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GHAR GHAR MAA SWASTHYA

Concept Paper: Social and Behavior Change Communication to Promote Use of Zinc with ORS

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FHI 360/GGMS

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INTRODUCTION

DIARRHEA SITUATION IN NEPAL

The Nepal Demographic and Health Survey 2011 (NDHS) (Ministry of Health and Population, 2012) revealed that the overall incidence of diarrhea in the preceding two weeks among children under the age of five years was 13.8 percent. Diarrhea is the second-leading cause of death among children under five in Nepal next to pneumonia. According to Department of Health Service (DoHS) HMIS bulleting 2013, the incidence of diarrhea per 1000 among under 5 years old was 598 in 2010, 500 in 2011, 528 in 2012 and 576 in 2013.

ORS + ZINC TREATMENT FOR DIARRHEA AMONG CHILDREN UNDER FIVE YEARS

Both oral rehydration salts (ORS) and Zinc are on the UN Commission on Life-Saving Commodities for Women and Children's list because they are high impact, effective commodities that are underfunded and have untapped potential. The overall goal of zinc treatment for diarrhea is to substantially reduce diarrhea-related illness and death in children under five through increased use of zinc tablets along with oral rehydration salts. This will contribute to further reduction of child mortality in Nepal and accelerate the attainment of Millennium Development Goal

In Nepal, the Ministry of Health and Population (MOHP) introduced zinc in 2007. With USAID's support, supply- and demand-side initiatives were implemented in order to support the MOHP in scaling up ORS and zinc treatment. Currently four Nepali pharmaceutical companies are manufacturing and marketing zinc tablets (Zinc Sulphate/Zinc Gluconate 10 and 20mg tablets). The MOHP currently procures ORS and zinc from local companies. USAID's support for zinc ended in 2009; since then, no substantive ORS and zinc activities had taken place. In July-November 2013 USAID supported Ghar Ghar Maa Swasthya (GGMS) program and undertook extensive mass media campaign to promote use of ORS + Zinc as the method of treatment for uncomplicated diarrhea among children under 5 years of age.

Despite this support and the scaling up of zinc as a supplement to ORS nationally, minimal progress has been made. NDHS 2011 showed that of the children under five years with diarrhea in the preceding two weeks, 39% received oral rehydration salts (ORS) for treatment, 6% received zinc and only 5% received ORS and zinc tablets. However, the DoHS HMIS Bulletin 2013 shows that diarrheal cases treated with Zinc and ORS among children under five years with diarrhea has increased from 48% in 2010 to 88% in 2012 to 95% in 2013.Overall, it shows that mothers and family members of children under 5 years of age need to be more aware about the ORS + Zinc treatment. The DoHS report reflects the account of treatment at government health facilities only, whereas the NDHS report is a population survey and reflects the data of all cases. Hence, this shows that there is a gap in knowledge on the use of Zinc + ORS treatment of uncomplicated diarrhea in children under 5 years of age.

2011 REVIEW OF NATIONAL ZINC PROGRAM

In May 2011, Micronutrient Initiative (MI) hired a consultant to do a review of the national zinc program. Below are some of the primary issues related to creating demand for ORS and zinc identified in the review:

Supply-side

The MOHP is currently procuring ORS and zinc from local manufacturers and both are to be distributed through all health facilities and FCHVs. Health workers (PHCC, HP, SHP) have a misunderstanding about the role of Metronidazole in diarrhea management. Some providers are distributing this drug along with ORS and at times zinc to treat all types of diarrhea.

According to the 'Evaluation of Zinc Program in the Selected Districts of Nepal' done by Micronutrient Initiative in May 2011, an average of over 85% of FCHVs, health workers and pharmacists were knowledgeable about the need to provide zinc along with ORS for treatment of diarrhea. An average of 90% of FCHVs and 57% of pharmacists reported receiving orientation in the past. But, an average of only 55% of FCHVs and 25% of pharmacists recommended the use of ORS and Zinc in the management of diarrhea. Inadequate orientation is provided to private pharmacists and hence there is low awareness among them about the benefits of zinc. In addition, the low recommendation could be because of lack of constant reminder to the FCHVs as well as pharmacists about the need to counsel caregivers on ORS + Zinc treatment.

An average of 30% of health facilities and 40% of both pharmacists and FCHVs were facing problems with adequate stock of Zinc. FCHVs could be the primary source of diarrhea treatment but many caregivers lack confidence in the abilities of FCHVs to treat diarrhea. Even though the DoHS Annual report 2068/69 shows that 58% of diarrhea cases were treated by FCHVs, according to the NDHS 2011, only 3% of children with diarrhea were taken to FCHVs for treatment. According to MI's report, 15% of mothers in the Zinc program areas said they took their children to FCHVs for treatment of diarrhea in their children.

An average of 60% of FCHVs, 40% of pharmacists and only about a quarter of the health workers reported having IEC materials related to Zinc.

Compliance cards have been introduced in the intensified areas only. Here, 75% FCHVs and 84% of health workers have stock of compliance cards. Over 88% of the health workers also affirmed that they mostly provide the zinc compliance cards to the mothers/caretakers during the treatment of diarrhea with zinc tablets. Similarly, over 3-in-4 health workers also said that they usually collect the completed zinc compliance cards from FCHVs, pharmacists and mothers/caretakers. Mothers cited that the compliance cards gave the benefit of reminder to give zinc on time (75%) and any member can be reminded of giving zinc tablets (33%). Hence, compliance card can be a helpful tool in adherence of giving Zinc in the recommended time. Also, if compliance card is distributed nation-wide then the account of compliance to giving ORS + Zinc treatment will also increase nationally.

In spite of having satisfactory knowledge, counseling skills of health workers and FCHVs need to be enhanced through orientations. This should include health workers in the private sector. Supply of Zinc, and IEC materials (including posters) for FCHVs, health workers and pharmacists need to be increased. The project needs to ensure that the FCHVs have job aids with them all the time. Compliance cards should be scaled up nationally to increase compliance with the 10-day course of zinc treatment.

Demand-side

Lack of awareness among mother/caregivers is the main factor behind low coverage of zinc. Only over 3-in-5 mothers know the benefit of zinc in treating diarrhea. There is low awareness among mothers that the FCHV is equipped with diarrhea medicines and is capable of treating diarrhea. According to MI's research (May 2011), 70% caregivers mentioned that home remedy for diarrhea was to give more fluids and over 60 percent knew about ORS. However, even though more than 95% of the respondents in both areas were aware of at least one source of supply of zinc tablets. A gap persists because caregivers are not considering zinc for home remedy.

From July until November 2013, FHI360/GGMS released promotional TV and radio spots in national TVs and radio along with local FMs. With the scale up of the zinc program in Nepal, further behavior change communication (BCC) activities are needed and existing IEC materials need to be changed to ensure that benefits of ORS and zinc treatment are clearly illustrated so that the message is effectively conveyed. According to the MI report (May 2011), in terms of the main media available to the respondents, over 45% of the respondents reported listening to the radio every day and over 25% reported watching television at least once a week and only 3% are reading print media. Since, materials should focus on delivering messages to even illiterate populations and be in local languages to the degree possible, mass media messages, especially through regional and local FM stations, should reflect caregiver values and be delivered in appropriate languages. These messages should include the mention of and legitimization of FCHVs' roles.

SOCIAL AND BEHAVIOR CHANGE CAMPAIGN FOR ORS AND ZINC

As described above, there remains an unmet need for ORS and zinc among caregivers in Nepal. The Ghar Ghar Maa Swasthya (GGMS) project proposes to conduct a social and behavior change communication (SBCC) campaign to support Government efforts to reduce the burden of diarrheal disease in children less than five years. GGMS's overarching model would be based on the assumption that sustainable improvements in the treatment of diarrhea in children under 5 years can be achieved through strategies to create, shape and support demand for ORS and zinc treatment practices at the community and family levels.

OBJECTIVE OF THE CAMPAIGN

The overall objective of campaign would be to increase use of pediatric formulations of zinc, along with ORS as the first line of treatment for uncomplicated diarrhea in under-5 children. The campaign seeks to shape overall demand and practices related to the treatment of diarrhea through supply- and demand-side interventions.

APPROACH

There is limited knowledge on the part of caregivers of the use zinc in conjunction with ORS, in the treatment of uncomplicated diarrhea in children less than five years. Lack of awareness among caregivers is main factor behind low use of zinc. Nearly half of caregivers are not aware about zinc and its sources. The supply of zinc needs to be reinforced, with efforts related to supply directed to service providers in the public and private sectors while at the same time efforts to increase demand and practices are directed to mothers of children under five, family members, peers and community leaders.

Supply side interventions

The objective of supply-side interventions is to ensure access to timely and accurate diarrhea treatment information and quality services in the public and private sectors. GGMS has carried out a study involving in-depth interviews with FCHVs in two districts - one each on the Terai and the Hills, “Effective medium as reminder to Female Community Health Volunteers on Chlorhexidine Gel use on umbilical cord stump” (FHI360/GGMS, 2014), which provides useful information applicable to the ORS + zinc efforts. According to the study, the main sources of health information to FCHV are Health post staff, radio, television, posters, newspaper and training. FCHV’s opinion on the most effective medium to communicate with them in order of effectiveness is posters, TV, mobile phone, radio and then large posters.

- **Technical updates** tailored to the specific needs of service providers to be disseminated via printed materials to FCHVs, pharmacists and health workers in consultation with MI and the National Health Education, Information and Communication Center (NHEICC).
- **Job aids** such as checklists, counseling cards and compliance cards to help service providers negotiate behaviors with mothers and families. FHI360 will procure the services of third party, which will closely work with concerned Government institutions to distribute and ensure that all the materials reaches to the intended group as planned.
- **Posters** of different sizes regarding the proper method of administering ORS + zinc treatment to aid the providers to give details about the treatment to the caregivers. These will be distributed via the government health facilities to the health workers, pharmacists, and FCHVs.
- **Orientation Programs** to refresh the knowledge of the FCHVs, health workers, and pharmacists. We will work closely with CHD, MI and NHEICC to prepare orientation scheme and develop quick reference guide, if asked by NHEICC.
- **Commitment from the government** to ensure accessibility and timely availability of ORS and zinc at service delivery points. We will include the Logistic Management Division (LMD) and Child Health Department (CHD) as members of the technical team to ensure timely procurement, quantity, quality, and distribution of the ORS and zinc. We will also be involving USAID’s Health for Life (H4L) logistic contractor to help in this process.

Demand side interventions

In addition, GGMS will use existing information on the media habits of consumers from the Knowledge, Attitude, and Practice research done by FHI 360/GGMS in 2012 (FHI360, 2012) to identify appropriate communication channels. Messages and materials will be developed

and tested with a limited number of core messages. The strategy will address both individual behaviors and social norms and conditions. The implementation components will include:

- **Harmonization of messages** through stakeholder meetings, working groups, and outreach with various agencies and organizations to achieve consistency in messaging and avoid duplication of work among all organizations working in the field of promoting ORS + zinc as the method of treatment for uncomplicated diarrhea among children below 5 years of age. This shall be achieved by holding meetings led by NHEICC, with the technical working committee that will include representatives from the Child Health Division, the Family Health Division and other projects working in programs related to zinc and ORS treatment.

- **Posters and other promotional materials** regarding the proper method of administering ORS + zinc treatment to help the caregivers to remember the details about the treatment. FHI360 will procure the services of third party, which will closely work with concerned Government institutions to distribute and ensure that all the materials reaches to the intended group as planned.

- **Audience-centered and appealing media** including national and regional radio spots and TV to reinforce messages, remind audiences of the desired behaviors, recognize achievement and increase the perceived 'value' of ORS and zinc treatment. Co-sponsor the most popular television serials to include zinc message or on zinc theme within the television program. Special attention will be given to ensure messages are delivered in 5 major regional languages and cover the maximum population, and print materials are accessible to illiterate populations.

Measurement, learning, and evaluation

Assessment of the influence of the media and factors influencing the trial and adoption of recommended ORS and zinc treatment. We propose to conduct a post-test only retrospective cross-sectional survey of caregivers to assess:

- Caregivers' exposure to the media campaign, by message source and message recall,
- Changes among caregivers in knowledge and awareness of the benefits of ORS + zinc in treatment of uncomplicated diarrhea
- Changes in practice among caregivers whose children had an episode of diarrhea within the 6 weeks prior to the survey
- Where treatment was sought, whether providers mentioned zinc, and if not, if caregiver requested zinc
- Treatment outcome
- Caregivers' discussion of ORS + zinc with other family or community members

Analysis will be conducted comparing caregivers who report exposure to the media campaign to those were not exposed to the campaign messages.

In addition to the retrospective survey of caregivers, a purposive sample of FCHVs, health care workers and pharmacists will be selected to determine if they have benefitted from the campaign inputs. Specifically, we will assess whether they received orientation and/or technical updates regarding ORS + zinc during the period of the campaign (in what form), have access to job aids and quality standards, and have adequate stock of zinc and ORS packets.

Finally, a set of in-depth interviews will be conducted with key stakeholders in relevant public sector departments, members of the technical committee and other implementing partners engaged in ORS + zinc promotion to document the coordination efforts and to derive lessons learned for future efforts.

FHI360 will outsource to an external research agency to conduct the above-mentioned survey. At the same time, FHI360 will work in close coordination with USAID while designing the survey sample and instruments.

FHI360 will document lesson learned during the entire initiative.

ANTICIPATED BUDGET REQUIRED

FHI 360 has allocated approximately $400,000 for the entire campaign, which should be sufficient to ensure national coverage for mass media, with focused supply-side interventions and community-level demand generation in specific districts.

ANTICIPATED TIMELINE

We expect to get approval from USAID within the first week of January so that we can follow the following timeline:

Activities		Jan 2014	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Mar-Apr 2015
1	Hold stakeholders meeting (meet with NHEICC, CHD, FHD and other partner organizations like Unicef, MI, etc)	X	X									
2	Procurement of campaign agency (Advertisement Agency, that will be creating the communication materials)		x	X								
3	Selection of Partners (An NGO that will be involved in distribution of the material and ensuring that the		x	X								

	materials have reached the intended target groups – mothers, FCHVs and health Workers)											
4	Formal Contract with Partners			x								
5	Communication Material development (development of idea for communication material, development of draft materials, pre-testing of the draft materials, and finalization)			x	x	x	x					
6	Actual implementation by Partners (distribution of the printed materials and release of advertisements in TV and radios)					x	x	x	x	x	x	
7	Monitoring of distribution of materials through District Health Offices in coordination with H4L LMD (to be done by the selected NGO partner)						x	x	x	x	x	x
8	Evaluation (retrospective cross-sectional survey of caregivers, purposive survey of providers and IDI with stake holders)											x