



Life
Saving
Commodities
Improving access,
saving lives

**Demand Generation for Reproductive, Maternal,
Newborn and Child Health Commodities**

AN ADAPTABLE COMMUNICATION STRATEGY FOR ORS AND ZINC

JULY 2014



Acknowledgements

The USAID-funded Health Communication Capacity Collaborative (HC3)—based at the Johns Hopkins Center for Communication Programs (CCP) within the Johns Hopkins Bloomberg School of Public Health—would like to acknowledge Meg Galas (independent consultant) for authoring this strategy with contributions from Risha Hess (PSI), Melanie Stanley (CHAI), Vicki MacDonald (Abt Associates), Joanna Skinner (CCP), Kate McCracken (CCP), Anna Helland (CCP) and Erin Portillo (CCP), as well as members of the Diarrhea and Pneumonia Working Group. HC3 thanks Kathleen Fox, Kim Martin, Katie Kuehn and Mark Beisser for their editing and layout support. HC3 would also like to thank Zarnaz Fouladi, Hope Hempstone and Stephanie Levy at USAID for their invaluable feedback, guidance, and support.

Suggested citation:

The Health Communication Capacity Collaborative HC3. (2014). *An adaptable communication strategy for ORS and zinc*. Baltimore: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

The Demand Generation for Reproductive, Maternal, Newborn and Child Health Commodities activities are implemented by the Health Communication Capacity Collaborative (HC3) at Johns Hopkins Center for Communication Programs (CCP), with support from the RMNCH Trust Fund and the United States Agency for International Development (USAID), in partnership with Demand Generation sub-group of the UNCoLSC Demand, Access and Performance Technical Resource Team, including Population Services International (PSI), International Consortium on Emergency Contraception (ICEC), Jhpiego and other partners.

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Acronyms

ACT	Artemisinin-based combination therapy
CBO	Community-based organization
CCP	Johns Hopkins Center for Communication Programs
CHW	Community health worker
CU5	Children under five
DHS	Demographic and Health Surveys
EWEC	Every Woman Every Child
HC3	Health Communication Capacity Collaborative
ICT	Information and communication technology
<i>I-Kit</i>	Demand Generation Implementation Kit for Underutilized commodities in RMNCH
IMCI	Integrated management of childhood illnesses
IPC	Interpersonal communication
L-ORS	Low-osmolarity ORS
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organization
ORS	Oral rehydration salts
PPP	Public-private partnership
PEPFAR	The President's Emergency Plan for AIDS Relief
PMV	Patent medicine vendor
RMNCH	Reproductive, maternal, newborn and child health
SBCC	Social and behavior change communication
SM	Social marketing
SMS	Short message service
UN	United Nations
UNCoLSC	United Nations Commission on Lifesaving Commodities for Women and Children
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization

Introduction



Aim

To provide step-by-step guidance and illustrative content in creating a communication strategy to generate demand for **oral rehydration salts (ORS) and zinc**.

Intended User

This Adaptable Communication Strategy (the Strategy) was developed in collaboration with the Diarrhea and Pneumonia Working Group, convened under the UN Commission on Lifesaving Commodities for Women and Children initiative (everywomaneverychild.org). The Strategy is designed to be useful to multiple audiences, including staff from ministries of health, non-governmental organizations (NGOs) and community-based organizations (CBOs). The Strategy can support the efforts of communication professionals working directly on behavior change communication programs as well as other professionals working in reproductive, maternal, newborn and child health (RMNCH) who need to create a demand generation component to support program activities.

What is a Communication Strategy?

A communication strategy provides a “road map” for local action targeted at behavior change and creates a consistent voice for the messages, materials and activities developed. It also ensures that activities and products work together to achieve the program goal and objectives. The final communication strategy should be used to guide content development of program materials, such as advocacy briefs, client leaflets, and job aides and tools for health providers, thereby ensuring consistent positioning and messaging across all activities.

The communication strategy, however, is not a static product. It must be responsive to an ever-changing environment. Adaptations may be necessary in order to respond to new research findings and data, unexpected events, changing priorities or unforeseen results. Communication strategies are essential in addressing priority or emergent health issues and allow for harmonization of priorities, approaches and messages among all the relevant organizations and stakeholders.

How to Use this Adaptable Communication Strategy

This Strategy forms part of a comprehensive Demand Generation Implementation Kit for Underutilized, Lifesaving Commodities in RMNCH (the *I-Kit*) (<http://sbccimplementationkits.org/demandrmnch>). The *I-Kit* includes commodity-specific communication strategies designed to be easily adapted across multiple country contexts and integrated into existing RMNCH plans. The *I-Kit* also includes resources on four core cross-cutting demand generation areas: addressing the role of gender, a theory-based framework for media selection, utilizing information and communication technologies (ICTs) and new media, and leveraging public-private partnerships (PPPs).

This Strategy is not intended to serve as a “one-size-fits-all” model. It is designed as a quick-start foundation based on available evidence to provide guidance in answering the following questions:

- Where are we now?
- What is our vision?
- How are we going to achieve our vision?
- How do we know we achieved our vision?

Ideally, country-level teams would then integrate commodity-specific content tailored to the country context into existing or new RMNCH communication strategies for demand generation.

It is important to note that the strategy focuses on communication—typically, the product promotion component of a social marketing approach. If desired, the strategy can be integrated and expanded into a broader social marketing (SM) framework, addressing product, price and place.

Thirteen Lifesaving Commodities for Women and Children

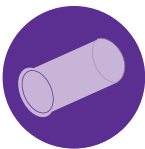












In 2010, the United Nations (UN) Secretary-General’s *Global Strategy for Women’s and Children’s Health* (the Global Strategy) highlighted the impact that a lack of access to lifesaving commodities has on the health of women and children around the world. The Global Strategy called on the global community to save 16 million lives by 2015 by increasing access to

and appropriate use of essential medicines, medical devices and health supplies that effectively address the leading avoidable causes of death during pregnancy, childbirth and childhood. Under the Every Woman Every Child (EWEC) movement, and in support of the Global Strategy and the Millennium Development Goals (MDGs) 4 and 5, the UN Commission on Lifesaving Commodities (UNCoLSC) for Women and Children (the Commission) was formed in 2012 to catalyze and accelerate reduction

in mortality rates of both women and children. The Commission identified 13 overlooked lifesaving commodities across the RMNCH “Continuum of Care” that, if more widely accessed and properly used, could save the lives of more than six million¹ women and children. For additional background information on the Commission, please refer to <http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities>.

¹For assumptions used to estimate lives saved see UNCoLSC Commissioner’s report (annex) (http://www.everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf)

Figure 1: 13 Lifesaving Commodities

Reproductive Health			
			
Female Condoms	Contraceptive Implants	Emergency Contraception	
Prevent HIV and unintended pregnancy: A female condom (FC) is a plastic pouch made of polyurethane that covers the cervix, vagina and part of the external genitals. FCs provide dual protection by preventing STI infection, including HIV, and unintended pregnancies.	Prevent unintended pregnancy: Contraceptive implants are small, thin, flexible plastic rods inserted into a woman's arm that release a progestin hormone into the body. These safe, highly effective, and quickly reversible contraceptives prevent pregnancy for three to five years.	Prevent unintended pregnancy: The emergency contraceptive pill is the most widely available emergency contraceptive in developing countries. It is optimally taken in one dose of 1.5mg as soon as possible after sexual activity. An alternative product of 0.75mg is also widely available.	
Maternal Health			
			
Oxytocin	Misoprostol	Magnesium Sulfate	
Post-partum hemorrhage: WHO recommends oxytocin as the uterotonic of choice for prevention and management of postpartum hemorrhage.	Post-partum hemorrhage: In settings where skilled birth attendants are not present and oxytocin is unavailable, misoprostol (600 micrograms orally) is recommended.	Eclampsia and severe pre-eclampsia: WHO recommends MgSO ₄ as the most effective treatment for women with eclampsia and severe pre-eclampsia.	
Child Health			
			
Amoxicillin	Oral Rehydration Salts	Zinc	
Pneumonia: Amoxicillin is an antibiotic that is used to treat pneumonia in children under five. Amoxicillin is prepared in 250mg scored, dispersible tablet (DT) in a blister pack of 10 DTs.	Diarrhea: Oral rehydration salts (ORS) is a glucose-electrolyte solution given orally to prevent dehydration from diarrhea. ORS is packaged in sachets of powder to be diluted in 200 ml, 500 ml or 1 liter of fluid, prepared to an appropriate flavor.	Diarrhea: Replenishment with zinc can reduce the duration and severity of diarrheal episodes. Zinc is prepared either in 20mg scored, taste masked, dispersible tablets or oral solutions at concentration of 10mg/5ml.	
Newborn Health			
			
Injectable Antibiotics	Antenatal Corticosteroids	Chlorhexidine	Resuscitation Device
Prevent newborn sepsis: WHO recommends benzylpenicillin and gentamicin, in separate injections, as first-line therapy for presumptive treatment in newborns at risk of bacterial infection.	Prevent pre-term RDS: Antenatal corticosteroids are given to pregnant women who are at risk of preterm delivery to prevent respiratory distress syndrome in babies born in pre-term labor.	Prevent umbilical cord infection: Chlorhexidine digluconate is a low-cost antiseptic for care of the umbilical cord stump that is effective against neonatal infections.	Treat asphyxia: Birth asphyxia, or the failure of a newborn to start breathing after birth, can be treated with resuscitation devices.

Demand Generation: An Overview



What is Demand Generation?

Demand generation increases awareness of and demand for health products or services among an intended audience through social and behavior change communication (SBCC) and SM techniques. Demand generation can occur in three ways:

- **Creating new users**—convincing members of the intended audience to adopt new behaviors, products or services.
- **Increasing demand among existing users**—convincing current users to increase or sustain the practice of the promoted behavior and/or to increase or sustain the use of promoted products or services.
- **Taking market share from competing behaviors** (e.g., convincing caregivers to seek health care immediately, instead of not seeking care until their health situation has severely deteriorated or has been compromised) and products or services (e.g., convincing caregivers to use ORS and zinc instead of other anti-diarrheal medicines).

When well designed and implemented, demand generation programs can help countries reach the goal of increased utilization of the commodities by:

- Creating informed and voluntary demand for health commodities and services.
- Helping health care providers and clients interact with each other in an effective manner.

- Shifting social and cultural norms that can influence individual and collective behavior related to commodity uptake.
- Encouraging correct and appropriate use of commodities by individuals and service providers alike.

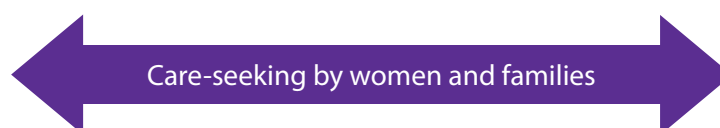
In order to be most effective, demand generation efforts should be matched with efforts to improve logistics and expand services, increase access to commodities, and train and equip providers, in order to meet increased demand for products and/or services. Without these simultaneous improvements, the intended audience may become discouraged and demand could then decrease. Therefore, it is highly advisable to coordinate and collaborate with appropriate partners when forming demand generation communication strategies and programs.

Who are the Audiences of Demand Generation Programs for the 13 Lifesaving Commodities?

Reducing maternal and child morbidity and mortality through increased demand for and use of RMNCH commodities depends on the collaboration of households, communities and societies, including mothers, fathers and other family members, community- and facility-based health workers, leaders and policy makers. Some of the commodities are more provider-focused in terms of demand and utilization, but all depend on the care-seeking behaviors of women and families.

Figure 2: Audiences of Demand Generation

Provider-focused	Provider and End-user
<input type="checkbox"/> Oxytocin	<input type="checkbox"/> Female condoms
<input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> Implants
<input type="checkbox"/> Injectable antibiotics	<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> Antenatal corticosteroids	<input type="checkbox"/> Misoprostol
<input type="checkbox"/> Resuscitation equipment	<input type="checkbox"/> Chlorhexidine
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> ORS
	<input type="checkbox"/> Zinc



Key Concepts and Definitions in Demand Generation

Social and Behavior Change Communication (SBCC). SBCC promotes and facilitates behavior change and supports broader social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual-level change and change at the family, community, environmental and structural levels. A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and then design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding design for SBCC campaigns and interventions, ensuring communication objectives are set, intended audiences are identified and consistent messages are determined for all materials and activities.

Social Marketing (SM). SM seeks to develop and integrate marketing concepts (product, price, place and promotion) with other approaches to influence behaviors that benefit individuals and communities for the greater social good. (http://socialmarketing.blogs.com/r_craig_lefebvres_social/2013/10/a-consensus-definition-of-social-marketing.html)

Channels and Approaches

Advocacy. Advocacy processes operate at the political, social and individual levels, and work to mobilize resources and political and social commitment for social and/or policy change. Advocacy aims to create an enabling environment to encourage equitable resource allocation and remove barriers to policy implementation.

Community Mobilization. Community mobilization is a capacity building process through which individuals, groups or organizations design, conduct and evaluate activities on a participatory and sustained basis. Successful community mobilization works to solve problems at the community level by increasing the ability of communities to successfully identify and address their needs.

Entertainment Education. Entertainment education is a research-based communication process or strategy of deliberately designing and implementing entertaining educational programs that capture audience attention in order to increase knowledge about a social issue, create favorable attitudes, shift social norms and change behavior.

Information and Communication Technologies (ICTs). ICTs refer to electronic and digital technologies that enable communication and promote the interactive exchange of information. ICTs are a type of media, which include mobile and smart phones, short message service (SMS) and social media, such as Facebook and Twitter.

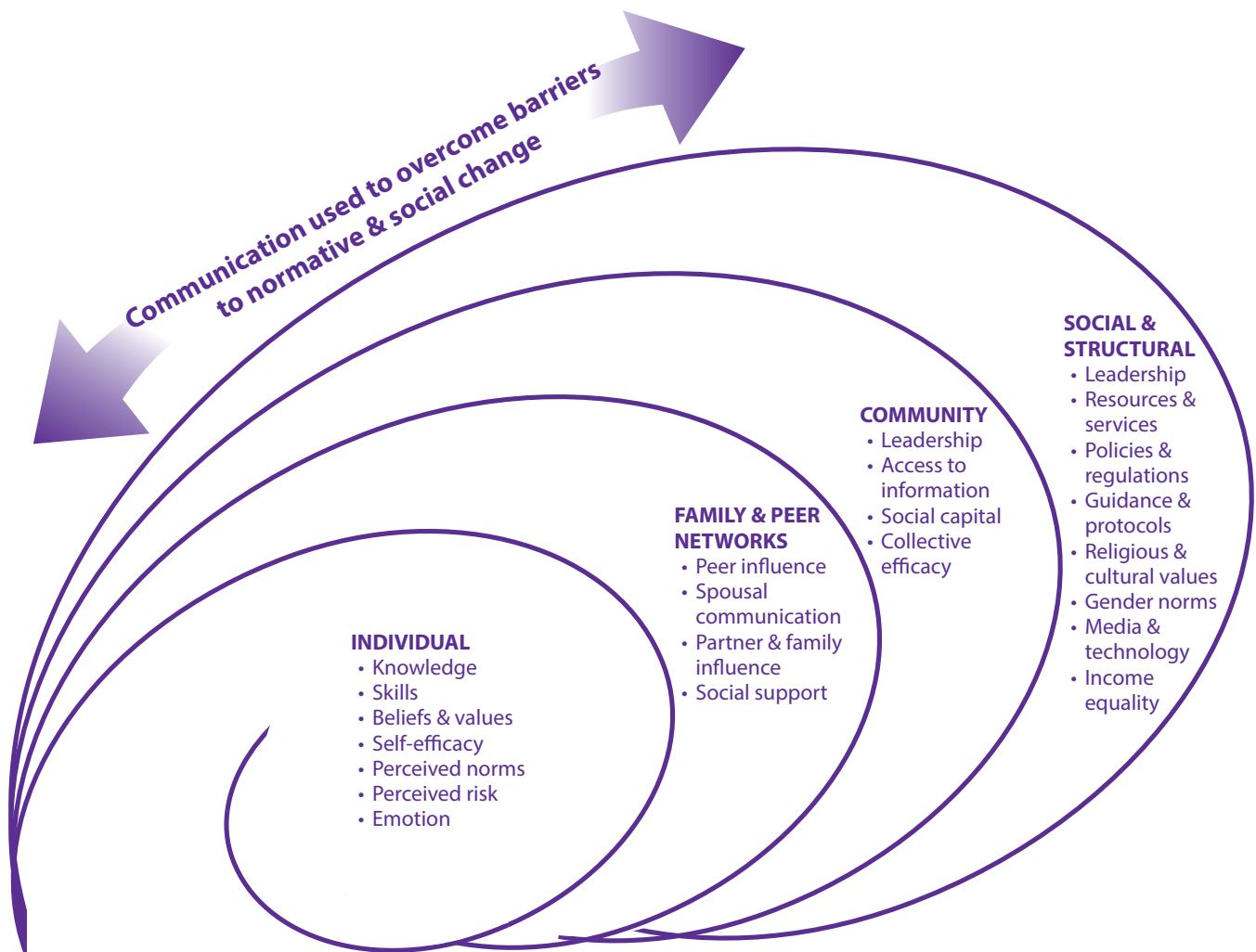
Interpersonal Communication (IPC). IPC is based on one-to-one communication, including, for example, parent-child communication, peer-to-peer communication, counselor-client communication or communication with a community or religious leader.

Mass and Traditional Media. Mass media reaches audiences through radio, television and newspaper formats. Traditional media is usually implemented within community settings and includes drama, puppet shows, music and dance. Media campaigns that follow the principles of effective campaign design and are well executed can have a significant effect on health knowledge, beliefs, attitudes and behaviors.

Conceptual Framework

This Strategy uses the social ecological framework to guide its strategic design. This model recognizes that behaviors related to demand for care and treatment take place within a complex web of social and cultural influences and views individuals as nested within a system of socio-cultural relationships—families, social networks, communities, nations—that are influenced by and have influence on their physical environments (Bronfenbrenner, 1979; Kincaid, Figueroa, Storey,

& Underwood, 2007). Within this framework, individuals’ decisions and behaviors, relating to an increase in demand and utilization, are understood to depend on their own characteristics, as well as the social and environmental contexts within which they live. Applying this model in each stage of the communication strategy development helps to ensure that all determinants of behavior are considered and addressed.



Adaptable Communication Strategy: Structure and Guidance



This strategy presents a six-step process to guide country-level adaptation based on local situation analysis and formative research:



Explanations of each step begin below. Illustrative content for each step is provided in the following section.

Who Should Be Involved in Strategy Development?

Developing a communication strategy typically involves convening a group of stakeholders—ideally including representatives of the government, health area experts, marketing or communication specialists, and members of intended audiences—to review existing data, identify key audiences, and develop messaging and appropriate communication channels. Other potential partners may include private sector representatives for the formation of public-private partnerships, which can be used to strengthen a demand generation program, based on the needs and opportunities within an individual country context.

Step 1: Analyze the Situation

What is a situation analysis?

The situation analysis focuses on gaining a deeper understanding of the challenges and barriers to address within a specific context that influence the current demand and utilization of a priority RMNCH commodity, including those affected and their

perceived needs; social and cultural norms; potential constraints on and facilitators for individual and collective change; and media access and use by the intended audiences. It also examines the status of the lifesaving commodity, including relevant policies, regulations, manufacturing, prices, supply chains, availability, level of knowledge (provider and end user) and level of use (provider and end user). In short, the situation analysis answers the question: “Where are we now?”

The situation analysis should also examine the attitudes, values, interests, aspirations and lifestyle of the intended audiences. This information, called psychographics, allows for a better understanding of what motivates and what hinders the intended audiences’ decisions and actions. Psychographics provide character sketches of the intended audiences that go beyond demographic information (sex, age, education, parity, etc.) and help to build a fuller picture of the audiences as individuals and how they may be nested within and influenced by their community.

Why conduct a situation analysis?

A comprehensive situation analysis is essential as it provides a detailed picture of the current state of the commodity, needs and barriers which will direct the design and implementation decisions of the

strategy and ultimately affect the level of success in generating demand and use.

How to conduct a situation analysis

As noted above, conducting a situation analysis typically involves convening a group of stakeholders and reviewing existing data in order to identify key information. A global synthesis of evidence conducted for each of the 13 underutilized commodities can provide a global view of available information and lessons learned from other country contexts (available at <http://sbccimplementationkits.org/demandrmnch/evidence-synthesis>). Additional sources of country-specific secondary data may include Demographic and Health Surveys (DHS) (<http://www.measuredhs.com/>), Multiple Indicator Cluster Surveys (MICS) (http://www.unicef.org/statistics/index_24302.html), quantitative and qualitative research conducted by NGOs, or private sector market research, where available, such as Nielsen (<http://www.nielsen.com/us/en.html>). RMNCH policies and guidelines also may assist in analyzing the situation.

If existing data, particularly on social and behavioral drivers and psychographics, are not sufficient, outdated or do not provide enough insight into priority audiences, it may be necessary to conduct additional primary formative research in the form of focus groups, interviews or informal visits to communities and homes. For all provider audiences, it may be especially important to conduct formative research around provider attitudes and other drivers to provider behavior. Similarly, for all audiences (providers and end users), it may be especially important to conduct formative research to develop realistic psychographics.

What are the key questions?

The situation analysis has two main sections:

- Health and Commodity Context
- Audience and Communication Analysis

Health and Commodity Context

Below is an example of a set of questions to consider when analyzing the health and commodity-specific context relevant to ORS and zinc:

- What is the proportion of children under five (CU5) with diarrhea who receive care from an

appropriate health care provider?

- What proportion of CU5 with diarrhea is treated with ORS? What proportion of CU5 with diarrhea is treated with ORS and zinc?
- Are ORS and zinc registered in country? If registered, what brands? If not registered, what is the registration process—e.g., time, requirements? Is zinc designated as an over-the-counter commodity?
- What regulations or policies govern supply, distribution and availability? How may these affect demand?
- What is the price of ORS and zinc in the private and public sectors?
- What is the availability of ORS and zinc by region/district?
- What proportion of caregivers of CU5, disaggregated by age and location (and other characteristics as relevant), has treated their child's diarrhea with ORS and zinc?
- What patterns exist in uptake of ORS and zinc over the past five to ten years (increased, declined, remained static)?
- What are the number of private sector versus public sector clinics, shops and pharmacies offering ORS and zinc by region/district?

Audience and Communication Analysis

Below is an example of a set of questions to consider when conducting audience and communication analysis:

Knowledge and Attitudes

- What proportion of providers, caregivers of CU5 and other audiences is aware of ORS and zinc?
- What proportion of providers, caregivers of CU5 and other audiences has accurate knowledge about ORS and zinc?
- What are the perceived benefits of using ORS and zinc by providers, caregivers and other influencing audiences, such as mothers-in-law and community leaders?
- What are the perceived barriers to accessing and using ORS and zinc for providers, caregivers and other influencing audiences, such as mothers-in-law and community leaders?
- What are the common misconceptions or misinformation about ORS and zinc among providers, caregivers and other influencing audiences?

Normative and Structural Considerations

- What are the gender norms in country among couples, both married and unmarried, and how do these affect ORS and zinc use?
- How does the level of income affect use of ORS and zinc? Do poorer women and couples receive information about ORS and zinc, and have access to ORS and zinc?
- Who are the stakeholders, key players and gatekeepers who impact or influence demand and utilization of ORS and zinc?
- How are these stakeholders, key players and gatekeepers influencing demand and utilization of ORS and zinc?

Service Provision

- What proportion of services for ORS and zinc is provided by the private sector and public sectors? What are the perceived barriers and benefits to accessing services in each sector?
- Are ORS and zinc the recommended first-line treatments for diarrhea?
- Do counseling guidelines ensure adequate information on ORS and zinc?
- Do providers and over-the-counter vendors have adequate skills?
- Are child health services integrated with other services?

Media and Communication

- Do couples communicate about using ORS and zinc to treat their children?
- Through what channels (including media and interpersonal) do providers and caregivers of CU5 prefer to receive health-related information?
- What channels can support the level of communication needed to increase knowledge of diarrhea and demand for ORS and zinc?
- What communication materials and programs already exist related to ORS and zinc?

- What is the technical and organizational capacity of media partners?

Psychographics

- What do providers and caregivers value? What are their core beliefs?
- Who and what influences providers and caregivers' decisions and behaviors?
- What dreams do providers and caregivers have? What do they aspire to in life? What dreams do they have for their child(ren)?
- What are providers' and caregivers' biggest worries? What fears keep them up at night?
- How do providers and caregivers spend their days? Where do they go? What do they do? What are their hobbies and habits?
- How do providers and caregivers perceive themselves? How do they want to be perceived by others?

How to use the situation analysis

After conducting a situation analysis, program managers should be able to identify the key implications or challenges from the data. What are the reasons that ORS and zinc are not being utilized? What do potential users—end user, health care providers and health educators—believe about the commodities? Finally, select only a few key factors that the demand generation strategy will address. While it is tempting to address all factors, communications programs will be more successful if they focus on the top few factors that will have the biggest impact given available resources.

It can be helpful to organize the collected information—in order to distill the most important information—using a simple table organized by intended audience, such as the one on the next page.

	Current Behaviors	Primary Barriers to Desired Behavior	Primary Benefits of Desired Behavior
End user/community members (e.g. women, men, caregivers)			
Providers (including public and private, clinic- and community-based)			

In order to maintain an actionable focus throughout the strategy design, it is also helpful to synthesize the implications of this information. Population Services International’s Global Social Marketing

Department offers the following series of questions to guide the development of a situation analysis and the selection of strategic priorities to be addressed by the demand generation strategy:

What?	So What?	Now What?
Data Collection: Key facts collected during the situation analysis.	Data Analysis: Possible implications that the facts may have on the demand generation strategies.	Strategic Priorities: Identify which implications to address in the demand generation strategy. Limit to three to five strategic priorities in order to focus the plan.
Example from Nepal:		
Zinc was introduced only as a pilot in the public sector in 2005. Zinc was introduced as a new product in the private sector in 2008.	<p>Few health care providers or caregivers of children under five are aware that zinc treats diarrhea.</p> <p>Few health care providers or caregivers know that zinc should be used with ORS and should be given for ten days.</p>	<p>Health care providers, especially pharmacy staff, will require training or medical detailing to be convinced to stock zinc in their shops.</p> <p>Caregivers can be reached with mass media and point of sale communications to generate demand for zinc with ORS.</p>

Source: Population Services International, n.d. The DELTA companion: Marketing planning made easy. (http://www.psi.org/sites/default/files/publication_files/DELTA%20Companion.pdf)

Step 2: Define a Vision

The vision anchors a communication strategy by stating what the program hopes to achieve. A vision statement sets forth the direction the strategy should follow and defines clearly and succinctly how the demand generation activities will affect the broader commodity and health environment. The vision should paint a mental picture of a desired scenario in the future.

The vision should be agreed upon by the stakeholders involved in the strategy design process and will thus be “shared” by all. This shared vision is a short statement that articulates what is important, illustrates what is desired in the future for the commodity once the demand generation strategy is successfully implemented and clarifies the goal of the demand generation strategy. The shared vision ensures that all stakeholders are working toward the same goal and guides the strategy design and development process.

In addition, a true vision should be realistic, concrete and attainable given the resources available. The vision should also communicate enthusiasm, be inspirational, and foster commitment and dedication from stakeholders toward the shared goal.

Some organizations call the vision the “Goal” or the “Primary Objective.”

An example of a vision statement for ORS and zinc may be:

Among caregivers of children under five, ORS and zinc is the preferred treatment for uncomplicated diarrhea.

Step 3: Choose the Intended Audiences

Segment the Audiences

Segmentation is the process of identifying unique groups of people, within larger populations, which share similar interests and needs relative to the commodity. If the group shares common attributes, then the members are more likely to respond similarly to a given demand generation strategy.

Segmenting allows for targeted use of limited resources to those populations that would most affect increased demand. It ensures that the activities developed and implemented are the most effective and appropriate for specific audiences and are focused on customized messages and materials.

Using key findings collected from the situation analysis, the first step in audience segmentation is to answer the question, “Whose behavior must change in order to increase demand and appropriate use of the commodity?” Initial segmentation is often based on demographics, such as age, sex, marital status, education level, socio-economic status, employment and residence (urban/rural). Audiences can be further segmented by psychographics—people’s personalities, values, attitudes, interests and lifestyles.

Primary audiences are the key people to reach with messages. These may be the people who are directly affected and who would directly benefit from the use of the commodity. Or they may be the people who can make decisions on behalf of those who would benefit from the commodity. Primary audiences may be further segmented into sub-audiences. For example, identifying specific segments of women of reproductive age who may share common attributes, such as young unmarried women, married women or high parity women.

Influencing audiences are people who can impact or guide knowledge and behaviors of the primary audience, either directly or indirectly. Influencing audiences can include family members and people in the community, such as community leaders, but can also include people who shape social norms, influence policies or affect how people think about the commodity. Prioritizing key influencing audiences by an estimated power of influence related to increasing demand and uptake of the commodity is crucial. For example, male partners are a likely key influencing audience, but the level of influence (low, moderate, strong) may depend on country context and/or commodity and should be discussed among stakeholders. In order to prioritize influencing audiences, a table like the one on the next page can be helpful.

	Primary Audience Influenced	Estimated Power of Influence (Low, Moderate, Strong)	Attitude Toward Use of ORS and Zinc or Similar Commodities
Influencing Audience 1			
Influencing Audience 2			

Primary or influencing audiences for demand generation may also include national, sub-national or community-level decision makers, such as legislators and religious leaders, as they can be instrumental in removing or creating access barriers or spreading misguided beliefs about the product.

Involving decision makers and influencers from the political and media realm—and carefully considering the legal and policy environment—is important to ensure demand generation efforts are not hindered by political or social barriers. *Scaling Up Lifesaving Commodities for Women, Children and Newborns: An Advocacy Toolkit* (<http://www.path.org/publications/detail.php?i=2381>) provides advocacy resources to raise awareness and engage stakeholders in addressing commodity-related gaps in policy. Therefore, advocacy audiences are not included in this communication strategy.

Develop Audience Profiles

Audience profiles are the cornerstone of a communication strategy. They first help bring to life and personify each audience segment, which subsequently guide communication messaging and activity planning. The profile should embody the characteristics of the specific audience, with a focus on telling the story of an imagined individual within the group who can neutrally represent the intended audience. Basing decisions on a representative, personalized example from a specific audience segment, rather than a collection of statistics or a mass of anonymous people, allows for more intimate knowledge of that audience segment and better defined and focused communication strategies.

Therefore, the profile is important to ensure the messages are tailored to members of this selected group, resonate with them and motivate them to take action.

Audience profiles for each audience segment are developed using the information collected in the situation analysis. The profile consists of a paragraph that should include details on psychographics such as current behaviors, motivation, emotions, values, and attitudes, preferred sources of information and access to communication channels, as well as socio-demographic information, such as age, income level, religion, sex and place of residence. The profile should exemplify the primary barriers to the desired behavior relative to the audience segment. The profile may include the name of this individual or a photo that represents this person to help visualize who this person is and tell his or her story. It is important to keep in mind that:

1. No two audience profiles look the same as the same data will not always be available for each audience segment.
2. The best profiles use qualitative research as a source.
3. Profiles are to be living documents and regularly updated when new information becomes available.

If the information gathered in the situation analysis lacks detail on a particular audience segment, additional research may need to be conducted to address the identified gaps. For example, for all provider audiences, it may be especially important

to conduct formative research around provider attitudes and other drivers to provider behavior that could be used to better inform the audience profile and strategic design.

Step 4: Design Message Strategy (Objectives, Positioning, Key Messages)

The message strategy is one of the most important elements of a communication strategy. It drives the rest of the program and ensures synergy, consistency and coordination for the purposes of shared objectives and clear, harmonized messaging among all stakeholders and partners. A message strategy is designed for each primary and influencing audience and includes: (a) communication objectives, (b) positioning and (c) key messages. As previously mentioned, audience profiles are used to determine whether or not the objectives, positioning and key messages are appropriate for that individual.

(a) Objectives

Communication objectives are measurable statements that clearly and concisely state what the target audience should know (think), what they should believe (feel) and what they should do (behave), as well as the timeframe required for the change. “SMART” objectives are Specific, Measurable, Attainable, Relevant and Time-bound. Communication objectives should be derived from available evidence on the factors that drive or inhibit adoption by target users, as well as influencing audiences.

(b) Positioning

Positioning is the heart of the demand generation strategy and identifies the most compelling and unique benefit that the product offers the target audience. Positioning is often the emotional “hook” upon which the demand generation strategy hinges. Effective positioning moves beyond the functional benefits of the commodity and appeals to the target audience with emotional benefits.

Positioning presents the desired behavior in a way that is both persuasive and appealing to the intended audience. It provides direction for developing a memorable identity, shapes the

development of messages and helps determine the communication channels to be used. Positioning ensures that messages have a consistent voice and that all planned activities reinforce each other for a cumulative effect.

As part of the positioning, a **key promise** is identified that highlights the main benefit associated with the proposed change. Changes in behavior, policies and social norms are made only because there is a perceived benefit to those changes. The benefit must outweigh the personal cost of the change.

An accompanying **support statement**, also called a “reason to believe” in marketing, describes why the audience should believe the promise. This could be based on data, peer testimonials, a statement from a reliable source or a demonstration. The key promise and support statement should include a balance of emotion and reason.

(c) Key Messages

Key messages outline the core information that will be conveyed to audiences in all materials and activities. Messages cut across all channels and must reinforce each other across these channels. When all approaches communicate iterative and harmonized key messages, effectiveness increases. Well-designed messages are specific to the audience of interest, and clearly reflect both a specific behavioral determinant and positioning. They also clearly describe the desired behavior, which must be “doable” for the audience. Key messages are not the text that appears in print materials (taglines) or the words that are used to define a campaign (slogans). Creative professionals are often hired to translate key messages into a creative brief, which is a document for creative agencies or internal teams that guides the development of communication materials or media products, including taglines and slogans.

It is important that key messages are always:

- Developed on the basis of country-specific formative research.
- Derived from context-specific, strategic choices regarding segmentation, targeting and positioning.

- Addressed to known drivers of and barriers to behavior change in the country context.
- Pre-tested with the target audience and refined based on audience engagement.

Step 5: Determine Activities and Interventions

Activities and interventions allow for communication of key messages through a variety of communication approaches and channels. Messaging and media selection (i.e. channels) are best considered and selected in cooperation in order to effectively transmit information to the intended audiences. Activities should be carefully selected based upon type of messaging, ability to reach the intended audience through a variety of media/channels, timeline, cost and available resources.

It is helpful to refer to findings from the situation analysis to guide selection of activities and interventions. *A Theory-based Framework for Media Selection in Demand Generation Programs* (<http://sbccimplementationkits.org/demandrmnch/media-selection>) is a helpful guide to inform media selection decisions based on communications theory. Table 1 is an overview of the types of strategic approaches that can be used. Any demand generation program should include activities across a range of different intervention areas and communication channels, which communicate mutually reinforcing messages.

It also is important to consider linkages with other new or existing programs and systems, both those directly related to demand and those less closely connected but have an impact on demand or could be utilized to improve efficiency. The following are examples of potential areas for linkages when designing a demand generation program for ORS and zinc:

- Other child health programs that do not currently include ORS and zinc.
- Quality of care improvement initiatives for service providers/clinics.
- Pre-service education and existing continuing education or in-service refresher training initiatives for clinical and non-clinical providers.
- Supply chain management and market shaping.
- Private sector approaches [For a guide to PPPs in demand generation, see *The Guide to Public-Private Partnerships in Increasing the Demand for RMNCH Commodities* (available at <http://sbccimplementationkits.org/demandrmnch/public-private-partnerships>); for supply chain management, see the *Private Sector Engagement Toolkit* (available at http://www.everywomaneverychild.org/images/content/life-saving-commodities/Private_sector_engagement_A_%20toolkit_for_Supply_Chains_in_the_Modern_Context.pdf)].
- Cross-sectoral programs—e.g., education, economic empowerment, transport.

Table 1: Overview of Strategic Approaches that Can Be Used in Demand Generation

Advocacy: Advocacy operates at the political, social and individual levels, and works to mobilize resources and political and social commitment for social change and/or policy change. Advocacy aims to create an enabling environment at any level, including the community level—e.g., traditional government or local religious endorsement—to ask for greater resources, encourage allocating resources equitably and remove barriers to policy implementation. *Scaling Up Lifesaving Commodities for Women, Children and Newborns: An Advocacy Toolkit* provides advocacy resources for utilizing the Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in policy. See <http://www.path.org/publications/detail.php?i=2381>.

Community-Based Media: Community-based media reach communities through locally established outlets. Such outlets include local radio stations and community newsletters/newspapers, as well as activities, such as rallies, public meetings, folk dramas and sporting events.

Community Mobilization: Community mobilization is a capacity building process through which community individuals, groups or organizations plan, carry out and evaluate activities on a participatory and sustained basis to improve their lives, either on their own initiative or stimulated by others. A successful community mobilization effort not only works to solve problems, but also aims to increase the capacity of a community to successfully identify and address its own needs. For guidance on community mobilization see *How to Mobilize Communities for Health and Social Change* (Howard-Grabman & Snetro, 2003), available at http://www.jhuccp.org/resource_center/publications/field_guides_tools/how-mobilize-communities-health-and-social-change-20.

Counseling: Counseling is based on one-to-one communication and is often done with a trusted and influential communicator such as a counselor, teacher or health provider. Counseling tools or job aids are usually also produced to help clients and counselors improve their interactions, with service providers trained to use the tools and aids.

Distance Learning: Distance learning provides a learning platform that does not require attendance at a specific location. Rather, the students access the course content either through a radio or via the Internet and interact with their teacher and fellow classmates through letters, telephone calls, SMS texts, chat rooms or Internet sites. Distance learning courses can focus on training communication specialists, community mobilizers, health educators and service providers. Additional information on eLearning can be found at Global Health eLearning Center and PEPFAR eLearning Initiative.

Information and Communication Technologies (ICTs): ICTs are fast growing and evolving platforms for electronic and digital technologies, including computing and telecommunications technologies, which enable communication and promote the interactive exchange of information. ICTs also include mobile and smart phones, the use of SMS, and social media, such as Facebook, Twitter, LinkedIn, blogs, e-Forums and chat rooms. This approach also includes websites, emails, listservs, eLearning, eToolkits and message boards. Digital media can disseminate tailored messages to the intended audience on a large scale while also receiving audience feedback and encouraging real-time conversations, combining mass communication and interpersonal interaction. *A Theory-Based Framework for Media Selection in Demand Generation Programs* (<http://sbccimplementationkits.org/demandrmnch/media-selection>) and *Utilizing ICT in Demand Generation for Reproductive, Maternal, Newborn and Child Health: Three Case Studies and Recommendations for Future Programming* (<http://sbccimplementationkits.org/demandrmnch/ict-case-studies>) are useful resources for program managers looking to utilize ICT in demand generation activities.

Interpersonal Communication (IPC)/Peer Communication: Interpersonal and peer communication are based on one-to-one communication. This could be peer-to-peer communication or communication with a community health worker (CHW), community leader or religious leader.

Mass Media: Mass media can reach large audiences cost-effectively through the formats of radio, television and newspapers. According to a review of mass media campaigns, mass media campaigns that follow the principles of effective campaign design and are well executed can have a small to moderate effect size not only on health knowledge, beliefs and attitudes, but also on behavior (Noar, 2006). Given the potential to reach thousands of people, a small to moderate effect size will have a greater impact on public health than would an approach that has a large effect size, but only reaches a small number of people.

Social Mobilization: Social mobilization brings relevant sectors, such as organizations, policy makers, networks and communities, together to raise awareness, empower individuals and groups for action, and work toward creating an enabling environment and effecting positive behavior and/or social change.

Support Media/Mid-Media: Mid-media's reach is less than that of mass media and includes posters, brochures and billboards.

Step 6: Plan for Monitoring and Evaluation (M&E)

Monitoring and evaluation (M&E) is a critical piece of any program activity because it provides data on the program's progress toward achieving set goals and objectives.

Although planning for M&E should be included in the communication strategy, avoid developing a complete monitoring plan at the time of strategy development—e.g., indicators, sample, tools, who will monitor, frequency of data collection. At the time of strategy development, focus on the indicators that should be incorporated into the program's plan. M&E indicators should be developed based on formative research and should indicate whether the key messages and strategies are having the desired effect on the intended audience.

A full M&E plan should then be developed as a separate program document. Developing an M&E

plan should outline what indicators to track, how and when data will be collected, and what will happen to the data once analyzed. A variety of data sources can be used to collect M&E data. It is important to assess the scope and context of the program to choose the most applicable methodology, as M&E activities vary in cost, staff and technology requirements. While some lower-cost M&E options will allow for identification of trends in demand for services, they may not be able to provide additional insight into the causal effects of activities and the function of the program. To measure cause and effect, larger program-specific data collection activities geared toward evaluation are needed. See Table 2 below for examples of low- and high-cost options.

While the collection of M&E data tends to receive the most attention, a process for analysis and review of the collected data is also critical. M&E data should be used to inform program changes and new program development. It is best to build these M&E review processes into existing program management activities to allow for regular dissemination of M&E indicators.

Table 2: Examples of Low- and High-Cost Options of M&E for Demand Generation

Low-cost option: A low-cost option makes use of existing data sources and opportunities to gain insight into the program and its associations with changes in demand or uptake. However, it will only allow for the identification of trends and will not allow for the attribution of change to a given program or to program activities.

Illustrative data sources for a low-cost option include:

- Formative research for key messages, positioning, development of materials and media choice (focus groups with intended audiences and in-depth interviews with members of primary and influencing audiences).
- Evaluation of communication campaigns (focus groups with intended audiences; in-depth interviews with primary and influencing audience members; adding questions to omnibus surveys on campaigns, messages and activities).
- Service statistics (information from clinics and providers, such as referral cards and attendance sheets).
- Communication channel statistics (information from television or radio stations on listenership of mass media activities).
- Omnibus surveys (addition of questions related to program exposure and impact to omnibus surveys).
- Provider self-reported data (small-scale surveys among providers about services rendered and prescription practices, small-scale retail audits among pharmacies and rural drug shops on medicines requested and offered).
- Demographic and Health surveys (trends in diarrhea treatment seeking—approximately every five years).

High-cost option: A high-cost option makes use of representative program-specific surveys and other data collection methods to gain considerable insight into the effects of the program and the way in which it worked.

Illustrative data sources for a high-cost option include:

- Formative research for key messages, positioning, development of materials and media choice (focus groups; in-depth interviews; photo narrative or observation with families or inside clinics, pharmacies or with CHWs to observe and record).
- Service statistics (information from clinics and providers, such as referral cards and attendance sheets).
- Communication channel statistics (information from television or radio stations on listenership of mass media activities).
- Provider self-reported data (about services rendered, and product and sales audits among wholesalers and government procurement agencies; retail audits at pharmacies and drug shops to check medicines requested and rendered).
- Large, nationally representative program-specific surveys (focus on issues related to knowledge, perceptions, acceptability and use)—may include baseline survey, follow up and endline to measure changes and outcomes.
- Client exit interviews (to assess whether caregivers were prescribed ORS and zinc, whether counseling and health education took place, whether other medicines were prescribed, and user satisfaction with services delivered including their perceptions, experience and intentions).

Indicators

M&E indicators should include process, output, outcome and impact indicators.

Process Indicators	Program Output Indicators	Behavioral Outcome Indicators	Health Impact Indicators
Measure the extent to which demand creation activities were implemented as planned.	Measure changes in audiences' opportunity, ability and motivation to use ORS and zinc, and the extent to which these changes correlate with program exposure.	Measure changes in audiences' ORS and zinc use behavior, and the extent to which these changes correlate with program exposure.	Measure changes in health outcomes.
Example: Number of radio spots aired promoting the use of ORS and zinc to treat diarrhea.	Example: Proportion of caregivers of CU5 who report that they know where to purchase ORS and zinc.	Example: Proportion of caregivers who use ORS and zinc to treat diarrhea.	Example: Reduction in mortality from diarrhea in CU5.

Key issues to consider when developing indicators include:

Disaggregation: To increase the utility of M&E data, indicators should be disaggregated to facilitate more in-depth analysis of program performance. It is recommended that indicators are disaggregated by gender, age, marital status, geographic location, type of provider, etc.

Bias: Common biases that programmers should be aware of when designing, implementing and interpreting M&E include:

- *Self-selection bias*—for example, a caregiver who has previously sought out and received treatment for pneumonia in a child may be more interested and willing to answer a survey about childhood pneumonia compared to someone who has had no exposure.
- *Social desirability bias*—following exposure to health promotion initiatives, intended audiences may feel pressured to give “right answers” to survey questions—e.g., to report positive attitudes toward a commodity even though they do not really feel that way. As demand generation interventions are successful at shaping positive social norms, social desirability bias may become more of a challenge in M&E.



An Illustrative Communication Strategy for ORS and Zinc

Step 1: Analyze the Situation

Refer to page 15 for supporting guidance on this step, as well as “Step 1” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step1/>) for further resources.

Health and Commodity Context

**The majority of the information in this section is a global-level analysis for purposes of illustration. The country-specific situation analysis should be focused on the local context.*

Health Context

Globally, 2.5 million cases of diarrhea occur in children every year, and children 24 months or younger are at the greatest risk of death from diarrheal disease (UNICEF, 2009). Diarrheal diseases cause approximately 11 percent of deaths among children under five worldwide, or 760,000 deaths in 2011, mostly in developing countries. More than half of these deaths occur in just four countries: India, Nigeria, the Democratic Republic of the Congo and Pakistan (UNICEF, 2012).

The World Health Organization (WHO)-recommended treatment for diarrhea is ORS and zinc, products that are highly effective and affordable. Low-osmolarity ORS (L-ORS) and zinc prevent a majority of deaths. Despite the existence of these simple, low-cost, lifesaving treatments, many children with diarrhea are not receiving these products in developing countries: only 38 percent of children receive ORS and less than 5 percent receive zinc (Black et al., 2010; UNICEF, 2011).

The WHO definition of diarrhea is “three or more loose or liquid stools per day (or more frequent passage than is normal for the individual).” Diarrhea is often caused by bacteria, viruses and/or parasites transmitted to humans when contaminated food or water is ingested.

Dehydration is the most severe threat posed by diarrhea. If fluids are not replaced at the first signs of diarrhea, dehydration can result in death or other severe consequences. In young children, diarrhea may lead to reduced food intake and nutrient absorption, malnutrition, reduced resistance to infection, and impaired physical growth and cognitive development (UNICEF & WHO, 2009). There is a cyclical relationship between diarrhea and undernutrition. Undernutrition reduces the immune system’s ability to defend against diarrhea-causing pathogens and, subsequently, deprives a child’s body of essential nutrients necessary for growth, development and a healthy immune system, increasing the likelihood of repeat infections (The World Bank, 2006).

Commodity Context

The WHO-recommended treatment for diarrhea is ORS and zinc. The WHO specifically recommends low-osmolarity ORS.

ORS

ORS are diluted in water to make a glucose-electrolyte solution given orally to prevent dehydration from diarrhea.

Formulation: WHO’s and UNICEF’s standard formulation for low-osmolarity ORS is powder for dilution in 200 ml, 500 ml, and 1 L.

Reduced-osmolarity ORS	grams/liter	Reduced-osmolarity ORS	mmol/liter
Sodium chloride	2.6	Sodium	75
Glucose, anhydrous	13.5	Chloride	65
Potassium chloride	1.5	Glucose, anhydrous	75
Trisodium citrate dihydrate	2.9	Potassium	20
		Citrate	10
		Total osmolarity	245

Dose: The recommended dose of ORS follows:

- At no signs of dehydration – 50–100 ml (or a quarter to half a large cup of fluid) for children under 2 years until diarrhea stops and 100–200 ml (one half to one large cup of fluid) for children ages 2–10 years until diarrhea stops.
- At signs of some dehydration – dosing scheme as indicated in WHO diarrhea treatment guidelines should be followed or the amount of the child's weight (kg) multiplied by 75 ml (WHO, 2005).

Average Cost: Approximately US \$0.15–0.25/sachet (price ranges may be even wider depending on the size of the sachet) (Diarrhea and Pneumonia Working Group, 2013).

Packaging: Airtight packet preferably made of aluminum laminate.

Manufacturing: ORS is manufactured in many countries and is commonly available without a medical prescription.

Zinc

Zinc becomes depleted in the body during diarrhea, but replenishment with zinc can reduce the duration and severity of diarrheal episodes.

Formulation: 20 mg scored, taste-masked, dispersible tablets or oral solutions at concentration of 10 mg/5 ml.

Dose: 20 mg daily for 10 days (or 10 mg daily for 10 days for children under 6 months).

Average Cost: Approximately US \$0.50 per treatment course of ten tablets (Diarrhea and Pneumonia Working Group, 2013).

Manufacturing: There are 55 manufacturers of zinc products on the Zinc Task Force supply list, but not all meet standards required for international tenders. The majority of manufacturers are in South Asia (<http://www.zinctaskforce.org/supply-commodities/>).

Zinc reduces the severity and the duration of diarrheal episodes and, when given for 10 to 14 days, reduces the incidence of diarrhea for the following two to three months.

(Product profiles taken from Every Woman Every Child website: <http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities/life-saving-commodities/oral-rehydration-salts>).

ORS can prevent 93 percent of deaths from diarrhea. Zinc can shorten the episode of diarrhea and prevent 23 percent of deaths from diarrhea. Therefore, increasing access to and use of ORS and zinc will help to achieve MDG 4 of reducing child mortality by two-thirds by 2015.

ORS is on the *WHO Model List of Essential Medicines* (WHO, 2013), is on most countries' list of essential medicines, and is available in many public and private clinics and shops. However, coverage remains insufficient, especially for the most vulnerable populations—rural, lower income people. Only 40 percent of children receive ORS for the treatment of diarrhea (UNICEF & WHO, 2009).

Research and pilot programs have demonstrated effective approaches to scaling up diarrhea treatment programs and a growing number of countries are scaling up integrated community case management programs. However, these programs require significant systems support in order to reach the majority of children in need. Additional attention and investment in comprehensive and ambitious programs can significantly improve access to these simple, low-risk products. Efforts to scale up zinc treatment for diarrhea have had more mixed results and availability of zinc remains a problem. However, successful examples exist. For example, Bangladesh had success scaling up zinc with a sustained mass media campaign combined with provider training, advocacy and product availability. (Diarrhea and Pneumonia Working Group, 2013)

Acceptability of the cost of co-packaged ORS and zinc is not yet established. Several co-packaged products, such as OraselZinc® in Benin and Cambodia, have been successful, when widely promoted. However, co-packaging has additional costs and co-packaged products have relied on donor support to keep the prices low. There is a need to better understand acceptability and demand for co-packaged products.

Audience and Communication Analysis

Many factors determine the health situation of communities and individuals, including where people live, levels of income, social status and education, and access to health care. To have a positive impact, demand generation efforts must promote factors that facilitate demand and use of ORS and zinc, while assisting the intended audiences to overcome barriers.

A review of global evidence on ORS and zinc found 108 documents that specifically addressed communication and demand generation initiatives, of which 42 were peer-reviewed. Sixty-six documents focused on Africa (12 were from Kenya and 17 from Nigeria), 38 documents focused on Asia (18 were from India and 10 from Bangladesh), two documents focused on Latin America and the Caribbean, one document focused on the Middle East, and three documents were regional or global studies (HC3, 2013).

*The literature identified the following **key facilitators** for ORS and zinc demand and utilization:*

Supportive Policy Environment: At the society level, a range of factors has been identified as key facilitating factors in successful demand generation for ORS and zinc. These include a supportive national and international political environment, in-country manufacturing and respected project leadership (Morris et al., 2012; Mosites et al., 2012a–f; Wilson et al., 2012a–e).

*The literature identified the following **key barriers** to ORS and zinc demand and utilization:*

Perceived threat of diarrhea: In many contexts, the perceived threat of diarrhea is low, limiting uptake of appropriate treatments. In Nigeria, Mali, Uganda and Kenya, studies have found that diarrhea may be perceived as a common, non-threatening condition and caregivers lack knowledge about the potential dangers (CHAI, 2011; Ellis, Winch, Daou, Gilroy, & Swedberg, 2006; Ipsos, 2012; Tapa & Chepngeno, 2005). Consequently, care seeking for diarrhea is delayed until the presentation of severe or life-threatening symptoms.

Knowledge of most effective treatment: In many countries, knowledge gaps among health care providers in the public and private sectors on the pathology of childhood diarrhea and the most effective treatments, especially ORS and zinc. In Nigeria, knowledge of causes, signs and effects of diarrhea was good among private patent medicine vendors (PMVs), but their knowledge of prevention and treatment of diarrhea among children was poor (Aguwa, Aniebue, & Obi, 2010; CHAI, 2011). This is a major gap given that caregivers in Nigeria often seek care from drug vendors and private clinics for diarrhea treatment. In most countries, caregivers' knowledge about ORS is higher than for zinc, which programmers report is due to a lack of demand generation efforts for zinc (CHAI, 2012; Morris, Gilbert, & Wilson, 2012; Mosites et al., 2012a–f; Shah et al., 2012; Wilson, Morris, & Gilbert, 2012a–e).

Perceived effectiveness of ORS and zinc: Perceived effectiveness of ORS and zinc is also a factor in demand for the products, even when awareness is high. ORS may be perceived as weak or ineffective, possibly because of misperceptions about the purpose of ORS to avert dehydration rather than to stop diarrhea (CHAI, 2011). Even when caregivers do understand that ORS replaces fluid, caregivers may also feel the need to give “medicine” for diarrhea and thus seek and use additional treatments that they believe will have a curative effect, such as anti-diarrheals or antibiotics (Ellis et al., 2006; Uchendu, Ikefuna, & Emodi, 2009). Poor perceptions of ORS and/or zinc effectiveness may also lead providers to co-prescribe ORS and/or zinc with ineffective treatments (Borapich & Warsh, 2010; Sanders & SHOPS Project, 2012; Shah et al., 2012).

Access to commodities: Problems with equitable access to commodities and services are also factors in demand and utilization of ORS and zinc. In Malawi, Kenya, Mali and Uganda, studies identified a range of access barriers including high costs, long distances to health facilities and perceived attitudes of health workers—highlighting the importance of harmonized access and demand activities (Mbonye, 2003; Morris et al., 2012; Opwora, Laving, Nyabola, & Olenja, 2011; PSI Mali & Bah, 2009). In Nepal, product availability was found to be one of the most reliable and valid determinants of zinc usage (PSI Nepal, 2008).

Example of Table to Organize Key Information

	Current Behaviors	Primary Barriers to Desired Behavior	Primary Benefits of Desired Behavior
End user/ community members (e.g., caregivers of children under five)	<p>Annually, 2.5 million cases of diarrhea occur in children around the world and children 24 months or younger are at the greatest risk of death from diarrheal disease.</p> <p>Diarrheal diseases cause approximately 11 percent of deaths among children under five worldwide or 760,000 deaths in 2011, mostly in developing countries.</p> <p>However, only 38 percent of children receive ORS and less than 5 percent receive zinc.</p>	<p>Poor availability of ORS and especially, zinc.</p> <p>Poor knowledge of ORS and especially, of zinc by caregivers.</p> <p>Low perceived risk of death from diarrhea; limited care-seeking behaviors.</p> <p>Inconsistent uptake and use of ORS and zinc, and poor perception of efficacy, or preference for other treatments (antibiotics, anti-diarrheals).</p> <p>Donor support may be needed to keep products, when they are available, affordable.</p>	<p>ORS can prevent 93 percent of diarrheal deaths.</p> <p>Zinc can shorten the duration of diarrhea episodes and prevent 23 percent of related deaths.</p> <p>Treatment course is economical.</p>
Providers (public and private, clinic- and community- based)	<p>Low levels of promotion and use of ORS and zinc.</p> <p>Co-prescription with other inappropriate treatments.</p>	<p>Low levels of knowledge about pathology of childhood diarrhea and most effective treatments.</p> <p>Perceived need to prescribe other treatments, such as antibiotics.</p> <p>Poor availability.</p>	<p>Method easily incorporated into current MNCH counseling and IMCI strategies.</p> <p>Administration of ORS is easy (once dosage is understood).</p> <p>Broad range of providers can distribute (CHWs, clinicians, shopkeepers, etc.).</p>

Step 2: Define a Vision

Refer to page 18 for supporting guidance on this step, as well as “Step 2” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step2/>) for further resources.

Illustrative Vision

Among caregivers of CU5, ORS and zinc is the preferred treatment for uncomplicated diarrhea.

Choose the Intended Audiences

Refer to page 18 for supporting guidance on this step, as well as “Step 3” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step3/>) for further resources.

Primary and Influencing Audience Segments

PRIMARY AUDIENCES

Primary audience 1: Caregivers of CU5

Primary audience 2: Non-clinical providers such as owners and employees in pharmacies and local shops (public and private)

Primary audience 3: CHWs

INFLUENCING AUDIENCES

Influencing audience 1: Clinical providers (public and private) – depending on the country, clinical providers may be a primary audience.

Influencing audience 2: Fathers/male partners of caregivers

Influencing audience 3: Extended family/mothers-in-law

Audience Profiles

Primary Audience 1: Caregivers of Children Under Five



Preeti, 22, young mother in Lucknow, Uttar Pradesh, India

Preeti, 22, is married with two young children, ages six months and two years. She and her family live with her mother-in-law, whose opinions are highly influential on how she cares for her children’s health. Preeti aspires to be a good mother and wife and prides herself on her clean home. She does not have running water or a latrine in her home, so she fetches water twice a day for cooking and washing. Preeti went to school for several years, and can read and write. She does not work outside her home, so she must ask

her mother-in-law and husband for any money she needs for medicines or doctors visits. She has a basic knowledge of diarrhea treatment from a community drama troupe, but if she needs health care, she will visit the local “doctor” on the corner.



Sara, 29, mother of three in Nyanza, Kenya

Sara, her husband and three children, ages six, three, and one year(s), live in rural Nyanza, Kenya. Sara keeps a small vegetable plot and owns a few chickens. She earns extra money selling her vegetables and eggs. She wants her children to attend school, so she saves her money carefully. Her husband has gone to Nairobi to look for better work and he comes home every few months. He sends money to her mobile phone, when he can. Sara’s house has an old latrine, and she gets water from a nearby stream. If her children are sick, she has to walk a long way to the health center. Often she must borrow money to pay for medicines, so she regularly consults her neighbors and family for advice and home remedies. Sara attends the community health talks when the health worker comes several times a year.

Primary Audience 2: Non-clinical Providers



Sam Mussa, 29, shop-owner outside Kano, Nigeria

Sam Mussa manages a small pharmacy and shop in rural, northern Nigeria. His brother is a trained pharmacist and owns several pharmacies in the region. Sam prides himself on having learned about medicine and treatment of common illnesses through working with his brother. He knows that the community respects his knowledge and that he is often the first place families come for medical advice. Sam was trained on treatment of childhood illnesses by several NGO programs, including prescribing ACT for malaria and ORS for diarrhea, and appreciates the job aides that the NGOs give him to help explain dosages to parents. He recently learned that zinc is effective in treating diarrhea, but his brother told him that zinc is not a medicine, and he does not want to damage his reputation by selling medicine that may not work. Also, ORS and zinc are sold at a very low price and he earns more money for the shop and is more confident when he prescribes antibiotics and anti-diarrheal medicines. Caregivers come to him for medicine to stop the diarrhea, and since many struggle to pay for the medicines, he wants to be sure he prescribes what he knows has been effective in the past. When caregivers come with prescriptions from doctors or when they know what medicine they want, he will just sell them what they ask for, but if they ask his advice, he will offer several medicines to be sure the treatment works. Representatives from pharmacy companies also provide training, as well as gifts such as promotional materials to decorate his shop, pens and notepads. These representatives are knowledgeable, friendly and they offer him incentives to prescribe the medicines they promote, so he regularly follows their advice.

Primary Audience 3: Community Health Workers



Ando, 33, community health worker outside Toamasina, Madagascar

Ando is a mother with two children, 7 and 10 years old, and after attending several health education sessions, she was invited to be a CHW. Ando was trained by an NGO to distribute ACT and mosquito nets several years ago, and recently received training from a different NGO for diarrhea treatment. She visits households and gives talks in the communities to educate young mothers. Ando is proud that women consult her on their children's health and she is now recognized and welcomed in all the villages she visits. She earns a small profit selling ORS and zinc combination kits and ACTs, which helps to pay for her children's education. Ando enjoys her work even though she has to travel in the hot sun or the rain and only earns a small amount from each product. Mothers are often reluctant to buy ORS and zinc, saying that traditional treatments are less expensive, so Ando spends a lot of time trying to convince community leaders and others that ORS and zinc are the right treatment. She would like more information to explain why ORS and zinc are better, and would like new job aides because people are tired of seeing the same materials every time she gives a talk.

Influencing Audience 1: Clinical Providers



Dr. Indira Khan, 34, doctor in Lahore, Pakistan

Indira Khan, MBBS, is proud of what she has accomplished in life, including her education and her position as a doctor in one of the busiest health facilities in Lahore, Pakistan, and in a small private clinic she operates during the evenings and weekends. She stays updated in medical education by attending conferences and government trainings, and is a member of the local medical doctors association. She cares about her patients, especially the young mothers, and wants to give

them the best possible care. However, Dr. Khan sees more than 50 patients a day and may not spend as much time as she would like educating her patients about the medicine she prescribes or how to prevent illnesses in the future. Diarrhea is one of the most common illnesses and mothers tend to bring in their children when they are already very ill. She wonders why the CHWs do not do a better job educating mothers about diarrhea prevention. Given that most of the children present with moderate to severe dehydration, and that the mothers may not come back, she often prescribes antibiotics, as well as ORS, just in case the child has a bacterial infection. Often, the clinic is out of stock of ORS, so she sends patients to the local pharmacy with a prescription. She recently learned that the new guidelines call for zinc as treatment for diarrhea, but she is skeptical, since she remembers that zinc really is just a supplement and antibiotics are the kind of real medicine patients are used to receiving after waiting so long to see her. She also worries that if she does not fully heal the children, her reputation will suffer and she may lose patients who come to her private clinic.

Influencing Audience 2: Fathers/Male Partners of Caregivers



John, 23, father living in Eldoret, Kenya

John is a young father with two children, ages 3 years and 18 months. He works in construction and has been working consistently for the past few years. He is proud his children are healthy and he can support his wife so she can be dedicated to managing the home and taking care of the children. John gives his wife money for food and supplies when she asks for it, and he wants to know how she is spending their income. John relies on his wife to know how to take care of their children's health care, but he worries that she spends too much money on medicines, since his own mother used home remedies to care for him and his siblings. John's wife

does not like to go to the public clinic because she has to wait all morning and they rarely have medicines, but private clinics are expensive. His friends and neighbors consult the pharmacist when they need health care. He is not convinced that his wife should spend money treating diarrhea, an illness young children get all the time, so he is not always supportive of her when she wants to seek treatment.

Influencing Audience 3: Extended Family/Mothers-in-law



Elira, 52, grandmother living in Elbasan, Albania

Elira is very proud that her son is married and has two children and a job to provide for his family. Her daughter-in-law is respectful and is good at keeping the home, and they get along well. Elira raised four healthy children by asking her own mother-in-law for advice and remedies, and she expects her daughter-in-law to now consult with her instead of spending money going to a doctor. She remembers that diarrhea is a very common illness and that she used traditional remedies with her own children. Elira cares about her family's reputation and does

not want her daughter-in-law to go out of the house more than necessary. Elira listens to the radio and speaks to her friends at the market each morning, and they share stories about their families.

Step 4: Design Message Strategy

Refer to page 20 for supporting guidance on this step, as well as “Step 4” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step4/>) for further resources.

Primary Audience 1: Caregivers of Children Under Five

Objectives

By 2015, increase the percentage of caregivers, at all levels of parity and marital status, who:

1. Give ORS and zinc to children at the first sign of diarrhea.
2. Know where to access quality treatment for diarrhea.
3. Ask for (or willingly accept) ORS and zinc when treatment is sought at a pharmacy or drug shop.
4. Do not give antibiotics or anti-diarrheal medicine to their children without a prescription.
5. Perceive ORS and zinc as effective treatment for diarrhea.
6. Take their children to a qualified health care provider to treat the diarrhea if it continues or becomes more severe.

Positioning

- ORS and zinc together are the best treatment for children’s diarrhea because they speed recovery, restore energy and keep children healthy.
- ORS and zinc can give caregivers peace of mind—there is no better treatment for diarrhea.
- Diarrhea can be very dangerous. Caregivers can trust that ORS and zinc saves lives and can return their children to good health.

Key Promise

- ORS and zinc rehydrate children, restore energy and strength, and prevent future episodes of diarrhea.
- ORS and zinc is the best treatment for childhood diarrhea. ORS helps give your child strength and energy to get better. Zinc helps stop the diarrhea and protects your child from diarrhea for months. Together, ORS and zinc gives your child what he/she needs to get better and thrive.

Evidence from Kenya, India and Mali, among other countries, suggests that the preventive benefits of zinc are attractive to caregivers, and that caregivers consider rehydration an important benefit of ORS (Diarrhea and Pneumonia Working Group, 2013).

Support Statement

WHO and UNICEF (and the Ministry of Health) recommend ORS and zinc as the first-line treatment for diarrhea in children under five.

Evidence from Bangladesh shows that having a respected local agency/champion was an important factor in the uptake of zinc (Diarrhea and Pneumonia Working Group, 2013).

Key Messages

The most successful messages associated with increased use of ORS and zinc focused on confirming the benefits of ORS and zinc treatment that caregivers desire for their children. Messages designed to reduce barriers to treatment (affordability, availability) were less commonly used, although they did contribute to increased use. In Bangladesh in particular, the source of the message—highly respected, local organizations—appeared to positively impact uptake of ORS and zinc. Research from Niger, Uganda, Kenya and Nigeria, indicated that traditional and religious beliefs impact care-seeking and treatment decisions;

Key Messages (continued)

yet, there is no information about the effectiveness of messages designed to overcome strongly held religious or traditional beliefs. Intervention campaigns that focus solely on knowledge of symptoms or treatment have shown to be less successful (Diarrhea and Pneumonia Working Group, 2013).

Some of the most common messages used globally include ORS and zinc restore your child to health, ORS and zinc reduce the time to recovery, ORS and zinc are available nearby, ORS and zinc are affordable, ORS and zinc are easy to use, and mothers in my community use ORS and zinc to treat diarrhea.³

Illustrative Messages for Caregivers of Children Under Five:

- ORS and zinc are the first medicines to give a child with diarrhea.
- ORS and zinc replenish fluids so that children have energy and appetites.
- ORS and zinc help children recover quickly from diarrhea.
- Mothers in my community use ORS and zinc to treat diarrhea.
- ORS is a proven method to rehydrate children with diarrhea and zinc is an effective new medicine.
- ORS and zinc are available nearby.
- ORS and zinc is an affordable treatment for diarrhea.
- ORS and zinc are easy to give to children.
- ORS and zinc help children recover quickly from diarrhea.

In 2013, the Diarrhea and Pneumonia Working Group collaborated with McCann Global to develop materials to promote ORS and zinc based on the research studies included in the Global evidence review. Examples of materials can be found at www.zinc-ors.org. The Working Group recommends using and evaluating these messages and materials for ORS and zinc demand generation initiatives.

The key messages are:

- For all cases of childhood diarrhea, start with ORS and zinc.
- ORS and zinc speed recovery, restore strength (energy and appetite) and help keep children thriving.
- ORS and zinc – Together they are proven to keep children strong and thriving.

³All data is taken from the 2013 Global evidence review compiled by the Diarrhea and Pneumonia Working Group.

Primary Audience 2: Non-clinical Providers

Objectives

By the year 2015, increase the percentage of non-clinical providers who:

1. Demonstrate accurate knowledge of correct diarrhea treatment with ORS and zinc, including the benefits and correct dosage and duration.
2. Correctly recommend and sell ORS and zinc as the first-line treatment for uncomplicated diarrhea, without other accompanying treatments.
3. Refer caregivers to qualified providers for severe/complicated diarrhea.
4. Effectively counsel caregivers on the benefits, dosage, duration and effectiveness of ORS and zinc, and have the confidence to explain to caregivers that ORS and zinc alone are the best treatment for diarrhea.
5. Are willing to forego the additional profit from extra medicines, since the providers are recognized for contributing to improved health in their communities.

Positioning

For non-clinical providers, it may be necessary to conduct additional research around provider biases and other drivers to provider behavior that could be used to inform the audience profile and strategic design. Generally, for non-clinical providers, the positioning statements address the key benefit of ensuring their reputations for providing correct medicine that works while earning a profit. ORS and zinc make a child feel better, and prescribing them gives the provider an opportunity to explain that they are effective to restore energy, prevent future episodes and counsel caregivers on danger signs. Earning a profit is important to drug shop owners, so developing a long-term relationship with customers by providing effective, yet affordable, medicine will ensure they are profitable in the long term (Diarrhea and Pneumonia Working Group, 2013).

Illustrative Positioning Statement:

ORS and zinc is the best treatment for diarrhea. Non-clinical providers who prescribe only ORS and zinc to treat childhood diarrhea gain respect from customers and develop long-term relationships with customers who trust their advice and the services they provide. They feel pride in providing the best treatment for diarrhea.

Key Promise

Non-clinical providers who offer correct, effective diarrhea treatment with ORS and zinc will be seen as knowledgeable and trustworthy, and their business will continue to be profitable, as customers will return regularly to seek advice and medicines.

Support Statement

WHO, UNICEF and the Ministry of Health recommend ORS and zinc to treat diarrhea in children.

Key Messages

Key messages for non-clinical providers should be focused on knowledge of effective treatment in line with national guidelines, confidence in providing counseling, making appropriate referrals to qualified providers and emphasizing how a good reputation benefits their work. Non-clinical providers, especially pharmacists and drug shop owners, are motivated both by reputation and by profit. Communication programs and key messages should consider opportunities to address both the providers' desire to be recognized as knowledgeable and his/her need to manage a successful business.

In 2013, the Diarrhea and Pneumonia Working Group collaborated with McCann Global to develop materials to promote ORS and zinc based on the research studies included in the Global evidence review. Examples of materials can be found at www.zinc-ors.org. The Working Group recommends using and evaluating these messages for ORS and zinc demand generation initiatives.

Key Messages (continued)

The key messages for frontline workers include:

- For all cases of childhood diarrhea, start with ORS and zinc.
- ORS and zinc speed recovery, restore strength (energy and appetite) and help keep children thriving.
- For childhood diarrhea: rarely use antibiotics and never use anti-motility drugs.
- Give the child ORS and zinc, and give the mother peace of mind.
- ORS treats dehydration, which is the main cause of death from diarrhea in children.
- Antibiotics are only recommended for children with bloody diarrhea and episodes of cholera.
- Anti-motility drugs are dangerous. Do not use them.
- WHO, UNICEF and the Ministry of Health strongly discourage the use of anti-motility drugs (such as tincture of opium, loperamide or other opiate derivatives) in infants and children.

Additional illustrative messages include:

- ORS and zinc rehydrate children, restore energy and prevent future episodes of diarrhea.
- ORS and zinc are real medicines for the treatment of childhood diarrhea.
- ORS and zinc reduce the length of the illness and the amount of diarrhea, while giving the child energy and strength.
- Most cases of diarrhea are caused by viruses or other pathogens, and are not affected by antibiotics.
- Doctors and clinics prescribe ORS and zinc for uncomplicated diarrhea.
- Customers have confidence in providers who offer correct treatment and referrals, and will recommend that provider to their family and friends.
- Experienced providers are able to influence caregivers' knowledge and perceptions of correct diarrhea treatment when they prescribe ORS and zinc.
- Trained providers are best placed to influence community and/or caregiver behaviors to use ORS and zinc to treat diarrhea.
- ORS and zinc alone are sufficient to treat uncomplicated diarrhea.
- ORS and zinc alone are effective to reduce the severity and duration of most diarrhea and prevent future episodes.

Primary Audience 3: Community Health Workers

Objectives

By the year 2015, increase the percentage of CHWs who:

1. Demonstrate accurate knowledge of correct diarrhea treatment with ORS and zinc, including the benefits and correct dosage and duration.
2. Correctly recommend and sell ORS and zinc as the first-line treatment for uncomplicated diarrhea, without other accompanying treatments.
3. Refer caregivers to qualified providers for severe/complicated diarrhea.
4. Effectively counsel caregivers on the benefits, dosage, duration and effectiveness of ORS and zinc, and have the confidence to explain to caregivers that ORS and zinc alone are the best treatment for diarrhea.

Positioning

Illustrative Positioning Statement:

Respected community health workers treat childhood diarrhea with ORS and zinc, which will restore children's energy and prevent future episodes.

For CHWs, the positioning statement addresses the key benefit of ensuring their reputations for providing correct medicine that works. ORS and zinc make a child feel better, and prescribing them gives the provider an opportunity to explain that they are effective to restore energy, prevent future episodes, counsel caregivers on danger signs and make referrals to clinics and other providers.

Additional factors that the evidence suggests could be used for positioning statements include:

- Pride in community health role and providing effective solutions to clients.
- Prestige in having the latest knowledge and information about diarrhea treatment.
- Recognition from qualified providers that they are offering the best solution for severe diarrhea treatment and referrals.

Key Promise

CHWs who offer correct, effective diarrhea treatment with ORS and zinc will be seen as knowledgeable leaders in their community, and their neighbors will return regularly to seek advice and medicines.

Support Statement

WHO, UNICEF and the Ministry of Health recommend ORS and zinc to treat diarrhea in children because ORS rehydrates the child and zinc improves the child's ability to fight diseases.

Key Messages

Key messages for CHWs should be based on formative research in each context and should focus on knowledge of effective treatment in line with national guidelines, highlight confidence in providing counseling and referrals to qualified providers and emphasize how a good reputation benefits their work.

Messages based on data from the *Global evidence review* (Diarrhea and Pneumonia Working Group, 2013):

- ORS and zinc rehydrate the children, restore energy and prevent future episodes of diarrhea.
- ORS and zinc are real medicines for the treatment of childhood diarrhea.
- ORS and zinc reduce the length of the illness and the amount of diarrhea, while giving the child energy and strength.
- ORS and zinc alone are sufficient to treat uncomplicated diarrhea.
- ORS and zinc alone are effective to reduce the severity and duration of most diarrhea and prevent future episodes.

Key Messages (continued)

- Most cases of diarrhea are caused by viruses or other pathogens, and are therefore not affected by antibiotics.
- Severe dehydration and complicated diarrhea can be fatal, so providing referrals to qualified providers is an important part of counseling patients, even when selling ORS and zinc.
- Doctors and clinics prescribe ORS and zinc for uncomplicated diarrhea.
- Anti-motility drugs are dangerous for young children and should not be offered.
- Customers have confidence in providers who offer correct treatment and referrals, and will recommend that provider to their family and friends.
- Experienced providers are able to influence caregivers' knowledge and perceptions of correct diarrhea treatment when they prescribe ORS and zinc.
- Trained providers are best placed to influence communities' and/or caregivers' behaviors to use ORS and zinc to treat diarrhea.

In 2013, the Diarrhea and Pneumonia Working Group collaborated with McCann Global to develop materials to promote ORS and zinc based on the research studies included in the Global evidence review. Examples of materials can be found at www.zinc-ors.org. The Working Group recommends using and evaluating these messages and materials for ORS and zinc demand generation initiatives.

The key messages for frontline workers include:

- For all cases of childhood diarrhea, start with ORS and zinc.
- ORS and zinc speed recovery, restore strength (energy and appetite) and help keep children thriving.
- For childhood diarrhea: rarely use antibiotics and never use anti-motility drugs.
- Give the child ORS and zinc, and give the mother peace of mind.
- ORS treats dehydration, which is the main cause of death from diarrhea in children.
- Antibiotics are only recommended for children with bloody diarrhea and episodes of cholera.
- Anti-motility drugs are dangerous. Do not use them.
- WHO, UNICEF, and the Ministry of Health strongly discourage the use of anti-motility drugs (such as tincture of opium, loperamide or other opiate derivatives) in infants and children.

Influencing Audience 1: Clinical Providers

Objectives

By 2015, increase the percentage of clinical providers who:

1. Correctly prescribe ORS and zinc as the first-line treatment for all cases of uncomplicated diarrhea (without accompanying antibiotics or other treatments).
2. Correctly state the treatment for mild to moderate diarrhea, including dosages and duration, as ORS and zinc.
3. Report that ORS and zinc are effective medicines to treat mild to moderate diarrhea.
4. Limit prescriptions of antibiotics for treatment of diarrhea for CU5, to those exhibiting clinical symptoms.
5. Do not prescribe anti-diarrheal medicine to treat diarrhea in CU5.

Positioning

Illustrative Positioning Statement for Clinical Providers:

- Qualified doctors prescribe only ORS and zinc to treat mild to moderate childhood diarrhea.
- ORS and zinc is the best treatment for diarrhea. Qualified doctors who prescribe only ORS and zinc to treat childhood diarrhea gain respect from their clients and develop long-term relationships with them. Their clients trust their advice and the services they provide. They feel pride in providing the best treatment for diarrhea.

The overall positioning for clinical providers will be based on promoting proud, professional providers. This will be operationalized as:

- Pride in position and providing long-term solutions to clients.
- Pride in having more skills.
- Prestige in being seen as knowledgeable and helpful.
- Satisfaction in helping women and families in improving their health.
- (For private sector) – satisfied clients will return and refer friends and/or family.
- (For public sector) – providing quality services reduces patients returning with problems (thereby decreasing work load).

For providers, it may be necessary to conduct additional research around provider biases and other drivers to provider behavior that could be used to inform the audience profile and strategic design. In countries or contexts where clinical providers are the first point of contact for caregivers seeking treatment for uncomplicated diarrhea, clinical providers should be considered a primary audience and the key positioning for them would be similar to that of non-clinical providers—that offering correct treatment for diarrhea (only ORS and zinc) will increase their prestige among the community, and will lead to repeat customers and sufficient profit.

Key Promise

Respected doctors know that ORS and zinc are the best treatment for non-severe diarrhea, because ORS and zinc rehydrate the child and prevent future episodes of diarrhea.

Support Statement

WHO, UNICEF and the Ministry of Health recommend ORS and zinc to treat diarrhea in children.

Key Messages

Most messages on ORS and zinc for providers have focused on increasing knowledge and have often been in the form of trainings. The evidence suggests that even when providers know the correct treatment, they often prescribe additional medicines or do not follow the treatment guidelines. In Bangladesh, there is some evidence that mass media campaigns increased providers' use of ORS and zinc. The evidence suggests that there is a need for country-specific formative research to understand providers' motivations for prescribing ORS and zinc (for those who do) and barriers for either not prescribing ORS and zinc or prescribing additional medicines (Diarrhea and Pneumonia Working Group, 2013).

Messages based on data from the *Global evidence review*:

- ORS and zinc are real medicines for the treatment of childhood diarrhea, as ORS rehydrates and zinc improves the body's ability to fight disease.
- Most diarrhea is caused by viruses or other pathogens, so antibiotics are only recommended for bloody diarrhea.
- WHO, UNICEF and the Ministry of Health strongly discourage the use of anti-motility drugs (such as tincture of opium, loperamide or other opiate derivatives) in infants and children.
- Customers have confidence in providers who offer correct treatment and referrals, and will recommend that provider to their family and friends.
- Experienced providers are able to influence caregivers' knowledge and perceptions of correct diarrhea treatment when they prescribe ORS and zinc.
- Trained providers are best placed to influence communities' and/or caregivers' behaviors to use ORS and zinc to treat diarrhea.
- ORS and zinc alone are sufficient to treat uncomplicated diarrhea.
- ORS and zinc alone are effective to reduce the severity and duration of most diarrhea and prevent future episodes.

In 2013, the Diarrhea and Pneumonia Working Group collaborated with McCann Global to develop materials to promote ORS and zinc based on the research studies included in the *Global Evidence Review*. Examples of materials can be found at www.zinc-ors.org. The Working Group recommends using and evaluating these messages and materials for ORS and zinc demand generation initiatives.

The key messages for clinical providers include:

- For all cases of childhood diarrhea, start with ORS and zinc.
- ORS and zinc speed recovery, restore strength (energy and appetite) and help keep children thriving.
- For childhood diarrhea: rarely use antibiotics and never use anti-motility drugs.
- Give the child ORS and zinc, and give the mother peace of mind.

Influencing Audience 2: Fathers/Male Partners of Caregivers

Objectives

By 2015, increase the percentage of fathers who:

1. Report that diarrhea can be a dangerous illness, which should be treated in a timely manner with ORS and zinc.
2. Agree that paying for ORS and zinc to treat diarrhea is what smart parents do.
3. Support their wives or partners to seek treatment for children's diarrhea.

Positioning

Evidence from Kenya and Mali suggests that positioning for fathers should focus on their roles as "protector" or "provider" for their families (Diarrhea and Pneumonia Working Group, 2013).

Illustrative Positioning Statement for Fathers:

Good fathers want to give the best to their children. They know ORS and zinc is the best treatment for diarrhea, and they are proud to provide the money needed to purchase this best treatment so their children can get better and thrive.

Key Promise

Fathers who ensure that their children's diarrhea is treated with ORS and zinc will have healthy, strong children and be seen as good providers for their families.

Support Statement

ORS and zinc is the best treatment for childhood diarrhea. ORS helps give your child strength and energy to get better. Zinc helps stop the diarrhea and protects your child from diarrhea for months. Together, ORS and zinc gives your child what he/she needs to get better and thrive.

Key Messages

As with women, key messages for male partners should focus on the benefits. In line with the "provider" and "protector" positioning.

Key messages may include:

- Fathers in my community encourage their wives to use ORS and zinc for childhood diarrhea.
- Diarrhea is a dangerous illness for young children. Support your family to seek the best treatment for diarrhea – ORS and zinc.
- Effective medicines for diarrhea are affordable and available nearby. Provide for your family by buying ORS and zinc to treat diarrhea.
- Leaders in your community support their wives and families by seeking ORS and zinc treatment for children's diarrhea.
- Encourage your spouse or partner to visit a retail outlet for ORS and zinc treatment when your children have uncomplicated diarrhea or a health facility when they have severe diarrhea or dehydration.
- There are new medicines that treat diarrhea better than before. Provide for your family by giving them the best treatment – ORS and zinc.

Influencing Audience 3: Extended Family/Mothers-in-law

Objectives

By 2015, increase the percentage of extended family and community members who:

1. Report that diarrhea can be a dangerous illness and children should receive ORS and zinc for treatment of diarrhea or dehydration.
2. Agree that ORS and zinc are effective, affordable treatment for diarrhea.
3. Support their families to seek treatment for children's diarrhea illnesses.
4. Support the use of ORS and zinc over other remedies or treatments for diarrhea.

Positioning

Positioning for extended family should focus on their roles as leaders for their families and communities, and that ORS and zinc will help them to fulfill their roles as wise advisors to their family and community.

Illustrative Positioning Statement for Mothers-in-Law:

- Mothers-in-law and grandmothers are trusted resources in their families. They are proud to learn and share with their families that the best treatment for diarrhea is ORS and zinc. They love their grandchildren and want the best for them.
- As trusted advisors for their families, mothers-in-law know they have an important role in sharing health information. Their community trusts them.

Key Promise

Mothers-in-law gain respect and influence when they encourage the use of ORS and zinc that protect the health of children in their families.

Support Statement

By recommending effective, proven medicines for diarrhea treatment, specifically ORS and zinc, mothers-in-law are providing the best treatment for their families.

Key Messages

As with caregivers, key messages for extending family should focus on the benefits of ORS and zinc. In line with the "provider" and "protector" positioning.

Key messages may include:

- Diarrhea is a dangerous illness for young children. Encourage young mothers in your family and community to visit a health care provider or retailer for ORS and zinc to treat diarrhea.
- The best medicines for diarrhea are affordable. Guide young mothers in your family by telling them to buy ORS and zinc to treat diarrhea.
- Support young mothers to seek treatment from providers and/or retailers for children's diarrhea.
- There are new medicines that treat diarrhea better than before. Mothers-in-law protect their families by encouraging the use of ORS and zinc, which is the best treatment.

Step 5: Determine Activities and Interventions

Refer to page 21 for supporting guidance on this step, as well as “Step 5” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step5/>) for further resources.

Suggested approaches and activities and illustrative examples are presented here as appropriate choices for communicating to primary and influencing audiences about ORS and zinc. These suggestions are a starting point, and close collaboration with communication and creative professionals can help ensure that design and execution are innovative and compelling. Any demand generation program should include activities across a range of different intervention areas and communication channels, which communicate mutually reinforcing messages. The Diarrhea and Pneumonia Working Group recommends that misconceptions about a need for additional medicines may be addressed through mass media, but should be reinforced through counseling with providers and CHWs, or through interpersonal communication (IPC) activities. In contexts where traditional or religious beliefs or influential, extended family are barriers to using ORS and zinc, careful research and multi-stage communication strategies will likely be required.

It is also important to consider linkages with other new or existing programs and systems that may impact demand, or could be utilized to improve efficiency—both those directly related to diarrhea treatment and those less closely connected. The following are examples of potential areas for linkages when designing a demand generation program for diarrhea management programs:

- Community-based integrated management of childhood illnesses (c-IMCI) programs.
- Quality of care improvement initiatives for service providers and clinics, both public and private.
- Pharmaceutical medical detailing programs, especially those promoting medicines for treatment of CU5.
- Private sector social franchises – especially those targeting women of reproductive age or offering services for CU5.
- Pre-service education, existing continuing education, or in-service refresher training initiatives for clinical and non-clinical providers.
- School and community-based WASH programs.
- Supply chain management and market shaping.
- Programs providing health education and health care in communities or clinics, such as immunization and antenatal/postnatal care, as opportunities to provide counseling and disseminate materials.
- Cross-sectoral programs (e.g., education for women’s entrepreneurship, peace-building, agriculture or water resources, economic empowerment, transport).

Mass Media

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Short-form mass media	Develop TV/radio spot on ORS and zinc (e.g., of mothers talking to a doctor about effective medicines for diarrhea, referencing ORS and zinc).	To increase product/brand awareness and knowledge of benefits.	Caregivers Health care providers (clinical, non-clinical, CHWs) Communities
Long-form mass media	<ul style="list-style-type: none"> Develop multi-episode TV/ radio drama serial. Produce radio call-in shows. 	<p>To depict (rather than describe) desired behaviors in local language/context.</p> <p>To stimulate social dialogue and couple communication.</p> <p>Shift social norms.</p>	Caregivers Health care providers (clinical, non-clinical, CHWs) Extended family Communities
Print media	<ul style="list-style-type: none"> Develop/adapt take-home brochures and/or posters on diarrhea management, including available quality sales locations. Posters, point of service materials. <p>Examples of materials can be found at www.zinc-ors.org.</p>	To increase product knowledge—of where to find quality treatments, how to use them and age-appropriate dosage.	Caregivers Health care providers (clinical, non-clinical, CHWs) Communities
Digital media and mHealth	<ul style="list-style-type: none"> Produce SMS service on diarrhea treatment with key messages from training and/or information on retail and health care service points. Host “Child Health” hotline for non-clinical providers to consult trained providers (phone and/or SMS-based). If appropriate to the context, launch Facebook and other relevant social media platforms for peer-to-peer communication and support (e.g., providers in a social franchise network, pharmacists, mothers). 	<p>To increase product/brand awareness and knowledge.</p> <p>To stimulate social dialogue.</p> <p>To increase correct prescriptions.</p>	Caregivers Health care providers (clinical, non-clinical, CHWs)

Clinic-Based Services

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Clinic services	<ul style="list-style-type: none"> • Set up a “diarrhea treatment corner” in clinics. • Organize health education sessions in clinic waiting room. • Produce video for clinic waiting room. • Disseminate information to enhance awareness of effectiveness of zinc and provide scientific underpinnings via professional peer networks or associations. • Create certification program with recognition for providers who have completed training (franchisees or retail shop operators). • Train providers on face-to-face counseling designed to convince clients to use ORS and zinc instead of antibiotics. • Develop/adapt job aids that focus on correct treatment of diarrhea. • Establish a “supportive supervision” system that recognizes high performing providers and retailers, and assists others. <p>Examples of print materials can be found at www.zinc-ors.org.</p>	<p>To increase knowledge of ORS and zinc benefits.</p> <p>To improve prescribing and treatment of clinicians which have a flow down effect on retailers in the community.</p> <p>To improve treatment seeking by identifying access points.</p> <p>To recognize/identify qualified providers.</p> <p>To improve provider-client counseling techniques to enhance capacity to convince caregivers that ORS and zinc is best option, not antibiotics.</p>	<p>Caregivers</p> <p>Clinical providers</p>
Social franchising/ service promotion	<ul style="list-style-type: none"> • All of the above – in a network of private sector clinics. • Establish network of social franchise providers with set quality standards; use a logo marketed as a symbol of high quality care so caregivers can distinguish. • Add IMCI services into an established social franchise network with a reputation for high quality care. • Promote franchise logo (noted above) through mass media and location-specific apps. • Extend the franchise to pharmacies – train staff to dispense ORS and zinc, refer caregivers to clinics and perhaps offer coupons or referral discounts. 	<p>To establish recognized providers who offer affordable, correct diarrhea treatment.</p>	<p>Caregivers</p> <p>Clinical providers</p>

Clinic-Based Services (continued)

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Digital/distance learning	<ul style="list-style-type: none"> • Create distance learning/certification programs on correct diarrhea treatment. • Establish “supportive supervision” for graduates of digital/distance learning programs to monitor quality and reward high performers. • Train medical detailers to conduct short in-person sessions to compliment distance learning and formal training programs for pharmacy and retail staff. • Develop short video clips and print FAQs that model counseling, diagnosis and treatment, including prescriptions of ORS and zinc that can be disseminated via print, video, smartphones and tablets. 	To increase knowledge and skills.	Clinical and non-clinical providers

Pharmacies and Drug Shops

Intervention Area	Illustrative Activities	Purpose	Intended Audience
<p>Medical detailing</p> <p>Training and supportive supervision</p>	<ul style="list-style-type: none"> Regular visits to pharmacies and drug shops with job aids and short (10 minutes) training sessions to educate owners and staff about diarrhea treatment with ORS and zinc. In urban areas, organize training sessions or continuing education sessions and invite trained pharmacists to update them on WHO and national guidelines. In urban areas, organize training sessions for pharmacy staff (non-qualified staff), with a certificate program to educate them on recommending ORS and zinc, diarrhea danger signs and referrals. Produce branded or generic counseling aids that pharmacists/staff can use to ask mothers about symptoms and recommend products. Create certification program with recognition for pharmacists or staff who have completed training (franchisees or retail shop operators). Train pharmacists/staff on face-to-face counseling designed to convince clients to use ORS and zinc instead of antibiotics. Develop/adapt job aids that focus on correct treatment of diarrhea. Establish a “supportive supervision” system that recognizes high performing providers and retailers, and assists others. <p>Examples of materials can be found at www.zinc-ors.org.</p>	<p>To increase prescription/sales of ORS and zinc.</p> <p>To improve pharmacy and drug shops staff knowledge of ORS and zinc, diarrhea symptoms and correct treatment of uncomplicated diarrhea.</p> <p>To improve referrals for complicated/severe diarrhea.</p> <p>To improve provider-client counseling techniques to enhance capacity to convince caregivers that ORS and zinc is best option, not antibiotics.</p>	<p>Pharmacy and drug shop owners and staff</p>
<p>Social franchising</p>	<ul style="list-style-type: none"> All of the above – develop a network of branded private sector pharmacies or drug shops. Establish network of pharmacies and drug shops trained to treat diarrhea with ORS and zinc; use a logo marketed as a symbol of high quality care so caregivers can recognize where they will receive correct treatment/advice. 	<p>To increase prescription/sales of ORS and zinc.</p> <p>To improve pharmacy and drug shops staff knowledge of ORS and zinc, diarrhea symptoms and correct treatment of uncomplicated diarrhea.</p>	<p>Pharmacy and drug shop owners and staff</p>

Pharmacies and Drug Shops (continued)

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Social franchising (continued)	<ul style="list-style-type: none"> • Offer preferred prices on ORS and zinc products to network members to increase the margins earned. • Promote the network through CHWs, or other media. 	<p>To improve referrals for complicated/severe diarrhea.</p> <p>To improve provider-client counseling techniques to enhance capacity to convince caregivers that ORS and zinc is best option, not antibiotics.</p> <p>To establish recognized network of pharmacies or drug shops that offer affordable, correct diarrhea treatment.</p>	
Digital/distance learning	<ul style="list-style-type: none"> • Collaborate with national pharmacist associations to create distance learning/certification programs on correct diarrhea treatment with certifications and continuing education credits. • Train medical detailers to conduct short in-person sessions to compliment distance learning and formal training programs for pharmacy and retail staff. • Develop short video clips and print FAQs that model counseling, diagnosis and treatment, including prescriptions of ORS and zinc that can be disseminated via print, video, smartphones and tablets. 	To increase knowledge and skills.	Pharmacists and drug shop owners

Community-Based Services, Outreach and Community Approaches

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Community outreach and capacity building	<ul style="list-style-type: none"> Recruit and train male and female CHWs to conduct community-based counseling treatment and referral for diarrhea, among other health areas. Provide a seed stock of ORS and zinc to CHWs so they can sell product in their communities. Set regular restocking meetings with short refresher training sessions. Establish CHW supportive supervision, providing feedback and monitoring quality. Develop and produce radio distance learning program for community workers that model positive behaviors and relationships with communities and referral clinics. Establish CHW radio listening groups and/or peer support groups for distance learning program. Develop/adapt materials and job aides to provide guidance on counseling and referral for diarrhea treatment. Develop logos, badges, buttons and other items that support the central positioning and promotion of quality. 	<p>To improve knowledge and skills of CHWs.</p> <p>To provide peer-supported learning opportunities.</p> <p>To ensure quality counseling and referral.</p> <p>To promote quality services/brand recognition.</p> <p>To encourage social dialogue.</p>	<p>Non-clinical providers</p> <p>CHWs</p>
Community approaches	<ul style="list-style-type: none"> Hold community dialogues on correct diarrhea treatment and prevention, and other MCH topics. Involve providers from nearest public sector or social franchise clinic to lead education session. Invite pharmacists or retailers to showcase their ORS and zinc products, demonstrate preparation and doses, and offer taste tests. Use community dialogues to cross-promote mass media efforts, sign up for SMS services. Organize discussion groups for caregivers, community leaders and grandmothers/mothers-in-law. Use community events as opportunities for promotion and education. 	<p>To increase correct treatment of diarrhea with ORS and zinc.</p> <p>To increase perceived availability and affordability of ORS and zinc.</p> <p>To increase access to high quality care.</p> <p>To increase early treatment seeking from qualified providers.</p>	<p>Caregivers</p> <p>Non-clinical providers</p> <p>CHWs</p> <p>Extended family</p> <p>Communities</p>

Community-Based Services, Outreach and Community Approaches (continued)

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Champions	Identify satisfied ORS and zinc users as community advocates.	To increase correct treatment of diarrhea with ORS and zinc. To reduce myths and misconceptions regarding correct diarrhea treatment.	Caregivers Extended family Communities

Structural

Intervention Area	Illustrative Activities	Purpose	Intended Audience
Advocacy	<ul style="list-style-type: none"> • Utilize resources from <i>Scaling Up Lifesaving Commodities for Women, Children and Newborns: An Advocacy Toolkit</i> (http://www.path.org/publications/detail.php?i=2381) to create an advocacy strategy for ORS and zinc demand, raise awareness and engage stakeholders in addressing ORS and zinc policy gaps. • Develop advocacy briefs for national- and district-level policy makers to promote importance of quality services for diarrhea treatment. • Select respected, credible national or local officials to lead research and communication efforts. • Co-host national conference with national medical associations to draw provider and policy makers' attentions to successes and gaps, seek commitments and publish semi-annual progress reports. • Invite medical residents and nursing students to conferences, events and training programs. • Work with local TV and radio producers to include diarrhea treatment and advocacy messages into storylines or news programs. • Conduct a "study-tour" for local journalists to meet frontline providers and community champions, and highlight successes. 	To increase leadership support for correct diarrhea treatment.	<p>District policy makers</p> <p>National policy makers</p> <p>Medical Association leaders</p>

Step 6: Plan for Monitoring and Evaluation (M&E)

Refer to page 23 for supporting guidance on this step, as well as “Step 6” on the Demand Generation Implementation Kit (<http://sbccimplementationkits.org/demandrmnch/ch-step6/>) for further resources.

The Diarrhea and Pneumonia Working Group has endorsed a list of performance Indicators for diarrhea and pneumonia treatment scale up. In order to coordinate M&E efforts, the Working Group requests that all diarrhea and pneumonia programs incorporate these indicators into M&E plans. The indicators are recommended for all diarrhea treatment programs and are not specific to demand generation efforts. Illustrative indicators specific to demand generation efforts are listed below this table following.

Performance Indicators: Diarrhea Treatment						
Indicator Number	Indicator	Definition	Metric	Method	Existing Sources to Leverage	Alignment with Other Tracking Efforts
D.1.	Diarrhea care seeking	Proportion of CU5 five with diarrhea in the previous two weeks who sought care from an appropriate health care provider. ⁴	<p>Numerator: Number of CU5 with diarrhea in the previous two weeks who sought care from an appropriate health care provider.</p> <p>Denominator: Total number of CU5 with diarrhea in the previous two weeks.</p>	Population-based household survey	DHS MICS	
D.2.	ORS Coverage	Proportion of CU5 with diarrhea in the previous two weeks who received ORS.	<p>Numerator: Number of CU5 with diarrhea in the previous two weeks who received ORS.</p> <p>Denominator: Total number of CU5 with diarrhea in the previous two weeks.</p>	Population-based household survey	DHS MICS	Countdown 2015 GAPPD UNCoLSC
D.3.	ORS and zinc combined coverage	Proportion of CU5 with diarrhea in the previous two weeks who received zinc with ORS.	<p>Numerator: Number of CU5 with diarrhea in the previous two weeks who received zinc with ORS.</p> <p>Denominator: Total number of CU5 with diarrhea in the previous two weeks.</p>	Population-based household survey	DHS MICS	GAPPD UNCoLSC

⁴ An appropriate health care provider is defined as any person legally able to carry and provide ORS and zinc.

Performance Indicators: Diarrhea Treatment (continued)						
Indicator Number	Indicator	Definition	Metric	Method	Existing Sources to Leverage	Alignment with Other Tracking Efforts
D.4.	ORS and zinc availability	Proportion of health care treatment sources with ORS and zinc in stock on the day of the survey.	Numerator: Number of health care treatment sources with ORS and zinc in stock on the day of the survey. Denominator: Total number of health care treatment sources.	Health facility assessment/ Retail audit	SPA UNCoLSC Facility assessment	UNCoLSC
D.5.	National treatment guidelines	ORS and zinc is the recommended first-line treatment for diarrhea.	N/A	Document review	MoH treatment guidelines	
D.6.	Zinc OTC status	Zinc is designated as an over-the-counter class drug.	N/A	Document review	National drug authority	
D.7.	Low-osmolarity ORS registration	At least one L-ORS product registered with national drug authorities.	N/A	Document review	National drug authority	UNCoLSC
D.8.	Zinc registration	At least one zinc product registered with national drug authorities.	N/A	Document review	National drug authority	UNCoLSC
D.9.	ORS and zinc are included in the essential medicines list (EML) and national procurement list	ORS and zinc are included in the EML and national procurement list.	N/A	Document review	Essential medicines list national procurement list	UNCoLSC

In addition to the indicators listed on the previous pages, demand generation efforts—messages, strategies and media channels—should be evaluated for impact. There are two fundamental questions that help guide monitoring and evaluation strategies for demand generation efforts:

1. Is exposure to messaging and demand generation efforts resulting in behavior changes—both increased knowledge and use of ORS and zinc?
2. Is the market working for everyone? Meaning, are all segments of caregivers being reached? This requires measuring whether all socio-economic quintiles, populations in rural areas, ethnic/racial/religious/language groups, etc. are being reached.

In terms of linking demand generation efforts to behavior change, the following are the indicators that the Diarrhea and Pneumonia Working Group requests be collected. These indicators should parallel the performance indicators for diarrhea treatment (on the previous pages) and that are specific to demand generation programs:

Demand Creation Indicators: Diarrhea Treatment						
Indicator Number	Indicator	Definition	Metric	Method	Existing Sources to Leverage	Alignment with Other Tracking Efforts
D.1.	Diarrhea treatment-seeking	<p>Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to demand generation messages and who knew that zinc with ORS is a complete and appropriate treatment for diarrhea.</p> <p>vs.</p> <p>Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to demand generation messages and did not know about zinc.⁵</p>	<p>Numerator: Number of caregivers of CU5 who were exposed to messages and know that ORS and zinc is the recommended treatment for uncomplicated diarrhea.</p> <p>Denominator: Total number of caregivers of CU5 who were exposed to messages.</p>	Population-based household survey	DHS MICS	

⁵An appropriate health care provider is defined as any person legally able to carry and provide ORS and zinc.

Demand Creation Indicators: Diarrhea Treatment (continued)						
Indicator Number	Indicator	Definition	Metric	Method	Existing Sources to Leverage	Alignment with Other Tracking Efforts
D.2.	ORS Coverage	Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages and administered ORS. vs. Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages, but did not administer ORS.	Numerator: Number of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages and administered ORS. Denominator: Total number of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages. Source of ORS: To measure source and total market of ORS, calculate percentage of each brand.	Population-based household survey	DHS MICS	Countdown 2015 GAPPD UNCoLSC
D.3.	ORS and zinc combined coverage	Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages and administered zinc with ORS. vs. Proportion of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages, but did not administer zinc with ORS.	Numerator: Number of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages and administered zinc with ORS. Denominator: Total number of caregivers of CU5 with diarrhea in the previous two weeks who were exposed to messages.	Population-based household survey	DHS MICS	GAPPD UNCoLSC

Demand Creation Indicators: Diarrhea Treatment (continued)						
Indicator Number	Indicator	Definition	Metric	Method	Existing Sources to Leverage	Alignment with Other Tracking Efforts
D.4.	ORS and zinc availability (A)	A – Proportion of health care treatment sources, exposed to messages, with ORS and zinc in stock on the day of the survey. vs. Proportion of health care treatment sources, exposed to messages, with ORS and zinc not in stock on the day of the survey.	Numerator: Number of health care providers/ staff of pharmacies/ drug shops, exposed to messages, with ORS and zinc in stock on the day of the survey. Denominator: Total number of health care providers/staff of pharmacies/drug shops exposed to the messages.	Health facility assessment/ Retail audit	SPA UNCoLSC Facility Assessment	UNCoLSC
	ORS and zinc availability (B)	B – Proportion of caregivers of CU5, exposed to messages that report they know where to buy ORS and zinc (or that ORS and zinc are easy to find). vs. Proportion of caregivers of CU5, exposed to messages that report they do not know where to buy ORS and zinc (or that ORS and zinc are not easy to find).	Numerator: Number of caregivers of CU5, exposed to messages, who report they know where to buy ORS and zinc (or that ORS and zinc are easy to find). Denominator: Total number of caregivers exposed to the messages.	Population-based household survey	DHS MICS	GAPPD UNCoLSC

In addition to the above indicators, the Working Group requested to be included in all diarrhea programs, examples of other useful indicators for measuring demand generation program implementation and effects are listed below:

Caregivers:

- Proportion of caregivers of CU5 who believe that ORS and zinc are effective treatment for diarrhea. (Evaluation – omnibus survey or nationally representative survey)
- Number of cases of diarrhea correctly treated with ORS and zinc following demand generation campaign. (Evaluation – service statistics)
- Proportion of caregivers who use ORS and zinc to treat diarrhea. (Evaluation – DHS or nationally representative survey)
- Proportion of caregivers of CU5 who report that their spouse, mother-in-law or extended family

encouraged them to seek treatment for diarrhea or to use ORS and zinc to treat diarrhea in children. (Evaluation – omnibus survey or nationally representative survey)

- Proportion of caregivers of CU5 who report that they know where to purchase ORS and zinc. (Evaluation – omnibus survey or nationally representative survey)
- Proportion of caregivers of CU5 who report that they know where to seek treatment from a qualified provider for diarrhea. (Evaluation – omnibus survey or nationally representative survey)
- Proportion of caregivers of CU5 who report that they can afford ORS and zinc. (Evaluation – omnibus survey or nationally representative survey)
- Proportion of caregivers of CU5 who report that they can afford treatment from a qualified provider for diarrhea. (Evaluation – omnibus survey or nationally representative survey)

Providers:

- Number of clinical providers trained on updated guidelines for correct treatment of diarrhea illness. (Monitoring – program statistics)
- Number of clinical or retail providers prescribing only ORS and zinc for mild to moderate diarrhea. (Mystery client survey)
- Number of households visited by trained community health workers. (Monitoring – provider self-reported data)
- Number of referrals made by non-clinical providers. (Monitoring – provider self-reported data; referral cards)
- Proportion of non-clinical and clinical providers who can accurately report the correct treatment for diarrhea. (Evaluation – provider self-reported data or survey)
- Proportion of clinical providers who report that they have high self-efficacy prescribing ORS and zinc. (Evaluation – provider self-reported data or survey)

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