

Listen and Learn: Developing malaria communication materials for rectal artesunate via an iterative, participatory, pre-testing approach

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BACKGROUND

- **Severe malaria** represents the end-stage of untreated uncomplicated malaria leading to almost certain death with a heavy toll on children. Out of an estimated 216 million annual malaria cases, an estimated 8 million are severe malaria (World Malaria Report 2014).
- **The World Health Organisation (WHO)** recommends that when parenteral therapy (an injection) is not possible, suppository formulations of artesunate should be given as a pre-referral treatment.
- **Medicines for Malaria Venture's (MMV)** has developed key communication tools – poster, leaflet and jobaid - to assist countries introducing RAS into their rural community health services.
- A key component of development was pre-testing the materials in various situations and contexts in order to ensure that the materials are responsive to the end-user's needs.

METHODOLOGY

Communication materials tested

- Poster sensitizing parents / caregivers of children under 6 years of age and at risk of severe malaria;
- Visual aid with a training guide for community health workers with instructions on administration and the referral process.

CATEGORIES OF PARTICIPANTS	KHOMBOLE Senegal # informants
PNLP (Programme national de lutte contre le paludisme)	2
NGO representative in country	1
District Management Team/Trainers	1
Nurses in charge of health posts	7
Agents de santé communautaires (ASC) & DISDOMS (Dispenseur de soins à domicile)	22
Mothers/Caregivers	19

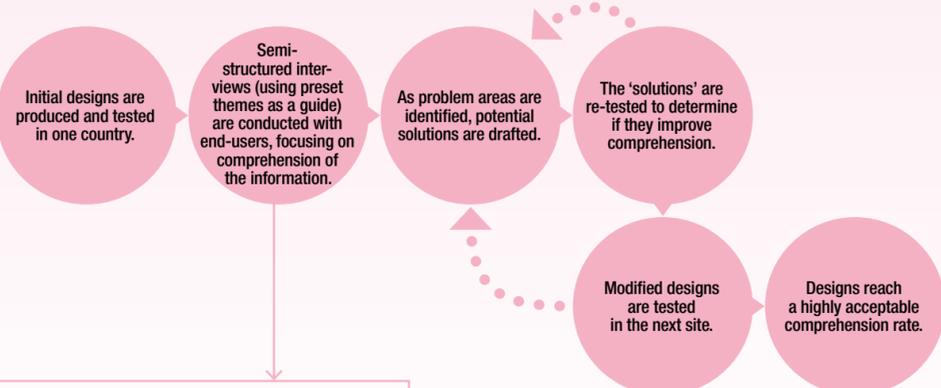
CATEGORIES OF PARTICIPANTS	MCHINJI Malawi # informants
NMCP/IMCI	2
NGO representative in country	5
Nurses/Clinicians/Medical Assistants	9
Community Health Workers	44
Mothers/Fathers/Caregivers	46
TOTAL Respondents across 2 countries	158



Testing approach

- Phase 1:** Consultation - key advisors and end-users during formative phase (March –April 2015).
Phase 2: Pre-testing with end-users in rural Senegal (June 2015) followed by further modification of materials.
Phase 3: Pre-testing with end-users in rural Malawi (August 2015).
Phase 4: Finalisation and dissemination to international partners for final review (December 2015).

Iterative process



Kinds of questions asked – general to specific

- Is the information – text and images presented in a comprehensible manner?
- Is the information – text and images relevant to end-users?
- Is the tool, its format and its content practical for end-users?
- Are the illustrations of severe malaria danger signs recognizable to mothers of children under 6 years?
- Do parents and caregivers understand that rectal artesunate is the first step when a child presents with the danger signs of severe malaria and that admission to hospital must follow without delay?
- Do community health workers recognise the danger signs and the necessary health communication needed with the parent regarding referral and follow up?

CONCLUSION

This paper concludes that a real-time, responsive, participatory and qualitative field-testing methodology is a key stage of communication materials development. As a result, MMV has now adopted this approach when developing its communication materials, including its injectable artesunate toolkit now used by the National Malaria Programs of 11 African countries, as well as materials on seasonal malaria chemoprevention. This methodology can be used to guide other groups who wish to develop communication materials for new public health interventions destined for developing countries. In the case of severe malaria and the use of rectal artesunate for children with danger signs, we can be more certain that the end-users will be able to understand the images regardless of literacy levels and seek the various stages of care and administer this life saving 'first step' intervention.

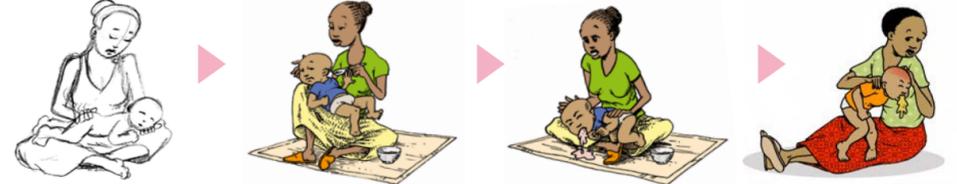


KEY FINDINGS

Communicating in a culturally appropriate manner

If an image in the communication materials does not resonate with the day to day life of the end-user – the user will be distracted by that misplaced image and will tend not to focus on the core messages. A challenge when developing these communication materials is to ensure that there are no such distractions.

Outcome: One of these culturally misplaced images emerged in Malawi. Although the position of the mother with her right knee raised propping the baby did not illicit any cultural sensitivities in Senegal, this position disturbed the mothers and health workers in Malawi to the point where they were significantly distracted away from the key messages. The images needed to be adapted to capture the more familiar sitting position with legs extended.



“ A mother here in Malawi cannot sit like this with her knee up and if the child is vomiting she would lift the child in her arms and wipe the vomit.” (Mother Group 2)

Communicating a complex sign or symptom

An abstract symptom can be challenging to communicate in images. Lethargy /unconsciousness as a core danger sign of severe malaria in children is one of these abstract symptoms. When developing an effective image one must identify key features of the symptom that captures the fundamental elements of the symptom, if not the exact condition.

Outcome: In both Senegal and Malawi the majority of the respondents struggled to recognize and describe this danger sign in the absence of text explanations. The initial versions tried to use an indirect means of communicating the unresponsiveness of the child, by illustrating the community health worker clapping her hands near the child in order to illicit a response. The act of clapping was misinterpreted by many mothers as well as some trained and untrained community health workers. Although most respondents detected that the child was very sick, they tended to focus their attention on the person with her hands in the air and not on the child. The hands were misconstrued to represent praying and or magic and traditional healing practices. The image was therefore simplified and the attention drawn back to the sick child and the limp arm and the lack of interest in play communicated by the ball.



“ This child is very sick, his arm tells me this.” (CHW - Malawi Group #1)

“ Look at this child, its arm is lifeless, it's head too would be weak, this child's condition would frighten me, as though we were losing this child to the angels.» (Mothers, Senegal #1)

Communicating urgency in the context of distance and time

Communicating urgency through images can be a challenge, particularly within the context of the large distances and potential delays that rural mothers with very sick children often face when trying to access care. Communicating urgent transfer to a higher level health facility after the administration of RAS is one of the key challenges facing WHO as it promotes this pre-referral drug.

Outcome: Besides from the fact that different communities and countries across Africa use different methods to transport sick children and their caregivers, in general respondents communicated that urgency also had to be illustrated in a way that fostered responsibility. Therefore attempts to depict urgency by showing a mother running to the health centre were deemed unacceptable, whereas arriving on a bicycle (Malawi) and in a cart (Senegal) swiftly, while supported by a family member was appropriate and did not distract the users from the key message of 'urgency'. Communicating 'time passing' was especially difficult, while an attempt to show distance with a long winding road was rarely captured as 'far away.' Unexpectedly the hand with a finger pointing proved powerful as an authoritative instruction to go to the hospital or health centre (recognized by a green or red cross) without delay.



“ We don't travel this way in Malawi [referral to horse and cart used in Senegal]. But this mother is at least prepared. She has a bag and she is accompanied by someone. But she is not in a hurry.” (Mother, Group 1)

“ This mother [running with child in arms] looks like she must live very close to the health centre, because she is running and there is no transport to be seen.” (Mother Group 1)

“ We can see that there is a rush, it is urgent, but this mother is not being responsible, she could fall with the baby if she runs in this way. You cannot run with a sick child in this way.” (HSA Group 3 Untrained)

“ This mother who is running is alone and yet she has a very sick child. If your child is sick, you must travel with someone from the family, because you cannot leave the child alone in the hospital and you will need to find food. Someone must always travel with the mother. It could be me as a father or a relative.” (Father Group2)

“ The black pointing finger – shows me clearly which way to go... without delay.» (Mother Group 2)