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**PAKISTAN NATIONAL CDD PROGRAM
COMMUNICATION REVIEW**

**A Report Prepared By PRITECH Consultants:
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**During The Period:
FEBRUARY, 1987**

**TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
AID/DPE-5927-C-00-3083-00**

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Pakistan National CDD Program

Communication Review

EXECUTIVE SUMMARY

I. OBSERVATIONS

1. Considerable progress has been made in the past two years. Milestones include:

- A full time CDD Program Manager
- 12,000 Health Providers Trained & ORS
- ORS production levels adequate
- Mass Distribution of ORS to increase effective access
- Name recognition of ORS through Radio & TV
- Program logo developed
- Basic Research Underway such as KAPs on consumers,
 - Health Providers and Pharmacists plus Private
 - Sector Distribution Study.

2. Problems have included:

- Probable under-utilization of ORS in homes.
- Lack of an explicit communication strategy
- Delays and frustrations with agency performance such as:
 - Uneven quality of print products from agency.
 - Delays in payment for approved agency work
 - Lack of strategic planning and guidance from agency
 - Lack of clear decision-making on part of NIH

3. In the Consultant's View these problems are:

- Not a result of bad faith, lack of commitment, or lack of professional capacity within the agency,
- Nor a result of NIH's lack of commitment to use the agency and have a strong communication program,
but rather they are the result of:
- Inexperience of both the agency and NIH in managing this kind of communication program,
- the lack of a strategic communication plan to guide the agency,
- lack of sufficient technical assistance familiar with other country programs, causing Pakistan to reinvent the wheel and lose precious time,

- too much TAC involvement in details of communication design - colors, lay out, type fact etc.
 - TAC functioning as a **de facto** approval, rather than advisory group in communication, and **most critical**,
 - the lack of a qualitative research program to field test concepts, materials and communication strategies. The program is relying much too heavily on the TAC's opinion of what will work best, guided largely by anecdote, rather than qualitative field data.
4. There are three areas that merit immediate field research.
- Packet size and design
 - Mixing instructions
 - Illustrated leaflet carrying key program messages.

The leaflet can not be developed effectively until the first two research issues are settled.

RECOMMENDED ACTION STEPS

1. AID should request PRITECH to provide a short-term technical advisor in ORT Communication to NIH/CDD Program Director.
2. A sub-committee of no more than 3 persons should be created within the TAC to act as an advisory group to CDD Project Manager for Communication decisions.
3. The full TAC should only review the technical content of communication materials, avoiding comments on design details. The TAC should require all major communication materials to be clearly supported by field research results.
4. Additional funds should be provided to finance increased travel by Kymer representative to Islamabad. The present local representative is insufficient to promote substantive contact needed between agency and NIH.
5. PRITECH should be requested to provide ST TA in qualitative research, and ORT communication strategy.
6. Funds should be made available immediately to support field trials on
 - Packet size and look,
 - Mixing instructions, and
 - Leaflet design.

This should be carried out by local research agency with outside TA, and would supplement and expand the proposed "jug" research.

7. By June '87 a major review of KAP and Field Trials should be conducted. PRITECH should provide specialists in KAP analysis, ORT program design

and communication planning to assist in the review. This review should result in a detailed plan to launch the new ORS packet design by March '88.

8. USAID should provide observational travel for CDD manager to Egypt where models of ORT program delivery, training, research and monitoring would be available to review and study.
9. NIH should proceed to develop an emergency leaflet with Kymer assistance, using the 4 glass measure and focus only on 1 litre mixing instruction. The leaflet should be field tested. This can be accomplished by the end of March only if work begins immediately and is not hampered by delayed approvals and lengthy TAC reviews.
10. Kymer's work on the leaflet and radio program development should be reviewed at the end of March. If there is no improvement in the quality of products and interaction with NIH then NIH should consider cancelling the Kymer contract and pursuing other local communication resources to complete the program.

II. PROGRAM OVERVIEW

Pakistan's National CDD program began in 1982 and has been combined since 1983 into the Accelerated Health Program along with EPI and the training of Traditional Birth Attendants (TBAs). The primary emphasis has been on the production and distribution of WHO formula Oral Rehydration Salts (ORS) packets. Despite efforts to use mass media and other educational channels, demand and use of ORS seems to lag far behind its production and distribution, although inadequate data exist to make this assessment scientifically. By the end of 1985 it was estimated that 60% of the population had access to ORS and that about 10% of diarrhea episodes in children were being treated with ORS.

The following text is an attempt to summarize the CDD program from a broad marketing perspective — that is what **products** are being promoted (both tangible goods as well as new behavior?) how are those products being **distributed**, what we know about the **price** (both Rupee and opportunity costs) for each one and what **promotion** scheme is being used. This summary is a description of what is actually being done. It does not constitute the consultant's view of what should be done in all cases.

A. **PRODUCT(S)**

1. Oral Rehydration Salts (ORS)

- Public Sector
 - *ORS* 1000ml WHO formula sachet
 - Nimkol 500ml WHO formula sachet
- Private Sector

Rehydro pediatral	250ml
Rehydrate	1000ml
Wilson's	1000ml
Hydrosol	1000ml
Rehydration Compound Salt	1000ml
Howards Oral Rehydration Salt	1000ml
- Sugar/Salt Solutions use a variety of mixing instructions. Pinch and scoop is most common/preferred by promoters.

2. Oral Rehydration Therapy (ORT)

Behavior Change

- Acquire ORS at onset of diarrhea
- Correctly mix ORS in home
- Give as much as child will drink
- Continue breastfeeding
- Give soft foods such as mashed banana
- If child does not improve go to health facility
- Continue giving ORS even if diarrhea does not stop

3. Diarrheal Disease Control/Prevention

Behavior change

- Breastfeeding
- Hand Washing

4. Competition

- Anti diarrheals
- Antibiotics
- Traditional remedies
Gripe water - very popular in rural areas
teas, etc.
- Presumed reduced feeding during episodes

B. DISTRIBUTION OF ORS

1. Public Sector

Through public health facilities free, including hospital, clinics, health centers, Basic Health Units and multi purpose health workers (MPHW). Distribution audits in 1986 uncovered stock buildup of packets at key provincial distribution points (2.8 million packets were in stock in Karachi). To stimulate home use, mass distribution of ORS packets was initiated in July of 1986. The EPI programs MPHWS began leaving 2 packets of ORS in each home with children under the age of five. It is estimated that 40% of homes with children under five received ORS in this way. Unfortunately there was no time to produce any educational support for this mass distribution.

2. Private Sector

Typical distribution channels include Chemist's shops, Hakim's medicine shops, and a wide variety of small stores. Little is known about the effectiveness of this system but an ORS distribution study carried out by Pakistan Consultancy Services is scheduled to be completed by March.

C. PRICE

1. ORS

Public Sector -- Provided free

Private Sector -- Prices range from 2 Rupee for a 250ml packet of Pediatral to R7.35 for a Litre packet of flavored Wilson's.

2. ORT

No studies have been done to determine opportunity costs to families to adopt any of these behaviors. The KAP study now being completed will provide some insight into this area.

3. Diarrheal Disease Prevention

Equally, little information exists on what prevention strategy is the most appropriate and acceptable to the population.

4. Competition

- Anti-diarrheal (as low as R2 per 250 ml bottle)
- Antibiotics No Data
- Traditional Remedies available to the
- Reduced Feeding consultant at this time

D. PROMOTION

No formal promotion strategy was uncovered. Analysis of existing communication products suggests the following assumptions.

1. Creative Strategy of Public Sector Program

- Target Audience(s) Segmentation Strategy
 - Rural women with children under 5.
 - Men's role has been discussed as the Decision-makers and purchasers of ORS, (little evidence of this role in materials).
 - Secondary audience is Health Providers and Private Sectors retailers.
- Objectives
 - Use ORS at onset of diarrhea.
 - Mix properly in home.
 - Give as much as child will take at regular intervals.
 - Continue feeding/breastfeeding and soft foods
 - If doesn't improve after 3 days, go to doctor.
- Consumer Benefit (Positioning)
 - "Save your child's life with ORS"
 - "Diarrhea will continue inspite of ORS"
- Support
 - Peer appeals/testimonials
 - Fear of consequences
- Tone
 - Serious/stressing dangers of diarrhea.
 - Positive/sharing benefits of happy child.

2. Creative Strategy of PRIVATE-SECTOR

(More analysis is needed here, but cursory review of products suggest:)

- Target Audiences
 - Urban/semi-urban class B & C consumers.
- Objectives
 - Sale of ORS
- Consumer Benefit
 - For dehydration, not for diarrhea
 - Flavoring by Wilson's.
 - Convenient size (250ml) by **Pediatral**.
- Support
 - Chemist recommendation
 - Private Practitioner Detailing
- Tone
 - Flavored brand looks like an attractive, commercial drink.
 - Others look medicinal.

3. Promotional Materials Available or in Preparation

- Public Sector
 - Radio & TV messages broadcast for more than 3 years.
 - Nimkol name recognition on 500 ml packets.
 - New name "ORS" used on 1 litre packets.
 - Program logo field tested.
 - Calendar for Health Center with Logo.
 - POP Mobile for Chemist shops (Logo Recognition).
 - Poster for Distribution Points (Logo Recognition).
 - Leaflet for public in development.
 - Leaflet for chemist in development.
 - Cinema Film in development.
 - 3 Radio Programs. (2 in development, 1 being broadcast.)
 - Mailing to Physicians in development.
 - Billboard in development.

E. MANAGEMENT OF COMMUNICATION ACTIVITIES

NIH, through an agreement with USAID, has contracted with D.J. Kymer, one of Pakistan's oldest advertising agencies to provide services to the CDD program. (Agency contract is attached in Annex I.) The contract was awarded through competitive bidding in April of 1985 and a contract signed in June of 1986. D.J. Kymer, which is based in Karachi has established an administrative representative in Islamabad to help reduce the communication problems inherent in having the client and agency in 2 different cities.

The CDD Manager is responsible for approving all agency products, with a Technical Advisory Committee (TAC), composed of 10-12 representatives of various local and international agencies, which reviews and comments on all agency products.

The contract establishes a variety of approval stage for each of the various products, against which the agency is paid upon approval. Billings are sent to USAID which administers payments upon receipt of written NIH approval.

D.J. Kymer has no research department in-home. A research sub-contract with SMAR, a local market research firm, has been assigned to carry-out the KAP study, and pretesting of the Logo.

III. OBSERVATIONS

Pakistan's National CDD Program is approaching a critically important point. Valuable data from the KAP's and Private-Sector Distribution Study will soon provide a basis upon which to review the Program's strategy, goals, and accomplishments. It is important that key decisions such as:

- Packet size,
- Mixing Instructions,
- ORS Consumer Benefit Strategy, and
- ORS Distribution Design

benefit from analysis of this data. The government should take advantage of this invaluable research and resist the temptation to resolve these issues based on anecdotal information.

A. COMMUNICATION ACCOMPLISHMENTS TO DATE

1. Contracting of Agency
2. Design and development of several key quantitative studies.
 - a. KAP's for consumers, providers, pharmacists.
 - B. Private-Sector distribution study.
3. Development of a program logo - pretested in the field.
4. Extensive radio promotion of ORS and Nimkol - apparent high name recognition of Nimkol.
5. Development of draft materials for a roll-out (launch) of new logo.

B. PROBLEMS ENCOUNTERED

1. Lack of an Overall Strategy Statement.

Much of the strategy is implicit in program activities, but several key decisions are still unclear. Particularly critical are decisions about packet-size, mixing instructions, key benefit of ORS to consumers.

2. Lack of Substantive Linkage between NIH and Agency.

Experience in other countries demonstrates clearly that ORS can not be treated like just another commercial product. Advertising companies require considerable technical guidance, not only in the clinical details of ORT and CDD, but in the development of strategies, messages and materials for C and D class consumers for this very difficult product. Likewise, NIH requires consultative services in how to best manage an advertising agency - a skill which is both specialized and difficult. The present arrangement provides neither of the parties with sufficient consultative guidance in how to best work together to

build an effective program. This has resulted not only in minor disagreements, but more important is deference from both parties to the other opinions on key creative decisions. This is resulting in the lowest common denominator being chosen, and materials which do not reflect the quality of either group's experience.

3. The Physical Separation of Client and Agency Exaggerates Miscommunication.

The agency's establishment of an administrative representative in Islamabad does not meet the key programmatic need for regular substantive consultation between agency and client. The contract's restriction on agency travel is not in the Program's overall interest.

4. Decision-Making "By Committee" is Hampering the Program's Progress.

The evaluation of communication materials - creative judgments on color selection, type face, layout, etc. are always tempting areas for group discussion. Everyone has an opinion and large groups rarely agree. Successful judgments in this area are based upon experience and field testing. Unfortunately only the logo has been field tested and this leaves all the other materials open to the personal opinions of different individuals. Often, the TAC group is reviewing aspects of communication materials which are outside their area of professional competency. The agency, trying to respond, compromises and again the project suffers. Additionally, the need to review all materials in the full TAC means that decisions are often delayed, pending the meetings schedule and the consensus process.

5. Lack of Qualitative Research to Guide Decision-Making

The most serious flaw in the communication strategy is the lack of qualitative research, particularly:

- Exploratory Focus Group Research,
- Specific Materials Testing, and
- Product Testing.

Other qualitative research would also be useful; ethnographic, consumer intercepts, and in-depth individual interviews, but given the present stage of program development and the limited local experience with qualitative research, focus group and pretesting are immediate priorities.

The advantage of qualitative research is that it can be done relatively quickly and it provides insights into key programmatic decisions.

- Comparative tests of leaflets is critical.
- Focus groups with women on "the qualities of a good diarrhea remedy".
- Focus groups with men on "why they would purchase ORS vs. other remedy."

- Focus groups with chemists and health providers to determine what benefits and obstacles they see in ORS,
- Mixing tests using various measurement techniques - a jug, a plastic bag, the packet itself, a local measure, a glass, etc.,
- Observation trials of H.W. teaching styles to determine the best materials for their use, and
- Pilots of village level promotions - "baby contest" - "mixing contests" etc. could supplement the reliance on mass media.

An outline of the most urgent qualitative research is provided in Annex 2.

6. Lack of Educational Support to Mass Distribution of ORS.

It is now agreed that while the mass distribution of ORS through EPI workers has increased effective access and helped overcome stock piles of ORS, the lack of educational support on when to administer the ORS is a potential problem. Similar programs in Ecuador, Mexico, Guatemala and Honduras have shown the advantage of direct educational support during distribution - through radio campaign or distribution of a simple instructional flyer of some design.

7. Developing an Effective Leaflet.

The recommendation of the November Program Review to urgently develop and distribute a leaflet is an important one. But care must be taken that this leaflet is part of a single coherent strategy. The greatest immediate dilemma is what ORS mixing instruction to promote. It is believed (although no study was uncovered to support the belief) that no standard measure of any appropriate volume exists throughout Pakistan. This suggests that some measuring system will have to be provided. But, we do not know without field trials which of these options will optimize accuracy, and provide the greatest attractiveness and convenience to the mother.

Several options exist, such as:

- a. Development of a community jug which mothers use to calibrate their own containers in the home.
- b. Distribution of standard glass to all mothers.
- c. Distribution of an inexpensive plastic bag such as Ecuador and Peru have adapted successfully.
- d. Find a local container of standard size and develop compatible packet size.
- e. Use the packet itself as a measurement system - design the 200ml packet a bit bigger, for example, and tell mothers to add 3 packets of water to 1 of salts, or even one to one if production of

such packet would be possible. This is a more practical solution with the 200 or 250ml packet than one litre packet because of size of litre volume needed, and cost of packaging.

8. Packet Size

The packet size should also be influenced by how much ORS liquid the mother is expected to give. Growing evidence suggests that in program's like Pakistan, where the norm is "give ORS at onset of an episode", most children do not need one litre; they will refuse to drink the salty solution; and mothers will be forced to save a contaminated solution or throw away what's left (perhaps as much as 1/2 to 2/3 of the solution.) The "throw away" message has not proven successful. Mothers resist discarding "medicine" and typically lose faith in the efficacy of a solution that can be so easily discarded.

This argues for serious consideration of a smaller packet size which has the following advantages:

- a. A self-contained mixing container can be more easily developed.
- b. Administration is simplified because the mother mixes what she needs and gives that volume to the child.
- c. Smaller sizes are consistent with other product marketing in Asia - single dose shampoo, single cigarettes, etc.
- d. Mothers do not have to "throw away" precious medicine.

Packet size will also be affected by production and cost variables which will require careful analysis. Exactly how much would cost be increased - is the increase affordable - is the increase avoidable if the program is to work?

Development of a effective leaflet is dependent on answers to these fundamental questions. Previous program reviews have suggested the need to standardize the public sector packet size. An initial decision to adapt the one-litre packet has been compromised by the agreement in Beluchestan to use the 500ml packet. De facto Pakistan has two public sector packet sizes again.

This is the single-most urgent decision facing the Pakistan program. We know from many other countries that this decision must be based on home-trials to establish the most accurate, reliable, and convenient packet size for mixing and administration. It is not enough to simply say, "well they can mix it using X, Y, or Z." We must also know if the size will help mothers administer the correct volume of solution.

IV. PROPOSED ACTION STEPS

The following actions were approved by General Burney in a meeting held at NIH on Wednesday, January 4, 1987.

1. USAID would cable a Scope of Work for a Communication Consultant to be provided by PRITECH to help develop a pictorial leaflet (see Annex 3 for draft design) and complimentary radio program. Pending a review of progress in March, possible extension of the consultant's services would be considered.
2. It was agreed that Ms. Lucia Ferraz Tabor was to provide the consultative services.
3. A qualitative research design brief was to be submitted by Ms. Ferraz Tabor within a few days. The brief would represent a simplified version of Annex 2 - placing emphasize on the leaflet development using the four (4) glass measure as an intermediate standard. Later it can be determined if the larger study will be done.
4. Dr. Smith would brief the proposed "jug" consultant on the needs for the study. This consultant would focus on production feasibility and feed information into a broader study of mixing and packet design.
5. By Mid-May, NIH would have:
 - leaflet design completed and tested;
 - one complimentary radio spot to teach mixing and promote availability of leaflet completed and tested;
 - a study design for a mixing instruction - including the analysis of at least three mixing options:
 - Plastic Bags (of different sizes and design)
 - Packets as measuring device
 - Jug used communally to calibrate litre volume.
6. USAID would request PRITECH assistance in providing 2 consultants to help review initial data from the KAP and qualitative studies. The dates for this review would be provided ASAP.

In addition, the following specific action steps for Ms. Ferraz Tabor were outline as immedlate priorities.

ACTION STEPS

- Call SMAR - Check timing of study.
- Call Kymer - Inform of changes (radio spots).
- Prepare Brief for Radio messages.
- Meet w/TAC members - explain decisions.

- Travel to Karachi. Meet w/
 - Kymer - locate photographer - women subject
 - SMAR - go over protocol draft. Select villages. Develop timeline. Interview personnel. Decide on training required.
 - Fix budget and communicate to AID and NIH.
- Develop Photo Shoot Guide and Sites (Studio and Village)

ANNEX I

NIH/KYMER CONTRACT

National Institute of Health

(EXPANDED PROGRAMME ON IMMUNIZATION)
FEDERAL EPI CELL
ISLAMABAD

Ref. No. 6(6)/86-CDD(IIE)

Date: ⁰² April, 1986

CONTRACT

Between the President of Islamic Republic of Pakistan
By the National Institute of Health
and
M/s, D.J. Keymer and Co., Pakistan Ltd.

WHO Project
OIEF Contributions
RCF No. 391-86-002

THIS CONTRACT made and entered into this 2nd day of April, 1986, is for the supplies and services at the terms and conditions as set out in this contract as contained in the following pages as the Schedule and General Provisions.

The Provision of the Schedule shall have precedence over the General Provisions.

Contract Value:

Rs. 3,381,176.00

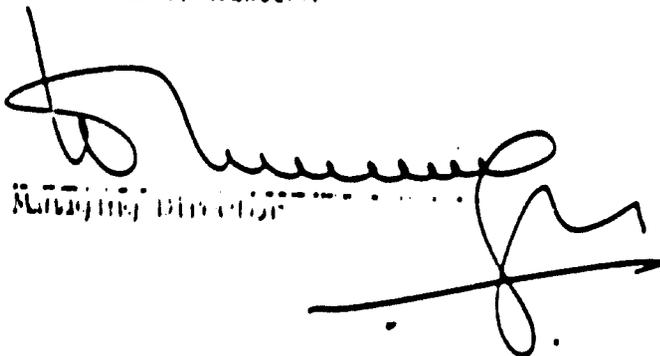
Payment Office:

Office of Provincial Management
US-10, Box 1028
Karachi, 18 South Avenue
Islamabad

IN WITNESS WHEREOF, the parties hereto have executed this contract.

M/s, D.J. Keymer & Co. Pakistan
(Private) Limited

National Institute of Health


Managing Director


Contract Management Officer
National Project Manager, E-2/210,
National Institute of Health,
Islamabad.

03 April, 1986.

02 April, 1986.

SCHEDULE

ARTICLE I - DEFINITIONS

1. "Contractor" shall mean M/s D.J. Keymer & Co. Pakistan (Private) Ltd;
2. "Contracting Agency" shall mean the National Institute of Health (NIH);
3. "TAC" shall mean the Technical Advisory Committee of the National Institute of Health;
4. "CDD" shall mean the office of the Manager, Control of Diarrheal Diseases, the official representative of the National Institute of Health;
5. "ORS" shall mean Oral Rehydration Salts;
6. "ORT" shall mean Oral Rehydration Therapy.

ARTICLE II

The Period of this contract is one year from the date of execution.

ARTICLE III - RELATIONSHIPS AND RESPONSIBILITIES

Four main organizations will be involved in the activity: The Government of Pakistan, USAID, the selected Firm, and the CDD Technical Advisory Committee (TAC). It is important to understand the responsibilities of each and their relationships to one another are as follows:

A. The Government of Pakistan (GOP)

The GOP, through its National Institute of Health has contracted the services of a firm to undertake responsibilities as described in ARTICLE V - Statement of Work. In addition, the NIH will oversee the CDD Technical Advisory Committee. The Contractor shall submit required reports to the Manager, CDD. The NIH will officially communicate all decisions of the Technical Advisory Committee by the Manager, CDD to the Contractor and Manager, CDD will be the Agent of the Government of Pakistan in its relationships with the Contractor.

B. USAID

USAID/Pakistan's Office of Health, Population and Nutrition (HPN) in Islamabad will assume general responsibility for USAID's management and monitoring of the ORT communications program. USAID's Office of Project Development and Monitoring (PDM) and office of the Regional Legal Advisor, Contracts Division in Islamabad will assist HPN in all contracting and procurement actions. The USAID representative who

serves on the CDD Technical Advisory Committee (TAC), will:

1. review and approve each campaign element;
2. participate in quarterly Progress Seminars to be developed by the Firm. This will provide both Governments and the ORT TAC and other interested parties with the opportunity to fully discuss campaign progress with the Firm's executives at regular intervals;
3. participate in evaluations in cooperation with the TAC and the GOP; and,

The USAID will also either directly, or through an agent, review and audit financial data and reports.

C. The CDD TAC

The CDD Technical Advisory Committee has been established by the GOP. The Committee is composed of selected GOP health officials and representatives from international donor agencies supporting the health care sector in Pakistan. The Committee is chaired by the Executive Director of NIH. This Committee has been involved in the development and promotion of the Pakistan CDD program and will provide technical direction to the Contractor, thru the Manager, CDD for the CDD communications campaign. The CDD Technical Advisory Committee will meet periodically to review the social marketing campaign.

D. The Contractor

The Contractor will be responsible for: (1) designing a campaign strategy and printed materials and media operational plan; (2) presenting the strategy and plan to the NIH/USAID representative for review and approval; (3) implementing the approved strategy and operational plan; and, (4) preparing an evaluation plan for the campaign to measure its overall and specific objectives. The CDD Manager will be directly responsible to liaise with the Contractor throughout the campaign. The Contractor, however, will retain complete autonomy for day-to-day implementation of the campaign.

ARTICLE IV - OBLIGATION OF NIH

The National Institute of Health will convey its decisions regarding approvals required by the Contractor for initiation of various activities thru the Manager, CDD. The invoices submitted by the Contractor will be verified by the Manager CDD and passed on to USAID for processing and arranging direct payment to the contractor.

ARTICLE V - STATEMENT OF WORK

A. Overall Objective

The contractor shall design, implement and evaluate a

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communications campaign to promote the increased utilization of ORS to treat diarrhea in infants and children.

B. Specific Objectives are:

1. To present ORS as a safe, simple and easy to administer therapy for diarrheal episodes.
2. To present a range of new information and practices which mothers, older siblings, and other child caretakers can and must learn. These include:
 - . knowing what ORS is for
 - . knowing where to get it
 - . believing it works and being willing to use it
 - . mixing it properly in the correct volume of water
 - . administering the correct amount
 - . continuing breastfeeding and giving soft foods and other liquids during diarrhea episodes
 - . using a set of simple cues to detect if the treatment is failing
 - . educating the public on personal cleanliness, domestic and water hygiene
 - . promoting breast-feeding
3. Direct consumers to clinic and private sector points of ORS sales and service centers.
4. Provide a credible consumer rationale for ORS use.
5. Provide consumer education and information in the proper preparation and administration of ORS to the users.

The total private sector sales of ORS (all brands) is estimated at 12 to 15 million packets annually. Currently, the market absorbs production, but production is expected to be stepped up if there is an anticipated increase in demand. In order to stimulate demand, an ORT communications campaign shall be launched by the Contractor.

Initially, during the first year of the communications campaign emphasis will be on the acceptance and correct use of pre-packaged ORS due to present availability of supplies. By year 2 of the campaign, sufficient training of health workers should have occurred to permit the promotion of home preparation of ORS through the communications campaign.

C. Target Audience

1. Primary

Families (both fathers and mothers) with children under the age of five. Since fathers do household marketing, they too must be made aware of ORS and its preparation in addition to female household members who are responsible for day-to-day child care.

2. Secondary

Rural health personnel, local opinion leaders, the medical profession and pharmacists (and other point of purchase dispensers).

D. Creative Strategy

The contractor shall undertake the following strategy:

- (1) A direct and simple approach to show what ORS is for;
- (2) Easy administration of ORS;
- (3) Use of symbol - allow identification of symbol on packet, irrespective of brand;
- (4) To also allow both mother and father to realize the severity of the problem - they can save their child's life.

The creative strategy of the campaign shall deal specifically with the aim of increasing awareness and acceptance of the use of pre-packaged ORS. This is the short-term approach which will lead to an increase in demand for packaged O.R.Salts and provide pharmaceutical companies with an incentive to increase production.

The campaign strategy is focused on the ORS symbol. Graphically presented, it shows a mother holding a child in her arms, signifying love, care and the bond of mother/child. The symbol is intended to encompass the idea behind the ORT communications campaign; it is the mother and child relationship which is very important to creating acceptance and awareness of ORS. The writing on both sides of the symbol allows it to have greater meaning for those who can read and at the same time be easily recognized visually.

This symbol shall be incorporated in our communication strategy, on media, in our printed matter, stickers, leaflets, etc.

More importantly, this symbol shall be on every packet of ORS, whether it be the government or a private pharmaceutical company. The N.I.H. can ask the pharmaceutical companies that together with their own company name, the 'ORS' logo be incorporated. This will give both

universality to the campaign and also avoid any form of confusion amongst the target audience which is created with the diversity of brands available.

The creative strategy employed shall be direct and simple. The campaign must at all points be informative and educational. It must work to (1) inform users what ORS is for; (2) that it is effective; (3) it is easy to use and is better than medicines (antibiotics); (4) that other foods and liquids must also be taken.

In the initial period of 12 months, the campaign will consist of creating an awareness of ORS, i.e. allowing mothers and fathers to know what ORS is, how it works, where to get it. It will also aim to educate and inform retailers (chemists and pharmacists), doctors and others in the medical profession.

The printed material developed consists of both visual and written matter. The use of the visual which is simple and easy to understand is of paramount importance as our real and most severe problem is in the rural areas which have little or no primary health care, and also where the literacy level is extremely low.

The printed material shall be simple to comprehend. The ORS strategy also embodies the idea of ORS as a life-saving treatment and gives mothers/fathers the responsibility of the proper care of their child. Unfortunately, diarrhea is often not viewed seriously and it is only when the problem becomes very severe that any attention is paid. This compounds the situation where treatment by ORS may prove too late. Thus, we must attempt to treat diarrhea at its onset by ORS not waiting for severe dehydration to occur.

The ORT communications campaign shall aim to remove wrong conceptions about the treatment of diarrhea at all levels, doctors - nurses - pharmacies - retail outlets - father/mother. Misconceived notions about the use of antibiotics even in the medical profession are prevalent. At all levels of the health care system, ORS must be popularized and win the confidence not only of the medical profession but right down to the mother who is responsible for the health of her child.'

Because one of the greatest drawbacks of the ORT communications campaign is the lack of knowledge of ORS and the administration and use of ORS especially in the rural areas - the campaign shall concentrate largely on the rural areas with less weight on the urban areas, since the severity of the problem is in the former areas.

E. Special Campaign Considerations

Given the target audience of parents, health workers, physicians and chemists, several factors need to be considered in developing the campaign to reach these varied audiences. In the case of parents, fathers can be reached through point of sales and various media, while it will be more complex to reach the female caretaker population due to

their limited mobility and cultural constraints. Yet, it is the mothers, and the female child care providers that must be sensitized to request men to purchase ORS. In addition, regional variations of language and ethnic practices may necessitate a varied approach targeted to different geographic regions. Aside from the multi-target group, the diversity of brands, formulations and sizes of ORS ranging from 250 cc to 1000 cc packets present a complex situation in teaching preparation of solutions due to these variations. Dealing with this diversity and promoting correct mixing will be particularly critical when the ORT communications campaign moves to phase 2 of emphasizing the preparation of home solutions. It is the Contractor's responsibility to devise a plan to communicate with and motivate the intended audiences to successfully implement both phases.

F. Campaign Elements

Specific elements to be considered in the preparation of the campaign shall include but are not limited to the following:

1. A program logo
2. A simple visual instruction leaflet
3. An outdoor sign for commercial outlets
4. Posters for health facilities
5. Systematic presentation of ORT to the Medical Profession
6. Limited media presentation
7. Education and sensitization of the retailers to the proper preparation and administration of ORS to enhance product awareness, acceptance and use
8. Campaign research and evaluation plan

G. Research and Evaluation

As part of the campaign strategy, a research and evaluation plan shall be developed by the Contractor for the overall campaign. Such a campaign plan shall consist of elements to measure both sales as well as actual awareness and utilization patterns of ORS through activities such as market surveys; shelf audits on a regular basis; pre-launch studies; focus group surveys to determine product acceptability and user ability to properly mix and administer ORS; and field surveys to determine consumer access. An overall evaluation of the reduction of morbidity and mortality will be incorporated into the national program effort by the COP to complement the research and evaluation plan for the communications campaign.

H. KEY PERSONNEL

a. The individual filling the following position is considered a key person:

Position

Name

ORT Communication Project

Habib Moor Khan

Program Manager

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b. The person specified above is considered essential to the work being performed hereunder. Prior to diverting the specified individual to other programs, the Contractor shall notify the CDD Manager reasonably in advance and shall submit justification (including proposed substitution) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without the written consent of the CDD Manager; provided, that the CDD Manager may verify in writing such diversion, and such ratification shall constitute the consent of the CDD Manager.

I. REPORTS

Reports in duplicate covering activities under the contract as well as estimates of how sales, awareness and utilization of ORS are progressing, should be submitted to NIH every quarter.

ARTICLE VI - TYPE OF CONTRACT-BUDGET (12 MONTH PERIOD) AND METHOD OF PAYMENT

A. This is a Firm Fixed Price Contract for all items of all work except that for Item B9, below, which will be on a cost-reimbursement as authorized basis. The scheme for reimbursement of this item will be as stated in para C below.

B. Budget

	<u>Quantity</u>	<u>Total Cost</u>
1. Radio ^{1/}	128	Rs 1,394,489.00
2. Film Production cost for 1 minute in colour with prints ^{2/}	200	260,000.00
3. Hoardings (Billboards) ^{3/}	30	185,000.00

^{1/} Total number of programs	: 128
Frequency of program	: 3 per week for the first 6 months of the campaign and 2 per week during the next 6 months
Duration	: 7 minute with 30-sec commercial time
Stations	: 16
Cost per program	: Rs 10,894.45 (exclusive of 30% special discount for public service campaign and inclusive of 15% agency commission)
Language	: 5
^{2/} Film production Rs 60,000, colour prints cost @ Rs 1,000/- each	
^{3/} 30 hoardings size 20' x 10' in small towns @ Rs 6,000/- per annum average plus Rs 5,000/- for designing.	

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4. Printing cost:

i. POSTERS	100,000	204,000.00
ii. HANGING MOBILES	20,000	84,000.00
iii. RETAIL LEAFLET HOLDER	50,000	91,500.00
iv. DIRECT MAILING (DOCTOR)	35,000	66,500.00
v. RETAIL LEAFLET (CHEMISTS, PHARMACIES)	50,000	24,000.00
vi. SIMPLE VISUAL LEAFLET	1,000,000	404,000.00
vii. CALENDAR	15,000	39,500.00
5. LOGO DESIGN		15,000.00
6. LOGO TESTING		20,000.00
7. DISTRIBUTION AND DISPLAY COSTS (POSTERS, MOBILES, HOLDERS) 3 TIMES A YEAR		168,187.00
8. PRE-LAUNCH BASE-LINE SURVEY		375,000.00
9. TRAVEL AND OTHER EXPENSES FOR 2 PERSONS FOR 4 ROUND TRIPS PER YEAR BETWEEN KARACHI AND ISLAMABAD WHEN REQUESTED BY N.I.H.		50,000.00
		<u>Rs 3,381,176.00</u>

C. Payment Method

Payments due the Contractor under this contract shall be made by USAID upon the Contractor's written request in accordance with the General Provision 4 entitled Contractor's Certificate accompanied by the approval of the Manager, CDD.

Invoices will be submitted on completion of individual jobs.

However, the schedule applicable for the following jobs will be as under:

PRINTING COST

20% on approval of art work
30% on submission and approval of proof
50% on delivery of final material

SURVEY FOR KNOWLEDGE, ATTITUDE AND PRACTICE ON ORB

10% on completion of questionnaire
10% on sample design
10% on tabulation plan of data design
10% on interviewers design
10% on questionnaire pretest
10% on submission and acceptance of report

DISTRIBUTION AND DISPLAY COST

50% on completion of 50% of the work
50% of final completion of the work

The Contractor shall be reimbursed for the costs of economy class commercially scheduled air travel as follows:

- (1) Round trip air fares for the Contractor's employees assigned to work in Pakistan and their authorized dependents.
- (2) Up to 8 round trips for the Contractor's home office staff to inspect work under the contract or consultant with field staff and Contracting personnel.
- (3) Per diem during such travel shall be paid in accordance with the Contractor's usual practice.

USAID prefers to receive no more than one invoice per month. However, any invoice may contain requests for payment under more than one scheme, more than one basis for payment under the contract.

The Contractor shall submit the request and documentation to the CDD Manager. The CDD Manager shall provide a "Certificate of Performance; or "Certificate of Non-Performance of Specific Items". The CDD manager shall make arrangements with AID for direct rupee payment from AID to the Firm, upon AID's review and approval of the documentation received from the CDD manager.

The period required for processing of invoice in USAID Mission and arranging check from Bangkok is estimated to be 30 days.

ARTICLE VII - RELEVANT AID GEOGRAPHIC CODES

000 UNITED STATES

899 FREE WORLD

Any area or country in the Free World^o, excluding the participating country itself.

935 SPECIAL FREE WORLD

Any area or country in the Free World^o, including the participating country itself.

^oFree World^o excludes the following areas or countries: USSR, Albania, Bulgaria, Czechoslovakia, German Democratic Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Poland, Vietnam, North Korea, People's Republic of China, Mongolia, Laos, Cambodia, and Cuba.

ANNEX 2

PAKISTAN CDD PRODUCT RESEARCH PROGRAM

(D R A F T)

This Annex outlines an approach to using qualitative research to help establish the optimal mixing instruction, packet size and visual instruction for ORS preparation and use in Pakistan. It is presented as a framework for discussion of this critical programmatic area and will need modification to adjust to the accelerated schedule required by NIH.

Pakistan CDD Product Research Program

The following Research Program is designed to provide minimal field test data to determine:

1. Consumer Preference for packaging, quality, packet size, and price of ORS salts by comparing several brands of existing products.
2. Whether photographs or drawings provide greater accuracy and consumer acceptability in teaching basic ORS mixing skills among rural Pakistan women.
3. Whether full figure or detail (close-up) representations of ORS mixing steps provide greater mixing accuracy.
4. The comparative advantage (accuracy and convenience) of four (4) different ORS mixing procedures a) a 1 litre plastic bag, b) a 500ml plastic bag, c) a 250ml packet and d) a 1 litre plastic jug.

This data will be used to assist the CDD program to:

1. Select the optimal ORS packet size for Pakistan.
2. Establish a single mixing procedure for the public-sector program.
3. Develop a pictorial leaflet for teaching ORS mixing.

Under normal circumstances in a country as culturally diverse as Pakistan, this research would require 3-6 months to complete.

NIH has asked that it be completed in 6 weeks. Personnel with experience in this type of research in Pakistan are few. To compensate for these constraints, emphasis is being placed on:

- Identifying unanticipated obstacles to successful consumer use.
- ORS mixing accuracy.
- Avoiding gross miscommunication, consumer confusion, and
- Rural mothers of children under 5, because they are considered the most difficult target group to reach.

These limitations mean that:

- no information on urban audiences will be available
- fine tuning of design and instructional elements will not be possible
- sample sizes will be small; representativeness will not be possible.

The research program is divided into five phases.

Phase 1: Identification of research personnel and preparation of initial test materials. One (1) pilot test of procedure.
Feb. 8-20

Phase 2: Two independent tests, run simultaneously in four (4) villages - one in each of four cultural regions of the country.
Feb. 20-29

Test One is the Product Preference Test which will be designed as an intercept run at a village health center or where women get together.

Test Two will be a comparative analysis of Photo vs. Drawing and Full Figure vs. Detail Pictorial Representations. Test Two will be conducted at a Health Center in the same village as the Product Preference Test.

Phase 3: Analysis of Phase 1 results and preparation of mock-up mixing
March 1-7 containers.

Phase 4: Mixing Trials conducted in four (4) villages, different from Phase 2
March 7-21 villages.

Phase 5: Analysis, re-design and presentation of:
March 22-30

- All Test Results
- Preferred Mixing Procedure
- Leaflet Mock-up

Test subjects should be:

- 100% mothers of children under 5
- 70% rural illiterate women
- 50% between ages of 18-30
- 50% over 30
- 25% from each of the major cultural groups in the country

Product Preference Test
(Unprompted Responses)
Tape Recorded

1. Five (5) locally available packets are arranged on a tray. Each in lettered A, B, C, D, E and labelled with its actual price. One bottle of Kaolin compound R7 price is also displayed. Packets can be picked up and handled by consumer.
2. Interviewer sets-up in the market place with a helper. The helper's job is to find women under 40 years of age with children under 5, and recruit them for the interview.

They explain that they are trying to learn about women's opinion of some new medicine for children. If they can take a few minutes to give their opinion, then they will receive a small prize.

3. The interviewer begins by showing the product tray and saying:

Interviewer: "I would like to know, if your child were sick with diarrhea, and the chemist told you that all these medicines were good for diarrhea, which one would you prefer?"

Interviewer can answer question such as:

Mother: "What is the price?"
Interviewer: "They are noted here." (Read each one)
Mother: "Which do you think is best?"
Interviewer: "No, they all work pretty good."
Mother: "Can I choose more than one?"
Interviewer: "Well, tell me your very favorite first."

2. Record the number of the one selected. _____

How did the mother make the selection?...

____ Quickly, with assurance.
____ Thought for awhile, but seemed confident in choice.
____ Unsure which to choose - not confident of choice.

If person made first choice of Kaolin, then take the bottle away and ask:

3. "If the chemist were out of this one (show bottle) would you select one of these packets, or go somewhere else to look for the bottle?"

____ Select packet
____ Go somewhere else

If said, "Go somewhere else",...

4. "If you couldn't find the bottle anywhere, which of these packets might you choose?"

5. Is there another product here you would like as well, or is this one (show first choice) your clear choice?

___ of other one.

___ no other one preferred.

6. Show first packet, then choose and ask:

"Why did you like this packet the best?" (Unprompted)

___	Size	___	Attractiveness
___	Color	___	Other (note) _____
	<u>Price</u>		_____

7. Was there anything else about it you like? _____

8. What about the price, did that influence your decision?

___ Yes ___ No ___ How?

9. Is there anything you would like to change about the packet to make it better? (note responses)

10. (Show second packet) "What about this one? What did you like about it? (note responses)

11. Was there any of these packets you would not want to use?

___ Why? _____ No ___

(Show 1st choice packet again)

12. Let's look at this one again. How would you go about preparing this medicine for your baby? (Tape recorder will record exact response - just.....)

Note Whether Individual:

___ Read instruction and then explained

___ Explained without reading instruction

___ Read instruction but didn't explain

___ Didn't know, didn't try to read instruction

How would you go about finding out how to use this packet?

13. Have you actually used any of these products before?

Yes Which ones? _____

No

14. What do you think is the most important thing a medicine for your child's diarrhea ought to do? (unprompted)

Taste Good/Taste Bad

Stop Diarrhea

Help Dehydration

Other _____

15. Have you heard of dehydration? If yes, what is it? If yes, then....

16. Is there special medicine for diarrhea and different medicine for dehydration, or are the same medicines good for both?

Separate Both Don't Know

Mother is thanked. Asked if she would like to ask any question or add anything. Continue recording.

Mother is give a small prize. Bar of soap. Perfume, etc.

Photo/Drawing Comparison Test

In same village as Product Preference Test, on the same day, another Research Team member goes to local Health Center. Goal is to recruit women with children under 5, but if none are available, any women between ages of 18 and 50 in appropriate. Interviewer sets-up in private place.

Materials consist of four (4) boards, each with one visual on it. The visual is the actual size of one printed on a packet. The visuals depict the four mixing stages - each picture on the board is numbered.

- Board A use full figure drawing
- B use close-up drawing
- C use full figure photo
- D close-up drawing

Interviewer uses the following protocol. She rotates boards with consumers - always beginning with a different board.

Questionnaire Guide #2

Test Board _____ (place letter here)

Hand board to consumer with illustration upside down, and say:

1. "I would like you to look at this for me and tell me what you see?"

Record: Does consumer turn right side up?

_____ Yes _____ No

What picture do they start describing?

#1 _____ 2 _____ 3 _____ or 4 _____

Do they skip any pictures?

#1 _____ 2 _____ 3 _____ or 4 _____

What order do they go in?

Picture # _____ First
Picture # _____ Second
Picture # _____ Third
Picture # _____ Fourth

2. "Now, as you see, I have some implements over here. Could you use the picture and tell me how you would do what the picture illustrates?"

Note: _____ Did they try
_____ Did they refuse to try

What action sequence do they go in?

First _____ Second _____ Third _____ or Fourth _____

What difficulties do they have?

What seems to be easy for them?

What specific mistakes do they make?

When they are through, show the women all four boards. Ask her to look at all four and then ask.....

3. Do these four boards all show the same procedure?

_____ Yes _____ No

4. If no, ask which ones are different?

5. How is it different?

6. Which one do you think is easiest to understand?

Board #1 _____ 2 _____ 3 _____or 4 _____
Why? _____

7. Which one do you like the best?

Board #1 _____ 2 _____ 3 _____or 4 _____
Why? _____

Phase 4
Mixing Trials
Video Tape or Tape Record

Using the results of the previous two tests, which help to choose:

Photo or illustrated instruction,
Full figure or detail pictures,
Sequence of pictorial instruction, and
Graphic style preferred by mothers.

Four (4) mixing container mock-ups are prepared, each with appropriate visual instructions. The four mixing systems would include:

- a 1 litre jug
- a 1 litre plastic bag
- a 500ml plastic bag
- a 250ml packet

Step 1. Comparative Trials

During Phase 1 of this test, a group of 12 mothers would be brought together. Four mothers would be asked to serve as "mixers". The other mothers would act as observers. Each of the four mixing mothers (MM) would be kept isolated from the group until their turn to mix.

The moderators would invite one of the MM's to join the group and on a table in clear view of all the other women show MM1 how to mix using Method 1. The full process would be explained and demonstrated slowly, permitting the mother to ask any questions. The visual instruction would then be provided to the mother and she would be asked to repeat the process in front of the group without any help. When she is mixing, she can not ask any questions.

This procedure proceeds through all four mixing methods, each with a different MM.

At the end of the process, the group of observing mothers are asked:

"If you were to choose one of the methods to prepare a new medicine for your child, which one would you like best?"

"Why?"

"Which would you like least?"

"Why?"

"What did you think was the most difficult thing about:

Method 1?	_____
Method 2?	_____
Method 3?	_____
Method 4?"	_____

"Do you have any suggestions on how to make any of the methods easier?"

Show three different sizes of mixtures to the group (1 litre, 500ml, 250ml) and ask?

"Now if the doctor told you to give this medicine to your child when he has diarrhea, which amount of medicine do you think your child would drink in a single day?"

Note which container:

1 litre
500 ml
250 ml

Ask why the didn't choose the non-selected container?

Step 2. Individual Mixing Trials

Using the previous studies to select the best mixing method and visual instruction, set up an individual test situation in which a single mother is:

1. Given a brief explanation that she is being asked to prepare a new medicine for her child's diarrhea,
2. Taken to a table full of implements (all numbered clearly) mixing containers, water, packets of different sizes, and
3. Given the visual instruction and asked to follow this guide in preparing the medicine. No questions may be answered.

Performance is video-taped if possible, if not, the following observation checklist is used to record performance.

Observation Checklist

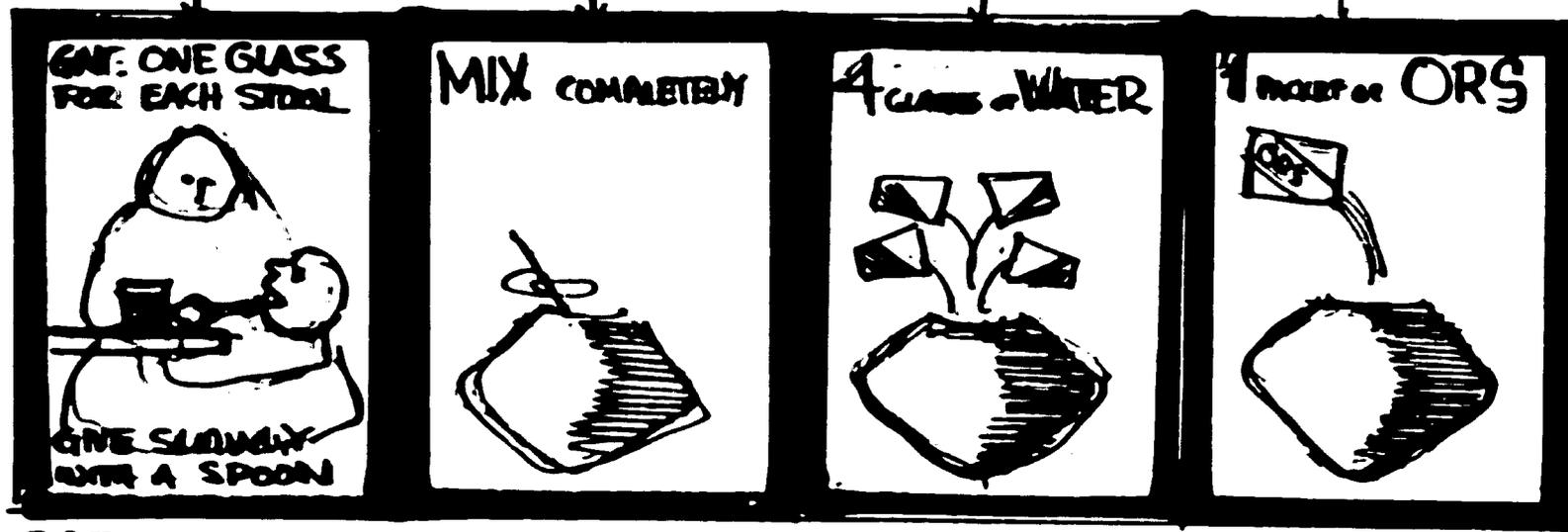
1. What does mother do first?
2. Note what implements she choosed in the order she chooses them:
First _____
Second _____
Third _____
Fourth _____
Fifth _____
3. In mixing, what mistakes does she make?
4. What does she seem least confident about?
5. How many times does she refer to the instructions. (Head turn to look at instructions).

After mother is through, ask her:

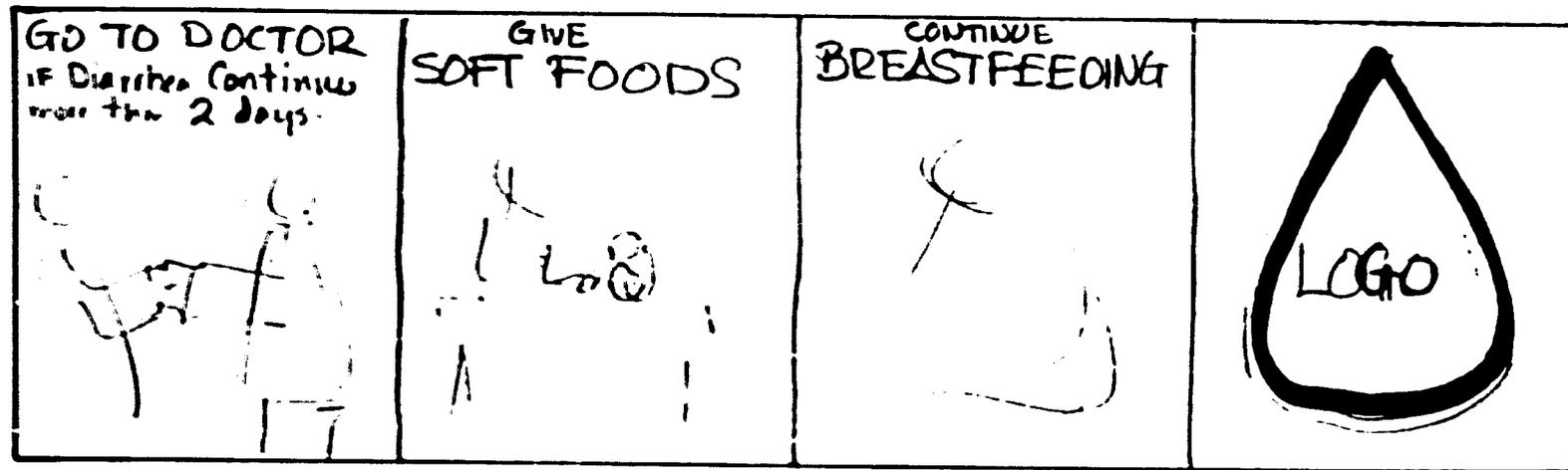
1. Well, was that easy or hard?
2. Would you use a medicine that you had to mix in that way?
3. Was there any part of it you didn't like or worried about?
4. Can you think of any way to make it better or easier?
5. Do you think you would do this in your home?

If not, why not?

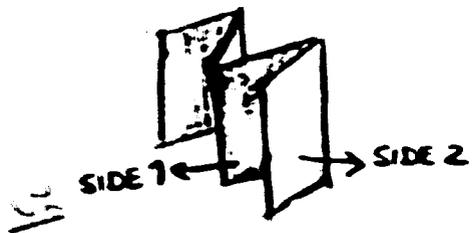
ANNEX 3
DRAFT LEAFLET DESIGN



SIDE 1



SIDE 2



Full Color - Use 4 Different Colors on Border of Side 1. Tie Radio Messages into Color-Coded Squares
Don't use these colors anywhere else on leaflet to avoid confusion.

Photographs - Use colored photographs to improve quality and attractiveness.