



Project Clear – Pneumonia Communication Update

September 2014

Agenda:

Progress to date

Desk research & interviews

Key barriers & opportunities

Target market & task maps

Scope of work

Next steps

Progress since April working group meeting:

- ✓ Project Clear project charter and team developed

Core team:

- Melinda Stanley
- Bissie Tarekegn
- Dave Milestone

Extended team also includes:

-Vicki MacDonald	-Joe Wilson	-Katie MacDonald
-Evan Simpson	-Leith Greenslade	-Kate Campana
-Rasa Izadnegahdar	-Nancy Goh	

- ✓ Desk research, interviews, field visits
- ✓ Expression of Interest issued to 18 communication agencies
- ✓ Six agencies submitted Expressions of Interest
- ✓ Scope of work refined and approved by team members
- ✓ Budget obtained from USAID
- ✓ Communication brief developed and approved by team members
- ✓ Brief issued to four communication agencies
- ✓ Agencies presented pitches Wed 2nd Sept

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Desk research and interviews: May – Aug 2014

Nigeria:

- 2 x field visits – Abuja & Port Harcourt
- Interviews with :
 - 8 doctors; one PPMV; one university lecturer
- Attended 3 day pneumonia messaging workshop convened by FMOH



Uganda:

- Interviews with 2 doctors
- Field visit to Mulago paediatric respiratory ward – interviews with mothers and doctors
- Field visit to Mbale and surrounds - interviews with 5 drug stores
- Field visit in Jinja and surrounds with Living Goods
- Interviews with partner organisations: BRAC, PACE, Malaria Consortium



Desk research and interviews

Other Interviews:

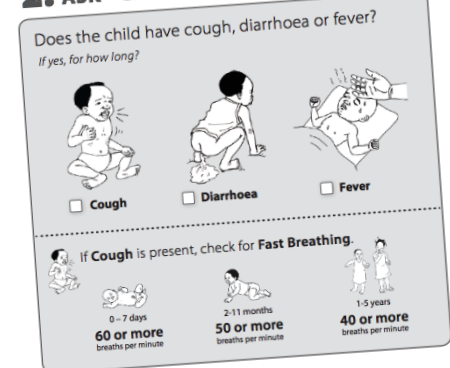
- PATH – Ethiopia
- PSI – Tanzania
- icddr,b – Bangladesh
- Philips
- Novartis
- British Columbia Children's Hospital
- Malaria Consortium

Desk Research

- Also did a global call-out for existing materials.....
 - For care-givers: One item was found in Cambodia from PSI
 - For community health workers: One item was found in Uganda, one item from Cambodia
 - Training presentation from Nigeria
 - ICCM training manual



2. ASK - CHILD'S PROBLEMS



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The key problems & opportunities identified

Problem

Opportunity

1 Care-givers delay treatment seeking because they don't recognise the symptoms of pneumonia or recognise how serious they are.

Opportunity to design materials that help care-givers to recognise symptoms and compel them to promptly seek care.

2 Community health workers have difficulty recognising pneumonia symptoms and are unsure what to do.

Opportunity to develop materials that help community health workers recognise pneumonia

3 A limited range of materials exist within each country to help in this effort, and teams have limited resources and time to develop materials.

The guidelines and information already exists (iCCM). The real opportunity lies in bringing this information to life in a simple, innovative, and highly visual way

Also, we still have a lot to learn about care-giver insights

Key opportunity
for this project

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Our target market

We need to reach rural communities to have any real impact

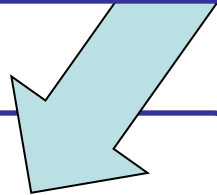
Care-givers of children

**Health workers
commonly found in
rural communities**



Our target market

We need to reach rural communities to have any real impact



Care-givers of children



Rural Mum with child U/5

Demographics:

- Age: late 20's
- Income: Less than \$1.25/day
- Attended some primary school – cannot read a whole sentence
- Speaks her local dialect – no english
- House has mud floor and no electricity
- Has 4 children
- Married – husband main wage earner – petty farmer

Aspirations/Motivators:

- Completely selfless for her children & family. Will give up everything to try to give her children a better life.
- Children education important
- Worried if her child is “sickly” all the time

Daily/Weekly Activities:

- Walks 45min to collect water each day
- Helps husband in field most of the day
- Will purchase food items as needed or can be afforded – e.g. cooking oil
- Cooks evening meal on a wood cooker
- Husband cycles to nearby town every 3 days to charge family mobile phone
- Attends faith based congregation weekly
- Family has 1-2 meals per day

Key Influencers:

- Healthcare professional
- Women in the community
- Religious leaders
- Husband (controls the money and likely to encourage home treatment unless child is very ill)



Barriers:

- A lack of money & long distance to nearest health facility
- Belief that medicine is often not available
- Previous positive experience managing cold/“pneumonia” at home

Enablers:

- Previous experience with pneumonia
- Close access to health worker
- Knowledge of pneumonia signs & symptoms

Media:

- No TV exposure
- Has a radio in the home and listens to it when possible so she can be informed

Task Map – rural mums with child U/5

CURRENT:

Knowledge

Does not realise the key symptoms to look for in relation to pneumonia, how serious it is or when to seek care

Attitude

“My child gets a cough all the time (and it sometimes causes breathing problems). It can usually be treated with some local remedies. If these don’t work or it gets worse, I can easily go to the local drug store to get some medicine”

Behaviour

Delay seeking care because they either don’t recognise the symptoms or think they can treat it at home without having to spend money on transport and medicine

KEY BARRIER:

*Unable to
identify
pneumonia
and
understand
its
seriousness*

FUTURE:

Knowledge

- Know what pneumonia is
- Know how to identify signs of pneumonia in their child
- Know when to seek care

Attitude

“I know that when my child has a cough I need to watch them closely for changes in breathing as this could be pneumonia which can progress quickly and kill. As soon as I see this, I seek care quickly from a knowledgeable health provider. If they get treated promptly I know they will be ok.”

Behaviour

Monitor their sick child (especially one that has cough) for signs of breathing problems, and at the first sign, take them to a qualified health provider.

Our target market

We need to reach rural communities to have any real impact



**Health workers
commonly found in
rural communities**



Rural Community Health Worker

Demographics

- Mostly female (varies by country)
- Basic literacy levels
- No access to electricity
- Has a basic mobile phone
- Lives in a house with a mud floor
- Often has 2nd job

Training/information:

- May have attended basic health training in the past.
- Rarely has refresher training
- Often relies on mass media (usually radio) for health information updates

Motivations:

- Want to be well respected in the community
- Don't want to take chances in case they lose respect and patients
- Want processes and products that work so patients will return.



Key Influencers:

- Care-giver expectations
- Wholesaler in trading center where they get supplies
- Practices of local public health facility
- Ministry of Health and regulatory body
- Media

Barriers:

- Unaware of correct process/product
- Lack of experience
- Trust in alternative process/product
- Customers negative experience about process/product
- No supply of correct medicine

Enablers:

- MOH reinforcement
- Job aids
- Posters/POS
- Positive health outcome with care-giver
- Message reinforcement via mass media

Task Map – Community Health Worker

CURRENT:

Knowledge

Limited accurate knowledge of pneumonia, its causes and symptoms

Attitude

“I see respiratory problems sometimes. I don’t like to admit it, but I’m not overly confident in identifying it and treating it. I do my best, but I do wish that I had more knowledge and practical experience as I think it can sometimes lead to a serious illness”

Behaviour

Does not follow a set guideline/procedure for identifying, diagnosing and taking care of pneumonia

KEY BARRIER:

Lack of practical experience observing and identifying pneumonia

FUTURE:

Knowledge

Know how to identify pneumonia in a child
-Know what pneumonia is
-Know when to refer and when to send home

Attitude

“When a mum comes to me with a child with respiratory problems, I am confident in assessing the child. I follow the same steps every time. I know that pneumonia can progress rapidly and lead to death and so prompt care is needed.”

Behaviour

Follow the WHO recommended guideline every time for assessing the child with pneumonia
-Count breaths every time
-Check for danger signs

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Required Outputs:

- We would like to develop two communication kits:
 - A community health worker kit
 - A care-giver kit
- The kits would be available from an online portal that public, private and government organisations as well as advertising agencies could freely access, download and adapt for their specific country needs.
- The materials could be used in the private sector to raise awareness and increase the knowledge of pneumonia
- Imagery and video content would be available to be used within ICCM to help bring existing content to life in a highly visual way.

Scope of Work:

Community Health Worker Kit



- Item 1: Training deck produced in PPT that can also be printed as a flip chart for use in settings with no AV resources. The deck should be highly visual with custom made images and diagrams that clearly bring the information to life. Short video content is also expected to be developed by the agency to highlight key content/messages.
- Item 2: Post training take-away. 4 page A4, folded to A5 finished size . Content to be developed once PPT deck is complete, to reflect key content of training.

Scope of Work:

Mum/Care-giver education kit



- Item 1: Develop an illustrated story that community health workers can use to communicate key messages to care-givers. It should be able to be either used in its entirety or elements should be able to be used (such as danger signs and dosage) as a job aid for health workers to speak to care-givers
- Item 2: Develop a double sided A5 flier that reinforces the key messages of the story that a mum can take away after hearing the story
- Item 3: Develop a campaign poster that encourages prompt care-seeking

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- Sept - Appoint communication agency
- Sept – Continue to build key contacts in each country
- **Secure additional funding**
- Sept - Develop and approve research brief
- Oct - Issue brief, and select research agency
- Oct - Develop first round of communication materials for testing
- Nov - Build website to house materials
- **Nov - Test communication materials and uncover additional insights**
- Dec/Jan - Refine communication materials
- Jan/Feb - Publish to website and disseminate