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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Material developed for testing:

1. 3 key visuals
   *Tested with care-giver and health workers*

2. Training deck
   *Tested with health workers*

3. Care-giver story.
   *Tested with care-givers*
### Testing locations and sample size

A combination of qualitative concept testing and field testing was completed.

<table>
<thead>
<tr>
<th>Country</th>
<th>Method of Testing</th>
<th>Care-giver groups</th>
<th>Provider IDI’s/Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Qualitative</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>DRC</td>
<td>Qualitative</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Qualitative</td>
<td>3</td>
<td>6 FGDs</td>
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<tr>
<td>India</td>
<td>Qualitative</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Kenya</td>
<td>Field Testing</td>
<td>2</td>
<td>2 Groups</td>
</tr>
<tr>
<td>Niger</td>
<td>Qualitative</td>
<td>6</td>
<td>15</td>
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<tr>
<td>Nigeria</td>
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<td>6</td>
<td>22</td>
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<tr>
<td>Tanzania</td>
<td>Field Testing</td>
<td>3</td>
<td>3 Groups</td>
</tr>
<tr>
<td>Uganda</td>
<td>Field Testing</td>
<td>6</td>
<td>6 Groups</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>40 groups</strong></td>
<td><strong>~195 individuals</strong></td>
</tr>
</tbody>
</table>

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
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)
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.