type="checkbox"/> Baby monitor or intercom with batteries (optional) <input type="checkbox"/> Other?	

Who should conduct the pretest

Your interviewers/moderators must be able to read and write in the local language. It is helpful if they also have some qualitative research experience because many questions are open-ended and require good probing and group facilitation skills. Teachers, university students (especially anthropology students) and writers have skills to carry out the research. It is best not to use people who normally give advice (such as health workers) because the objective is to solicit the opinions of the interviewees. Also, do not use staff that developed the spot to conduct the interviews or groups. The pretesting should be conducted by unbiased interviewers/moderators.

The number of interviewers you will need depends on the number of interviews or groups per location and number of sites. It is recommended that you conduct multiple groups with similar types of participants so that you can detect patterns and trends across groups.

For example, if there are four sites with 10 people to interview in each site, you will need two teams of two interviewers. This way each team could finish one site per day, so the fieldwork would take two days and require two vehicles. Or, you could use one team of two interviewers who, doing one site per day, would complete the fieldwork in four days, using just one vehicle.

Spend a day or so training the interviewers on how to use the facilitation guides. (Refer to Annex 2 for helpful tips for facilitating group discussion, probing, and recording.) Practice with real respondents should be part of the training to provide interviewers a real experience and give the lead researcher an opportunity to provide feedback to the interviewers and revise the questionnaire as necessary.



Tips for the interviewer

- ☐ Ask participants to specify what they think should be used instead when they find anything—words, phrases, names, voices, music, sound effects—inappropriate, offensive, or not relevant.
- ☐ Avoid giving them ideas or stating your own conclusions, if possible, get actual suggestions. This requires good probing skills.
- ☐ In a group discussion, be sure to summarize verbally a specific response/theme by asking “Who agrees?” with a given comment. Count the number out loud, so the notetakers can record it. This is especially important for negative comments and suggestions for changes, since this will help in making decisions about how important it is to make particular change(s).

Taking notes⁸

Well-organized, complete notes form the foundation for analysis and interpretation of your pretest. Arrange for a note taker during the pretesting discussion, even if you record the discussions and transcribe the tapes. Recording can be unreliable: the tape recorder could break, the batteries could run out, the observer could forget to turn the cassette over, the sound quality could be bad, or the participants could refuse to be recorded. (See Annex 2 for tips on recording.)

Your notes will be your primary source of information, so it is important to make sure that they are clear, detailed and well organized. The note taker does not have to write down every word that is said but should:

- Focus on writing down key words and phrases
- Write down participants' actual words, Do not interpret.
- Record both questions and answers. Write "M" to indicate the moderator and "P" to indicate a participant. Use numbers to distinguish the responses of different participants (i.e., P1, P2).
- Note descriptive quotes word for word.
- Label the top of every page with group name, date and page number

It helps to use a note-taking sheet like the one below. See Annex 2 for a blank form.



Sample pretest notetaking sheet⁹

Date: _____

Topic: _____ Page # _____ of _____

Location: _____

Description of participants: _____ Number of participants: _____

Moderator: _____ Note taker: _____ Observer: _____

Spot	Participants' comments	Observations (nonverbal, dynamics)

⁸ Used with permission from WHO, UNICEF HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 48.

⁹ From de Negri, B., and E. Thomas (2003), *Making Sense of Focus Group Findings: A Systematic Participatory Analysis Approach*. Washington, DC: Academy for Educational Development.

STEP 4: PRETEST

- The left-hand column is for coding the information before analysis.
(**Note:** Coding is usually done later, so this column will be left blank during the note taking. Like audio-taping, coding is usually less important for pretesting, especially since the guide is more structured.)
- The middle column is for the note taker to write down what participants said.
- The right-hand column is for the note taker to write down observations about non-verbal communication, group dynamics or other comments or notes.

Make enough photocopies of the forms for all of the groups or interviews ahead of time (about 10 to 15 copies per group). You can fill in the information on the top of the page (except for the page numbers) before you make the copies.

The language to be used for taking notes should be decided before the groups take place. It is usually faster to take notes in the language being used for the group or interview. In some cases this is not possible, such as when the language being used in the group is not a written language. In other cases, the groups are conducted in a local language, but the report is written in the country's official language. In this case, the notes can be translated afterward.

In addition to the official note taker, all the researchers should note down everything they have heard that they think is important. This increases the number of participant comments that are captured.

Immediately after each group discussion, the facilitator, note taker and observers should discuss their findings while the information is still fresh in their minds.

USING YOUR PRETEST RESULTS TO SELECT AND REVISE THE SPOTS¹⁰

Pretesting is worth the effort only if you use the findings to improve your radio spots based on the reactions of your target audience. You will use your pretest results to decide:

- Which spots are good enough to broadcast?
- Which spots are potentially most effective at helping people learn new information or try a new behavior?
- What changes will make the spots more acceptable, attractive, understandable, persuasive and/or personally relevant?

Are any spots good enough?

As a general rule, you should discard a radio spot if there are significant negative comments (that is, more than half the respondents or more than half the groups) on any of the measures of effectiveness.

¹⁰ Adapted from WHO, UNICEF, HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 53.

In some cases, you will need to discard all the spots in favor of a new idea. By the time a spot has reached the production stage (even in preliminary form), few people will be willing to discard their ideas. However, if the pretest results show that all spots get low reactions on several or all of the measures of effectiveness, it will be more cost-effective to discard them and begin again. Start by writing a new creative brief, using the lessons learned from the pretest to improve your new scripts.

Which spot is potentially most effective?

To select the best spot(s), you must compare their pretest results. Ideally, one spot will score highest on all five measures of effectiveness—attraction, comprehension, acceptability, personal relevance and persuasion. In this case, you would select this spot and make revisions as discussed below. More often, however, the results will be mixed. For example, people may better understand one spot but prefer another one.

The preference questions and the open-ended questions concerning persuasion (“What does this radio spot ask people to do?”) are particularly important in deciding which spots might be most effective.

It is likely you will get a clear response to the preference question. That should provide major input into your decision.

It is also important to look at which spot(s) had the strongest positive response about persuasiveness. Since the main objective is to motivate people to take action, the spot(s) you select should be perceived to have a desired action, a good description of that action and high agreement that people are likely to take this action.

Revising the spots

Once you have selected the best spot(s) based on results of the pretest and your judgment, then decide what revisions will make the spot more acceptable, understandable, attractive, persuasive or personally relevant to your target audience.

Deciding what detailed changes to make based on the pretest results is not always as straightforward as one might think. When analyzing the data, look at how many people make a specific comment. For example, if one or two people say they do not understand something or find something offensive, you should spend less time addressing that than if five or more people in any one group do. If the changes involve more than just changing words or phrases, modify your creative brief before revising the spots.

Sample revisions based on pretest findings

Pretest finding ¹¹	Change required in the spot
Some people do not understand certain words in the spot	Change vocabulary to use words they understand and use daily
Some people are offended by a word or phrase in the spots	Change vocabulary to use an inoffensive word or phrase
Some people are confused or irritated by a sound effect	Eliminate or change the sound effect
Some people feel that the spot is meant for other people and not for them	Review your choice of the source of information and vocabulary and make them more relevant
Some people feel that people in their area do not talk about things like this or use those specific words	Find words or phrases that are more appropriate for the area
Some people do not like the voice of one of the characters	Find another person to record
Some people do not understand what the spot is asking them to do	Make the vocabulary simpler and clearer; repeat the key message within the spot
Some people understand or remember only part of the message	Divide the message in two and make two spots, each with one part

If you make significant changes to the spot after the pretest, take the revised spot back to the field for a quick pretest to confirm that the changes meet the five measures of effectiveness before producing it. The quick “re-pretest” should be done with different members of your target audience.

¹¹ Used with permission from WHO, UNICEF and HealthCOM (1994), “Using Radio Spots to Support National CDD Programmes,” p. 54.

STEP 5

PRE-PRODUCTION, PRODUCTION AND POST-PRODUCTION

Pre-production

Production

- Who does what in the studio
- Recording in the studio
- Recording in the field
- Using sound
- Calculating the time to produce your spot

Post-production

- Mix and edit as needed
- Quality check
- Duplicate and package



STEP 5

PRE-PRODUCTION, PRODUCTION AND POST-PRODUCTION

PRE-PRODUCTION

Pre-production is about making sure you have everything in place before going into the recording studio—the script, actors, music, sound effects, field recordings, a reserved studio and the budget to complete it all. Select and work with the best radio writers, actors and producers available. Commercial sector professionals sometimes will donate their talent to health communication programs, as long as high production standards are maintained. Entertainers and/or other celebrities may also be willing to become an active partner in your efforts.

Before going into the studio, be sure these items are ready:

- Your **script** is your map for the recording session. It provides direction—cues and timing—for where and when to use voice, music, sound effects and even silence.
- The **characters** should reflect your audience. They must be believable and consistent. Their voices, beliefs and motivation, as well as the situation, should be a mirror for the people you want to reach.
- Good **casting** can make or break your production. Audition your vocal talent. Ask them to read the script aloud and, if possible, record their performance. Then, close your eyes and listen for what they bring to your characters and your message. Also, make sure your cast knows what is expected. They must be reliable and on time for any rehearsals and for the recording session.
- Once you have your cast and script, **rehearse**. This is a good chance to listen to your spot and fix any sound problems in the script before recording. Rehearsal can also give you a good idea of what you can expect from your talent at the recording session.
- **Dialogue** should echo the way the target audience speaks. Radio is processed by our ears so the quality of a character's voice is a key to his or her ability to communicate effectively.
- **Music** and **sound effects** should be auditioned and selected and any rights secured before going into the recording studio.
- Make the best use of your resources by developing a **schedule** that specifies the time you will need to accomplish each phase of the process—from scripting and casting to recording to post-production editing to copying (“dubbing”) to delivering the spot to the radio station(s). The better organized and prepared you are, the more you will be able to control your budget.

- Whether the recording is done at a radio station or an independent studio, find out how much it costs to **rent the facility** and what that fee includes. For example, does the fee cover an engineer? Tape/recording medium? Special effects, CDs, recording equipment? What about mastering tape, a stopwatch and an editing kit?

Once you have your script, actors and studio scheduled, you can begin the final production of your spots.

PRODUCTION

Who does what in the studio

The key tasks of this phase are directing, recording and producing. Different people may do the jobs below, or one person may do all three.

The **engineer/technician** runs the recording equipment.

The **director** ensures that the spot follows the script. She or he briefs the engineer on what is required and guides the actors' performance. The director:

- Checks the studio clock, cue light, headphones, any talkback mechanism or other equipment to make sure everything is in working order.
- Brings pencils/pens for marking any script changes.
- Reminds the actors not to rattle the script and ensures that no one wears anything that might knock or rattle (such as bracelets or cufflinks).
- Helps the actors rehearse to get the performance just right, and pays attention to the inflection, pacing and sound of the voices through the microphones. Is gentle with criticism and direction.
- Does not stop actors in the middle of a performance or reading. If anyone else has comments, the director conveys them to the actors.

The **producer** is in charge of the performance and guides the overall shape of the spot by, for example, describing the range of emotion required. He or she is the bridge between other staff, the engineer and the actors. The producer also makes sure all the necessary studio equipment is available and working. The producer:

- Gives everyone in the studio a copy of the script and ensures each knows what is required.
- Has a clear idea of the overall impression the spot will make on the audience and provides guidance to the actors (for example, should the voice be quiet, strong and compassionate? Should it sound confident, relaxed, worried, or excited? What about inflection, speed, pacing and projection?). Also selects music or sound effects to help establish the right mood.
- Finds out from the engineer how the mix will be done and when the "rough cut" of the spot will be ready.

Recording in the studio

A production studio is used to make recordings that will be broadcast alone or inserted into a live program. In a radio station, the production studio is usually separate from the on-air, or broadcast, studio. The facility and equipment you see will vary and may be analog, digital or a mix of both. A studio should provide:

- Recording device (reel-to-reel tape recorder or computer)
- Playback device (tape recorder, computer)
- Music source (CD, MiniDisc, cassette player, or turntable)
- Voice sources (microphones and microphone cables for each performer)
- Microphone stands
- Mixing board or console to mix together multiple live and recorded sounds
- Headphones for the engineer/technician and for each of the performers for live monitoring
- Speakers for playback/monitoring
- Editing capability to manipulate the various sources to create a finished product
- Recording media (tape, DAT, CD)
- Soundproofing
- Power source

Recording in the field

Field recording (also called remote recording) takes place outside of a radio station, so you can collect natural sounds or interviews for later use. Here is a checklist of the basic gear you will need to record high quality, clear sound:

- Recorder
- Recording media
- Microphone(s) with cables and connectors
- Headphones
- Power source—electrical or batteries

Whether in the studio or in the field, pay special attention to the type of microphone you use to pick up sound. The mic (pronounced mike) converts sound into electrical current so that it can be recorded onto magnetic tape or digital medium. To ensure clear recordings, do not use the built-in microphone on a recorder; use an external microphone if possible.

Different microphones are better for different purposes:

- An **omnidirectional** microphone captures sounds from all directions. It is best used for picking up all the sounds in an environment, such as crowd noise, a group of singers or the general ambience of, for example, a health center.
- A **unidirectional, or cardioid** microphone is best to capture sounds coming from only one direction. Cardioid mics receive sound in front and to the sides of the

microphone but not below or behind. They are ideal for placing close to one sound source (for example, a solo performer, an in-studio voice-over or a field interview).

- **Bidirectional** mics receive sound from two sides of the microphone but reject sounds from the other two sides. A bidirectional mic can be placed between two people talking or singing.

Using sound

Sound effects are sounds other than voices or music that are used to help create an illusion or picture in the listener's mind. They are either natural or artificial. When you develop the script, you must decide which sound effects, if any, will help the listener understand who and where the characters are or where the action in the spot takes place.

- **Natural sound effects** are sounds that are recorded live at the location where the action originates. For example, the natural (recorded) sounds of babies crying and people talking quietly in the background can create the impression that a mother is at a health center. Listen carefully, decide which of the natural sounds are desirable and should be recorded live or accessed through a library of prerecorded sounds. *A note of caution:* Usually, natural sound must be recorded separately from any interview or narration. It is difficult to isolate and record good quality, individual natural sound effects. Poorly recorded sound effects can do your message more harm than good.
- **Prerecorded sound effects:** Many radio stations have collections of sound effects on records or tapes or CDs from which you can select appropriate sounds.
- **In-studio, manually created sound effects:** If on-location or prerecorded sounds are not available, try creating them manually in the studio. Many common background scenes may call for a combination of ordinary sounds. For instance, the interior of a restaurant usually involves the sounds of dishes, glassware and background conversation. Record the sounds of props being manipulated in the studio to capture a sense of a place then mix into your spot later.

Calculating the time to produce your spot

If you put all the elements together during your pre-production phase—script, casting, music, sound effects, rehearsal—and you are working with experienced studio staff and actors, the production of your spot will be the shortest phase of the project. Allow up to two hours in the studio to produce one 60-second spot with one or two voices, music and effects. Most studios charge by the hour, so the better your preparation, the lower the production cost.

A guide to calculating studio time

Task	Estimated production time
Recording the talent: Includes getting the actors settled in and comfortable with the studio environment, rehearsing the script and the actual recording. Copy changes may be needed for various reasons, such as a script that is too long or short, or to help an actor with his or her delivery.	15-45 minutes
Editing	15-30 minutes
Adding music: Find/audition the appropriate music and sound effects and record them into the session	15-20 minutes
Post-production and mixing the spot	15-20 minutes
Transferring the spot to CD, reel or cassette	5-10 minutes

POST-PRODUCTION

Mix and edit as needed

Once your spot is recorded, you may refine it by **mixing** and **editing**. Mixing involves blending two or more sounds. Editing allows you to remove or adjust the sounds or content.

Quality check

Your radio spots will be competing with everything else on the radio, so they need to be of equal or higher quality. Check the work during the production stage before you duplicate the spot for distribution.

As a minimum standard of quality, you should be able to **understand all** of the words and sound effects. As you are listening to a spot, ask yourself:

- Can the audience understand all of the words in the spot?
- Can the audience understand all of the sound effects?
- Is there a good balance between the words, sound effects and music, or does one of them sound louder than the other (which will distract the listener)?
- Does the music overpower the words or vice versa?

Duplicate and package

Make multiple copies of your spots to give to radio stations. Ask the stations what their preferred medium is for airing your spots. If you are broadcasting more than one spot, ask the recording studio to put them all on one cartridge, cassette or CD. (Some stations may use cartridges that automatically rotate the spots, others may use CDs or computers.) This will ensure that all the spots are broadcast. If you put each one on an individual cartridge, cassette or CD, you cannot be sure that all of the spots will be rotated; the announcer may play one spot more than the other(s).

Place a clearly typed label on each cassette, cartridge reel or CD, and on the outside package. Mark your cassettes on Side A of the cassettes, on the spine, and on the front label with the contact name and information, spot title, producer, duration and the date produced.



Sample label

Title: Prompt Treatment for Malaria

Date: 10 March 2005

Source/Producer: Your organization name

Duration: 60 sec.

Contact info: Name, telephone number, e-mail address

STEP 6

BROADCAST YOUR SPOTS

Targeting the right stations: Determining a radio station's profile

- Local radio station listenership assessment
- Radio station profile

Reaching your audience with enough frequency

- How effective is free time?
- Buying and negotiating time
- Six rules for getting the most for your airtime
- How to broadcast your spots, or flighting

Extending your radio message



STEP 6

BROADCAST YOUR SPOTS

TARGETING THE RIGHT STATIONS

Determining a radio station's profile

Once you have pretested, revised and produced your radio spots, they are ready to be broadcast. Before they go on the air, you must decide which stations to approach and confirm the times your target audience listens.

Use this information to make the final decisions about when, how often and on what stations you will broadcast your spots. Use the *Who listens and when* worksheet below to help you decide the following:

- **To whom?** Broadcast your spots on the stations and at the times that your target audience listens. Your spots will have no impact if the people you want to reach do not hear them.
- **When?** Broadcast your spots when it is important for your target audience to hear them. If you cannot broadcast your spots all year long, broadcast them during the season when the information will be most useful and when people can put your advice immediately into practice, such as just before the rainy season or during the rainy season when malaria peaks. It is better to have your spots repeated often during the season than infrequently throughout the entire year.
- **How often?** Broadcast your spots enough times for your target audience to hear them, understand them, remember them and to try what you are suggesting. Repetition is the key to the effective use of radio. People need to hear **one message many times** before they can understand it, accept it and do what you are asking. Often, spots are broadcast just a few times—this is especially true of spots on health topics because of budget constraints. These spots will have no effect on what people know or do. And because spots are so short, they must be repeated more often for people to be able to learn from them.

For the most impact, each spot must be broadcast for three to four months at least twice each day during the hours your target audience is listening. For example:

- If you plan **to air one spot**, you should broadcast it **at least twice** a day during the hours your target audience is listening. This will give them an opportunity to hear that spot two times each day.
- If you plan **to air two spots**, you should broadcast your spots **at least four times** each day. This will give your target audience two opportunities to hear each spot.

STEP 6: BROADCAST YOUR SPOTS

- If you plan **to air three spots**, you should broadcast your spots **at least six times** a day so that your target audience still has two opportunities to hear each one.
- If you plan **to air more than one spot** and broadcast a **total of only once or twice a day**, people will not have an opportunity to hear each spot every day. This is **not enough** repetition for your spots to be effective.

Local radio station listenership assessment

For each radio station you intend to ask to air your spots, determine who listens to it and when. Your local station can provide much of the information you need to complete this *Who listens and when* worksheet. (See Annex 2)



Who listens and when

Radio station _____

Location _____

	Men		Women	
	With children under age 5	No children under age 5	With children under age 5	No children under age 5
Geographic locale				
Urban				
Rural				
Age range				
Up to 20 years				
21-40 years				
41-60 years				
Income level				
Low				
Middle				
High				
Education				
No schooling				
Elementary				
Secondary				
Higher education				
Time of day people listen (list hours)				
Morning				
Afternoon				
Evening				
Night				

STEP 6: BROADCAST YOUR SPOTS

Commercial stations often conduct audience research and provide this data to justify their advertising rates and help advertisers select the best slots for their ads.

Radio station profile

Radio listeners tend to be loyal to a particular station. Few people listen to two or three radio stations. There may be just one station in small towns. If your target audience is listening to your chosen station, they are likely to stay with that station. Airtime is income for a commercial station. And there is a finite amount of time in each day. Each station develops a schedule detailing to the minute what is broadcast and when. Find out what times associated with what programs are available free of charge and for purchase, and at what cost. Often, the more popular the program, the higher the airtime costs for spots. Use this information to create a *Radio station profile*. Also note in the profile when your target audience is listening to the station using the information you gathered in the bottom rows of the *Who listens and when* worksheet.



Radio station profile

Radio station _____

Location _____

Day of week	Hour	No. of minutes available		In which programs	Who is listening
		Free	Paid		
	5:00 – 6:00				
	6:00 – 7:00				
	7:00 – 8:00				
	8:00 – 9:00				
	9:00 – 10:00				
	10:00 – 11:00				
	11:00 – 12:00 (noon)				
	12:00 – 13:00				
	13:00 – 14:00				
	14:00 – 15:00				
	15:00 – 16:00				
	16:00 – 17:00				
	17:00 – 18:00				
	18:00 – 19:00				
	19:00 – 20:00				
	20:00 – 21:00				
	21:00 – 22:00				
	22:00 – 23:00				
	23:00 – 24:00				

REACHING YOUR AUDIENCE WITH ENOUGH FREQUENCY

How effective is free airtime?

Radio stations usually offer free airtime for public service announcements. You can use free airtime, pay for it or use some combination of the two. Your goal is to find a way to broadcast each of your spots at least twice each day during the times your target audience is listening. This table shows the relative advantages and disadvantages (*in italics*) of using free airtime vs. paid airtime:

Free vs purchased airtime

Public Service Announcements (PSA)—free/donated	Commercial—purchased
Costs nothing	<i>May be expensive</i>
<i>May be difficult to control content, form and quality</i>	Can control content, form and quality
<i>Cannot control time of broadcast</i>	Can specify particular days and times
<i>Will compete with other public service announcements for time and attention</i>	Will compete with other publicity (other paying customers)
<i>May air at an unpopular time (your audience is not listening)</i>	Can be scheduled at most popular times.

If you cannot buy airtime, write a short announcement and negotiate to have the local DJ/announcer read it during a show when your audience is listening. Live, announced copy—created and tested with the same process outlined in this Guide—can reinforce a recorded spot and serve as an alternative to broadcasting a recorded spot.

Buying and negotiating airtime

The two biggest mistakes in radio advertising are:

1. Buying too few spots
2. Playing spots at the wrong times

Airtime prices are negotiable because the amount of time available is fixed. Between the programs, there are only a few minutes to sell. If there is competition for those minutes, the price goes up. This is most noticeable when there is a sudden surge in demand for commercial time.

Spots will be priced according to a number of factors including duration (15, 30, 45, 60 seconds), daypart (time of day), reach and quantity to be purchased.

Avoid purchasing time in individual slots. One ad rarely sparks an action. Instead, buy blocks of time, or flights, because you can negotiate a better price. In addition, a spot played several times over a short period has more impact than a spot played fewer times over a long period.

For example, based on a target urban audience's listening behavior, you might buy a block of 48 spots to be played on Tuesday, Wednesday and Thursday: four spots from 7 a.m. to 9 a.m. and four spots from 3 p.m. to 6 p.m. for two weeks (eight total spots aired per day x six days = 48 spots).

Six rules for getting the most for your airtime

- 1. Choose the station(s) that delivers your target audience.** Station representatives are experts at putting their offerings in the best light. Make sure—look at the listenership data—that the station(s) attracts the audience you want to reach.
- 2. Beware of bringing your personal biases to your media decisions.** Do not buy time on a certain radio station just because you listen to it—ask instead if your target audience does. And, it works the other way, too. Do not refuse to buy time on a certain station just because you dislike it or one of its presenters.
- 3. Look for verifiable information from the station's representative**—audience size, listener profile, reach (the percentage of households with radios that are tuned to that station at any given time). Ideally, these calculations should be based on information from third-party sources. Beware of any statistic described as “estimated”—ask about the source for that information.
- 4. Air your spots during the hours your target audience is listening.** The key is to be consistent. Most people listen to the radio at the same time(s) each day. If your target audience is in a rural community of farmers, consider their daily listening habits and other seasonal patterns. For example, during planting and/or harvesting season your target audience may be in the fields from dawn to dusk and even longer without access to a radio, or with radio as a key companion.
- 5. Broadcast each spot at least twice each day.** If you can only afford two spots per day, play them at the same time on the same days week after week.
- 6. Run the spot(s) for at least three to four months** to give the audience the necessary time to absorb the messages.

How to broadcast your spots, or flighting

Spots can be aired one at a time over a period, or different spots can be aired simultaneously during the same period, which is helpful because not all members of the target audience are at the same point on the behavior change path.

Flighting is a strategy for exposing (broadcasting/advertising) a single theme or message for a specific duration (such as one to three months) and switching or replacing the themes over time. Flighting involves more advertising/exposure at

STEP 6: BROADCAST YOUR SPOTS

certain times and less during other periods, ensuring strong promotion of an individual message.

For example, your spots could be focused on a single message at a time, each aimed at achieving a specific objective. If the campaign's objective is to "increase early treatment of children under five":

- The first flight may be "your child is at risk," introducing the consequences of delayed or no action.
- The second flight may be "personal efficacy," reassuring parents that they can make a difference if they act right away by giving the proper medicine in the proper dose.
- The last flight may be "positive consequences," reinforcing/sustaining the behavior by emphasizing benefits.

Again, it is important that each specific message be aired at least twice a day on a station that the target audience listens to and at the times they listen.



Sample flight plan

Radio Spots: Early treatment

Target audience: Mothers of children under age five

Dates: September 2003-June 2004

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Audience: Mothers of children under five years old	Your child at risk	Personal efficacy			Positive consequences			

Another approach might be to run two or three spots at the same time especially if your target audience is at different stages of change (e.g., while some people are not aware of the risk, others are aware but are not using proper medicine, and a third group may be aware and using). Again, each spot must be aired at least twice a day on a station the target audience listens to and at the times they listen.

EXTENDING YOUR RADIO MESSAGE

Making a deal with a radio station to air your spots is just one way of using its resources. By establishing a good rapport with the station staff, you may be able to extend the reach of your spots. Here are some possible activities:

- **Consider the radio station part of your malaria team.** (Your radio team partner can serve as your advocate at the station.) Before the station begins broadcasting your spots, hold a motivational/informational meeting with the station staff.

STEP 6: BROADCAST YOUR SPOTS

Provide a fact sheet with information on the prevention, treatment and local impact of malaria.

- **Meet with radio DJs/personalities.** They are opinion leaders. Their support of your messages can also influence your audience. Encourage them to promote the messages during their programs.
- **Ask station staff/announcers to promote your spots** and reinforce your messages during their programs. The station can distribute complementary educational materials through contests or other events.
- **Provide short, scripted announcements** (no more than 10 seconds) that DJs/announcers can use as part of their on-air patter.
- **Inform news staff** about timely developments so they can incorporate the messages into their newscasts.
- Consider **doing periodic update meetings** with the radio staff during the months the spots are being broadcast.
- **Take the spots to your target audience** by playing them on a portable radio or recorder at health fairs, markets, village meetings and other community events.

These suggestions can help give your spots more impact. But, as noted in Step 1, your spots should be part of an overall malaria communication plan to be most effective. A sample communication plan appears in Annex 2.

STEP 7

MONITOR, EVALUATE AND REVISE YOUR SPOTS

Monitoring and evaluating your spots

- Monitoring your radio spots
- Evaluating your radio spots

Revising and improving your spots



STEP 7

MONITOR, EVALUATE AND REVISE YOUR SPOTS

MONITORING AND EVALUATING YOUR SPOTS¹²

Because you have invested so much in making a successful spot, you should **monitor** it to make sure it is being broadcast when your target audience is listening. Monitoring is simply listening to the radio stations during all the hours that you asked the stations to play your spots and recording whether they are indeed played. After your spots have been on the air for three to four months, **evaluate** them to learn how they affected your target audience. Depending on what your target audience tells you, you may continue to broadcast the spots, **revise** them or develop new ones.

Monitoring your radio spots

Anyone with a radio can monitor your spots. One approach is to ask community members to monitor the spots, which has the added benefit of including your community in your program activities. Have a few monitors take different times of the day and week to listen to the stations. Give each a schedule of when the spots are to be aired. Ask the monitors to note the time each spot is scheduled to air, the actual time the spot aired, and if you are running more than one spot at a time, the specific spot (title) aired. Here is a sample monitoring form.



Radio broadcast monitoring form¹³

Name of person monitoring: _____

Station monitored: _____

Location: _____

Date listened	Time spot scheduled	Time spot aired	Spot 1 (title)	Spot 1 (title)	Spot 1 (title)

¹² Adapted from WHO, UNICEF and HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," pp 63-69.

¹³ Used with permission from WHO, UNICEF and HealthCOM (1994), "Using Radio Spots to Support National CDD Programmes," p. 64.

As soon as the spots are supposed to air, collect and review the monitoring forms once a week. If your spots are not being broadcast as scheduled, talk with the station manager to find out why. Then work together to ensure that they are broadcast on schedule. If your spots are being broadcast as scheduled, consider writing a letter thanking the station manager and staff and informing them of the impact of their work. This could motivate them to continue to promote health messages in the future.

Evaluating your radio spots

After about three or four months, check whether your target audience has heard the spots and what they have learned from them. This information will help you to decide whether to continue to broadcast the same spots or to air new ones with different messages. To help you organize your evaluation, see the *Evaluation planning worksheet* in Annex 2.

A **quantitative** survey will give you the strongest results. This type of study asks questions about these three areas:

1. Has your target audience heard your radio spots? How many of them have heard them? On which station(s) did they hear them? How frequently did they hear them?
 - These questions measure **reach** (the percentage of your target audience you reached) and frequency (how often you reached them).
2. What have they learned from the spots? What do they remember from what they have heard? How relevant do they think this is to them?
 - These questions measure **recall**—what people remembered—and how important they think it is.
3. Is your target audience doing what you have suggested? Why or why not? Have they tried to do it?
 - These questions measure to what extent listeners have **tried** the behavior and to what extent those who have tried it have **adopted** it.

The simplest and least expensive way to get this information is to add questions onto Knowledge Attitudes and Practices (KAP) studies and household surveys that the Ministry of Health or other public or private sector organizations conduct. However, these studies take time to analyze, and the information may not be available to you as soon as you would like. Also, planned KAP surveyers may not be interviewing the exact people who are your target audience. For example, your target audience is regular radio listeners, but KAP studies may be interviewing people who are not necessarily radio listeners.

Conducting your own small-sample studies (25-50 people) is another way to evaluate your spots. These studies can be designed, conducted and analyzed in four to six weeks. They can be conducted house to house or in a central intercept survey, in

STEP 7: MONITOR, EVALUATE AND REVISE YOUR SPOTS

which you go to places where your target audience gathers and interview people who are regular radio listeners and have the same demographics and/or other characteristics as your target audience.

For example:

- If your target audience is **rural mothers of children under age five**, you could conduct your central intercept survey in clinics, marketplaces or places where women who match these criteria gather to wash clothes.
- If your target audience is **urban men**, you could conduct your central intercept survey outside of factories or other workplaces, outside the mosque/church or in coffee shops. Your questionnaire should be very short so the interview does not take long.

Whether you add questions to a KAP or conduct your own survey, here are some questions you should ask:

- Do you have a working radio in your home? If not, do you listen to the radio anywhere else?
- How often during the week do you listen to the radio? (If they do not listen to the radio, you would skip to the last question.)
- What time of day do you listen to the radio on weekdays? Weekends?
- What radio station(s) do you listen to most?
- Have you heard any messages about (use appropriate term) on the radio? (If the answer is no, you would skip to the last question.)
- How many times have you heard it in the past _____ months/weeks?
- What have you heard? What did the message say? What did the message tell you to do?
- What radio station(s) did you hear the messages on?
- Who was talking in the messages?
- Who do you think these messages are aimed at? Who are they talking to?
- Do you think people could follow the advice of the messages? Why or why not?
- Were you able to follow the advice? Why or why not?
- Can you complete this phrase? (Read part of the tag line or slogan, or hum the beginning of the jingle or song.)

You may wish to add other questions specific to your communication objectives. For example, does the listener know where to go for treatment or how to treat a bed net? Your evaluation will be more focused if your communication objectives are well-defined. As with the design of other research phases in the **Spot On** steps, consider asking a professional research or evaluator to help you design your study and develop the questionnaires.

If you have limited funding or time and cannot plan a quantitative study, consider assessing your spots' impact using qualitative methods. Monitor your audience, as

STEP 7: MONITOR, EVALUATE AND REVISE YOUR SPOTS

you do the broadcast schedules, through focus groups, which you also can use to get feedback regularly. You can use the questions above for the focus groups.

Evaluation is not a one-time thing

A quantitative study can be even stronger if you can compare the changes before and after your spot aired. If possible, collect the same information before the spots air. This will help you set realistic and feasible objectives and allow you to see how things have changed after the broadcast. In addition, it would be useful to collect the same information, both before and after the broadcast, in another town or district that is NOT served by the radio stations and can be a control area. Compare any changes your intervention area had with the control area, where people did not hear your spot.

Consider planning another round of evaluation later. Three to four months after a spot has aired is a short time to observe a change in behavior. Ask these questions again after another three to four months and again after about a year. This round of evaluation is especially important if your spots are going to air over a long period. Over the long term, these questions can help you see when your spots have “worn out” (that is, people have heard them so often that they are tired of hearing them and the spots are no longer effective), which means you need new ones.

REVISING AND IMPROVING YOUR SPOTS

Your monitoring and evaluation results will help you to learn what changes you need to make in your spots, messages and broadcast schedule. Here are examples of changes you might make based on your findings.

Research finding ¹⁴	Changes to be made
Your target audience has not heard the spots because they are not listening to the radio at the time the spots are being played.	Change the hour the spots are played to times when your audience is listening.
Your audience says they have heard something about health on the radio, but they cannot remember exactly what they heard.	Continue airing the same spots. If possible, broadcast them more often each day.

table continued next page

¹⁴ Used with permission from WHO, UNICEF and HealthCOM (1994), “Using Radio Spots to Support National CDD Programmes,” p. 67.

STEP 7: MONITOR, EVALUATE AND REVISE YOUR SPOTS

Research finding	Changes to be made
Your audience has heard the spots on one radio station but not on the others.	Verify your information about the stations and times that your audience listens to them. If your audience is listening to a station at other times, reschedule the spots at the times that your audience is listening. If they are not listening to a particular station, stop broadcasting on that station.
Your audience remembers one of your spots or messages.	Continue to play the spot that people remember but not as frequently, or air a shorter version of the same spot. This costs less but will still remind people of the longer spot's message. Increase the frequency of the spot your target audience does not remember or develop a new, more attractive spot about that message.
Your audience has misunderstood the spot or message.	Develop a new spot that makes the message clearer. Pretest the new spot to ensure that the spot is clear to your audience.
Some members of your audience have tried what you suggested and like it.	Develop a new spot that features testimonials from these people or people like them to encourage them to continue.
Some members of your audience have tried what you suggested and have problems or questions.	Develop a new spot that promotes solutions to their problems or answers their questions.
Most of your audience has tried what you suggested and like it.	Develop a new spot that reinforces what people are doing correctly. Air a new spot about another treatment or prevention behavior.

What you learn from your evaluation results can be of great help to you in creating and airing new radio spots—regardless of your communication objective or target audience. Using your findings to improve your spots completes the cycle. That is why the **Spot On** seven-step process is shown as a cycle.

ANNEXES

Annex 1:

Resources (pages 97–106)

- Introduction to malaria
- Malaria interventions and issues
- How radio complements other channels
- References and resources

Annex 2:

Tools You Can Use (pages 107–134)

- Worksheets and checklists

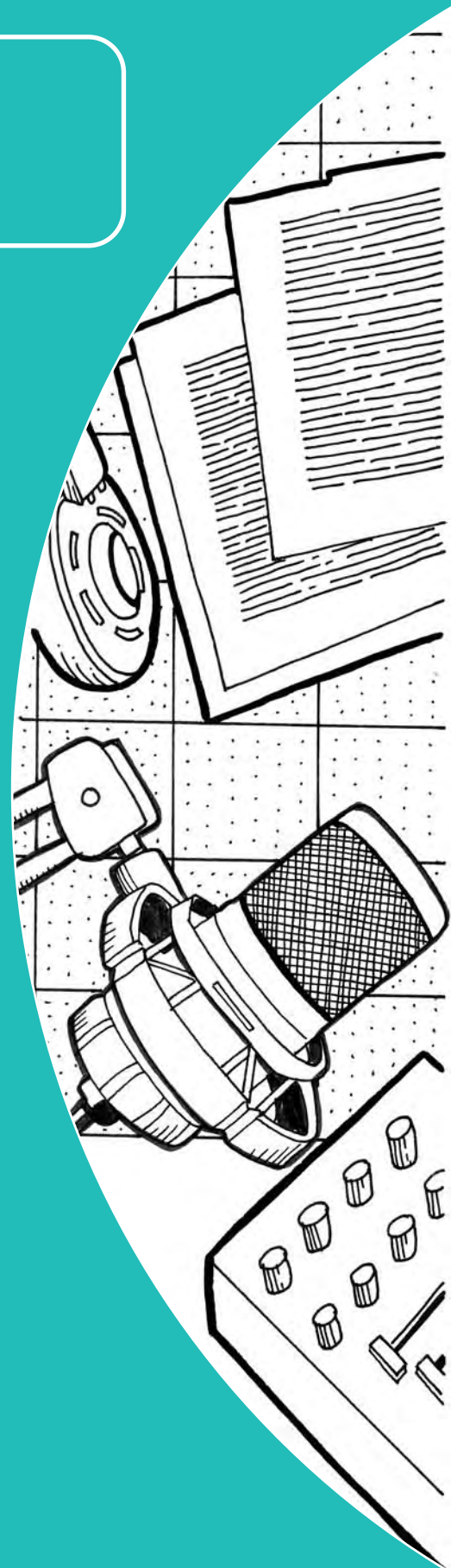
Annex 3:

Sample Scripts for Spots (pages 135–151)

- Insecticide Treated Nets (ITNs)
- Early/prompt/home-based treatment
- Complete treatment
- Intermittent Preventive Treatment (IPT)

Annex 4:

Glossary (pages 153–157)



ANNEXES

Annex 1:

Resources (pages 97–106)

- Introduction to malaria
- Malaria interventions and issues
- How radio complements other channels
- References and resources

Annex 2:

Tools You Can Use (pages 107–134)

- Worksheets and checklists

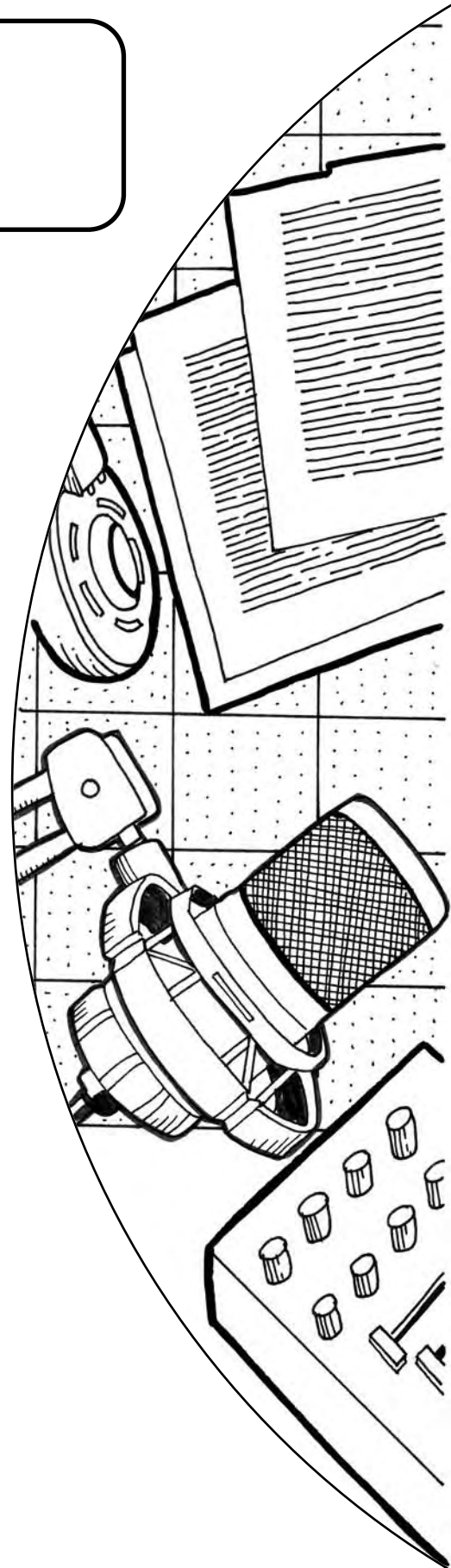
Annex 3:

Sample Scripts for Spots (pages 135–151)

- Insecticide Treated Nets (ITNs)
- Early/prompt/home-based treatment
- Complete treatment
- Intermittent Preventive Treatment (IPT)

Annex 4:

Glossary (pages 153–157)



RESOURCES

INTRODUCTION TO MALARIA

Malaria is one of the most severe public health problems worldwide. It kills at least 1 million people each year—about 3,000 a day. Nearly 300 million people suffer from acute malaria each year; the majority of victims are children. Forty percent of the world is at risk of malaria, but 9 out of 10 deaths worldwide due to malaria occur in Africa, south of the Sahara. Besides the human toll, the disease causes huge economic damage. In Africa, malaria's impact is second only to that of AIDS.

Frequently asked questions about malaria

Q: How is malaria transmitted?

A: Malaria is transmitted from one person to another by mosquito bites by the female anopheles mosquito during the night. Anopheles mosquitoes breed in clean water. There are regional differences as to when malaria is threatening: In some areas, malaria is transmitted year-round; in others it is seasonal (corresponding to the rainy season); and in others it is sporadic, occurring in epidemics.

Q: Who is most at risk of malaria?

A: In areas where malaria occurs every year, children under five years old (over 70% of all deaths from malaria are children under five) and pregnant women, particularly those pregnant for the first time, are at most risk. In areas where malaria occurs in epidemics, people of all ages are at risk.

Q: What are the consequences of malaria for children?

- A:**
- Death—Malaria kills one child every 40 seconds; in Africa, the disease is responsible for one in four childhood deaths.
 - Illness—When children get malaria, they become more susceptible to other illnesses as well as malnutrition.
 - Lost income to families, as family members take time caring for children.

Q: Are there any effective treatments for malaria in children?

A: Malaria can be effectively treated if the right drugs are used and are taken correctly and promptly. Not all drugs are effective against malaria. Also, some drugs that are given for malaria are not as effective as they used to be.

Q: What can caregivers do in the home to treat children's malaria?

A: When a child has malaria, early recognition and prompt, appropriate action are essential. This can make the difference between life and death. So, parents and other caregivers must be able to recognize the symptoms of malaria, understand how to care for their sick children (including what drugs to give them and how to give these drugs) and understand when they need to seek care. Simple malaria—where there is fever but no convulsions or fits—can often be treated in the community if the correct drugs are given in the correct manner for the correct amount of time. But complicated malaria—where the child is convulsing—should always be treated in a health facility because it is a sign that the child is very sick and needs special care.

Q: Are there effective ways to prevent malaria?

A: Yes. One effective way to prevent malaria is to **sleep nightly** under a mosquito net that has been treated with an insecticide solution. These insecticide-treated nets (ITNs) kill mosquitoes. People who sleep under them are less likely to get malaria than are people who do not sleep under ITNs. They are also less likely to get malaria than are people who sleep under untreated mosquito nets. ITNs are especially recommended for young children and pregnant women.

Q: What is an insecticide-treated mosquito net?

A. These are polyester nets that are treated with an insecticide and used to cover sleep areas. The insecticide kills mosquitoes. These nets may need to be re-treated regularly.

Q: Are insecticide-treated mosquito nets or bednets safe?

A: The insecticides have undergone extensive testing and have been shown to be safe when used on mosquito nets.

Q: What are the consequences of malaria for pregnant women?

A: For women (at least 24 million pregnancies are threatened by malaria each year):

- Death
- Anemia
- Severe malaria (more susceptible than other adults)
- Miscarriage (In endemic countries, nearly 60% of all miscarriages are due to malaria)
- Stillbirths
- Lost income to families, as sick women cannot work

For the unborn infant

- Premature delivery
- Low birth weight, a major factor in infant illness and death

Q: Are there any effective treatments for malaria in pregnant women?

A: Malaria can be effectively treated if the right drugs are used and if they are taken correctly. Not all drugs are effective against malaria. Also, some drugs that are given for malaria are not as effective as they used to be. It is important to give the appropriate drugs at the appropriate time during pregnancy.

Q: Are there effective ways to prevent malaria among pregnant women?

A: Yes.

- First, there is sleeping nightly under insecticide-treated nets (ITNs), which kills mosquitoes. Ideally, every pregnant woman should sleep under an ITN to protect herself and her unborn child from contracting malaria.
- Second, there is intermittent preventive treatment (IPT). For IPT, each pregnant woman should receive at least two doses of an anti-malarial drug (the current drug of choice is sulfadoxine pyrimethamine (SP), even if she does not have malaria symptoms. (SP is given during prenatal care visits between the fourth and eighth months of pregnancy.) This safe and effective treatment can significantly reduce the negative consequences of malaria during pregnancy.

Sources: Roll Back Malaria, NetMark Project, SARA Project

MALARIA ISSUES AND INTERVENTIONS

To develop effective radio spots that address treating and/or preventing malaria, you need to know about different issues related to these interventions: the malaria patterns (who gets it, when, where), government policies concerning malaria, and services, as well as perceptions and behaviors of the local population. The following box contains a list of questions, organized by three key interventions and by topic area. While these cover many vital areas of malaria control, not all are relevant for target audience(s) at district or subdistrict or local levels.

Malaria: The issues

Malaria topic area	Treatment of fever	Prevention of malaria during pregnancy-intermittent preventive treatment (IPT)	Insecticide-treated mosquito nets
Policy	What are standard treatment guidelines (the recommended first- and second-line drugs and recommendations about how to use them)? Is combination therapy used? If so, is it two different types of pills or one pill made from both medicines? Is home-based treatment for fever a policy?	What is the government policy on IPT for pregnant women? What drug? How many times? When? Is it supposed to be provided free or can providers charge for it? Is it supposed to be observed in the antenatal clinic?	What is policy/tariff for importing treated nets? What is policy regarding net treatment?
Accessibility/ Quality	How available is the first-line drug? How affordable? What advice do health workers give? What other drugs/things do people use for fever? Are there problems with drug quality?	Do pregnant women actually get IPT during their antenatal care visits? Or, are they given a prescription?	Are treated nets affordable? Are vouchers available? Where can nets be obtained? Are net treatments available/affordable? Where can nets be obtained? Who performs treatments? Do health workers promote ITNs and treatments? Does anyone else promote ITNs and treatments?
Recognition, care-seeking, acquisition	What different names do caretakers use for fever and other locally defined illnesses that are in fact malaria? Where do they seek care for these symptoms? How long do they wait before seeking care? What associated symptoms help indicate severity? Where do people get drugs? Who gives them advice? Do they get the right drugs/advice? Who makes the care-seeking/purchase decision?	Have families heard of IPT? Do pregnant women ask for it? If IPT has to be paid for, who makes decision whether to purchase? Are there barriers to use? Are there concerns about safety?	Who makes the decision about purchasing nets and treatments? What are benefits and barriers to using nets? What are benefits and barriers to re-treatment? What other products do people use to kill mosquitoes and why? Are there barriers to use? Are there concerns about safety?
Utilization/ Follow-up	Do people take the right number of drugs the right time of day for the right number of days? What do they do if the fever does not go away? What do they do if there are side effects such as nausea or itching?	Do women take IPT when it is suggested or when they are given a prescription? Do they take the right number of tablets? (If not SP: Do they take it for the right number of days?) What do they do if there are side effects or allergies?	Who in the family/ community uses treated nets? Why? How frequently? Why? How often are the treated nets washed? How often are the nets treated?

How radio complements other channels

Because radio can communicate with people regardless of their literacy level, it can be a powerful way to share vital health information. However, radio, particularly radio spots, are most effective when part of an overall program, and integrated into all other malaria communication activities (especially national ones where appropriate). A communication plan shows how each of these activities works together, using the strength of each to reinforce key messages and reach various audiences.

Three ways to add radio to a communication plan*

1. **Define the communication objectives** based on the national malaria strategy, the local malaria strategy, or data that you have analyzed about related issues. (For example, increase nightly use of treated nets by children under age 5).
2. **Identify multiple channels for your messages** based on the action (behavioral objective) you want the audience to take. (For example, use radio to encourage nightly use of treated nets, especially for pregnant women. Use another channel to describe how to treat nets with insecticide.)
3. **Develop radio spots at the same time you are developing other communication messages and activities on the same topic.** Make sure the messages and tone used are consistent across all channels and reinforce each other.

A communication plan helps you organize and integrate your malaria communication activities. What follows is an example that shows a range of activities and channels used to promote treated nets in one local district.

* Used with permission from WHO, UNICEF and HealthCOM/USAID (1994), Using Radio Spots to Support National CDD Programmes, p. 19.

Example of a malaria communication plan

Promotion of insecticide treated nets

Name: _____

Organization: _____

District: _____ Date: _____

Objective	Audience	Area <small>If smaller than district, list subdistricts/ parishes</small>	Key message	Channels	If radio, <small>list formats (spot, serial, etc.)</small>
Increase purchase of nets	Urban and rural married men	District	Insecticide-treated nets kill mosquitoes	Radio Theater Flyers Health talks	Drama, quiz show, interview
Increase nightly use of nets by children under 5	Urban and rural married men with children under 5	District	Insecticide-treated nets protect the health of young children who sleep under them nightly	Radio Community health workers Under-5 clinics Health talks	Spots, quiz show, documentary
Increase nightly use of nets by pregnant women	Urban and rural married men with pregnant wives	Subdistricts A, B, C	Insecticide-treated nets protect the health of pregnant women and unborn child if slept under every night	Radio Prenatal clinic Traditional birth attendants Health talks	Spots, panel discussion, news
Increase regular usage of insecticide treatment	Urban and rural married men with nets	District capital, Subdistrict A—parishes 1, 2,3 Subdistrict B—parishes 9, 10	Treat your net so you will not need malaria treatment	Radio Theater Flyers Health talks	Spots, talk show, serial drama

This communication plan includes many communication channels. As you can see, radio is only one way to get the message out. Below are other examples of communication channels.

Examples of communication channels

Media	People/Sources	Places/Venues
Audio-Visual <ul style="list-style-type: none"> • Cinema slide/advertisement • Drama/theater (live/videotaped) • Loudspeaker/public address • Popular singers (live/cassette) • Radio • Television • Video Audio-Visual Aids for Health Workers <ul style="list-style-type: none"> • Counseling cards • Flipcharts • Slide presentations Print <ul style="list-style-type: none"> • Banners • Billboards • Booklets/leaflets • Brochures/flyers • Calendars • Cartoons/comic strips • Magazines • Newspapers • Posters • School books • Stickers • T-shirts/caps 	<ul style="list-style-type: none"> • Community/village health workers • Health workers • Political leaders • Religious leaders • Traditional birth attendants • Traditional healers • Traditional leaders • Women's groups • School teachers 	<ul style="list-style-type: none"> • Community meetings • Health facilities • Home visits • Marketplace • Pharmacies • Schools • Sports fields/arenas/stadiums • Workplaces/unions

REFERENCES AND RESOURCES

Malaria information

- Global Health Council. *Reducing Malaria's Burden: Evidence of Effectiveness for Decision Makers*. Technical Report, December 2003.
Available at: www.globalhealth.org/view_top.php3?id=384

- Huffman, SL, and others. *Essential Health Sector Actions to Improve Maternal Nutrition in Africa*. Academy for Educational Development LINKAGES project, 2001.
This manual describes six actions, including actions against malaria that health programs should implement to improve women's nutritional status. For more information, see www.linkagesproject.org
- Maternal and Neonatal Health Program. *Malaria during Pregnancy Resource Package: Tools to Facilitate Policy Change and Implementation*. JHPIEGO, 2003.
A compilation of generic tools that can support national malaria and reproductive health program managers to implement their strategy on the prevention and control of malaria during pregnancy. Available at: www.mnh.jhpiego.org/resources/malarialrp/index.htm
- SARA Project. *Lives at Risk: Malaria in Pregnancy*. Malaria in Pregnancy Working Group, Roll Back Malaria; Academy for Educational Development; USAID, Bureau for Africa, Office of Sustainable Development, Washington, DC, July 2003.
Available at: www.dec.org/pdf_docs/PNACT467.pdf
- SARA Project. *News to Save Lives: Approaches to Malaria and Pregnancy*. Academy for Educational Development, 2001.
This press kit provides journalists or policymakers background information, African success stories in treating malaria during pregnancy, and resources for further information. For more information, see <http://sara.aed.org>
- World Health Organization. *Strategic Framework for Malaria Control during Pregnancy in the WHO Africa Region*, 2004.
Available at: http://mosquito.who.int/rbm/Attachment/20041004/malaria_pregnancy_str_framework.pdf
- World Health Organization and UNICEF. *The Africa Malaria Report, 2003*.
This report takes stock of the malaria situation and of continuing efforts to tackle the disease in Africa. Available at: <http://mosquito.who.int/amd2003/amr2003/pdf/amr2003.pdf>

Web sites about malaria and related information

- Making Pregnancy Safer/Reproductive Health and Research: **www.who.int/reproductive-health**
- Malaria Consortium: **www.malariaconsortium.org**
- Malaria Foundation: **www.malaria.org**
- MEASURE Program: **www.measureprogram.org**
- NetMark Project: **www.netmarkafrica.org**
- Roll Back Malaria: **www.rbm.who.int** and **<http://mosquito.who.int>**
- UNICEF: **www.unicef.org/programme/health/mainmenu.html**
- World Health Organization: **www.who.int/health-topics/malaria.htm**

Communication/materials development

- US National Cancer Institute. "Making Health Communication Programs Work: A Planner's Guide." US Department of Health & Human Services, December 2002. Available at: www.cancer.gov/pinkbook
- O'Sullivan, GA, and others. *A Field Guide to Designing a Health Communication Strategy*. Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Baltimore, MD, March 2003. Available at: www.jhuccp.org/pubs/fg/index.shtml
- Younger, E, and others. *Immunization and Child Health Materials Development Guide*. Bill and Melinda Gates Children's Vaccine Program/PATH, Seattle, 2001. Available at: www.childrensvaccine.org/html/ip_clinical.htm

Audio and radio

- American Public Health Association. *Using Radio for Primary Health Care*. Washington, DC, September 1982. For more information, contact the APHA at www.apha.org
- Dragon, Alfonso Gumucio. *Making Waves: Stories of Participatory Communication for Social Change*. The Rockefeller Foundation. New York, New York, 2001. For more information, see www.rockfound.org
- Open Society Foundation for South Africa. *Community Radio Manual*. 1999. Available at: www.osf.org.za/File_Uploads/pdf/CRM-1-prelims.pdf
- WHO, UNICEF and HealthCOM/USAID. "Using Radio Spots to Support National CDD Programmes." WHO/CDD/94.48. Washington, DC, 1994. Available at: www.who.int/child-adolescent-health/New_Publications/CHILD_HEALTH/WHO_CDD_94.48.htm
- UNAIDS and Media Action International. *Radio and HIV/AIDS: Making a Difference. A guide for radio practitioners, health workers and donors*. Geneva, 1999. Available at: http://www.unaids.org/html/pub/publications/irc-pub05/jc429-radio_en.pdf

Web sites about radio and related information

- **AMARC (the World Association of Community Radio Broadcasters)**
An international nongovernmental organization that works closely with a network of local partners and regional offices in Africa, Latin America, Asia and Europe to provide advocacy and support for community radio development.
www.amarc.org/amarc/ang/

- **Audience Dialogue**
Provides information about using research-based techniques to make communication more effective.
www.audiencedialogue.org
- **The Communication Initiative**
A resource where visitors can share, debate and innovate for more effective development communication practice. It offers e-forums, data, regular electronic publications on training, effective development communication practice, change theories, as well as a range of issues from health, gender, and human rights to the environment.
www.comminit.com
- **Independent Radio Drama Productions Ltd.**
A non-profit organization based in the UK that promotes radio drama and provides links for writers new the medium.
www.irdp.co.uk/scripts.htm
- **Radio Lab Guides**
Columbia University School of Journalism online resource provides tips on writing, reporting and producing news and information material for radio broadcast.
www.jrn.columbia.edu/studentwork/radio/help/index.asp
- **Radiosite**
Maintained by the Canadian Society for Independent Radio Production enables radio and audio producers, whether professional or volunteer, to share ideas and learn new skills.
www.radiosite.ca/
- **Soul Beat Africa**
This site provides space to share experiences, materials, strategic thinking and events, and to engage in discussion and debate. It is meant for communicators, practitioners, media makers, academics, researchers, and others who are using or are interested in communication for change in Africa.
www.comminit.com/africa/soul-beat.html
- **The writersroom!**
BBC's online resource for writing drama and comedy for television, radio and film.
www.bbc.co.uk/writersroom/

TOOLS YOU CAN USE

TOPICS

Worksheets and checklists

- Seven-step radio spot production cycle: Workplan and timeline checklist108
- Creative brief template111

Pretesting

- Assessing radio spots for pretest worksheet113
- Sample pretesting screening questionnaire for group discussion114
- Sample pretesting guide for group discussion115
- Tips for facilitating group discussion123
- Tips for probing124
- Notetaking sheet: Radio spot pretest125
- Pretest finding/changes required worksheet126

Listener and station profiles

- Who listens and when worksheet127
- Radio station profile worksheet128

Monitoring and evaluation

- Radio spot monitoring: A planning worksheet129
- Radio broadcast monitoring form130
- Radio spot evaluation: A planning worksheet131

Integrating spots into your communications activities

- Malaria communication activities plan133

Training material

- Sample five-day agenda for *Spot On* workshop134

Seven-step radio spot production cycle

Workplan and timeline

A checklist for planning, producing, airing, pretesting and evaluating effective radio spots

Step/activity	Who will do it	By when	Funding
PRE-PRODUCTION			
<p>Step 1: Plan. Gather information, enroll partners and decide how to use radio to support your malaria program</p> <p>Decide:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is radio appropriate? <p>Build your team</p> <p>Gather and analyze information about potential target audiences including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radio listening surveys <input type="checkbox"/> Program evaluations <input type="checkbox"/> Ethnographic and other qualitative research about what people know, believe and do about treating young children for malaria and preventing children and/or pregnant women from getting malaria <input type="checkbox"/> Existing spots/scripts and creative briefs <input type="checkbox"/> Pretesting materials and reports <p>Determine if you need additional research to fill in the blanks. If so, conduct and analyze your findings.</p> <p>Decide:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What malaria objective you will focus on <input type="checkbox"/> How many spots you will develop <input type="checkbox"/> What your budget is and whether you can afford it <p>Complete this form for your radio intervention</p>			
<p>Step 2: Develop a creative brief</p> <p>Decide:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Whether to adapt existing spot(s) and/or develop new spot(s) <input type="checkbox"/> What specific audience segment you want to reach <input type="checkbox"/> What the target audience should do <input type="checkbox"/> Why they should do what you are asking <p>Complete a creative brief for your radio spot</p>			

continued next page ➤

Step/activity	Who will do it	By when	Funding
Step 3: Adapt/develop and produce spots for testing Write or adapt the script(s) <input type="checkbox"/> Decide what source(s) of information, formats and words and phrases of your target audience you will use in your spot(s) Review the draft scripts to ensure that the messages are technically correct and locally appropriate Secure approval for pretest scripts Produce pretest spots. (It may be less expensive to pretest voiced scripts before fully producing the spot in the studio. If producing in the studio, see the pre-production components of Step 4 and all of Step 5.) Keep scripts and original tapes for future reference			
Step 4: Pretest, pre-produce and revise concepts, messages, spots based on findings Pretest the spots Choose and/or change spots based on the results of the pretest Conduct pre-production <input type="checkbox"/> Cast the voices <input type="checkbox"/> Gather sound effects, music, etc. <input type="checkbox"/> Secure music rights/permission(s) <input type="checkbox"/> Rehearse <input type="checkbox"/> Develop a schedule <input type="checkbox"/> Rent/hire the studio <input type="checkbox"/> Revise budget if necessary			
PRODUCTION			
Step 5: Produce spots <input type="checkbox"/> Record spots <input type="checkbox"/> Mix, edit as needed (post-production) <input type="checkbox"/> Duplicate/dub copies <input type="checkbox"/> Package			

continued next page ➤

Seven-step radio spot production cycle (con't)

Step/activity	Who will do it	By when	Funding
POST-PRODUCTION			
<p>Step 6: Place/broadcast spots</p> <p>Determine the best station(s) to reach target audience</p> <p>Negotiate a broadcast schedule, with each spot airing at least twice a day during the hours your target audience is listening</p> <p>Conduct informational meeting or other activity with radio station staff as partners of your malaria team</p> <p>Distribute the spots to the radio station(s):</p> <ul style="list-style-type: none"> Station 1. Station 2. Station 3. <p>Get copy of radio station's schedule to facilitate monitoring airing of your spots</p>			
<p>Step 7: Monitor, evaluate and revise</p> <p>Monitor your spots to ensure the radio station is airing them when agreed</p> <p>Evaluate how frequently your target audience is hearing your radio spots, on which stations and when, and what effect the spots are having on what they know, believe and do</p> <p>Based on the results of the evaluation, decide whether to continue broadcasting the same spots and/or develop new ones</p>			

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 73.

Creative brief template

Project: _____

Contact information: _____

Prepared by: _____ Approved by: _____

Who are we talking to, about what and why?

1. Target audiences

Whom do you want to reach with your radio spot? Be specific.

2. Objectives

What do you want your target audiences to do after they hear this radio spot?

3. Obstacles

What beliefs, cultural practices, social pressure or misinformation are barriers to your audience doing that?

4. Benefit

Select one single benefit that the audience will experience upon doing that, from the audience's point of view.

5. Support Statements/Reasons Why

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

continued next page ➤

How will we accomplish our objectives?

6. Tone

What **feeling** or **personality** should your communication have? Should it be authoritative, light, emotional...?

7. Opportunities

What times, seasons or events increase the likelihood of reaching your audience? What other ways might the spot be used?

8. Creative Considerations

What should the writers and producers keep in mind during development? Which format is best for the selected radio stations and preferred by the target audiences: Announced or produced, monologue, dialogue, testimonial, informational? Will the spot be in more than one language? Who are the characters? What words, phrases or jingles should be used?

Please add pages as needed, summarizing the results of the research you collected and reviewed.

Adapted from "Making Health Communication Programs Work: A Planner's Guide" US Department of Health & Human Services, Office of Communications, National Cancer Institute. Available online at www.cancer.gov/pinkbook.

Assessing radio spots for pretest

Worksheet

While the radio script is read aloud several times, answer the following statements “yes” or “no”. Select the spot(s) with the highest number of “yes” responses. Rewrite the spot if you cannot answer “yes” to more than 10 of these criteria.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❶ It is clear who the target audience for this spot is. (Who is it? What elements of the spot make it clear that this is the target audience?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❷ The spot asks people to do a concrete action. (What is it?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❸ The spot tells people the reason why they should perform this action. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❹ The spot has one message . (What is it?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❺ The message is repeated at least twice. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❻ The spot is “different” from other materials you hear on the radio right now. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❼ The spot uses sources of information that your target audience trusts to give them information about the health of their children. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❽ The spot makes the listener feel happy, loving or confident that they can do what you are asking. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❾ The spot shows people having positive results from doing the right action. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ❿ The spot creates an image in your mind. (What do you see?) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ⓫ The spot uses the phrases and words that your target audience uses. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ⓬ The spot sounds natural-like a conversation, not a speech. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ⓭ The spot uses a slogan, jingle, sound effect or music that you can use over time to give continuity to your spots. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | ⓮ The music is relevant to your target audience and creates a specific mood. |

Total _____

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 45.

Sample pretesting screening questionnaire for group discussion

For urban (semi-urban/rural) women (men) with at least one child under 2, who speak the language used in the spot and listen to the radio regularly.

APPROACH women(/men) in urban(/semi-urban/rural) areas.

READ: I need to talk to people about a radio program and am looking for appropriate participants. Can I ask you a few questions to see if you can participate? ____ if “No,” end interview

1. How many children under the age of 2 do you have or take care of?
_____ if “0” (zero), end interview

2. What languages do you speak?
____ Swahili (Language of spot)
____ Other
If Swahili not mentioned, end interview

3. About how many hours during the week do you listen to the radio?
_____ if less than 7 hours, end interview

4. Do you live in this area?
____ Yes
____ No **end interview**

EXPLAIN that you are going to ask some questions about a radio program later. Say it will take about 2 hours. Explain the details (where it will be held, when, any incentive/transport costs). Say that the information will be kept confidential.

ASK: Would it be possible for you to participate? If “Yes,” interviewer should write your own name for verification.

Name of interviewee: _____ Name of interviewer: _____

Where recruited: _____ Date: _____

Please check appropriate criteria: ☐ Male ☐ Female
☐ Urban ☐ Peri-urban ☐ Urban

Which group to attend: Place: _____ Date _____ Time _____

Sample pretesting guide for group discussion

This is meant to be a flexible model. Because this is *qualitative* research, you may restate any question and/or change the order of the questions to suit your situation as long as all of the topics are covered.

Name of pretester: _____ Date: _____

Place of interview: _____ Time: _____

Respondent/group number: _____

Materials played first: ☐ Spot 1 ☐ Spot 2

Participation of the respondent(s): ☐ Very active ☐ Regular ☐ Reserved

Introduction (10 minutes)

Good morning/afternoon. My name is _____ and I'm working with _____ . Some new radio materials have been prepared and we would like to know people's opinions about how we can improve these materials before we play them on the radio.

Introduction of participants. Before you get started, go around the room having all participants introduce themselves by stating their name, where they live, occupation, number of children, or other easy to answer personal background information.

About the discussion. This discussion will last about 2 hours, what you say will be kept confidential. We will not use any names in our report. We want your opinions on the radio spots, so that we can make sure that they are appropriate to air in this area.

We want to hear what you think based on your beliefs and experiences. We are not here to teach. There are no right or wrong answers, so please feel free to say whatever you believe. It is OK for you to express either positive or negative ideas, to disagree with what others have said, or to change your mind.

It is important for us to hear what each one of you thinks so let's try to give everyone a chance to speak. Please avoid side conversations so that everyone can hear what is said.

I will not give my opinion. My role is to guide the discussion so that everyone gets a chance to speak and to make sure that all the topics are covered.

As you can see (*show topic guide*), we have a lot to discuss so I might move quickly through some subjects, but stop me if you have something to say. Does anyone have any questions? (*note their questions*)

Introduction to playing spots

I'm going to play for you a short radio message we've developed. I'm going to play it twice. Then I would like to ask you a few questions about it.

continued next page ➤

Repeat questions 1-14 for each spot played (20-25 minutes)

Record number of spot played: _____

Play the spot twice.

- 1. Please tell me in your own words what this message said.** *(Write as much as possible what the person tells you.)*

- 1a. Was there any part of the message that you did not understand?** *(How many think each? Count out loud.)*

- ☐ Yes
☐ No (go to question 2)
☐ Don't know (go to question 2)

- 1b. If yes, what was it?** *(How many think each? Count out loud.)*

- 2. Who do you think this message is talking to?** *(How many think each?)*

- ☐ Parents of young children
☐ Pregnant women
☐ Other people _____
(probe to understand exactly who they think the spot is talking to)
☐ Don't know

- 3. Was there anything that happened or was said in this radio spot that might bother or offend people you know?** *(How many think each? Count out loud.)*

- ☐ Yes
☐ No (go to question 4)
☐ Don't know (go to question 4)

- 3a. If yes, what was it?** *(How many think each? Count out loud.)*

continued next page ➤

4. Is there anything that happened or was said in this spot that you don't believe to be true? *(How many think each? Count out loud.)*

- ☐ Yes
- ☐ No (go to question 5)
- ☐ Don't know (go to question 5)

4a. If yes, what was it? *(How many think each? Count out loud.)*

5. Do you think that this radio spot is asking people to do something? *(How many think each? Count out loud.)*

- ☐ Yes
- ☐ No (go to question 7)
- ☐ Don't know (go to question 7)

5a. What is it asking people to do? *(How many think each? Count out loud.)*

- ☐ Don't know

6. How likely is it that people will do what this spot is asking? *(How many think each? Count out loud.)*

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not very likely

6a. Why? *(How many think each? Count out loud.)*

7. Compared to other spots on the radio, regardless of message, is this spot: *(Read answers)*

- ☐ Better than most
- ☐ About the same as most
- ☐ Not as good as most
- ☐ Don't know *(Don't read)*

(How many think each? Count out loud.)

continued next page ➤

8. What other spots on the radio, regardless of message, sound most like this spot? *(How many think each? Count out loud.)*

9. Is there anything in this radio spot that you really liked? *(How many think each? Count out loud.)*

- ☐ Yes
- ☐ No (go to question 10)
- ☐ Don't know (go to question 10)

9a. If yes, what was it? *(How many think each? Count out loud.)*

10. Is there anything in this spot that you really disliked? *(How many think each? Count out loud.)*

- ☐ Yes
- ☐ No (go to question 11)
- ☐ Don't know (go to question 11)

10a. If yes, what was it? *(How many think each? Count out loud.)*

11. How much are the people in the spot like people who live near you? *(How many think each? Count out loud.)*

- ☐ Very much like
- ☐ Somewhat like
- ☐ Not like

If more than one voice in spot, ask: Which person(s) in the spot is/are not like people who live near you? How could s/he sound more like people who live near you?

If the spot contains music, ask

12. How appropriate do you feel the music you heard in the message was? *(How many think each? Count out loud.)*

- ☐ Appropriate to the message
- ☐ Not appropriate to the message.

Ask: How was it not appropriate? How can it be made more appropriate?

continued next page ➤

13. Did you hear any sound in the message which distracted you or which you didn't understand?
(How many think each? Count out loud.)

- ☐ Yes
- ☐ No (go to question 14)
- ☐ Don't know (go to question 14)

13a. What sound was it? ASK: How would you make it less distracting? (How many think each?
Count out loud.)

14. If you could change anything in this spot (the situation, people, voices, music, the sounds, the words....), what would you change to make it better? (Refer back to something they have mentioned that might be confusing or irritating. How many think each? Count out loud.)

Thank you very much.

Repeat following for each additional spot.

Now I'm going to play another message. I'm going to play it twice. Then I will ask you some questions about it.

Record number of spot played: _____

Play the spot twice.

Repeat questions 1-14 above for this spot. (Allow about 20 minutes for each.)

When finished getting feedback on all the spots, compare. (20 minutes)

Comparison

Now I'm going to play each of the spots one more time and I would like you to tell me which one you like best.
(Play each spot one more time in the order they were heard originally.)

continued next page ➤

15. You have just heard the spots again. Which one did you like the best? *(If the person hesitates to respond or doesn't want to offend you by making a choice, tell him that you can only play one of the spots on the air at a time and you need his/her help in deciding which one you should play first. How many did each person think? Count out loud.)*

- ☐ Spot heard first: "Name" OF SPOT _____
- ☐ Spot heard second: "Name" OF SPOT _____
- ☐ Likes both equally (Go to question 17)
- ☐ Neither one (Go to question 18)
- ☐ Don't know (indifferent) (go to question 18)

15a. For those that liked the spot heard first better: For what reasons do you like the spot you heard first best? *(How many think each? Count out loud.)*

Probe: What do you remember most about this spot? *(How many think each? Count out loud.)*

15b. What didn't you like about the other spot? *(How many think each? Count out loud.)*

16. For those that liked the spot heard second better: For what reasons do you like the spot you heard second best? *(How many think each? Count out loud.)*

Probe: What do you remember most about this spot? *(How many think each? Count out loud.)*

continued next page ➤

16a. What didn't you like about the other spot? *(How many think each? Count out loud.)*

17. For those who liked both equally: Why do you like both equally? Don't you hear any difference?
(How many think each? Count out loud.)

18. For those who didn't like either: Why didn't you like either? What would you have liked better?
(How many think each? Count out loud.)

19. How many of you have a working radio in your household? *(How many say each? Count out loud.)*

- ☐ Yes
- ☐ No

Listener information (10-15 minutes)

20. Where do you listen to the radio? *(How many say each? Count out loud.)*

- ☐ Home
- ☐ Neighbor's house
- ☐ Field
- ☐ Other work
- ☐ Other _____
- ☐ Don't know

21. How often do you listen to the radio? *(How many say each? Count out loud.)*

- ☐ Every day
- ☐ Other _____
- ☐ Don't know

continued next page ➤

22. What are your favorite type(s) of radio programs? *(How many say each? Count out loud.)*

- ☐ News
- ☐ Talk shows
- ☐ Music
- ☐ Serial drama
- ☐ Farm broadcast
- ☐ Sports
- ☐ Other _____
- ☐ Don't know

23. What is the name of your ONE favorite radio program? What station is it on? What day and time does it air? *(Note how many say each? Count out loud.)*

Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____
Prog _____	Station _____	Day _____	Time _____	How many _____

24. I'm finished with the questions for you. Do you have other comments or questions for me today?
(Write them down. If you do not know the answers, refer participants to a health worker.)

**Thank you very much for your opinion.
It will help us to improve these spots before we put them on the radio.**

Tips for facilitating group discussion

1. Put the participants at ease by being friendly, courteous and conversational.
2. Encourage the expression of different opinions.
3. Discourage attempts to change the opinions of others. (Encourage the acceptance of all thoughts and opinions.)
4. Respond to group members on the basis of their non-verbal actions as well as their remarks.
5. Use neutral questions, open-ended as much as possible. Do not suggest answers.
6. Aim questions to and respond to participants' levels, terms, ways of thinking about the subject, etc.
7. "Reward" productive responses through attention, acknowledgement, follow-up, etc.
8. Interrupt non-productive responses/behavior verbally or non-verbally, for example:
 - re-stating or re-phrasing the original questions
 - looking away or at someone else
 - holding up your hand
 - saying you're going to interrupt and explain why
9. Keep the questions short, easy to answer, asking one at a time, and give participants time to answer.
10. Use your own non-verbal actions to encourage participants to speak, for example:
 - eye contact
 - leaning forward with interest
 - open hand gestures
11. Balance your attention between process (how things are happening) and content (what's being said).
12. Do not show surprise or disapproval, either verbally or non-verbally, with any response.
13. Do not give your opinion at any time.
14. Do not explain questions; probe or ask it in another way to get the answer.

For suggestions on how to probe answers that are not clear or detailed enough, see next page.

Adapted from Monroe-Cook, L. and Henderson, N. RIVA Market Research & Training Services, Bethesda, Maryland.

Tips for probing

(Ways to encourage discussion group participants to give fuller answers)

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ● Help me understand ... ● How so? ● What else? ● Who else? ● Anything else? ● How is that for you, (say <i>person's name</i>) _____ and for others? ● What does (say <i>word</i>) _____ mean for you? | <ul style="list-style-type: none"> ● How would you describe that feeling/thought in other words?..... to someone who didn't know (from another place?) ● Please tell me more about... ● Say a little bit more about that. ● Please give me an example of... ● Tell me everything you know about... ● What can someone else tell me about this? ● What ideas/reactions have I/missed? ...not heard yet? | <ul style="list-style-type: none"> ● When was the last time you saw/felt/thought...? ● Does anyone feel differently about this issue? ● What's the "good news/bad news" about...? ● What did you say to yourself about...? ● Please give me 2 words to describe... ● Repeat the statement as a question. Example: "You don't like it?" |
|--|---|--|

Adapted from Monroe-Cook, L. and Henderson, N. RIVA Market Research & Training Services, Bethesda, Maryland.

Notetaking sheet: Radio spot pretest

Group identification code: _____ Date: _____

Topic: _____ Page no: _____

Location: _____

Type of participants: _____ Number of participants: _____

Moderator: _____ Note taker: _____ Observer: _____

Codes	Notes	Observations

Used with permission from de Negri, B and Thomas, E. *Making Sense of Focus Group Findings: A Systematic Participatory Analysis Approach*. Washington, DC: Academy for Educational Development, 2003.

Pretest findings/changes required worksheet

Pretest finding	Change required in the spot

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 123.

Who listens and when

Radio station: _____

Location: _____

	Men		Women	
	With children under age 5	No children under age 5	With children under age 5	No children under age 5
Geographic locale				
Urban				
Rural				
Age range				
Up to 20 years				
21-40 years				
41-60 years				
Income level				
Low				
Middle				
High				
Education				
No schooling				
Elementary				
Secondary				
Higher education				
Time of day people listen (list hours)				
Morning				
Afternoon				
Evening				
Night				

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 15.

Radio station profile

Radio station: _____

Location: _____

Day of week	Hour	No. of minutes available		In which programs	Who is listening
		Free	Paid		
	5:00 – 6:00 a.m.				
	6:00 – 7:00				
	7:00 – 8:00				
	8:00 – 9:00				
	9:00 – 10:00				
	10:00 – 11:00				
	11:00 – 12:00 (noon)				
	12:00 – 13:00				
	13:00 – 14:00				
	14:00 – 15:00				
	15:00 – 16:00				
	16:00 – 17:00				
	17:00 – 18:00				
	18:00 – 19:00				
	19:00 – 20:00				
	20:00 – 21:00				
	21:00 – 22:00				
	22:00 – 23:00				
	23:00 – 24:00				

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 16.

Radio spot monitoring: A planning worksheet

1. Who will monitor your radio spots?

2. On what days of the week will s/he monitor?

3. What will you do if the station is playing the spots as scheduled?

4. What will you do if the station is not playing the spots as scheduled?

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 68.

Radio broadcast monitoring form

Name of person monitoring: _____

Station monitored: _____

Location: _____

[illegible]

Adapted from *Radio Guide: A guide to using radio spots in national CDD programmes*, p. 64.

Radio spot evaluation: A planning worksheet

1. How will you evaluate your radio spots?

- ☐ Add questions onto a KAP or other study
- ☐ Do a focused, small-sample household survey
- ☐ Do a focused, small-sample central intercept study
- ☐ Other, specify _____

2. Who will you interview? (Who is your target audience? What are your screening criteria?)

3. How many people will you interview? (Why?)

4. Who will conduct the interviews? (How many interviewers are needed?)

5. Where will the evaluation be conducted? (Which geographic areas? How many areas?)

6. How will the evaluation be conducted? (Describe the procedure by which you will select and interview respondents.)

continued next page ➤

7. When will the evaluation be conducted? Who is responsible for carrying out each step in a timely way?

Activity	Dates	Person responsible
Design of the questionnaire		
Pretesting of the questionnaire		
Training of interviewers		
Field work		
Analysis and report writing		
Review of results with partners		

8. What resources do you need for the evaluation? Write in unit costs and calculate totals.

Resource	Units	Cost per unit	Total
Clipboards			
Survey questionnaires			
Vehicles or other transportation			
Fuel			
Extra paper/pencils			
Supervisors			
Interviewers			
Analyst/report writing			
Dissemination meeting			
Per diem			
Other			
TOTAL			

Malaria communication activities plan

Name: _____
District: _____

Organization: _____

Date: _____

[illegible]

Sample 5-day agenda for *Spot On* workshop

Objective: After completing this interactive workshop, participants will be able to adapt/create and produce; place, monitor and evaluate effective radio spots for malaria. Participants will take home scripts and spots they have produced in their local languages.

Day One (Step 1)

Welcome, introductions, objectives and expectations

Introducing key radio concepts

- The power of radio; determining if radio is right for you
- The radio production process

Applying malaria knowledge to spots

- Malaria issues
- Highlights of the National Malaria Communication Strategy, MOH
- Applying Uganda malaria research results
- Developing core health messages

Daily feedback, review of the day's Key Learnings

Day Two (Steps 2-3)

Review Key Learnings points from day 1

Using the language of radio (voice, music sound effects)

- Beyond spots, other radio formats
- Basic radio skills and tools to adapt and create spot

Applying the creative brief: what is it and how to use it

Adapting/improving existing spots by developing a creative brief; writing adapted scripts

- Present/perform team scripts
- Revise scripts and translate into local language

Daily feedback; review of the day's Key Learnings

Day Three (Steps 2-5)

Review Key Learnings from Day Two

Developing original spots

- Write creative brief and script for original spot
- Adapt script in English for one radio spot
- Present/perform scripts for larger group.
- Revise scripts and translate into local language

Record voice tracks for pre-testing original and adapted spots

The fundamentals of pretesting

- Why pretest; who to test; how to pretest; what to do with results
- Sample pretest questionnaire
- Practice pretesting/moderating focus groups

Daily feedback; review of the day's Key Learnings

Day Four (Steps 4-5)

Review Key Learnings from day 3

Pretesting your spots

- Pre-test Team spots with target audience

Finalizing scripts

- Use results to improve scripts
- Present revised scripts in local language(s) and in English

How radio spots are produced: what to expect in the studio

Teams begin producing spots at radio/recording studio

Daily feedback; review of the day's Key Learnings

Day Five (Steps 5-7)

Review Key Learnings from day 4

What to do with your radio spots: ensuring post production impact

- Placing spots On Air
- Buying air time/negotiating
- Partnering to expand impact
- Integrating spots into your malaria program

Monitoring and evaluation

Teams (continue) to produce radio spots at radio/recording studio

Teams develop implementation plans and timetable for next steps

Teams present plans

Workshop assessment

Close; distribute certificates

SAMPLE SCRIPTS FOR SPOTS

TOPICS

Insecticide Treated Nets (ITNs)

- Big five—Netmark136
- News flash—Netmark137
- Testimonial—Netmark138

Insecticide Treated Nets (ITNs)—pregnant women

- Invest in your family139
- Every night during pregnancy140

Insecticide Treated Nets (ITNs)—children

- A net for Junior141
- Wedding142

Early/prompt/home-based treatment

- Home-based management—DISH/Uganda143
- Prompt treatment144
- Prompt treatment/Hero145
- Prompt care seeking—Nighttime146

Complete treatment

- Complete the treatment147
- Don't share the medicine148
- The fever returns149

Intermittent Preventive Treatment (IPT)

- Intermittent preventive treatment150
- Two times151

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Big five**
 Client: NetMark
 Product: ITN
 Media: Radio
 Language: English
 Duration: 45 sec

MALE ANNCR Africa's biggest killer is not the lion

SFX LION ROAR

ANNCR It's not the elephant

SFX ELEPHANT TRUMPETING

ANNCR Nor the Snake

SFX SNAKE HISS

ANNCR Actually it's....

SFX MOSQUITO BUZZ UP AND UNDER

ANNCR the tiny night biting mosquito—that carries malaria.

But insecticide treated mosquito nets kill mosquitoes on contact,
 protecting you and your family.

These modern nets are totally safe, work all night long and must be
 retreated to stay effective.

Use an insecticide treated net with the green NetMark seal of quality.

Insecticide-Treated Nets Kill Mosquitoes

ANNCR(TAG) Insecticide treated nets...

MUSIC JINGLE

ANNCR kill mosquitoes.

SFX THUMP

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **News flash**
 Client: NetMark
 Product: ITN
 Media: Radio
 Language: English
 Duration: 30 sec

SFX NEWS BROADCAST MUSIC UP AND UNDER

MALE ANNCR Hello. In the news of this hour this year alone more than 2 million people in Africa have been killed by malaria carried by night-biting mosquitoes.

But there is good news, insecticide treated mosquito nets kill mosquitoes on contact, protecting you and your family.

These modern nets are totally safe, work all night long and must be retreated to stay effective.

Use an insecticide treated net with the green Netmark seal of quality.

Insecticide Treated Nets Kill Mosquitoes.

ANNCR(TAG) Insecticide treated nets.....

MUSIC JINGLE

ANNCR kill mosquitoes.

SFX THUMP

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Testimonial**
 Client: NetMark
 Product: ITN
 Media: Radio
 Language: English
 Duration: 40 sec

WOMAN (QUITE SERIOUS TONE) As a doctor, I strongly recommend guarding against malaria by sleeping under an insecticide treated net.

These nets kill night-biting mosquitoes, the carriers of malaria, on contact—all night long.

(WARMS UP A LITTLE) And as a mother, I'd like to tell you that these insecticide treated nets are totally safe for you and your family.

I also retreat my net regularly so it stays effective.

(TOTALLY RELAXED, WITH A SMILE.) And as a woman, I want to tell you that these nets are available in a range of modern colors and sizes—perfect for any home.

MAN Use an insecticide treated net with the green NetMark seal of quality.

ANNCR(TAG) Insecticide treated nets....

MUSIC JINGLE

ANNCR kill mosquitoes.

SFX THUMP

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: Invest in your family

Product: ITNs for pregnant women

Target audience: Rural husbands of pregnant women

Message: Preventing your pregnant wife from getting malaria can help protect her life and that of your child. It will also save you money on treating malaria.

Key benefit: The husband of a pregnant woman who buys an ITN for his wife to use nightly shows he is wise and forward-thinking: that he's investing in the future of his family.

Approach: Using trusted male friend as advisor. Positive reinforcement and modeling of positive behavior.

Language: English

Duration: 60 sec

SFX SOUNDS OF CHICKENS, CRICKETS, EARLY EVENING UP AND UNDER

JOHN (WARM GREETING) Hi David, what is that thing that you're carrying home from market?

DAVID (FRIENDLY) Hey John, it's an insecticide treated mosquito net.

JOHN Whoa, that's a major investment, isn't it?

DAVID Yes it is. But it's an important investment...in the health of my wife and our baby. Sleeping under an insecticide treated mosquito net every night protects them from getting malaria. And while a treated net is not cheap, it's cheaper than going to hospital for treatment.

JOHN (PUZZLED) Why is it so important for pregnant women? (CONCERNED) You know, my wife is pregnant, too.

DAVID Because, John, when women are pregnant they are more likely to get malaria and it can cause many serious problems for both them and the baby!

JOHN (SURPRISED) Wow! (GRATEFUL) David, that does sound like a good investment...protecting your wife and baby from malaria. Next market day, I'm going to buy an insecticide treated mosquito net for my wife and unborn baby.

MUSIC LIGHT, HAPPY MUSIC, UP AND UNDER

ANNCR TAG Sleeping under an insecticide treated mosquito net every night protects both the pregnant mother and baby from malaria.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Every night during pregnancy**

Product: ITNs

Target audience: Rural women who are pregnant

Media: Radio

Language: English

Duration: 60 sec

SFX SOUNDS OF RURAL MARKETPLACE. YOUNG BABY COOING UP AND FADE UNDER

FAUSTA (WARMLY) Hi Kyakwa. You look healthy.

KYAKWERA (SHY, BUT PLEASED) Oh Fausta, I am three months pregnant.

FAUSTA That's good news! By the way, are you sleeping under an insecticide treated mosquito net?

KYAKWERA What for?

FAUSTA When I was pregnant, a health worker advised me to sleep under an insecticide treated mosquito net every night to protect me and my baby from malaria.

(PROUD) See how healthy my baby is!

ANNCR After Kyakwa's baby is born.

SFX RURAL HOMESTEAD EXTERIOR SOUNDS—YOUNG BABY COOING

FAUSTA Kyakwa, you and your baby are looking good.

KYAKWERA (PROUD) Thanks to your advice Fausta, I slept under an insecticide treated mosquito net every night during my pregnancy. So I never got malaria!

MUSIC (JINGLE) UNDER AND FADE

ANNCR Pregnant women, sleep under an insecticide treated mosquito net every night to protect you and your baby from getting malaria.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **A net for Junior**
Product: Insecticide Treated Mosquito Nets
Source: Mbale District, Uganda
Medium: Radio
Duration: 60 sec
Language: English
Target group: Parents and caretakers of children under 5 years of age

SFX INSISTENT MOSQUITO BUZZ

HUSBAND (ANGRY) There are so many mosquitoes in this house tonight! Mama Junior, where did you put my insecticide treated net?

WIFE (DEFENSIVE) I hung it over Junior's bed to protect him from mosquito bites. The health worker said that young children are more at risk for getting malaria, which is spread by mosquitoes.

HUSBAND (MORE ANGRY) How could you do that? Don't you know that a net is too expensive to be used by children?

WIFE (FIRMLY) Tata Junior, which is more expensive? Treating Junior again and again for malaria or preventing malaria by his sleeping under the treated net?

HUSBAND (CALMS DOWN) You are right. We must protect Junior from malaria. I will buy an Insecticide Treated Net for Junior tomorrow.

SFX TRANS/NEXT DAY: FOOTSTEPS, KNOCK

HUSBAND Mama Junior, here is a new treated net. (PROUDLY) Now, our son can sleep under his own treated net every night to avoid mosquito bites and malaria.

MUSIC TRANSITION

ANNOUNCER Young children should sleep under insecticide treated nets every night to be protected from mosquitoes that spread malaria.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: Wedding
Product: Insecticide Treated Mosquito Nets
Source: Tororo District, Uganda
Medium: Radio
Duration: 60 sec
Language: English
Target: Rural parents and caretakers of children under 5 years of age

SFX INSTRUMENTAL MUSIC (WEDDING SONG) BACKGROUND VOICES IN CONGREGATION (UP AND FADE UNDER)

ANYANGO (GOSSIPING) Wow! Look at her gown, Achieng, the net is so long and wide, it is sweeping the path! (GIGGLING)

ACHIENG (INSISTENT) That's a waste of a good net Anyango; if it were me, I would use it to protect my children from mosquito bites.

ANYANGO (LAUGHTER) You are funny, it doesn't work that way. Mosquito nets are different, they are treated with insecticides to prevent mosquito bites and protect against malaria. My children sleep under treated nets every night and they rarely get malaria.

ACHIENG My children are constantly getting malaria. I should ensure that they sleep under Insecticide treated nets every night

TRANS/ SFX STREET NOISE. MARKET SOUNDS

ANYANGO Achieng, I haven't seen you since our friend's wedding, two months ago. How are the children?

ACHIENG They are fine; they now sleep under treated mosquito nets to protect them against malaria.

MUSIC TRANSITION

ANNOUNCER Parent, caretaker, make sure your children sleep under treated mosquito nets every night to protect them from malaria.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Home-based management**
 Client: DISH
 Product: Malaria medicine
 Media: Radio
 Language: English
 Duration: 45 sec

SFX BABY CRYING HYSTERICALLY

MOM Tata wabana, wake up!

 The baby is so hot!

SFX BABY CRYING UP AND UNDER

DAD Let me run next door to the community drug distributor and get malaria medicine.

MOM Sure? Shouldn't we take him to the health centre?

DAD But the health centre is many miles away. And we have no transport. Remember what the musawo told us? If your child has fever and you live far from a health centre, go to a community worker with the green cross for proper medicine.

ANNCR Treat children with fever during the first 24 hours! Proper medicine and advice available from community distributors with the green cross or any health centre.

(TAG) FIGHT MALARIA!

Title: **Prompt treatment**

Target audience: Rural fathers with children under age 5

Strategy: Every fever is life threatening. Do what it takes to treat child within 24 hours.

Message: Treat all fever seriously. Start Homapak right away.

Key benefit: Because child treated immediately, minimizes care taking burden so mother can return to market. Also minimizes health costs.

Approach: Uses men/fathers as change agents. Positive reinforcement and modeling of positive behavior. Sharing lesson from a negative experience.

Format: Dialogue

Duration: 42 sec

SFX SOUNDS OF CRICKETS, CHICKENS UP AND UNDER

PAUL Hi John. Why were you selling at the market today?

JOHN (WORRIED) My wife Mary had to stay home. Little Charles has hot body and won't stop crying.

PAUL (CONCERNED) How long has he been hot?

JOHN Since very early this morning.

PAUL You should give him Homapak, now. When little Irene had a fever, we didn't think it was serious. In the end, we had to take her to the hospital. They told us if we had given her Homapak right away, she probably would have gotten better at home. So, don't wait. Give Charles Homapak now!

NEXT DAY

SFX TRANSITION SOUNDS—ROOSTER, CHICKENS

PAUL (WARM GREETING) John! Mary! How's little Charles doing?

SFX BABY COOING SOUNDS UNDER

JOHN He's much better. Thanks to your advice, we gave Charles HOMAPAK right away. Now Mary's able to go back to the market.

MUSIC LIGHT, HAPPY MUSIC UP AND UNDER

ANNCR (Male) (TAG) Treat all fevers seriously. Start Homapak right away.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: Prompt treatment/Hero
Country: Uganda
Target audience: Rural fathers with children under age 5
Strategy: Every fever is life threatening. Do what it takes to treat child within 24 hours.
Message: Treat all fever seriously. Start Homapak right away.
Key benefit: Because child treated immediately, minimizes care taking burden so mother can return to work. Also minimizes health costs.
Approach: Uses men/fathers as change agents. Positive reinforcement and modeling of positive behavior. Sharing lesson from a negative experience.
Format: Monologue
Duration: 55 sec

SFX RURAL EXTERIOR SOUNDS-CRICKETS, CHICKENS UP AND UNDER

JOHN I want to tell you how I saved money and took good care of my sick little boy.

Last week, my son Charles had hot body and would not stop crying. My wife had to stay home from the market to take care of him.

My neighbor Paul told me to give him Homapak immediately.

Paul told me that when his little girl had fever, they did not think it was serious, so they did not do anything. But in the end, they had to take her to the hospital. The hospital nurse told him that if they had used Homapak right away, his little girl would have gotten better at home.

So, I decided to get Homapak right away and give it to my son.

Thanks to Paul's advice:

I did not have to pay any hospital fees.

My wife could go back to selling in the market.

SFX BABY COOING SOUNDS UNDER

JOHN And, best of all, my son's fever got better soon.

With Homapak, you too can feel like a hero.

MUSIC LIGHT, HAPPY MUSIC UP AND UNDER

ANNCR (Male) (TAG) Treat all fevers seriously. Start Homapak right away.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Prompt care seeking—Nighttime**

Product: Malaria medicine

Target audience: Rural parents of young children

Media: Radio

Language: English

Duration: 60 sec

SFX CRICKETS, RURAL NIGHT SOUNDS. FOLLOWED BY SNORING.
BABY CRYING IN THE BACKGROUND

MOM Wake up! Wake up!

DAD (SLEEPILY) What's wrong?

MOM (WORRIED) It's the baby, her fever has gotten worse since this morning. I'm worried it might be malaria. We've got to go to the community drug distributor and get some malaria medicine.

DAD (BOTHERED) Can't it wait until morning? I'm tired.

MOM No! (PLEADING) The health worker at the clinic said it's important to start to treat fever within 24 hours.

DAD All right, (GRUMBLING) I'll go get some malaria medicine right away.

MOM Hurry, hurry! She's really hot.

SFX RUNNING AND HEAVY BREATHING

MUSIC UP AND UNDER AS TRANSITION TO NEXT NIGHT

SFX CRICKETS, RURAL NIGHT SOUNDS

MOM (SWEETLY) Husband, listen how quiet it is tonight. Our baby is sleeping and her fever has gone down.

DAD (PROUDLY) Good thing I hurried to the community drug distributor to get the malaria medicine last night. Now we can sleep peacefully. And best of all, our baby is better.

ANNCR You too can rest assured when you start giving your feverish child with the correct medicine within 24 hours.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Complete the treatment**

Product: Malaria

Target audience: Rural parents of young children

Media: Radio

Language: English

Duration: 60 sec

SFX RURAL DAYTIME SOUNDS

SFX 2-YEAR CHILD LAUGHING

DAD (WARM, LOVING) Hello. How's my boy doing? He looks a lot better.

MOM Yes, his fever has gone down and he's playing again.

(LOUDER, CALLING) Robert, come here and take your malaria medicine.

DAD (BOTHERED) Why are you wasting good medicine by giving Robert more when his fever is better?

MOM (SOOTHING) Don't you remember that the health worker told us we must give our little boy the right amount every day, until he finishes it all.

DAD (CALMER, REMEMBERING) Yes, that's right. She said if we do not give him all the medicine, his fever could come back again soon.

DAD (CALLING) Robert, come here and take your medicine.

SFX CHILD'S RUNNING FEET

SFX POURING WATER INTO CUP (AND CHILD SWALLOWING)

DAD (PROUDLY) That's my big boy! He took all his medicine.

MUSIC UP AND UNDER

ANNCR Finish all the recommended medicine to fight malaria.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: Don't share the medicine
Product: Complete the treatment for children
Medium: Radio
Source: Kamuli District, Uganda
Duration: 60 sec
Language: English
Target group: Parents and caretakers of children under 5 years of age

SFX BABY CRYING

BABITA (WORRIED) Oh my child Nambi, you are so hot again! What can I do now?

SFX FOOTSTEPS: KNOCK ON

BABITA (CONCERNED) Musawo, you are welcome. My child's body is still very hot and she is crying so much yet she took the Homapak you gave me yesterday.

KIIRYA Did she take today's dose?

BABITA (TROUBLED) No. You see, her brother John had a fever too. So, I gave him part of the medicine this morning.

KIIRYA (GENTLY SCOLDING) Babita, you know you should not share out Homapak between the children. If a child doesn't complete all three days of the treatment, the malaria will not be cured.

BABITA (APOLOGETIC) Sorry, I forgot that. Can you give me some more medicine?

KIIRYA (REASSURING) Yes, let me give you more Homapak for the girl to complete her treatment. And here is a new packet for John.

BABITA This time I'll make sure each one finishes their medicine.

MUSIC TRANSITION

ANNOUNCER Parent, caretaker, help your child recover completely from malaria. Ensure that your child completes all the Homapak three days as advised.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: The fever returns
Product: Complete the treatment for children
Source: Rukungiri District, Uganda
Medium: Radio
Duration: 60 sec
Language: English
Target: Parents and caretakers of children below 5 years

SFX BIRDS, EARLY MORNING (UP & FADE OUT)

YUSUF (WHISTLE) Good morning Veronica. Where are you going at this hour?

VERONICA (WORRIED) I am taking my daughter Stella to the health centre. She has fever again.

YUSUF (CONCERNED) What happened? She was given the same treatment as my daughter, who became well.

(CURIOUS) But did Stella finish all the medicine?

VERONICA No. Her fever went after she took the SP (commonly known as Fansidar) and chloroquine on the first day, so I stopped.

YUSUF That is probably why she has fever again. The health worker told us to continue giving the chloroquine on the second and third days, even if the fever has gone.

VERONICA Oh! Now I remember.

ANNOUNCER A FEW DAYS LATER

VERONICA HUMMING

YUSUF Hullo Veronica, how is Stella now?

VERONICA (HAPPY) She is healthy and happy now. This time I gave her all the medicine.

MUSIC UP & FADE

ANNOUNCER Parent, caretaker, you must continue to give your child the chloroquine on the second and third days, even if the fever goes after the first dose of both SP, commonly known as Fansidar, and chloroquine. If not, the fever could return quickly.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Intermittent preventive treatment (IPT)**

Product: IPT second time

Media: Radio

Language: English

Target: Rural pregnant women and their husbands

Duration 55 sec

SFX SOUNDS OF CHICKENS, CRICKETS, EARLY EVENING UP AND UNDER

JOHN (Wife,) aren't you supposed to go to the antenatal clinic today?

MARY (Husband,) I was going to, but I need to go sell vegetables at the market.

JOHN (Wife,) remember the midwife told you to come back today? She said it's important for you to get the medicine for the second time to prevent malaria for you and our baby.

MARY (WEARY) Yes, but you know how tired I've been—I can't walk all the way to the clinic today. Plus we need the money I can make at the market.

JOHN (Wife,) I have an idea. I'll take you clinic and then to the market. Let's be sure you get the medicine to protect you and our baby from malaria.

MARY (WARMLY) OK (husband). Thank you for your caring about me and our baby.

MUSIC LIGHT, HAPPY MUSIC, UP AND UNDER

ANNCR It's important for every pregnant woman to go for antenatal care services several times. Starting in the fourth month, they will give you medicine, two times, to protect you and your unborn child from getting malaria.

(TAG) This message is brought to you by the Ministry of Health.

ANNEX 3: SAMPLE SCRIPTS FOR SPOTS

Title: **Two times**
Product: IPT to prevent malaria in pregnant women
Target audience: Rural women who are pregnant
Media: Radio
Language: English
Duration: 60 sec

SFX RURAL HOMESTEAD EXTERIOR SOUNDS-CHICKENS, INFANT BABY COOING UP AND FADES OUT

FAITH (ENTHUSIASTIC) Hello Dorotia! You and your new baby look very healthy! Eh, can you tell? I am four months pregnant.

DOROTIA Eh, Faith ... That is good news. Your first baby! Have you been to antenatal care services yet? When I was four months along, the midwife there told me that because I was pregnant, malaria could cause more serious problems for me and my baby.

FAITH (SURPRISED) Really. I didn't know that.

DOROTIA Yes, Faith. So, make sure you go soon to get your check up and to get the medicine, two times during your pregnancy, to protect you and your baby from malaria. Then you'll have a healthy baby too.

FAITH Thank you Dorotia for your advice. I will go to the antenatal clinic soon and I'll get that medicine.

SFX (NEXT DAY) MORNING-COCK-CROW

SFX CLINIC SOUNDS

FAITH Thanks very much sister for checking my pregnancy and giving me medicine to protect me and my baby from malaria.

SISTER Come back again for another check-up and your second dose of preventive malaria medicine.

MUSIC (JINGLE) UNDER AND FADE OUT

ANNCR Pregnant women, to protect yourself and your unborn child, be sure to take medicine to prevent malaria two times, starting in the 4th month of pregnancy.

(TAG) This message is brought to you by the Ministry of Health.

GLOSSARY

MALARIA AND HEALTH

Insecticide-treated mosquito nets (ITNs): Bed nets that are treated with products that kill mosquitoes.

Intermittent preventive treatment (IPT): Two timed doses of anti-malarial drugs given to pregnant women to prevent infection of her unborn child.

Sulfadoxine pyrimethamine (SP): The generic name for an anti-malarial drug used for preventive treatment

GENERAL RADIO

Flighting: A media strategy for broadcasting a spot or campaign (group of spots) for a specific duration (such as three months). It schedules more exposure at certain times and less during other times.

Frequency: The average number of times an audience is exposed to a specific spot.

Jingle: A short song (five to 10 seconds) composed to create an identity for a product or idea. Jingles provide continuity from one spot to another. A jingle may be the program slogan (frequently the reason why people should do what you are asking) put to music.

Magazine program: A radio program that uses a combination of formats and may discuss several themes. Magazines are usually 15 to 30 minutes long.

Prime time: Hours when the largest number of people are listening to the radio station. The station manager will charge the highest price for spots run during these hours.

Public service announcement (PSA): A spot or announcement on radio or television that serves the public good. Often, stations provide time for PSAs for free.

Radio drama: A series of radio programs in which a plot develops around a central person or group.

Radio program: Radio material, usually five to 20 minutes long, that has the same opening and closing for each program to give it continuity, with only the content in the middle varying from program to program.

Radio spot: A short recording, 15 to 60 seconds long, that is played between songs or other programs. A spot may be an advertisement for a product or service, or may be a public service announcement.

Source of information: The person, either fictional or real, who gives the message in radio materials.

RESEARCH

Audience share: A radio or TV station's share is the percentage of time people in that market spend with that station. (It is not a percentage of people.)

Communication program: Planned message or a series of messages designed around and delivered to a target audience to promote a behavior (for example, preventing malaria).

Cumulative audience (or *cume*): See reach.

Demographics: The social (such as age, sex, marital status, education), economic (occupation, levels of income) and geographic characteristics that describe a population.

Focus group discussions: A qualitative research technique in which a moderator leads a discussion with small group (six to 10 people). While the moderator leads the discussion about a selected topic, the respondents talk freely and spontaneously.

Focused observation: The researcher observes specific behaviors to see how well, how long and how frequently people do them.

In-depth interviews: A qualitative research technique consisting of intensive individual interviews to find out how people think and what they feel about a specific topic.

Intercept interviews: Short surveys conducted in central locations where people gather. Intercept interviews are often conducted with small numbers of respondents (15 to 30).

KAP (knowledge, attitudes and practices) survey: These community surveys capture what people think about an issue and what they are currently doing.

Monitoring: The process of ensuring that radio spots are broadcast as planned by listening to the radio station(s) during the hours that you have asked the station(s) to play the spots and writing down the spots that air and when.

Omnibus survey: A survey on which different organizations can include a few specific questions. Usually, large market research companies schedule and run omnibus surveys regularly.

Pretesting: Research that gathers reactions to radio messages and materials from the target audience before the spots are produced in their final form. Pretesting asks

the audience about acceptability, comprehension, personal relevance, attraction and persuasion.

Primary audience: See target audience.

Psychographics: The psychological, sociological, anthropological and lifestyle characteristics that describe an individual or group and answer the questions: What are their attitudes and beliefs about the issue? What are their values and interests? What are their general personality traits?

Qualitative research: Research that is subjective, because it gathers information about feelings and impressions from small samples of respondents. The information collected cannot be quantified in numerical terms, and generalizations should be carefully made based on the results. Qualitative research can help understand why people think or act as they do.

Quantitative research: Research designed to gather objective information from representative, random samples of respondents; results are expressed in numerical terms.

Reach: The number (or percentage) of people (or households) who see a TV commercial or hear a radio spot in a defined time period. For example, if a radio station has a weekly reach of 15% of people, that means 15 people in every 100 in the area population heard that station at least once in a week. A three-plus reach means the number of people have seen/heard a message three or more times. Same as cumulative audience.

Secondary audience: A group of people with influence on the target audience or who must do something to help create change in the target audience.

Segmentation: The process of dividing a broader audience into smaller groups with similar characteristics.

Target audience: The specific population addressed by a communication program or intervention, or a specific group or subset of a broader population, that is based on sociodemographic, psychographic, behavioral or other factors. A target audience is the specific group of people your messages and/or materials are intended to reach.

SCRIPTWRITING

Cross-fade: Two sounds or musical passages are manipulated simultaneously, one being faded in, the other faded out.

Echo: An acoustic effect that can make voices and sound effects sound like they have a small “echo” around them. Can be used to give emphasis to text or to create a certain mood.

Edit: Correct, add or delete materials once they are recorded.

Fade-in: Increase the sound from zero up to normal volume.

Fade-out: Decrease the sound from normal down to zero.

Fade-down: Lower the volume but not completely; often used like fade-under.

Fade-under: Lower the volume of other sounds to make another sound, usually voice, prominent.

Musical bed: The mixture of voices and music in which the voices are in the foreground and the music in the background.

Musical curtain: The use of music to change or end scenes or moods.

Narrator (or announcer): A neutral person (one who is not playing a specific character) who reads the script.

Pause: A brief time, usually no more than two seconds, in which no sound is heard.

Program closing: The ending of a radio program that is similar to the program opening. It usually invites people to listen to the next program and gives the time, date and what the next program will be about.

Program opening or signature: A standardized opening that uses the same musical theme, sound effects and voices to help the listener identify the program quickly.

Script: The format for writing radio materials. It is the blueprint or map that permits you to produce the radio materials efficiently.

Splice: A technique that combines two pieces of a radio material, often by taping the ends of recording tape together.

Sound effects: Any sound occurring in radio material that is not voice or music. Sound effects are natural or artificial.

Transition: A phrase, piece of music or sound effect used to separate scenes or portions of a broadcast, or to signify the end of a scene. A transition also can resolve the mood of one scene and set the mood for the following scene.

RADIO PRODUCTION

Clip: A segment of audio, of any length.

Control room: Room that contains all the broadcast equipment. Usually connected with the studio via soundproofed window and talk-back system.

Cue: To prepare a tape or CD for playing, or signal host or other on-air talent to start speaking.

Dub: To make a copy by transferring sound from one medium to another, such as tape to tape, tape to computer, computer to CD.

Levels: Volume at which sound is being recorded or transmitted; usually monitored by a VU meter

Line in: Socket on a tape recorder or computer that allows one to input sound from another piece of equipment (such as for dubbing).

Line out: Socket on a tape recorder or computer that allows one to send a signal from the tape recorder or computer to another machine.

Microphone (mic): The device that converts sound into electrical current so that it can be recorded.

Mixer: Any equipment that can blend two or more sound sources.

Mixing board (or console): The heart of the control room. The device, with multiple inputs and outputs and controls, is used to mix all sounds and send them to a recording device or to the transmitter from broadcasting.

Monitor: The loudspeakers in the control room that play what is being produced. The monitors in the control room should be silenced when the mic is on.

Open microphone: A microphone that is connected and receiving sound and/or recording. Any sound that is being made will be picked up.

Overmodulation: Recording made with levels too high (loud), resulting in unpleasant distortion.

Patch cord: Any cord used to connect two pieces of equipment.

Producer: The person who coordinates the radio production and gives direction to the studio operator, actors, musicians and announcers.

Segue: The smooth movement or transition from one sound into the next.

Source: The origin of a sound.

Studio: A soundproofed space that contains the tape recorders and other equipment necessary to produce radio materials.

Volume unit meter (VU meter): A meter that measures the loudness of sound.

change

CHANGE Project
Academy for Educational Development
1825 Connecticut Avenue NW
Washington DC 20009-5721
Tel: 202-884-8000
Fax: 202-884-8400
Website: www.changeproject.org



THE MANOFF GROUP