PN-AAT-164

40741

COMMUNICATIONS SUPPORT

FOR DIARRHEAL DISEASE CONTROL

IN THE PHILIPPINES:

A Report Prepared By PRITECH Consultant:
MARK RASMUSON, M.P.H.

During The Period:
JULY 30 - AUGUST 3,1984

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

AUTHORIZATION:
AID/S&T/HEA: 12/21/84
ASSGN. NO: DC 56

CONTENTS

	Page
INTRODUCTION: Purpose of Visit	i
EMERGING MOH POLICY FOR ORT	1
ELEMENTS OF A COMMUNICATION STRATEGY	3
Product Positioning	4
Audience Characteristics	4
Priority Messages	5
Message Sequencing	6
Media Products	7
APPENDICES	
1. Individuals Contacted	10
2. Consultancy Work Schedule	12
3. Elements of a Comprehensive ORT Program Plan	13
4. Sequencing Campaign Messages	14
5. Key Elements of Media Support	15

COMMUNICATIONS SUPPORT FOR DIARRHEAL DISEASE CONTROL IN THE PHILIPPINES: A PRITECH CONSULTANCY REPORT

INTRODUCTION

The following report is a product of a 5-day consultancy to the Philippines by Mark Rasmuson of the Academy for Educational Development during the week of July 30, 1984 under the AID PRITECH Project.

The USAID Mission in the Philippines is currently in the process of developing an ORT project as an add-on amendment to its existing Primary Health Care Financing Project. PRITECH previously assisted the Mission in this effort through the provision in April-May 1984 of a team (Jon Rohde, Steven Fabrikant, Pamela Edison) to assess ORT activity in the Philippines and make recommendations for future USAID assistance.

The current consultancy was requested by the Mission for the purpose of assisting USAID, UNICEF, and the Philippines Ministry of Health plan communication support of the MOH's expanding oral rehydration program. USAID and UNICEF are coordinating their assistance in this area along with KABALIKAT, a local research and development firm affiliated with PATH/PIACT which has been very active in the development and testing of ORT products and educational materials.

I was fortunate to have been able to spend a considerable amount of time during my visit with three individuals in particular from those organizations--Joy Riggs-Perla (USAID), Victoria Rialp (UNICEF), and Cecilia Verzosa (KABALIKAT). Their giving of time, guidance, and hospitality was especially generous and helpful and is gratefully acknowledged.

EMERGING MOH POLICY FOR ORT

It appears that the Philippines Ministry of Health is on the verge of an exciting expansion of its already substantial efforts in the promotion of oral rehydration therapy.

Having established a solid foundation in the manufacture, distribution, and promotion of a packet of oral rehydration salts (ORESOL) as part of a national diarrheal disease control program, the Ministry is now considering two policy initiatives for rapidly expanding the availability of ORT throughout the country:

1. The promotion of home-made ORS solution as the first level of response to a diarrheal episode.

2. The commercialization of the Ministry's manufacture of ORESOL packets to extend production well beyond its current capability of approximately 5 million packets per year.

These two policy initiatives require a number of key decisions to be made which will affect the way oral rehydration therapy is practiced throughout the health system and the way it can and should be promoted. Some of the issues requiring decisions are the following:

- Substitution of citrate for bicarbonate in the packet formula
- Substitution of food-grade for pharmaceutical-grade ingredients in the formula
- Change in packet size (e.g. to a 200 ml packet) for greater convenience in mixing
- What formula to promote for home-made ORS (e.g. simple sugar-salt solution, sugar-salt plus potassium-rich foods, etc.)
- What system of measurement for the home-made solution to promote (e.g. LUKAT spoon vs. other possible systems)

A number of research or evaluation efforts are currently underway or are planned in the near future which will bear in an important way on these decisions. They include:

- The MOH's planned evaluation of the national ORT program in September
- The U.P./Visayas current evaluation of the KAPSAKA Project nutrition component, including use, acceptance, and impact of the LUKAT spoon
- KABALIKAT's planned studies of the LUKAT spoon in terms of use, cost, and sodium concentrations of solutions made with the spoon.
- Current studies being conducted by the Food and Nutrition Research Institute of the National Science and Technology Authority of potassium-rich local foods as possible additions to a sugar-salt solution regimen

The following would be valuable additions to a formative research agenda:

- Regional or ethnic variations in diarrhea-related knowledge, attitude, and practice (KAP)
- Regional variations in sugar and salt quality (i.e. granulation) which may affect volume measures in making a sugar-salt solution
- Locally available measures of sugar and salt such as teaspoons or bottle caps (but excluding pinch-and-scoop methods which are generally considered too imprecise) equivalent to the LUKAT spoon measures

While it was not the intention of this consultancy to address the larger issues of ORT policy, several aspects of the current policy formulation situation are particularly important in terms of communication support planning:

1. The policy itself must be established before communication planning can proceed very far. Several countries' ORT programs have suffered because eager promotional efforts preceded the establishment of clear, written government policy. Subsequent changes in policy resulted in a bewildering series of changes in the ORS formulas

and treatment plans being promoted. Appendix 3 illustrates those factors that must be considered in formulating an ORT policy and program.

2. To the greatest extent possible, the systems of mixture and administration of home-mixed (i.e. sugar-salt) solutions and ORS packet solutions should be consistent with one another: Both solutions mixed by the liter or by the glass; both solutions administered by the liter (e.g. 1 liter every 24 hours) or by the glass (e.g. 1 glass after each stool).

ELEMENTS OF A COMMUNICATION STRATEGY

The following observations and recommendations are presented as a modest first attempt to treat several of the key elements requiring attention in a comprehensive communication strategy for the diarrheal disease program. They are predicated upon the MOH's proceeding with a decision to promote a home-mixed rehydration solution in addition to ORESOL packets.

The conceptual starting point for an expanded MOH promotional campaign for ORT thus becomes a new 3-step therapeutic response to an episode of infant diarrhea: (1) self-treatment in the home with sugar-salt solution and appropriate foods to prevent dehydration and malnutrition; (2) self-treatment with ORESOL for cases of diarrhea which persist or begin to dehydrate; (3) treatment by health workers for cases which persist even longer, result in moderate dehydration, or involve other symptoms or complications.

This is essentially the approach which has been taken in the KABSAKA Project in Iloilo Province. This World Bank-financed integrated rural development project, operated under the Ministry of Agriculture, includes an ORT component designed with the assistance of Jon Rohde and Lukas Hendrata which promotes sugar-salt solution mixed with a specially manufactured plastic measuring spoon (LUKAT spoon). While little formal evaluation data is yet available, anecdotal evidence is overwhelmingly positive in terms of the acceptance by mothers of sugar-salt solution as a first-line of therapy and efficacy as indicated by reduced cases of dehydration presenting at health centers.

Product Positioning

One important immediate consequence of an MOH decision to promote home-mixed ORS would be the need to re-position ORESOL as a treatment for diarrhea. Heretofore promoted as a first response to a bout of diarrhea, ORESOL could henceforth be positioned as a medicine for diarrhea which persists beyond 2 days or which should be given at the first sign of dehydration. It should be promoted as a proven, modern medicine which effectively restores appetite and activity to a sick child as well as replacing the salts lost through diarrhea.

Sugar-salt solution should then be promoted as a simple but effective home remedy, similar to the use of such traditional home remedies as ahm (rice water), but requiring precision in mixing in order to be effective. It is the treatment mothers should begin immediately for a child with diarrhea to replace lost fluids and prevent dehydration.

Neither ORESOL nor sugar-salt solution should be promoted as a treatment to stop diarrhea. But neither does there seem to be much to be gained from saying explicitly, at least in the media messages, that they will not or are not meant to stop diarrhea. That ORS stops diarrhea has been a popular misconception in a number of countries. Our experience has been that this is a stubborn misconception but generally harmless as it has not adversely affected ORS use. To our knowledge, nowhere has there been a major rejection of ORS for being inefficacious in stopping diarrhea, since most cases of diarrhea are self-limiting and over in a few days anyway.

Audience Characteristics

While additional research on different segments of the audience for ORT is needed, a profile of certain characteristics of one important audience—rural mothers—may be gleaned from several existing sources (e.g. KABALIKAT's focus group interviews; demographic data from commercial advertising companies).

With specific reference to diarrhea-related KAP, these studies indicate that rural mothers in the Philippines are:

- Highly literate (above 80%)
- Exposed to a variety of sophisticated and professionally produced print and broadcast media
- Favor the use of modern medicines and respect the advice of physicians, but also self-treat extensively upon recommendations from family and friends
- Do not consider diarrhea a particularly threatening illness
- Favor medicines for diarrhea which will stop frequent stools
- Generally unaware of the danger of dehydration and unfamiliar with its signs
- Often withhold breast milk and food from a child with diarrhea
- Increasingly aware (48%) of ORESOL as a medicine for diarrhea, but often mix it incorrectly

Priority Messages

Given the above policy, product, and audience characteristics, the following messages or message "clusters" should be given high priority:

1. Diarrhea is a serious, dangerous illness, especially for children under 2 years.
2. The danger of diarrhea is dehydration through loss of fluids.
3. The correct treatment of diarrhea is replacement of fluids through oral rehydration and continued feeding.
4. Sugar-salt solution: when to begin it; how to mix; how much to give; how to give (e.g. cup and spoon); what to do if child vomits; when to mix a new solution.
5. Signs of dehydration, particularly early signs: thirst, dry mouth, dark sunken eyes, etc.
6. ORESOL: same as for sugar-salt solution; also, where to obtain.
7. When to seek help from a health worker.
8. Continued breastfeeding during diarrhea.
9. Feed regular diet, especially potassium-rich foods, as much as possible during diarrhea, adding some sugar or milk to make more palatable.

10. Give extra food (e.g. extra meal each day for a week) when appetite returns and diarrhea ends, especially energy-rich foods (more important than protein foods).

Message Sequencing

Once a clear-cut policy on campaign content exists, several important considerations shold guide message sequencing:

- Availability of promoted products: an ample supply of ORESOL packets, mixing spoons, etc. should be ensured before they are heavily promoted to prevent frustrated demand
- Seasonality of disease patterns: messages should be promoted at times when they are most relevant to audience, e.g. rehydration messages during the peak diarrhea season
- Instructional logic: audiences should be taught how to mix an ORS solution correctly before they are exhorted to use it
- Complexity of educational objectives: a more complicated objective or one that addresses behavior change rather than simple generation of awareness will obviously require repetition and reinforcement over time.

Appendix 4 illustrates how message phases were sequenced in the Mass Media and Health Practices Project.

Given the fact that a number of important policy decisions must still be made before sugar-salt solution can be vigorously promoted as part of the MOH diarrheal disease program, the following is suggested as an interim sequencing strategy that could be followed in the near-term future if USAID, UNICEF, and MOH are anxious to initiate some promotional activity.

1. Intensify promotion of ORT among the professional community, particularly private physicians, since there is still reported to be considerable professional resistance to ORT.
2. Focus public promotion of ORT on:
   a) Dangers of diarrhea and signs of dehydration
   b) Re-positioning of ORESOL as a treatment for diarrhea which persists beyond 2 days or when any sign of dehydration is detected
   c) Fluid replacement as the appropriate first home response to diarrhea, building upon the traditional practice of giving ahm.

d) Nutritional component of ORT, including continued breastfeeding, increasing palatability and giving potassium-rich foods during diarrhea, and giving extra energy-rich foods after diarrhea

3. Begin intensive promotion of sugar-salt solution once MOH policy and S/S solution formula have been established.

Media Products

The following print materials, which have been produced or are being prepared for production in support of ORT programming, were reviewed:

1. ORESOL users' pamphlet produced by KABALIKAT
2. Health workers' ORESOL pamphlet produced by KABALIKAT
3. Physician's manual produced by KABALIKAT
4. Flip chart produced by MOH
5. Posters on ORESOL mixing produced by MOH (original and revised)
6. Poster on ORESOL administration produced by MOH
7. Flash cards being prepared for production by MOH
8. Posters, training materials, slide shows produced by KABSAKA Project, Iliolo Province

Many of these materials are excellent, and I have only a few specific criticisms:

- Some of the posters are overly complicated. The MOH poster on ORESOL mixing, for example, contains far too much information in a confusing format. This weakness has already obviously been noted and rectified, as evidenced by a revised much simplified version of this poster. The best use of a poster, in general, is not for instruction so much as for bold, graphic reinforcement of one or two main messages.

- There are a few content inconsistencies from one product to another. For example, there is a different system of measurement for sugar-salt solution indicated in the KABALIKAT physician's manual than that given in the MOH flash cards.

- Drawings of infants are way out-of-scale in several of the pieces. In the MOH ORESOL administration poster, for example, the drawing of the 1-2 year old child looks more like a 4-5 year old. More

importantly, I would like to see a poster such as this, and administration messages in general, emphasize the needs of children under 2 years. Older children and certainly adults are less important targets for ORS.

Our experience with the Mass Media and Health Practices Project in Honduras and The Gambia suggested that the following types of media supports were particularly useful (See Appendix 5):

1. A pictorial, instructional label for the ORS packet.
2. A program logo which identifies all project materials.
3. An instructional flyer or pamphlet on ORS mixing and administration for saturation distribution among mothers.
4. Specialized educational materials and seminars for physicians.
5. Simplified rehydration treatment plan posters for health centers.
6. An intensive radio spot broadcast schedule.

Obviously, several of these elements are already in existence or are being planned.

KABALIKAT's excellent work in the development of instructional labels and user's pamphlets for the ORESOL packet and LUKAT spoon should receive continued support and encouragement. A number of the materials developed by the KABSAKA Project should also be reviewed and considered for adaptation.

In addition to those products already in process, I would like to suggest that the following print materials be considered for development:

1. A simplified version of the KABALIKAT physician's manual for other health workers.
2. A treatment plan wall poster for physicians' offices and health centers. The Gambia and Honduras treatment posters are available as prototypes, and the KABSAKA cloth flip chart also contained several appropriate models.
3. Point-of-purchase identification or promotional materials for ORESOL. The flags used in Honduras and The Gambia are one example. KABALIKAT already has some excellent ideas along these lines (e.g. a calendar-cum-dispenser for ORESOL packets for pharmacies).

4. A series of comic books or photonovels addressing key ORT messages to school-age children.

5. A simple graphic promotional incentive for health workers, such as a badge, patch, t-shirt, or cap for outstanding performance in teaching ORT.

6. A series of inexpensive but colorful and attractive single-message posters for rural health stations and homes.

Time did not allow me to review any of the radio or TV work done by MOH. Clearly, however, the broadcast media environment in the Philippines is sophisticated and competitive, and MOH would be well-advised to ensure that its radio and TV work is up to the highest creative and professional production standards, if necessary through the services of a private sector agency.

Appendix 1:
Individuals Contacted

USAID

John Dumm, Chief, Office of Health, Population, Nutrition
Joy Riggs-Perla, Public Health Advisor
Rosendo Capul, Project Manager
Pamela Edison, Contractor (MSH)

MOH

Enriqueta Sullesta, CDD Task Force Coordinator
Marietta Bernaje, Chief, Division of Information
Aida J. Soldevilla, Chief, Health Education Division
Cleto Cordero, Provincial Health Officer, Iloilo Province
Staff of Santa Barbara Health Center, Iloilo Province

UNICEF

Steven Umemoto, Representative
Victoria Rialp, Project Officer

KABALIKAT

Cecilia C. Verzosa, Executive Director
Marion M. Villanueva, Project Officer

Others

Rony Abanilla, KABSAKA Project Manager, Iliolo City

Nena Magalona, National Media Production Center, Regional Communications Director, Iloilo City

Candelaria S. Formacion, U.P./Visayas, Associate Professor of Foods and Nutrition, Iloilo City

Dr. Michael Anderson, Assistant Information Officer, U.S. Embassy

Appendix 2:
Consultancy Work Schedule

Monday, July 30

- o Meeting at USAID with HPN staff
- o Meetings at UNICEF with staff from UNICEF, MOH, and KABALIKAT

Tuesday, July 31

- o Meeting at KABALIKAT to review research and materials
- o Meeting at USAID to review scope of work for operations research to be conducted by KABALIKAT for USAID

Wednesday, August 1

- o Depart for Iloilo Province
- o Meetings with Provincial Health Officer and KABSAKA Project Manager to discuss experience of LUKAT spoon utilization

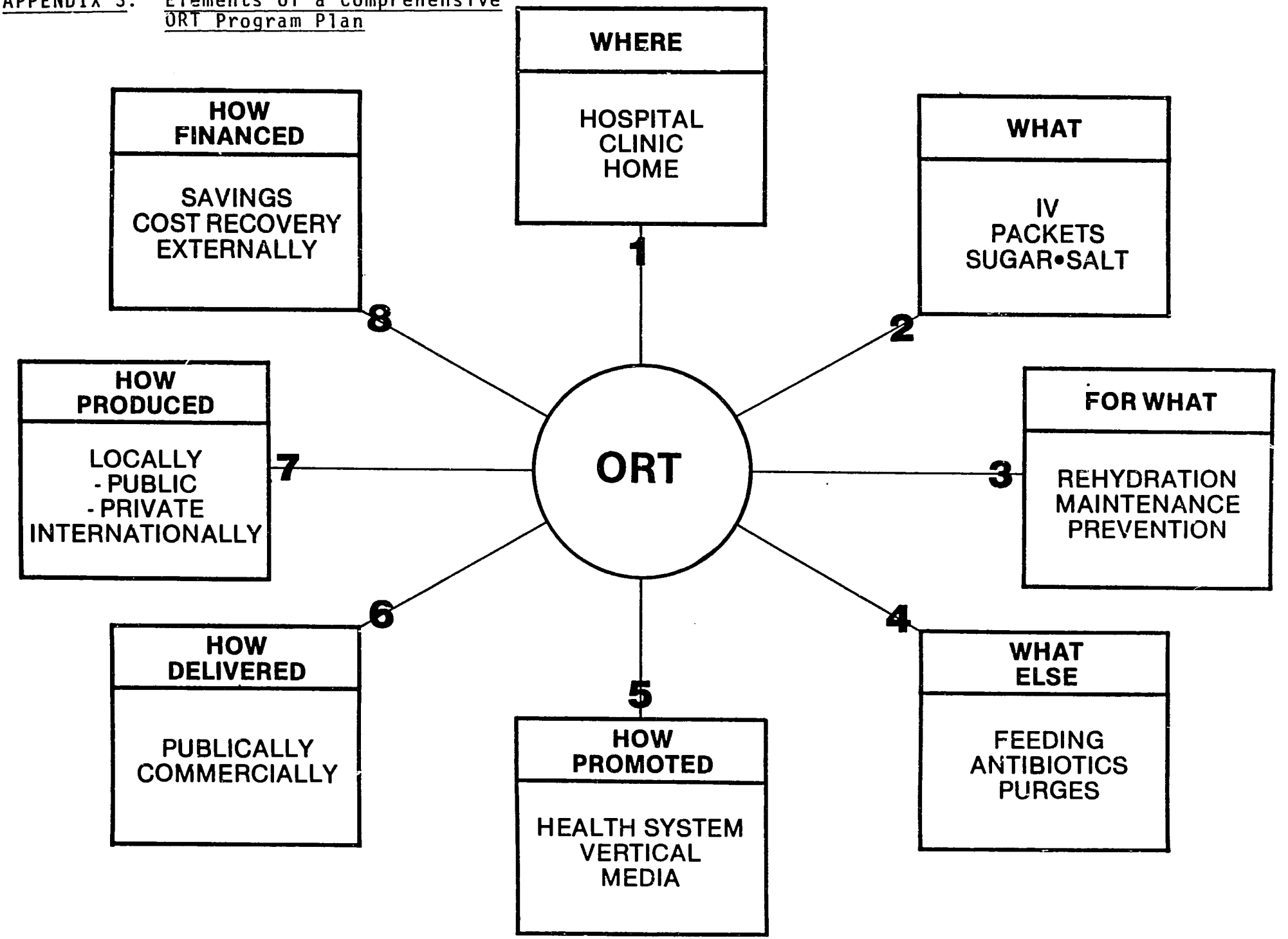
Thursday, August 2

- o Meeting with staff of National Media Production Center to review KABSAKA Project educational materials
- o Visit to Santa Barbara Health Center and nearby barangay health station to discuss experiences with LUKAT spoon and other aspects of sugar-salt solution utilization
- o Return to Manila

Friday, August 3

- o Prepare consultancy report
- o Presentation to representatives from USAID, MOH, UNICEF, and KABALIKAT on communication support of ORT programs (slides from Honduras and Gambia)

APPENDIX 3: Elements of a Comprehensive ORT Program Plan



APPENDIX 4: Sequencing Campaign Messages

EVALUATION LEGEND
B = Baseline
A = Anthropometry
M = Morbidity
C = Communication
N = Nutrition & Breastfeeding

HONDURAS ACTIVITIES

RAINY SEASON | RAINY SEASON

	PHASE I									PHASE II				PHASE III						PHASE IV						PHASE V				
	OCT 1980	NOV	DEC	JAN 1981	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 1982	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 1983	FEB	MAR
MESSAGE SEQUENCE						Dehydration Infant Special Care Breast is Best Reheat Foods Wash Hands				LITROSOL: For Dehydration Available at Center Flag • Give to Infants For All Diarrhea • 3 8oz. Bottle Makes a Liter Litrosol For All Children's Diarrhea Give During Entire Episode				Feeding during Diarrhea Instruction on Packet Breastfeeding Litrosol						Litrosol for all episodes Signs of dehydration Mix all of packet Give with other medicines						Breastfeeding				
INTERPERSONAL																														
DIRECT							73	23	195	26								15 Phy.	90	50	80							100		
INDIRECT								160	200	200	200	200							900 Retraining											
RADIO																														
SPOTS						6,450				5,424				8,577				2,801		Local Sta. Only	9,611					10,833				
VOZ De SALUD																				3 Per week						4 per wk.		5 per wk.		
OTHER																				Sports - Game Show TV										
PRINT/GRAPHIC																														
POSTERS/ DISTRIBUTION						37,000					18,600			17,400						5,000						Breastfeeding 15,000				
FLYERS										80,000											75,000									
PACKETS																														
WITH LABELS										160,000											150,000									
WITHOUT LABELS																														

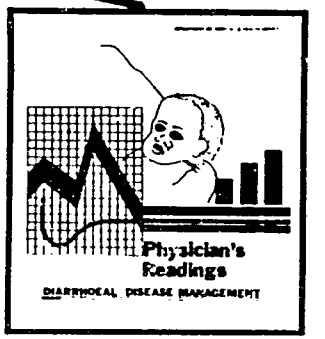
1,200
43,696
93,000
300,000

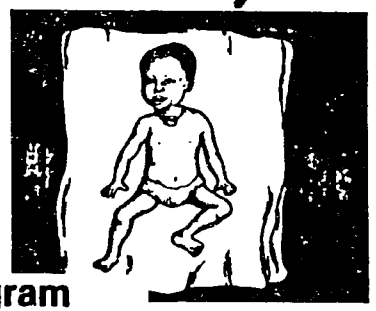
B A M C N A M C

SPECIFIC ELEMENTS TO CONSIDER

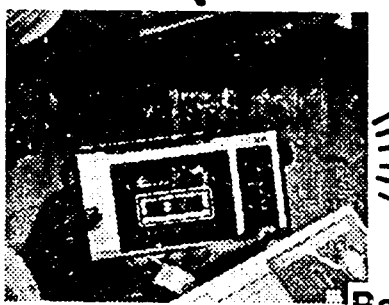
AN ORT CAMPAIGN

Instructional Label for Packet



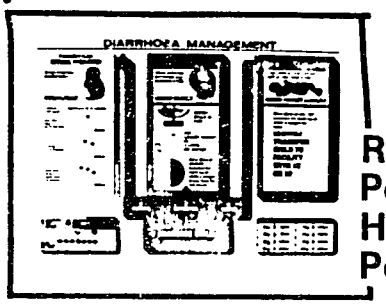


Program Logo



Radio Broadcasts

Instructional Flyer on Mixing & Administration



Rehydration Posters for Health Posts