

## THE NATIONAL CONTROL OF DIARRHEAL DISEASE PROJECT

## THE COMMUNICATION STRATEGY

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## I. OBJECTIVES

To teach, persuade, and change the behaviors of (a) all mothers of children under five, and (b) other specific target groups, especially health personnel, pharmacists, mass media reporters, and decision makers, with regard to the management of diarrhea and dehydration. In order to attain these objectives, these audiences must be informed in both efficient and effective ways. Information which must reach these audiences can be classified into three types of knowledge:

## A. AWARENESS-KNOWLEDGE

1. Diarrhea is a disease which can lead to more serious ones.
2. Two kinds of diarrhea are known to exist. The serious one is eshal zayy el mayyia, which is usually accompanied by vomiting and nazla maawia.
3. Diarrhea can lead to gaffaf which is very serious and can lead to death.
4. There are different degrees of gaffaf. Gaffaf is easier to treat in its early stages.
5. Only serious gaffaf needs special treatment in hospitals and health centers. Mild cases can be treated by mothers at home.
6. You will be able to recognize it if your child has gaffaf. The child will vomit, have sunken eyes, dry skin, no appetite, and will be weak.

## B. HOW-TO-KNOWLEDGE

1. Complications of diarrhea can be prevented if child is given plenty of liquids during diarrhea.
2. Feed and/or breast milk must continue during diarrhea to give child strength.

3. Examples of liquids to give child during diarrhea are soups, juices, or soft drinks. Examples of food to give are vegetables, fruit, rice.
4. Children who have eshal zayy el mayyia must take Mahleul Meaalget el Gaffaf. You can buy this Mahleul from the pharmacy for a few piasters, or even get it free from hospitas and MCH centers.
5. You must dissolve the MMG solution right, otherwise it will not be effective. To be sure, read the instructions on the box and ask your docter, pharmacist, or nurse how to dissolve the solution right.
6. Give your child the solution slowly and gradually, not in large quantities at once. Give at least two full spoons every five minutes.
7. Gaffaf can be very serious. If your child is constantly vomiting and looks very dehydrated, it must be taken to a docter or hospital at once.

#### C. PRINCIPLES-KNOWLEDGE

1. Diarrhea may be caused by Viruses, Bacteria, Parasites, etc. Factors that make it prevail include poor personal hygiene, poor food preparation, contaminated water, and flies.
2. Dehydration is the loss of body fluids and essential salts and minerals. This happens because of acute diarrhea. Unless restored, this loss of body fluids, salts, and minerals seriously affects the fragile body of the child, resulting, perhaps, in death.
3. MMG will restore the child's appetite to eat, and food and milk will strengthen the child. MMG, food, and liquids restore the lost body fluids, salts, and minerals, therefore protecting child against dehydration.
4. Certain kinds of food will also help stop diarrhea faster, in addition, of course, to strengthening the fragile body of the child.
5. When your child has diarrhea, your first worry should be to prevent dehydration, not to stop diarrhea. Diarrhea will eventually stop, but depending on what you do, your child may or may not get gaffaf, which is your child's number one enemy.
6. Severe dehydration can negatively affect the health of a child, his growth, and his mental development. A good and loving mother never lets her child, therefore, get dehydrated.

## II. CHANNELS OF COMMUNICATION

Characteristics of the main target audience (mothers of children under five) are pretty well known. The majority are illiterate and live in low-income urban areas. Only wise and planned use of communication will enable them to get the project message outlined above. There is enough evidence from different media surveys conducted in Egypt to prove that only innovative social marketing techniques would succeed in reaching the target audience. Print media, as well as health programs on radio and television should be used very lightly and with extreme caution, because they reach a small, and a particular segment of the target audience. Advertising in the print media should be kept at an absolute minimum, if at all. Interpersonal communication should be utilized in teaching doctors, pharmacists, social workers, as well as other health personnel.

The following social marketing activities should be carried out either directly by the project or through competitive bidding according to specific Requests for Proposals (RFP's) issued by the NCCO Project.

1. Development and production of audio-visual aids and other training material for doctors, pharmacists, and other health personnel.
2. Development and production of radio and television spots and special programs for the main target audience.
3. Development and production of booklets, posters, pamphlets, billboards, etc.
4. Planning and organization of national and regional conferences for doctors, pharmacists, and other health related decision makers and national and community leaders.
5. Design and execution of special person-to-person communication campaigns with particular groups and in problem areas.
6. Development, production, and distribution of certain point-of-sale and promotional items.
7. Securing and producing testimonials advocating ORT by prominent doctors and famous personalities.

### III. GUIDELINES FOR SOCIAL MARKETING

#### A. Message Design.

Characteristics of the main target audience will have to be observed in designing the social marketing communication. Messages must be appealing to this general audience, and the information contained in the message should be clear and phrased in simple, non-technical, colloquial Arabic.

#### B. Format and Time of Broadcast

Time of broadcast can be very decisive in affecting the success of spots and special programs to reach the target audience. It is important to note that the most popular format both on radio and television is drama, a fact which can be exploited by the project in at least two ways. First, ORT messages, spots, and special programs would perhaps attract a larger audience if produced in the form of drama. Second, any spots, commercials, or special messages will reach more viewers and listeners if aired during, before, or immediately following soap operas, movies, or other popular entertainment programs and shows.

#### C. Theme.

All URT messages communicated by the NCDD project should be designed to appeal to mothers, who should be described as caring, loving, and smart, and certainly not as negligible or ignorant. In communicating with doctors and other "elite" target groups, the theme should be the scientific or medical "revolution" resulting from URT.

### IV. ORGANIZATION OF CAMPAIGN ELEMENTS

In addition to person-to-person communication as described above, the project mass communication activities can be classified into four rather different elements which complement each other:

1. News/Releases and Public Relations on behalf of the project. This campaign activity involves the publication and broadcast of feature stories and news highlighting project activities, the opening of Rehydration Centers, Conferences and Seminars sponsored by the project, etc. While this aspect of project communication activities may best be handled by the ministry of health information office, very close supervision by the NCDD project is essential.
2. Integration of ORT messages into existing media programs. Each radio or television station has its own health programs as well as other much more popular programs. Both may be used to diffuse ORT messages. The press also has different health and family sections which typically discuss different health issues. The first order of business should be to educate reporters and producers about Oral Rehydration and motivate them to address the subject matter in their programs. Second, detailed arrangements should be made with selected programs, within a general framework, to integrate ORT into the subjects addressed in these programs. Different approaches will be required for the health and the general popular programs.

This aspect of the program communication effort must be undertaken directly by the project with the media personnel involved. The project should provide the content, approach, and means to protect the material and evaluate its impact, the production being left to the media people as their responsibility, in close coordination with the project. It should be mentioned here that as the audience of the specialized health programs, sections, and magazines is relatively much smaller, and is of a particular quality, emphasis should be more on popular programs and less on health programs, sections, or publications.

3. **Specially-produced programs.** The project should start negotiations with one or two radio stations and make arrangements to produce and broadcast "Al Om Al Waaia" program nationally. The program should be put on the radio during the peak of the diarrhea season, and should include competitions and prizes for listeners who follow the program regularly and can answer specific questions on the subject matter. The program would be publicized intensively through spot announcements a few times a day which should be inserted before or immediately after other programs that are most popular among the target audience. While the same may be done on television, the cost could be prohibitive. An ideal arrangement would involve rerunning the program on additional radio stations, but such an arrangement may be quite difficult.
- For illiterate audiences, the same idea can be implemented, where <sup>press</sup> supplements or sections may be edited in direct cooperation with the project. While the NCDD project should subsidize the production of such programs or press sections, it should not by any means waste the project funds on buying newspaper space or radio time for these specially produced programs. They are not to be confused with advertising.
4. **Social Marketing.** By far, this will prove to be the most effective activity in reaching the target audience, different, but small segments of which are reached through the other communication campaign elements outlined above. Since the project does not have the means to produce communication material, this activity will have to be accomplished through the cooperation of three parties. First, the NCDD project must assume overall responsibility. Content development, pretest of ideas and of material at different stages of the production, approval of scripts and story boards and evaluation of effect are typical NCDD project responsibilities. Second, radio and television officials should be involved at different stages, such that a sense of involvement develops among them which would make the broadcasting of project messages more possible. These people, or some of them at least, have good judgements of what does or does not work. Third, the actual filming and production

should be contracted out to one or more of the public or private agencies specialized in quality production of audio, video, or print communication material. Such contractors, however, will have to be closely coached by the project, mainly because almost all possible contractors have little, if any, experience in social marketing communication, and have little experience in communication with the kind of audience the project seeks to reach.

#### V. Pretest, Evaluation, and Monitoring.

Two types of pretest of campaign material are advised, of course in addition to pretest among in-house experts. First, a pretest must be done with key experts in the technique being used (e.g., audio, video, photography, drama, etc.) Second, all material must be pretested among relatively small samples of the target audience. Both types of pretest may be repeated at different stages of the production. The NCDD project should assume the primary responsibility for pretesting.

Monitoring techniques will vary according to the kind of communication activity. For example, while the ministry of health information office could be responsible for sending <sup>over</sup> copies of each of the news releases it manages to get printed on behalf of the project, other activities may require the specific attention of one or more persons on the NCDD project staff. Detailed monitoring schemes should be devised in conjunction with each activity.

Evaluation, both of the process and the product, should be undertaken both by the project itself and by outside contractors. Evaluation reports submitted by contractors on the project's request may not substitute for the project conducting its own evaluations of different communication activities.