



U.S. President's Malaria Initiative

Report on the Good Quality Medicines Campaign Pretest in the Akwa Ibom state of Nigeria



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Contact:

Health Communication Capacity Collaborative
Johns Hopkins Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202 USA
Telephone: +1-410-659-6300
Fax: +1-410-659-6266
www.healthcommcapacity.org

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Acronyms

ACT	Artemisinin-based Combination Therapy
ACSM	Advocacy, Communication and Social Mobilization
CV	Community Volunteer
FGD	Focus Group Discussion
HC3	Health Communication Capacity Collaborative
IEC	Information, Education and Communication
KII	Key Informant Interview
MAS	Mobile Authentication System
NAFDAC	National Agency for Food and Drug Administration and Control of Nigeria
PMI	U.S. President’s Malaria Initiative
PPMV	Patent and Proprietary Medicine Vendor
RDT	Rapid Diagnostic Test
SMS	Short Message Service
SSFFC	Substandard, Spurious, Falsified, Falsely-labeled or counterfeit
USAID	United States Agency for International Development

Introduction and Background

The continued availability and use of substandard, spurious, falsified, falsely-labeled and counterfeit (SSFFC) medicines impedes global efforts to eradicate Malaria, as such medicines result in treatment failure, death and a distrust of the health system. According to the World Health Organization (WHO), 10 to 30 percent of all medicines in developing countries are substandard or falsified. Antimalarials constitute the bulk of SSFFC medicines, making up 52.5 percent and 92.6 percent of all substandard and counterfeit medicines respectively. The SSFFC medicines situation in Nigeria mirrors global trends but stands out because of Nigeria's peculiar nature – a vast and diverse population with a complex health system. Nigeria's pharmaceutical products are either imported or manufactured domestically, but they reach a majority of consumers through Patent and Proprietary Medicine Vendors (PPMV), most of whom are unlicensed and operating illegally. In 2001, an alarming 40 percent of medicines across Nigeria were substandard or fake. Due to the aggressive and sustained efforts of the National Agency for Food and Drug Administration and Control (NAFDAC) in Nigeria, the proportion of such drugs in circulation has decreased tremendously, reaching 16.7 percent in 2005. A recent study conducted by NAFDAC and the United States Pharmacopeia (USP) indicates less than 10 percent of Artemisinin-based combination therapy (ACT) medicines in circulation are of poor quality.

Although the Government of Nigeria has continued to fight SSFFC medicines through the Food and Drugs department of the Ministry of Health, NAFDAC and the Pharmaceutical Council (PCN) of Nigeria, such efforts have mostly targeted the supply side of the problem. Efforts directed at the consumers of SSFFC medicines have been few and have not been evaluated. Only 18 percent of respondents in a perception study conducted by NAFDAC were aware of messages regarding the Mobile Authentication System (MAS) introduced by NAFDAC to enable consumers to verify the quality of the medicines they buy. Very few consumers take advantage of the MAS; most still self-prescribe, and even when they encounter fake drugs, consumers rarely report them to relevant authorities.

Objectives of the SSFFC Pretest

In response to this situation, the Health Communication Capacity Collaborative (HC3) has worked closely with the National Malaria Elimination Program (NMEP), NAFDAC and the Advocacy, Communication and Social Mobilization (ACSM) sub-committee to develop the campaign materials as follows:

Material	Target Audience
Radio spots	All consumers who buy malaria medicines
TV spots	
Posters	
Booklet	
Sticker	PPMV

The objective of this pretest exercise was to present these materials to representatives of the target audiences to ascertain the following:

- Comprehension (language and visuals are easily understood)
- Attraction or appeal
- Persuasion
- Acceptability (cultural and contextual appropriateness)
- Clarity
- Level of audience identification with materials

Pretest Location

The campaign materials were pretested in two locations in Akwa Ibom, Nigeria – an urban and a rural location. The focus was on PPMVs and individuals from the lower socioeconomic segment of the population.

Methodology

The materials were pretested using **Focus Group Discussions (FGDs)** and **Key Informant Interviews (KIIs)** as follows:

FGD 1: Material	Participants	Methodology	Location
TV spot (Pidgin English)	Low semi-literate men and women (able to speak and understand Pidgin English and simple English), who have purchased malaria medicine recently/in the past six months Age range: Men aged 35 to 55 and women aged 25 to 45	Two separate FGDs for men and women (10 women, 10 men) representing both urban and rural men and women	No. 155, IkotEkpene Road, Uyo, Akwa Ibom state
Radio spot (Ibibio)			
Radio Spot (Pidgin English)			
Poster			
Sticker			
Participants	Participants	Participants	Location
Radio spot (Ibibio)	Illiterate men and women (unable speak or read English), who have purchased malaria medicine recently/in the past six months Age range: Same as above	Two separate FGDs for men and women (10 men and 10 women) in rural community	Aka-Itiam village in Uyo LGA, in Akwa Ibom State

FGD 3: Material	Participants	Participants	Location
Poster (Pidgin)	Community Volunteers (able to read and write)	Two separate FGDs with eight Community Volunteers in each group (eight male volunteers, eight female volunteers)	Etinan LGA
Sticker (Pidgin)			
Booklet (English)			
FGD 4: Material	Participants	Participants	Location
Poster (Pidgin)	PPMVs (licensed to practice by the government)	10 individual interviews	MbiabongEtoi Village and Atiku, IkotEkpene in Uyo LGA
Sticker (Pidgin)			
Booklet (English)			

Qualitative Research

Qualitative data gathering has been used for this report. The descriptive nature of the qualitative method demonstrates the quality and meaning of the experiences of respondents. This method of data collection helped the researcher see the world view of the people under study.

Qualitative research techniques involve the identification and exploration of a number of often mutually related variables that give insight into human behavior (e.g., motivations, opinions and attitudes), into the nature and cause of certain problems and into the consequences for those affected. “Why?” “What?” and “How?” are important questions when conducting qualitative research (Brouillard-Coyle and Maticka-Tyndale, 2007). This pretest employed two methods of study under qualitative data gathering: FGDs and KIIs.

In FGDs, the researcher gathers a number of people (a group of five to 10 participants) from the selected community with similar interest (e.g., youths, men, women, people of the same age/grade level or who have similar professions/interests). The focus groups are brought together to discuss a certain subject with a facilitator or the researcher, who guides the discussion towards the research questions.

KIIs are used to elicit data from individual “key informants.” A key informant is a person in a particular community who has a comprehensive knowledge of the culture, and is ready and interested in talking about it. Key informants can also be described as key culture consultants (Eghafona 2007). Kottack (2002) described them as some people in every community, “who by accident, experience, talent or training can provide the most complete or useful information about particular aspects of life.” In the SSFFC pretest, KIIs were conducted with PPMVs using campaign materials, including a booklet, sticker and poster.

Data Collection

Field workers, facilitators and note takers were trained for one day on the intricacies of FGDs and KIIs. Field work took place on the 28th and 29th of January, 2016. The Field Workers liaised with Community Volunteers (CVs) to mobilize women and men in each category in specific locations – semi-literate in urban and rural, illiterate in a rural community, CVs in urban and rural communities and PPMVs in urban and rural communities.

The Field Workers and CVs visited the community leaders for advocacy and approval for a venue to conduct the pretesting. Community leaders, both men and women, turned out in their colorful traditional attire to participate in the pretest. Data collection was carried out using a voice recorder and the service of a note taker. Voice-recorded information was later transcribed verbatim for report writing.

Limitations

- In a few cases, FGDs became unwieldy and difficult to manage as some enthusiastic community members not selected wanted to participate. For example, in the Akaltiam community, where a FGD was conducted for the illiterate.
- The pretesting of all materials with a particular group made the exercise long and boring. Participants lost interest and became unresponsive/stopped providing the necessary responses.
- In the FGD, some participants were not able to talk as freely for fear of being rebuked by other members of the group, or hurting the feelings of other participants. In the FGD of adult illiterate men and women, the women all responded after the female community leader had spoken, concurring with her opinion.

Discussion on Pretest Materials

Booklet

The booklet was pretested with each category of respondent in the FGD and KII, which included low semi-literate adults, CVs and PPMVs. Each group had urban and rural participants. The PPMV group had five participants from both rural and urban areas, who also participated in the KII. Participants were given time to read through all the pages of the booklets and answer all questions on each of the materials.

All group participants said they understood the information in the booklet and what it was telling them to do. Participants were asked to respond to the pictures on each page. They were asked, **“What does it look like to you?”** All of the participants (in all categories) understood what the picture on every page was telling them to do. When respondents were asked **“Is there anything about the pictures or the writing on this page that might offend or embarrass some people? What?”**, a female CV said the picture on page one was not pleasant to her. In her words: “The picture of the man on page one is not pleasant; the man in the picture looks like he is suffering from Kwashiorkor. Malaria patients do not look that skinny, with all his skeletal ribs.”

Four CVs chorused together and said, “She is right.” They went further to say that, if the picture on the first page is displayed in the rural villages, women will be scared and will become more likely to use local treatment or medicine, instead of going to a health facility for malaria treatment.

Another CV advocated for the replacement of the picture with a more pleasant one of either a man or woman who is healthier, who probably just had fever the previous night and went for a test in the hospital. Two male CVs from the urban area stated their preference for a baby or a pregnant woman be used in the picture instead of a man.

In the low semi-literate group, one female participant asked, “Since the program is targeted at women and children; is it that a woman’s picture cannot be used on this page?” Four female participants agreed the picture of the man should be replaced with a woman’s picture. When other participants were asked for their opinion, they chorused, “We agree with her.”

Five participants in the semi-literate category raised concern regarding the use of short message service (SMS) code to verify the authenticity of original ACT drugs on page seven of the booklet. The general view of participants was summarized by a male participants, who said “Most people in the rural communities do not have phones, how will they perform the scratching and sending of text messages?”

During the FGD with the PPMVs, five respondents asked for the removal of the picture on page one of the booklet. The only reason they gave for this request was that they found the picture unpleasant.

Participants from various categories also talked about pictures on page two of the booklet. All of the PPMVs commented on the display of only four brands of ACT medicine on the page. One PPMV participant asked “Are you promoting the use of the four drugs seen in the booklet?” He went further to say:

“When people see this kind of picture in a booklet around town, we would be forced to buy only what is seen on the page. I am saying this because our people in the rural area will copy or write out the names of the drug they want and that is all they will ask for until the paper with the four brand names written on it goes missing.”

All the CVs unanimously agreed with the PPMVs concerns about the picture on page 2. They argued that it will be difficult to convince people in the rural area to buy other brands that might be more effective for them. One of the CVs stated, “Our tasks will now be difficult; the women would no longer listen to us again as they will prefer what is branded in the booklet.” They advocated to remove the brand names but ensure the message remained intact. One female CV suggested showing packs of ACT drugs without the brand names and focus on how to identify fake ACTs.

The CVs pointed out that some wording in the booklet might be confusing to people. A male CV in the Etinan rural area argued that the way ACTs are written about was misleading and might cause confusion in the field. On page four of the booklet, the words, “ACTs are the best treatment for malaria. Unfortunately, some ACTs sold through medicine shops and markets are of poor quality, and may not work to treat malaria.” He said “When you say something is good and then use another bad words to describe the good thing, people will be confused. Also, know that English is not understood by all, even among the literate.”

Four male and three female CVs agreed with what he said. The CVs were asked a second time if they clearly understood the words and the picture on page four. They all said it was confusing, and when asked why it was confusing, they all gave similar reasons.



Photos 1 and 2: PPMVS owner reading through the booklet

Two males in the low semi-literate group argued that since ACT is the recommended treatment for malaria, it will be confusing to use the words “Unfortunately, some ACTs...” Rather, it should be “Unfortunately, fake or counterfeit drugs are sold through medicine shops and market, which may be of poor quality and may not treat malaria.” They pointed out that the page should also contain a message discouraging the purchase of ACT drugs with a very short expiration period because they may not have the required potency to treat malaria.

Radio Spot (Ibibio)

The illiterate group listened to Ibibio version of the radio spot with rapt attention. However, they were disappointed with the quality of the recording. When asked **“What was taking place in this radio message?”**, one of the illiterate female participants said all they heard were people talking about “rice, beans and malaria drugs.” She then turned to the others and asked “Women, did you not hear rice, beans and malaria drugs?” The women all affirmed what she had said. The radio spot was replayed four times so the women could listen and consider their opinion. The female community leader, who was part of the discussion, stated how unclear the message was, asking why the actors could not speak in clear Ibibio language, and why they were mixing up malaria with food items. When asked **“Who are the people in the radio message?”**, they all responded in unison, “we do not know.”



Photo 3: Illiterate women participating in the FGD in Aka-Itiam

The women were asked if anything in the radio spot was difficult to understand. If so, what? They took turns responding; all of the participants said they could not understand what was being said due to the poor audio quality, and therefore they could not understand the message clearly.

They also complained that the speaker was not a fluent in Ibibio and the intonations used were not correct. They argued that the people used in the radio spot were probably not from Akwa Ibom state, as they did not sound like native Ibibio speakers. They suggested using people from the area to record the radio spot.

The illiterate men had the same response to the radio spot. They understood the message and what it was asking them to do, but they observed the radio spot had only one person carrying out the whole conversations, instead of two people conversing, which made it less interesting.

When asked “**Does the radio message say anything that might offend anyone in your community? What?**”, one of the male community leaders stated it is disrespectful to the native-speaking people for their children to not know how to speak their local dialect. He said it is very embarrassing and sad. Five community members spoke up, supporting his view, and added they were sure the people talking in the radio spot were not native to the land.

The male participants all understood that the main messages of the radio spot were to buy drugs from appropriate and recommended places, to check the expiry date on drug packages and a test should be done to confirm a malaria diagnosis. The men in the illiterate group suggested reducing the background noise in the recording to help people hear the message more clearly.

The semi-literate female participants, who also listened to the Ibibio version of the radio spot, were asked, “**What was taking place in this radio message?**” They all chorused “They were talking about rice, beans and malaria drugs.” One of the male participants of the semi-literate summarized the opinion of other participants by asking the question, “Are these persons learning Ibibio language? How can somebody be combining food and drugs – buying Kpomo, rice, pure water and drugs in the same shop?”

All semi-literate female participants said the entire scenario was confusing and unclear, even though they managed to understand the message, which, in the words of one of the participants, “is to buy drugs in the appropriate and recommended place, check the expiring date of the drugs, scratch the card and call to identify a fake drug.”

One semi-literate male participant said they were offended by the use of the “Ikpa” when ordinarily there was no need to mention it, since they were talking about drugs.

All the participants from the semi-literate category, both male and female, asked for the removal of comments about food in the radio spot. According to a male respondent, “There is no relationship between food and drugs. People selling food do not sell drugs as well.”

When asked for suggestions to improve the radio spot, one of the semi-literate female participant said: “Malaria is not gotten from food or water, thus the producer of the radio spot should portray a play where someone is lying down with cool and fever or having headache, and the other is worried and sick person is recommended to go have malaria test and buy original ACTs with NAFDAC registration number.”

Radio Spot (Pidgin English)

The radio spot in Pidgin English was clearly understood by all participants in the semi-literate groups, both male and female. The group complained about the mixing of food items with drugs, saying this does not happen anywhere in Akwa Ibom state.

Overall, discussions around the radio spot were very positive. One of the male respondent said, “Everything in this radio spot is good, but please, like we said in the Ibibio version, they should remove the food issue from malaria drugs.”

TV Spot (Pidgin English)

The participants in the semi-literate group, both male and female, understood the content of the TV spot. When asked “**Who are the people in this television spot and what do you think the people were doing?**”, the female participants answered “They are trying to demonstrate the difference between fake and original malaria drugs called ACTs; they are trying to enlighten us on the right malaria drugs to buy.” The male participant said, “They are carrying out a transaction, somebody was trying to sell and the other to buy.”

All the participants in the semi-literate group were able to understand the message in the television spot. When asked “**Is there anything about the television spot you did not like? Is there anything in this television spot that was confusing? What?**”, one respondent said “Yes, it is unclear and confusing to me. I wonder what they were doing in the market, when all of a sudden she is buying drugs. Going from the market to the pharmacist/chemist shop is confusing.”

All male participants in the semi-literate group agreed that the TV spot had a missing link between when the woman is in the market and her appearance in the pharmacy with a paper in her hands, asking for malaria drugs.

Sticker and Poster

The sticker and poster were pretested with semi-literate men and women, CVs and PPMVs. Respondents understood the content and pictures displayed on the sticker and poster, and what the message was asking them to do.

All participants in the semi-literate group understood the sticker emphasized the selling of original malaria drugs by either the pharmacist or the PPMVs. They said the sticker and poster are asking them to check for a manufacturing date and expiry date, and to confirm the malaria drug itself is an ACT with a NAFDAC registration number.

The semi-literate participants all agreed the messages and pictures on the sticker and poster had clear messages that will help eradicate fake drugs, if the right processes are followed by the sellers and buyers, and stop substandard drugs from coming into the market.

The CVs agreed that the content and language used on the sticker and poster were accurate and clear, making it easy to understand what is expected from the targeted audience.

One of the female CV suggested the seller should appear on the poster holding a pack of the ACT drugs that he is selling to show he is not selling fake drugs. All the other female CV respondents agreed with her suggestions.

One of the PPMVs suggested the word “**Check**” be used on the poster instead of displaying a certain NAFDAC number because it will prompt customers to **check** the manufacture and expiry dates, as well as the NAFDAC registration number. They thought the scratch pin should remain on the poster and the serial number should be removed. They also suggested the description “I dey buy only confam malaria medicine ACTS” should be replaced with “I dey sell only confam malaria medicine ACTS.”

Main Findings of the Pretest

- The public has some level of awareness about the effects of fake and counterfeit malaria drugs in the market. People also know how to recognize a fake or counterfeit drug.
- Social mobilization and education on how to identify a substandard and fake drug are needed in the rural community.
- Wide-spread messages on fake and counterfeit drugs are needed, which requires the translation of the TV and radio spots into the various native languages in the state.
- People have difficulty (mainly in the rural communities) getting instant feedback when SMS are used to verify the authenticity of an ACT drug.
- Community leaders need to be involved in community sensitization and awareness campaigns in order to eradicate fake drugs in the market.
- PPMVs need to be trained and re-trained to identify fake and counterfeit drugs in the market, and to be linked to the appropriate distributors of ACTs.
- PPMVs need to be trained and re-trained on malaria rapid diagnostic testing (RDT).

Highlight of Major Changes Required

Booklet

- On page one of the booklet, the majority of CVs, as well as a few semi-literate respondents and PPMV owners, suggested changing the picture of the sick man who is being tested for malaria. The CVs argued this photo should be replaced on the grounds that the picture is offensive and malaria patients do not look like HIV/AIDS patients. They advocated to replace the picture with a more pleasant picture of a healthy man or woman, who “just had a fever the previous night and went for a test in the hospital.”
- The display of four ACT brands on page two might make customers in rural areas search for only those brands, even though there are several other brands in the market. Respondents argued it will be difficult to convince people to buy other products after seeing the brands in the booklet. The CVs unanimously suggested no brand name should be displayed. Rather, the emphasis should be on the ACTS, NAFDAC registration number, etc., and any other form of identification of genuine ACTs in the market.
- On page four of the booklet, the statement “ACTs are the best treatment for malaria. Unfortunately, some ACTs sold through medicine shops and markets are of poor quality, and may not work to treat malaria,” was found to cause confusion. Most of the CVs and a few of the

semi-literate participants argued that, since ACT is the recommended treatment for malaria, it is confusing to use the words “Unfortunately, ACTs...” Rather, it should be, “Unfortunately, fake drugs or counterfeit drugs are sold through medicine shops and market which may be of poor quality, and may not treat malaria.” They also suggested that the page should discourage buying ACTs with a very short expiration period because they may not have the required potency to treat malaria.

Poster and Sticker

- One of the PPMVs suggested the word “**Check**” be used on the poster instead of displaying a NAFDAC certain number because it would prompt customers to **check** the manufacture and expiry dates, as well as the NAFDAC registration number.
- Remove the serial number but keep the scratch pin on the poster
- Change the description from, “I dey buy only confam malaria medicine ACTS,” to “I dey sell only confam malaria medicine ACTS.”

Radio Spot (Ibibio and English Pidgin)

The illiterate respondents complained about the quality of the Ibibio English radio spot:

- The poor production quality made it difficult to understand what was being said.
- The Ibibio language used was not fluent, and the intonations were not correct. They argued that the people used in the radio spot were probably not from Akwa Ibom state, as they did not sound like native Ibibio speakers. They suggested using people from the area to record the spot.
- They observed only one person was carrying out the entire conversation, rather than having two people converse, which made it less interesting.

TV Spot

- The TV spot had a missing link between when the woman was in the market and her appearance in the pharmacy with a paper in her hands, asking for malaria drug.

Conclusion

In conclusion, here are the recommendations resulting from the pretest:

- Training, re-training and partnering with PPMVs would help stop the flow of fake and substandard drugs into the market. It will also help educate community members on how to identify fake and counterfeit drugs.
- Liaise with community leaders and CVs to create awareness, as well as monitor the activities of the medicine shop owners to help track down shops with fake drugs.
- The information, education and communication (IEC) materials should be translated into the various native languages in the state.
- Linking health care providers and PPMVs to authorized dealers is an important step to reduce the amount of fake drugs in the market.
- The use of a local artist to produce the IEC materials will help endear the materials to people in the community.

Appendix 1: Pretest Guide

A. Focus Group Discussion

- **Introduce yourself and the note taker to the group.** Explain the reason for the focus group discussion and let participants know their ideas will be valuable to your work.
- **Explain that notes will be taken** or the discussion will be recorded on a tape-recorder so that important comments and ideas can be remembered after the session is finished. Ask for the group's permission to record comments, and assure participants that their comments will be confidential.
- **Begin with an opening or welcoming statement** such as “We are here today to discuss some materials on malaria medicines that we are designing for your community. We would like your opinions on these materials before we make any further changes to them.” Opening with a statement like this assures the group that the session will be a conversation, not a question-and-answer session.
- After the opening statement, **begin with the FGD discussion guide questions** (see Appendix 2). Try to keep the conversation focused but remain flexible.
- At the end of the session, **help the group reach some final conclusions together.** Ask summary questions like, “So, can we say that four of you agree that the radio spot is promoting malaria test? And six of you think the radio spot is promoting ACTs?” This clarifies the discussion into clear statements that can easily be summarized.
- **Thank the participants** and, if possible, offer some refreshments at the close of the session. If participants will incur travel expenses to attend the FGD, make provisions for reimbursement. Also, the moderator should provide correct information about SSFFCs and what they should do them to ensure they only use good quality medicines. During the discussions, there will be questions. At the end, the moderators should be prepared to give correct info. It would be helpful if the moderators brought along ACTs to show participants the NAFDAC number and expiry date, and demonstrate how to use the MAS scratch pad.

Additional Tips for the Facilitator:

Tips	Examples
Avoid asking personal questions. Instead, ask questions that allow participants to give their opinion of how others will reach.	“What do you think your friends will think when they listen to this radio spot?” “Do you think your friends will understand this picture?”
Use silence to your advantage	Wait a few moments to see whether anyone will start talking again. If not, say, “Does anyone have anything else you want to add to that?”

Use close-ended questions when you want a short and exact answer	<p>“Do you like the people in the poster?”</p> <p>“Do these people look like they could be your neighbors?”</p>
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B. Individual Interview

- **Begin the interview by introducing yourself and the note taker to the participant.** Let the participant know that the note taker will be recording his or her responses. Tell the participant that his or her name will not be used and that the conversation is confidential.
- Respondents may want to give the answers that will make you happy. **Don’t lead them to the “correct” answer** with your smile or attitude.
- After asking all the questions on the questionnaire, **thank the participant for his or her assistance.**
- **Provide refreshments for participants.** It is a nice way to thank them for participating in the testing process. **Reimburse them** for any travel expenses incurred.
- **The moderator should provide correct information about SSFFCs** and what they should do to ensure they only use good quality medicines. During the discussions, there will be questions moderators should be prepared to answer. It would be helpful if the moderators brought along ACTs to show participants the NAFDAC number and expiry date, and demonstrate how to use the MAS scratch pad.

Appendix 2: Discussion Question Guide

A. Booklet

*Give each participant a copy of the booklet to read. Allow enough time for each participant to finish reading. Ask these questions about each **page** of the booklet:*

1. What information did you get from this page? Is it telling you to do some? If so, what?
2. Are there any words on this page that you do not understand? What are they?
3. Is there anything on the page that you do not believe to be true? What?
4. What about the picture(s) on this page? For each picture, ask “What does it look like to you?”
5. Is there anything about the pictures or the writing on this page that might offend or embarrass some people? What?
6. Is there anything on this page that you really like? What?
7. Is there anything on this page that you don’t like? What?
8. Is there anything on this page that is confusing? What?

*Ask these questions about the **entire booklet**:*

9. Do you think this booklet is asking you to do anything in particular? What?
10. Who do you think the booklet is meant for? (Probe: People like yourself? or is it for other people?) Why do you say that?
11. What do you think this booklet is saying?
12. What do you think could be done to make this booklet better?

B. Poster/Sticker

*For questions one through four, cover the words on the poster so that the group can respond only to the **images**.*

1. Please tell me what you see in this picture. What does it look like to you?
2. What about the people/person in the picture? What do you think they are doing?
3. Do you think this poster/sticker is asking you to do anything in particular? What?

4. Do the people in the picture remind you of your friends, or are these people different from your friends? Why?

*Uncover the **words** and allow them to read the poster.*

5. Are there any words that you do not understand? What are they?
6. Now in your own words, what do you think this poster/sticker is saying? Is it telling you to do something? If so, what?
7. Is there anything about the picture(s) or the writing that might offend or embarrass some people? What?
8. Is there anything on this poster that you really like? What?
9. Is there anything in this poster/sticker that you do not like? What?
10. Is there anything on this poster/sticker that is confusing? What?
11. What do you think can be done to make this a better poster?

C. Television Spot

*Ask these questions after showing the television spot **twice**:*

1. Who are the people in this television spot?
2. What do you think the people were doing?
3. Where do you think they were? What else was going on?
4. Do you think the television spot was asking you to do anything in particular? If so, what?
5. Is there anything in the spot that you do not believe? If so, what?
6. Does the television spot say anything that might offend anyone in your community? If so, what?
7. Who do you think the spot is meant for? (Probe: Is it for people like yourself, or is it for other people?) Why do you say that?
8. In your own words, what do you think the message was?
9. Is there anything about the television spot that you particularly liked? What?
10. Is there anything about the television spot that you did not like? What?
11. Is there anything in this television spot that was confusing? What?

12. What suggestions do you have for making this a better television spot?

D. Television Spot

*Ask these questions after playing the radio spot **twice**:*

1. What was taking place in this radio message?
2. Who are the people in this radio message?
3. Was there anything difficult to understand? If so, what?
4. What is the main message you got from the radio message?
5. Do you think the radio message is asking you to do anything in particular? What?
6. Is there anything in the message that you do not believe? What?
7. Does the radio message say anything that might offend anyone in your community? What?
8. What do you think you will remember best about this radio message?
9. Who do you think the message is meant for? (Probe: Is it for people like yourself, or is it for other people?) Why do you say that?
10. What did you think about the music in the spot? Is the music appropriate for this radio spot? Why do you say that?
11. Is there anything about the radio spot that you particularly liked? What?
12. Is there anything about the radio spot that you did not like? What?
13. Is there anything in this radio spot that was confusing? What?
14. Do you have any suggestions for making this a better radio spot?

E. Sticker (Specific to PPMVs)

*For questions one through four, cover the words on the poster so that the group can respond only to the **images***

1. Please tell me what you see in this picture. What does it look like to you?
2. What about the people/person in the picture? What do you think they are doing?
3. Do you think this sticker is asking you to do anything in particular? What?

4. Do the people in the picture remind you of your friends, or are these people different from your friends? Why?

*Uncover the **words** and allow them to read the poster*

5. Are there any words that you do not understand? What are they?
6. Now in your own words, what do you think this sticker is saying? Is it telling you to do something? If so, what?
7. Is there anything about the picture(s) or the writing that might offend or embarrass some people? What?
8. Is there anything on this sticker that you really like? What?
9. Is there anything in this sticker that you don't like? What?
10. Is there anything on this sticker that is confusing? What?
11. What do you think can be done to make this a better sticker?
12. Would you be willing to post this sticker in your shop? Why? Why not?
13. What sort of PPMV do you think should post this sticker in his/her shop?
14. In your own words, what is the purpose of this sticker?