I CAN campaign costing tool notes
Budgeting an “I CAN” campaign for treatment literacy and adherence motivation

Background

The Bill and Melinda Gates Foundation (BMGF), Johnson & Johnson (J&J) and PEPFAR are co-sponsoring a project to develop a new branded campaign to improve uptake and continued use of HIV treatment in Sub-Saharan Africa. The project is being led by PSI; Fieldstone Helms is the lead creative agency. The campaign has been developed and piloted in Malawi and Zimbabwe, with a goal of producing content and tools that can be adapted and used anywhere in the region.

To assist PEPFAR country programs in planning an “I CAN” campaign, PSI has developed a costing tool, an excel spreadsheet that includes costs for the core components of the campaign. These notes complement that tool and provide some additional guidance for the purposes of COP planning. The project aims to release a full suite of tools and materials by the end of FY22; these deliverables will allow implementing partners in other countries to roll out an I CAN campaign adapted to their own context.

For questions or comments, please contact the Project Director, Tom Ngaragari: tngaragari@psi.org.

Notes

• This costing tool assumes that you will use the existing visual content and tools from the I CAN campaign, translating them into appropriate local languages. This content should be effective throughout East and Southern Africa, but in some cases images or filmed content may need to be reshoot to resonate within your context. We have provided ranges for the cost of creating visual content to reflect these possibilities.

• In some countries, Ministries of Health or other key stakeholders may be uncomfortable with using content developed for other countries and require the development of completely new materials. If that is the case, please contact Tom Ngaragari at PSI (tngaragari@psi.org) for discussion of costing.

• The biggest cost driver is purchasing advertising time on TV, radio, billboards, and social media. These costs vary from market to market. We have presented budgets for two countries to give you a range: Kenya, which should represent a larger country with a more sophisticated (and therefore more expensive) advertising market and Malawi, a smaller country with a less expensive ad market. In addition to using these estimates as a guide, we recommend consulting with someone in your country familiar with advertising costs as you develop an overarching budget for your project.

• This costing tool estimates the costs for Year 1 of the project, which should be higher than any out years due to the need to cover translation and training. Costs in out years will be a function of how much mass and social media time you purchase, and the costs of refresher training and ongoing quality assurance. We encourage you to plan to run an I CAN campaign for at least two years, refreshing mass media content and training of staff in year 2.

• There are some staffing requirements for running a campaign that we assume your implementing partners (IPs) will be able to cover that are not included in the costing estimate. Please be sure to consider these costs as you budget for the campaign. It is important to budget both for the IP that will roll out and manage the campaign, and for your treatment IPs to manage and monitor interventions at the clinic and community level. If your IPs do not currently have this expertise in-house, they may need an additional budget. These positions for year 1 are:
  o Senior level staff to manage advocacy with MOH and other in-country stakeholders: 15-20% (just year 1)
  o Marketing or communications manager to manage relationship with creative agency and coordinate campaign: 50% year one, 30% following years
  o Research and/or metrics team to test translations: 10%
I CAN campaign costing tool notes

- Trainers for both HCW and for influencers. The trainer for the influencers will need to have strong emotional intelligence and experience with approaches like motivational interviewing or counseling: 25% in year one, 10% in out years for refresher training
- Supportive supervision of HCW implementing I CAN tools: 10%
- M&E staff to develop plans for your country and implement, e.g., selecting facilities at which to track selected indicators, potentially conducting pre- and post-campaign surveys: this will depend on how substantial your plan is, 15-30% time
- Digital media response team – content experts to respond to questions and requests for assistance via social media: 25%
- Admin and logistics: 50%

We assume that you will translate and test the I CAN materials in your country. This involves running small focus groups and potentially “person on the street” interviews to ensure the translations are effective and capture the intended message. This testing incurs some costs (travel, payment of FG participants) and these are represented in the costing tool. However, the staff time for conducting these activities is not – see list of necessary staff, above.

We recommend having your creative agency do the media planning and buying; these agencies have a better understanding of the media landscape in-country and are in a better position to negotiate best rates for mass media placement and secure prime time slots for the campaign. The agency will typically charge a 15% fee for media planning and around 5-8% of the total placement budget for media buying.

In Malawi and Zimbabwe, the I CAN campaign rolled out on radio and TV based on evidence of reach in those countries. This can vary from country to country, and you should ask the media planning agency to provide evidence of the most appropriate channels and investments needed per channel. The costing tool has provided for Malawi’s current costs and estimates for Kenya for each available channel.

In most countries, radio offers the best reach and coverage for both urban and rural audiences, however rates will vary depending upon the reach of the station and the time of day. For example, in Malawi the cost per 60 second spot is $16 for the national stations and $5 for community-based stations, with higher rates for prime time. However, in Kenya, a 60 second radio spot averages $500. The case is similar with TV where the cost per TV spot in Kenya is $1500. We recommend a different airing approach in each country to achieve the best value for money.

We recommend hiring a creative agency that specializes in digital media to run your campaign and we have reflected this additional cost in the tool. This agency should work closely with the IP that is managing the overall campaign, as well as the treatment of IPs. Social media done well will trigger a lot of clinical questions and requests for assistance from PLHIV; your treatment IPs should have budget and plans to respond to these questions and assist PLHIV who need help starting or re-engaging on ART. Much of the value of the campaign derives from engaging PLHIV on social media and helping them access services, so it is essential that treatment IPs are prepared to respond to requests via these channels.

In the I CAN campaign model, mass and social media are complemented by activities that bring clear information about the benefits of viral suppression to PLHIV and their communities through one-on-one or small group communication The costs of these activities derive from training health care providers and PLHIV influencers to deliver this information using tools we have developed (we have also budgeted a small amount for testing and adapting these tools for your context but assume that you will not create new tools). These costs also cover a monthly allowance for PLHIV influencers of around $100 in Kenya and $60 in Malawi. The campaigns in Malawi and Zimbabwe are each saturating three high-burden districts, and 15 high-traffic facilities with two cadres trained per facility. You can use the costing tool to estimate costs for more districts or facilities, based on your plans. Based on your plans, you can use the costing tool to estimate costs for more districts or facilities.