



Project Clear – Pneumonia Pre-Testing Outputs

May 2015

Agenda:

Key Objectives

Scope of Work

Concept Testing

Results

Video

Next steps

Project Clear Key Objectives:

Bring existing pneumonia information to life in a highly visual way that helps:

- Care-givers recognise the signs of pneumonia and compels them to seek prompt care
- Community Health-workers to know how to assess a child for fast breathing & chest in-drawing and know what steps to take

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Scope of Work:

1. Community Health Worker Kit

Item 1: Training deck

Item 2: Video content

Item 3: Post training take-away



2. Care-giver education kit

Item 1: A campaign key visual that encourages prompt care-seeking

Item 2: An illustrated story

Item 3: A flier that reinforces the key messages of the story



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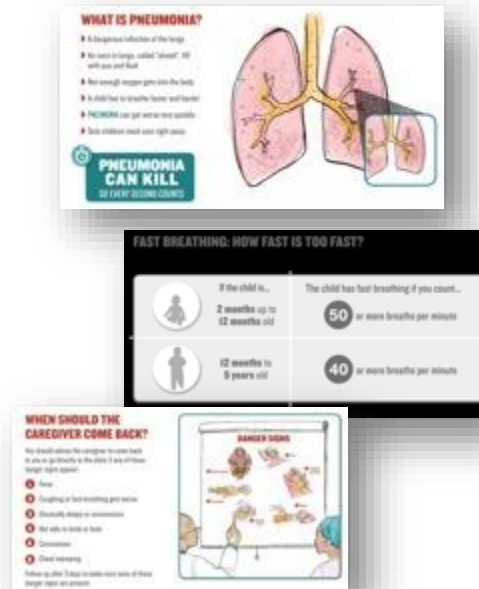
Next steps

Material developed for testing:

1.



2.



3.



3 key visuals
*Tested with care-giver
and health workers*

Training deck
*Tested with health
workers*

Care-giver story.
Tested with care-givers

Testing locations and sample size

A combination of qualitative concept testing and field testing was completed

Country	Method of Testing	Care-giver groups	Provider IDI's/Groups
Bangladesh	Qualitative	7	28
DRC	Qualitative	4	16
Ethiopia	Qualitative	3	6 FGDs
India	Qualitative	3	12
Kenya	Field Testing	2	2 Groups
Niger	Qualitative	6	15
Nigeria	Qualitative	6	22
Tanzania	Field Testing	3	3 Groups
Uganda	Field Testing	6	6 Groups
TOTAL		40 groups	~195 individuals

Testing was completed in rural locations representing different cultural areas in each country

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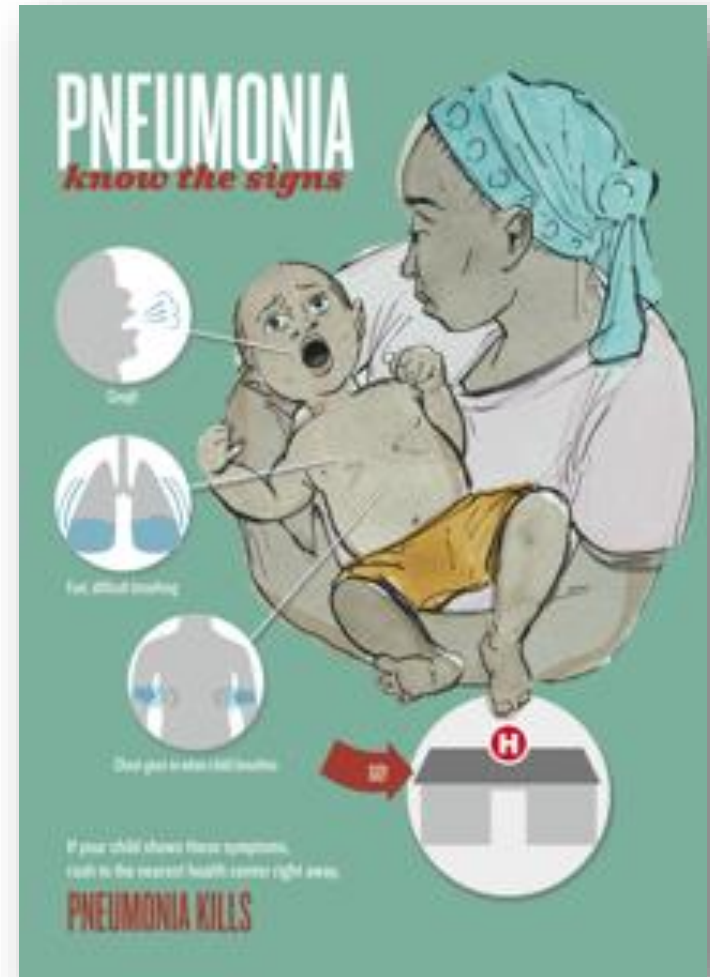
Key Outcomes:

- Amongst all testing locations and respondents, the materials were very well accepted.
- The information was deemed to be highly relevant and engaging – especially the illustrations that brought the information to life.
- The materials delivered the intended message and were deemed to drive the intended behaviour change
- In all locations it took some amount of probing to solicit comments to actually improve the materials.

“The information was well organized, comprehensive and they used a simple language that everyone can understand easily. The pictures impressed the majority during the training for both Pneumonia training deck and flip chart story. The pictures draw attention for participants to follow the training and storytelling” - Tanzania

Results – Key Visuals:

- All 3 key visuals delivered the intended message
- Visual 2 deemed the clearest, most comprehensive and impactful
- 3 clear icons that demonstrate the 3 distinct signs to look for
- “Pneumonia Kills” serves to prompt action



Improvements:

- Chest in-drawing will be more pronounced on the child
- A blanket/shawl will be placed around the child
- “H” will be replaced with a “+” on health centre
- Contrast of icons enhanced for visual clarity

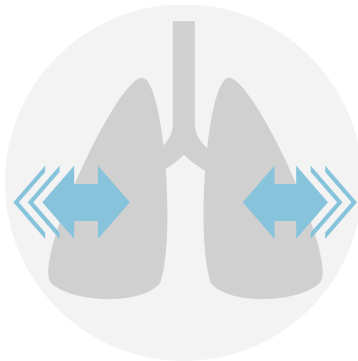


Preferred icons:

- Cough



- Fast Breathing

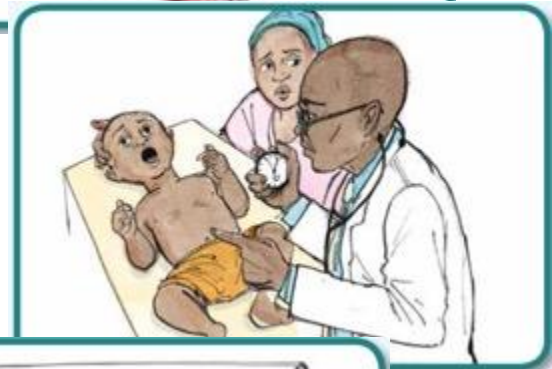


- In-drawing



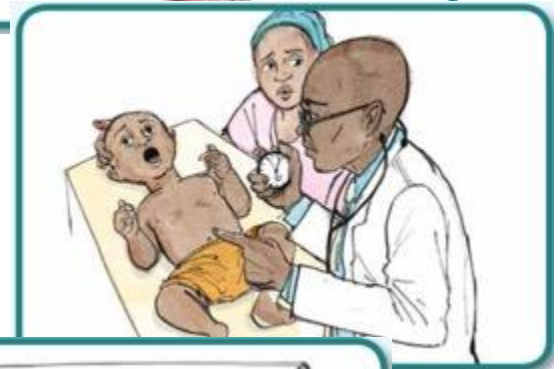
Results – Care-giver Story:

- High engagement and message take-out
- Health workers implementing field testing requested additional copies for immediate implementation
- *“The story and the pictures are very clear and do not need any changes”* - Bangladesh
- *“The message is so clear and well illustrated that a lot of mothers will change their behaviors”* - DRC
- *“Participants were on the edge of their seat and were very relieved that the child was ok at the end of the story”* – Nigeria



Improvements:

- Child will be more fully clothed/wrapped throughout the story
- Chest in-drawing will be made more pronounced
- Signs and care-seeking will be re-emphasized at the end of the story
- Mother to be greeted inside the clinic
- Distinguish community health worker more clearly

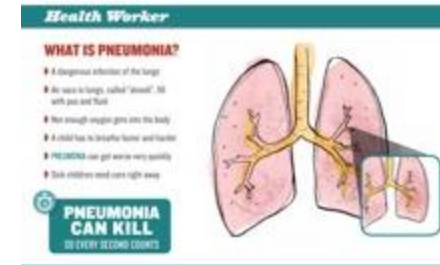






Results – Health-worker Training:

- Highly credible and relevant amongst both those familiar with pneumonia and those with limited knowledge
- They thought the images made the content easier to understand
- Participants wanted extra copies to use in their communities

“The message of the story is very attractive and true. If we know about pneumonia, its causes, when to return for treatment, when to prescribe medicine, how to prevent pneumonia we can provide service easily to pneumonia affected children.”

“They had never before seen an illustration with the signs of pneumonia. Having this information is a big gain for them” - DRC



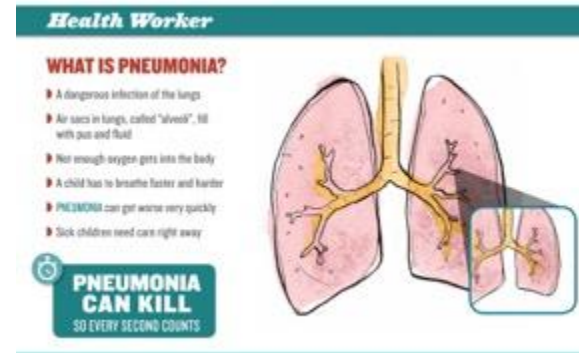
FAST BREATHING: HOW FAST IS TOO FAST?			
If the child is...	The child has fast breathing if you count...		
 2 months up to 12 months old		50	or more breaths per minute
 12 months to 5 years old		40	or more breaths per minute





Improvements:

Limited changes requested:

- Cover/clothe the child
- Use the term “air sacs” instead of alveoli
- Make chest in-drawing clearer
- Make convulsion picture clearer
- AMX pack and instruction (explained by doctor)



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If the child is...		The child has fast breathing if you count...	
	2 months up to 12 months old	50	or more breaths per minute
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WHEN TO SEEK FURTHER CARE?

You should advise the caregiver to come back to you or go directly to the clinic if any of these danger signs appear:

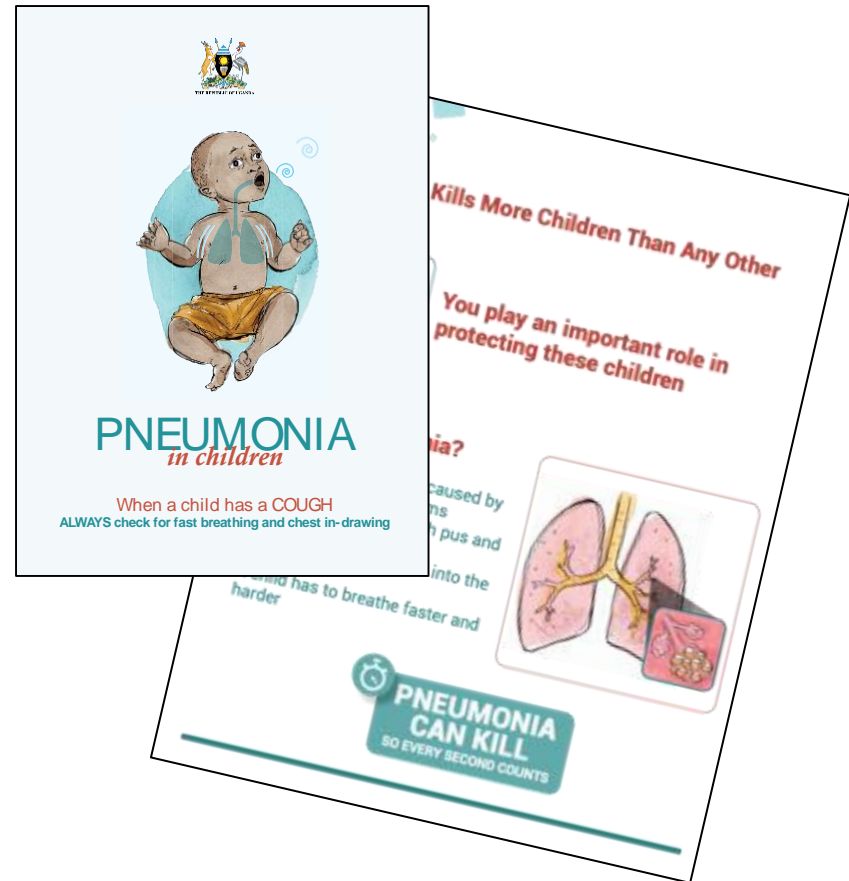
- 1 Fever
- 2 Coughing or fast breathing gets worse
- 3 Unusually sleepy or unconscious
- 4 Not able to drink or food
- 5 Convulsions
- 6 Chest in-drawing

Follow up after 3 days to make sure none of these danger signs are present.



In action:

- Uganda – materials being re-purposed for detailing aids
- Nigeria – training being used in supportive supervision training
- PATH – using the training deck in their AMX DT pilot



Local Adaptation Options:

- Local AMX format and dosage
- Localised mortality figures
- Localised immunisation guidance
- Convert to local language/s
- Localised counting device if available

Additional Insights:

- A very strong belief that the cold is responsible for pneumonia
- A belief that only weak/malnourished children get pneumonia
- Low awareness of smoke as a risk factor for pneumonia
- Some providers questioned the efficacy of AMX – saw it as an old, inferior drug

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Video:

- Allow health workers to see real life pneumonia and allow them to **practice**
- Short and small file size to allow maximum opportunity to share and download



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Next steps:

- Finalise illustrations – all regional versions – July Week 1



- Finalise key visual no 2 – July Week 2
- Finalise caregiver story and the training – July Week 3
- Develop fliers that reinforce key messages – July Week 4

Publish to website and disseminate (August):

- The kits will be **freely available** from an online portal that public, private and government organisations as well as advertising agencies can access, download and **adapt** for specific country needs.