



MINISTRY OF HEALTH

REPUBLIC OF KENYA

**GUIDELINE FOR THE
DEVELOPMENT OF INFORMATION,
EDUCATION AND COMMUNICATION
MATERIALS FOR HEALTH**

o 1st Edition 2025 o



GUIDELINE FOR DEVELOPMENT OF INFORMATION, EDUCATION AND COMMUNICATION MATERIALS FOR HEALTH.

1st Edition 2025

Developed by the Division of Health Promotion and Education Management, Ministry of Health

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FOREWORD



The goal of the Kenya Health Policy 2014–2030 is the attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. The Information, Education, and Communication (IEC) can be defined as an approach that attempts to change or reinforce a set of behaviors in a target audience regarding a specific problem in a given period of time.

It is multidisciplinary and client-centered in its approach and it is drawn from the fields of diffusion theory, social marketing, behavior analysis, anthropology, and instructive design. IEC materials development involves several steps to create quality product to help foster positive behavior change at individual, family and community levels. These can contribute to sustainable change towards desired positive behavior.

Effective implementation of health products is greatly facilitated by the development and use of various products usually referred to as IEC materials. This guideline will give a standardized methodology from National to County level, organizations, partners, designers, and other individuals who need to develop health IEC materials. This will ensure that the right procedure for development of IEC Materials is followed and the right information reaches the public. The guideline will be used both at National and County levels by the Health Promotion Officers to support the development, review and approve for use of IEC materials.

The Ministry of Health (MOH) remains committed to achieve better health outcomes for all Kenyans. We, therefore, call on all our key stakeholders in health to adopt this guideline to ensure that communication interventions are well implemented in order to achieve the desired health status of the people.

A handwritten signature in blue ink, appearing to read 'Patrick Amoth'.

Dr Patrick Amoth, EBS
Director General for Health
Ministry of Health

PREFACE



The Ministry of Health remains committed to strengthening Primary Health Care (PHC) as a vehicle for achieving Universal Health Coverage (UHC). A key component of PHC is health promotion, which empowers individuals and communities to take control of their health and well-being.

This guideline aims to empower our key stakeholders in developing Information, Education, and Communication materials (IECMs) to achieve the highest possible standards in health communication. By focusing on enhancing Health Promotion services across all health domains, it ensures the accurate, timely, and effective creation of IEC materials.

Additionally, this guideline guarantees the delivery of high-quality Health Information, Education, and Communication materials at all levels, supporting the process of crafting materials that educate the public.

I extend my appreciation to the Division of Health Promotion and Education Management, technical working groups, county health promotion officers, and all stakeholders who contributed to the development of this document. I am confident that this guideline will significantly enhance health promotion efforts in Kenya.

A handwritten signature in blue ink, appearing to read 'Dr. Joseph Lenai', with a long, sweeping flourish extending to the right.

Dr. Joseph Lenai, OGW.

Ag. Head – Directorate of Primary Health Care
Ministry of Health

ACKNOWLEDGEMENT



The development of this guideline is a result of consultation with various stakeholders. The Guideline for Development of Information, Education and Communication Materials for Health describes essential elements of intervention that facilitate better design and management of health promotion products. They align the principles, concepts, theories and approaches of health promotion practices in a manner likely to enable better and more cost-effective achievement of program objectives.

I wish to express my sincere gratitude to the Cabinet Secretary for Health and the Principal Secretary, State Department of Public Health and Professional Standards, for their leadership and support in ensuring that this guideline align with national health priorities. Special thanks go to the Director General for Health and Directorate of Primary Health Care for their technical guidance in shaping this document.

A special appreciation goes to the Division of Health Promotion and Education Management team, the Technical Working Group members, and representatives from various health directorates and county health promotion officers for their invaluable contributions.

We also acknowledge the technical and financial support provided by development partners, including WHO, UNICEF, AMREF, Kenya Red Cross, EGPAF, Living Goods, Clinton Health Access Initiative, and Voluntary Service Overseas (VSO). Their commitment to strengthening health advocacy in Kenya is commendable.

Finally, I extend my gratitude to all stakeholders, partners, and individuals who provided feedback and input during the consultation and review process. This guideline will serve as a cornerstone for advancing health promotion in Kenya.

A handwritten signature in blue ink, appearing to read 'Gladys Mugambi'.

Gladys Mugambi

Head, Division of Health Promotion and Education Management
Ministry of Health

EXECUTIVE SUMMARY

The "Guideline for Development of Information, Education, and Communication (IEC) Materials for Health" provides a comprehensive framework for creating effective health communication materials in Kenya. This guideline is essential for health promotion activities, aiming to change or reinforce behaviors in the target audience regarding specific health issues.

Chapter 1: Introduction: This guideline ensure standardized development and dissemination of accurate health information across public, private, and faith-based health sectors in Kenya.

Chapter 2: Effective and Appropriate IEC Materials: IEC materials include infographics, flyers, social media posts, and posters. Effective materials should have a distinct look, address real needs, generate trust, and clearly communicate the desired action through reliable channels.

Chapter 3: Coordination of IEC Material Development: This chapter outlines the process for developing IEC materials, emphasizing roles and responsibilities at the national, county, and sub-county levels for consistent development.

Chapter 4: Developing and Pretesting IEC Materials: Effective IEC development involves situation analysis, selecting materials, developing creative briefs, preparing drafts, and pretesting with target audiences to ensure clarity and cultural appropriateness.

Chapter 5: Dissemination & Distribution: An effective dissemination strategy involves both digital and non-digital methods, with shared responsibilities across different levels to ensure wide reach and engagement.

Chapter 6: Monitoring and Evaluation: Systematic M&E involves collecting and analysing feedback using metrics like reach and engagement to inform future strategies and measure the impact of IEC materials.

Chapter 7: Annexes: The annexes provide resources such as checklists and templates to support the development, pretesting, dissemination, and evaluation of IEC materials, ensuring effectiveness and cultural appropriateness.

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ACRONYMS AND ABBREVIATIONS

AIDS	– Acquired Immunodeficiency Syndrome
CBCC	– Centre for Behaviour Change Communication
CSOs	– Civil Society Organizations
GIS	– Government Identity System
HDOHP	– Head of the Division of health Promotion
HOD	– Head of Department
IECM	– Information, Education and Communication Materials
KMTC	– Kenya Medical Training College
MOH	– Ministry of Health
NGO	– Non-Government Organization
SWOT	– Strength, Weaknesses, Opportunities, and Threats.
UNICEF	– United Nations Children's Fund
USAID	– United States Agency for International Development.
WHO	– World Health Organization

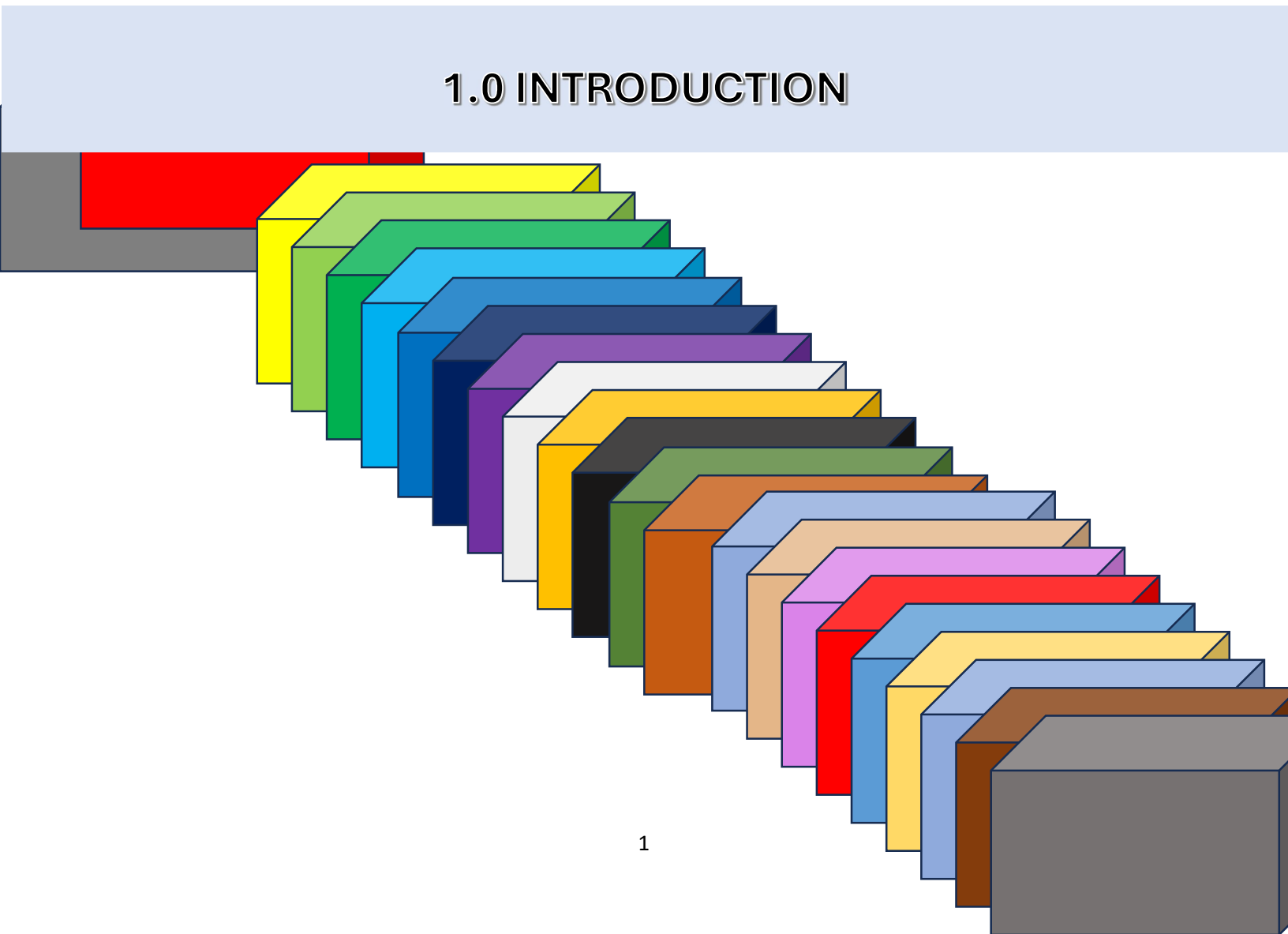
OPERATIONAL DEFINITION OF KEY TERMS AND CONCEPTS

- Health Communication** - Is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient.
- Health Education** - A social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities.
- Health Promotion Products** - Refer to Information, Education and Communication Materials.
- Information, Education and Communication Materials** - Refer to promotional resources or supplies use in health promotion campaigns to communicate and facilitate behavior change, demand creation of health services as well as sustain desired behavior.
- Pretesting** - Testing the draft materials or concepts and messages with representatives of the target audience before the materials are produced in their final form.

CHAPTER

1

1.0 INTRODUCTION



1.1 Background Information

The development of effective Information, Education, and Communication (IEC) materials is crucial for successful health promotion and education activities in Kenya. IEC aims to change or reinforce behaviors in a target audience regarding specific health issues. This multidisciplinary, client-centered approach draws from diffusion theory, social marketing, behavior analysis, anthropology, and instructional design. The Ministry of Health, through its Division of Health Promotion and Education Management, provides technical assistance for developing IEC materials nationwide. This guideline standardize the methodology for creating health communication materials from the national to county levels.

1.2 Purpose and Scope

The primary purpose of this guideline is to ensure the correct procedures are followed in developing IEC materials and that accurate, timely, and effective health information reaches the intended audiences. Specifically, the guideline aim to:

- a) Provide a standardized methodology for developing health IEC materials.
- b) Support the development, review, and approval process for IEC materials.
- c) Ensure high-quality health information dissemination at all levels.
- d) Strengthen health promotion services across all health domains.
- e) Inform evidence-driven decision making in health communication.

The guideline cover the public, private, and faith-based health sectors, including professional associations, training institutions, non-governmental organizations, private sector organizations, and hospitals.

1.3 Policy Context

This guideline align with key national health policies and strategies, including:

- a) Kenya Health Policy 2014-2030: Aims to attain the highest standard of health responsive to population needs.
- b) Health Promotion Strategy for Kenya
- c) National Health Communication Guideline

The guideline support the government's commitment to achieving better health outcomes for all Kenyans through effective communication interventions.

1.4 Target Users

The primary users of this guideline are:

- National and County-level Health Promotion Officers
- Health communication professionals in various organizations
- Partners and stakeholders involved in health promotion
- Designers and developers of health communication materials

1.5 Implementation

The Ministry of Health urges all key stakeholders to adopt this guideline to ensure that communication interventions are well-implemented and achieve the desired health outcomes. The guideline will be used at both national and county levels by Health Promotion Officers to support the development, review, and approval of IEC materials. Regular updates and revisions will be made to ensure the guideline remain relevant and aligned with current best practices in health communication and promotion.

CHAPTER

2

2.0 EFFECTIVE AND APPROPRIATE HEALTH IEC MATERIALS



2.1 Purpose of IEC Materials

Information, Education, and Communication (IEC) materials are used to convey public health messaging to support behavior change strategies responding to public health problems.

2.2 Types of IEC Materials

IEC materials include a range of products such as:

- a) Infographics - Visual representations of information.
- b) Flyers, Leaflets/Pamphlets, Brochures - Printed materials for distribution.
- c) Social Media Posts - Digital content for platforms like Facebook and Twitter.
- d) Television Adverts and Audio Spots for Radio - Broadcast media.
- e) Posters, Billboards, Murals, Banners - Visual materials for public spaces.
- f) Merchandise - Promotional items like T-shirts, caps, and wristbands.

2.3 Qualities of Effective IEC Materials

Effective IEC materials should:

- a) Create a Distinct Look and Personality - Vibrant, appealing, and distinctive.
- b) Stress the Most Compelling Benefit - Address real needs and be clear.
- c) Generate Trust - Simple, direct, and technically correct.
- d) Appeal to Both Heart and Mind - Engage emotionally and rationally.
- e) Call for Action - Clearly communicate the desired action.

2.4 Selection of IEC Material

Selecting the appropriate IEC material involves understanding the target audience's preferences, literacy levels, cultural values, and previous interactions with health programs. The development team should answer key questions about the audience's learning styles, cultural specifics, and message preferences.

2.5 Channels of Communication

Communicators need reliable channels for reaching decision-makers, disseminating messages, and distributing materials. Analysing the audience's access to different channels and their preferences is crucial when developing communication strategies. Key channels include:

- a) Print Media: Newspapers, magazines, leaflets, and brochures.
- b) Broadcast Media: Radio and television.
- c) Digital Media: Websites, social media platforms, email newsletters, and SMS.
- d) Outdoor Media: Billboards, posters, and banners.
- e) Interpersonal Communication: Community meetings, workshops, and face-to-face interactions.

2.6 Cultural and Contextual Relevance

IEC materials must be culturally sensitive and contextually relevant to the target audience. This includes using appropriate language, imagery, and messaging that resonates with the audience's cultural norms and values.

2.7 Accessibility

Ensure that IEC materials are accessible to all segments of the target audience, including people with disabilities. This can involve using large print, braille, audio formats, and ensuring digital content is accessible.

2.8 Evaluation of Impact

Regularly evaluate the impact of IEC materials to ensure they are achieving the desired outcomes. This includes gathering feedback from the target audience and measuring changes in knowledge, attitudes, and behaviors.

CHAPTER

3

3.0 COORDINATION OF HEALTH IEC MATERIALS DEVELOPMENT



3.1 Purpose

The purpose of this process is to ensure consistency and timeliness in the development of effective and appropriate IEC materials across all health sectors.

3.2 Scope

This process applies to the development of IEC materials at the national and county levels, as well as other sectors involved in health promotion.

3.3 Reasons for the Development of IEC Materials

IEC materials are developed based on:

- 1) User Requests - From health professionals or community members.
- 2) Situational Analysis/Survey Findings - Identifying health communication needs.
- 3) Commemorations/Supplementary Events - Health awareness events.

3.4 Principal Responsibility

The Head of the Health Promotion is responsible for ensuring adherence to this procedure.

3.5 Inputs

The resources needed include:

- Funding
- Human resources
- Stationery
- Transport facilities
- Hardware and software

3.6 Method

The method involves several steps:

1. **Identifying the Need** - Based on situational analysis, emerging needs, or monitoring and evaluation conducted by relevant health stakeholders.
2. **Selecting Appropriate IEC Materials** - Based on the target audience's behavioral patterns, literacy levels, and accessibility, in consultation with partners and community representatives.

3. **Preparing and Forwarding a Proposal** - Submitted to the appropriate authorities or governing bodies for approval.
4. **Approving the Need and Budget** - Approval to be granted within 7 working days by the designated authority (e.g., Principal Secretary or relevant committee).
5. **Constituting a Committee** - Within 3 working days, a committee is formed with clear Terms of Reference for developing the materials. This committee should include members from the Ministry of Health, partner organizations, and community stakeholders.
6. **Developing Creative Brief and Draft/Prototype** - The committee collaboratively develops a creative brief and prepares draft materials.
7. **Pretesting and Revising Materials** - Pretesting the draft materials with target audiences, assessing results, and making necessary revisions based on feedback.
8. **Producing IEC Materials** - Production follows established procedures, involving all stakeholders and adhering to procurement guidelines.
9. **Maintaining Copies and Updating Registers** - Keeping records of IEC materials and updating the Material Tracking Register, accessible to all involved parties.
10. **Monitoring and Evaluating Usage and Impact** - Conducting periodic surveys to evaluate the effectiveness of IEC materials, with input from various stakeholders to inform future improvements.

3.7 Output

The output is the produced IEC materials ready for dissemination.

3.8 Key Performance Indicators (KPIs)

KPIs include:

- 1) Number of IEC materials produced
- 2) Number of people reached
- 3) Number of channels used
- 4) Frequency of dissemination
- 5) Social media engagement metrics
- 6) Analysis of surveys and reports
- 7) Media engagement

3.9 Process Interface

This procedure interfaces with:

- 1) Communication Procedure
- 2) Meetings Procedure
- 3) Supply Chain Management Services Procedure

3.10 List of Applicable Records

Records to be maintained include:

- 1) Evidence of communication
- 2) Minutes of stakeholder meetings
- 3) Request for Proposals and Approvals for IEC Materials
- 4) Samples of IEC materials
- 5) Material Tracking Register

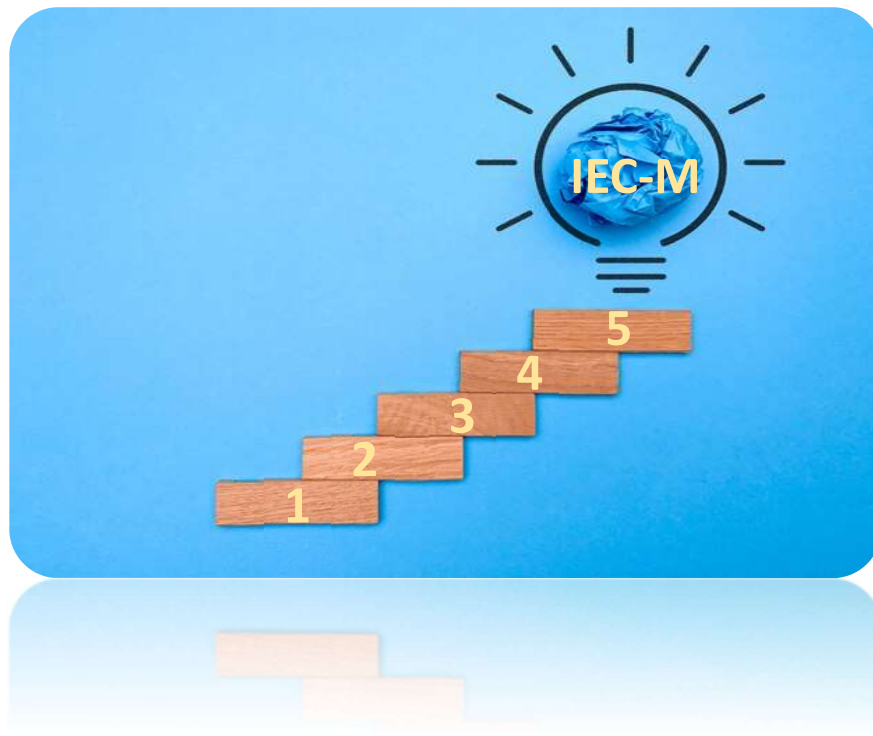
3.11 Final Product

Final approved IEC materials will be shared with the Head of Health Promotion in soft or hard copies.

CHAPTER

4

4.0 STEPS FOR DEVELOPING HEALTH IEC MATERIALS



4.1 Introduction

Effective IEC materials are essential for the success of health promotion and education activities. The development involves making informed decisions based on research and considering the specific needs of the target audience. Engaging with the target audience throughout the process helps ensure the materials meet their needs. This chapter outlines the steps for planning, designing, and producing IEC materials.

4.2 Situation Analysis

Conducting a situation analysis involves examining and analysing existing national policies, health education and communication laws, epidemiological data, cultural and behavioral data, and exploring the existing situations. This helps in understanding the context and needs for IEC materials.

4.3 Selecting the Most Appropriate IEC Material

The selection should fit the stakeholder's needs, be clear, simple, user-friendly, and relevant to the target audience. The materials can be oral, written, audio, visual, or a combination. The selections should be culturally sensitive and accepted. The final decision should be based on the type of message, what the target audience prefers, and their access to the materials.

4.4 Developing a Creative Brief

A creative brief is a document that guides the development of health communication materials. It includes:

- 1) **Project Purpose** - Defining objectives and expected outcomes.
- 2) **Target Audience** - Describing characteristics and social orientation.
- 3) **Communication Objectives** - What the IEC material will make the audience feel, think, believe, or do.
- 4) **Obstacles** - Identifying cultural, religious, or informational barriers.
- 5) **Key Messages** - Highlighting benefits and support statements.
- 6) **Tone** - Defining the emotional and rational appeal of the messages.
- 7) **Creative Considerations** - Any additional points for design and execution.

4.5 Preparing Draft/Prototype IEC Materials

Creating draft materials involves considering factors such as the audience's learning style, cultural relevance, language and imagery, and accuracy. The content should be limited to a few concepts,

organized simply, and culturally appropriate. The draft should closely resemble the final product and be reviewed by subject matter experts.

4.6 Pretesting Draft/Prototype IEC Materials

4.6.1 Importance of Pretesting

Pretesting draft IEC materials ensures they are culturally appropriate, clear, and effective in conveying the intended message. It helps determine if the material is acceptable to the target audience and if it will stimulate the desired behavior change.

4.6.2 Steps for Carrying Out the Pretest

- 1) Preparing Draft Materials - Create drafts that closely resemble the final product. Review drafts with the health education team to identify and correct errors.
- 2) Determine the Sample - Ensure the pretest sample matches the intended target audience. Select multiple sites with similar characteristics for a comprehensive pretest.
- 3) Select Techniques and Design Tools - Use focus groups and interviews. Design guidelines and instruments for group discussions or individual interviews.
- 4) Select and Orient Interviewers - Choose experienced individuals for conducting pretests. Provide necessary instructions and training.
- 5) Test the Pretest Instruments - Conduct a few interviews or a single focus group to test the instruments and refine them as needed.
- 6) Make Logistical Arrangements - Arrange transportation, meeting places, permits, and authorizations for fieldwork.
- 7) Conducting the Pretest - Use pretesting tools to gather feedback on the draft materials.

4.6.3 Assessing Pretest Results and Revising IEC Materials

- 1) Success Criteria - If 70% or more of the target audience understands and accepts the material, it is considered successful.
- 2) Making Revisions - Adjustments may involve changes to form (e.g., color, typeface, layout) and content (e.g., clarifying words, simplifying information).
- 3) Number of Pretests - Based on initial feedback, decide if more pretests are necessary to refine the materials.

4.6.4 Pretesting for Digital Communication

- 1) **A/B Testing** - Compare different strategies to determine which performs best. This includes testing variables like creative content, audience demographics, and messaging.
- 2) **Application of A/B Testing** - Emails, social media ads, webpages, blog titles, and calls to action.
- 3) **Variables to Test** - Creative, message, audience, demographic.
- 4) **Benefits of A/B Testing** - Improved user engagement, increased conversion rates, quick results, and cost-effective implementation.

4.7 Validation of IEC Materials

- 1) **Validation Process:** After pretesting and revising the materials, conduct a final review to ensure all feedback has been incorporated and the material meets the required standards.
- 2) **Validation Committee:** A committee comprising experts and stakeholders reviews the materials for accuracy, cultural appropriateness, and effectiveness.

4.8 Submission for Approval by Director General

- 1) **Submission Process:** Once validated, the IEC materials are submitted to the Director General for health for final approval.
- 2) **Approval Criteria:** The Director General reviews the materials to ensure they align with the national health communication strategies and policies.
- 3) **Final Approval:** Approved materials are then ready for production and dissemination.

4.9 Branding and Logo Placement for IEC Materials

4.9.1 Purpose

The purpose of this section is to provide guidelines on the appropriate use and arrangement of logos on IEC materials to ensure consistent and professional branding.

4.9.2 Use of Logos

Partners and collaborators are encouraged to use their organizational logos alongside the Ministry of Health (MOH) logo to raise public awareness and action. The Government Identity System for branding guidelines must be followed to maintain visual coherence and brand integrity.

4.9.3 Placement of Logos

The placement of logos should follow these guidelines:

- 1) **Prominence:** The MOH logo must have prominence over other logos and graphic elements.
- 2) **Top Placement:** The MOH logo should be placed at the top of the IEC material. No other logos, text, or images should be placed above it.
- 3) **Left Alignment:** The MOH logo should be placed on the left side of the material. No other logos or text should be placed to the left of the MOH logo.
- 4) **Single Appearance:** The MOH logo should appear only once on the document.
- 5) **No Overprinting:** The MOH logo should not be overprinted with text or images.
- 6) **Clear Background:** The logo should be placed on a white background for clarity and visibility.
- 7) **County Logos:** County government logos should be aligned to the right side, after the MOH logo.
- 8) **Partner Logos:** All partner logos should be placed at the bottom of the material.

4.9.4 Visual Identity

The following guidelines should be followed to ensure a consistent visual identity:

- 1) **Font Usage:** Use Arial as the primary font and Helvetica as the secondary font.
- 2) **Adhere to the Government Identity System (2019) guidelines for visual identity.**
- 3) **Ensure all approved materials include the health promotion logo.**

CHAPTER

5

5.0 DISSEMINATION & DISTRIBUTION OF HEALTH IEC MATERIALS



5.1 Introduction

Effective dissemination and distribution of IEC materials are crucial to ensuring that the target audience receives and utilizes the health information. This chapter outlines the strategies and responsibilities for disseminating and distributing IEC materials.

5.2 Dissemination Strategy

Planning an effective dissemination strategy involves identifying the most appropriate channels and methods to reach the target audience. This includes both digital and non-digital methods.

5.3 Levels of Responsibility

The responsibility for dissemination and distribution of IEC materials is shared across various levels:

- 1) **National Level** - The Ministry of Health's Division of Health Promotion (DHP) is responsible for dissemination and distribution at the national level.
- 2) **County Level** - County Directors for Health and the Health Promotion Unit are responsible for dissemination and distribution within their respective counties.
- 3) **Sub-County Level** - Sub-County Health Promotion Officers are responsible for dissemination and distribution within their departments, programs, dispensaries, community level, stakeholders, and intended users.

5.4 Execution of IEC Distribution

IEC materials can be distributed through a mix of digital and non-digital strategies to ensure they reach the target audience effectively.

5.4.1 Non-Digital Methods

- Newspapers, magazines, books, pamphlets, posters
- Broadcast media: radio, television
- Billboards, signs, and banners
- Face-to-face conversations, meetings, and events
- Public relations: press releases and interviews
- Telemarketing: phone calls to potential audiences
- Displays and other materials at points of sale
- Trade/road shows and events

5.4.2 Digital Methods

- SMS and IVR
- Social media platforms: Facebook, Instagram, X (Formerly Twitter), Messenger, WhatsApp, TikTok, YouTube
- Direct mail: postcards, flyers, and other direct mail pieces

CHAPTER

6

6.0 MONITORING AND EVALUATION OF HEALTH IEC MATERIALS



6.1 Introduction

Monitoring and evaluation (M&E) are crucial for assessing the effectiveness of IEC materials in promoting desired health behaviors. This chapter outlines the processes and methods for systematically collecting and analysing feedback to inform future health communication strategies.

6.2 Importance of Monitoring & Evaluation

M&E helps to determine if IEC materials effectively change knowledge, attitudes, and practices among the target audience. Systematic M&E provides insights into the performance and impact of health communication campaigns, guiding future improvements.

6.3 Objectives of M&E for IEC Materials

- a) **Track Progress** - Monitor the implementation of IEC materials and identify any issues.
- b) **Measure Impact** - Evaluate the effectiveness of IEC materials in achieving their intended health outcomes.
- c) **Inform Decision-Making** - Provide data-driven insights to improve future health communication strategies.

6.4 M&E Framework for IEC

A comprehensive M&E framework includes a mix of research methods and performance indicators:

Components	Purpose	Methodology
Audience Analysis	Characterize the target audience's demographics, communication environment, and preferences.	Surveys, focus groups, and interviews.
Baseline Survey	Assess the current knowledge, beliefs, and behaviors of the target audience.	Structured questionnaires and interviews.
Pretesting of Prototypes	Determine the appeal, clarity, and cultural appropriateness of draft IEC materials.	Focus groups, individual interviews, and pilot testing.
Management Monitoring	Track the implementation of IEC materials and adjust plans as needed.	Regular progress reports and review meetings.

Content Analysis	Analyse feedback from the target audience and assess the content of IEC	Qualitative analysis of feedback and responses.
Post-Test Survey	Evaluate the impact of IEC materials after dissemination.	Surveys and interviews to assess changes in knowledge, attitudes, and behaviors

6.5 Digital Marketing Metrics for M&E

Relevant digital marketing metrics for monitoring and evaluating the impact of digital IEC materials include:

Metric	Objective
Reach	Identify how widely the message has been disseminated and insights into the demographic reached
Impressions	Measure the campaign's ability to get content in front of the audience
Engagement	Measure how people interact with the content
Engagement Rate	Measure engagement relative to the total users reached
Cost per Action	Measure return on investment and determine if strategy revisions are needed
Share & Share Rate	Measure the interest and relatability of the content to the audience
Website Metrics	Measure website performance in areas such as traffic, page views, dwell time, bounce rate, and conversion rate

6.6 Implementation of M&E

- 1) **Data Collection** - Use surveys, focus groups, interviews, and digital analytics tools to collect data.
- 2) **Data Analysis** - Analyse the data to identify trends, strengths, weaknesses, and areas for improvement.
- 3) **Reporting** - Prepare and distribute reports to stakeholders, highlighting key findings and recommendations.
- 4) **Action Plan** - Develop and implement action plans based on M&E findings to improve future IEC materials and campaigns.

6.7 Continuous Improvement

M&E is an ongoing process that requires regular updates and adjustments. Continuous improvement involves:

- 1) **Regular Reviews** - Conducting periodic reviews of M&E data and adjusting strategies accordingly.
- 2) **Stakeholder Feedback** - Incorporating feedback from stakeholders to enhance the relevance and effectiveness of IEC materials.
- 3) **Training and Capacity Building** - Providing training for health promotion officers and stakeholders to enhance M&E skills.

ANNEXES

The annexes provide additional resources, templates, and checklists to support the development, pretesting, dissemination, and evaluation of IEC materials. These tools help ensure that IEC materials are effective, culturally appropriate, and aligned with best practices in health communication.

Annex I: Checklist for Clinical Content, Message Accuracy, and Aesthetic Quality/Pretest

This checklist helps ensure that IEC materials meet essential criteria for clinical accuracy, message clarity, and visual appeal.

1.	Target Audience Identification	Is the target audience clearly identifiable?
2.	Readability	Is the material easy to read?
3.	Attractiveness	Is the material visually appealing?
4.	Appropriate Use of Images	Are images used appropriately to enhance the message?
5.	Cultural Appropriateness	Are visuals and messages culturally appropriate?
6.	Font and Layout	Is the font size large enough, and is the layout well-organized with sufficient white space?
7.	Actionable Messages	Are the messages clear, specific, and actionable?
8.	Overall Evaluation	Is the overall evaluation of the material positive?

Annex II: Checklist for Development Process of IEC Materials

This checklist ensures that the development process follows best practices and involves necessary stakeholders.

Thematic Area	Question	Yes	No
Needs Assessment	Was the material developed based on a needs assessment?		
Review of Existing Materials	Were existing health education materials reviewed?		
Target Audience Identification	Was the target audience identified and engaged in the development process?		

Pre-testing	Was pre-testing conducted with representative groups from the target audience?		
Creative Brief Development	Was a creative brief developed?		
Translation and Cultural Adaptation	Were messages translated and culturally adapted for the target population?		
Pilot Testing	Was pilot testing conducted with external audiences?		
Final Review and Editing	Were the materials reviewed and edited before final production?		

Annex III: Pre-test Report Template

A template for documenting the results of pre-tests conducted with the target audience to evaluate the effectiveness and appropriateness of IEC materials.

<p>Introduction Brief description of the pre-test objectives and methodology</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Sample Description Characteristics of the target audience sample used for the pre-test.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Findings Summary of the feedback received on comprehension, attractiveness, acceptability, and believability of the materials.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Recommendations Suggested revisions based on the pre-test results.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Annex IV: Creative Brief Template

A template to guide the development of creative briefs for IEC materials, ensuring clear objectives and strategies.

1.	Health Area and Intervention(s) Description of the health issue and planned interventions.
2.	Target Audience Detailed profile of the primary and influencing audiences
3.	Communication Objectives Specific objectives for what the audience should think, feel, and do.
4.	Key Messages and Support Points Main messages and supporting evidence
5.	Tone and Creative Considerations Guidelines for the tone and style of the materials
6.	Call to Action Specific actions the audience should take after exposure to the message.

Annex V: Distribution Plan Template

A template for planning the distribution of IEC materials, detailing the type and quantity of materials and the distribution strategy.

	Institution	Location	Type of material	Quantity	Distribution Channels	Signature	Comment
1.							
2.							
3.							
4.							
5.							
6.							

REFERENCES

Current relevant Government Circulars

Health Promotion Strategy for Kenya

National Health Communication Guidelines

Government Identity System (2019). Visual Identity System and Guidelines

<http://brand.ke/images/2020/GIS%20Manual.pdf>

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NOTES

A series of horizontal dotted lines for taking notes.



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