

Dear Readers,

Welcome to the 3rd issue of SUZY news.

Scaling up zinc as a treatment for early childhood diarrhoea nationwide remains a challenging task which requires continuous strong assistance from all stakeholders. On this occasion we would like to thank everyone who has supported the SUZY project over the past year.

In this issue we will be bringing readers up-to-date on what has happened since the last issue of SUZY News was published six months ago. We will also highlight what is coming up in near future and the opportunities many of our readers will have to participate in scaling up zinc as a treatment for childhood diarrhea in Bangladesh and elsewhere.

The most important challenges the SUZY project faces at this stage is to register the zinc dispersible tablet formulation and to move forward with the necessary technology transfer. To date, the formulation has not been registered. Project partners have made this their highest priority at this point. Once this is accomplished, then we will be able to proceed with the initial import of the zinc tablets from Nutriset in France.

Most of the baseline formative studies and descriptive surveys of diarrhea management practices is now completed. The National Diarrhea Management Coverage Survey, which monitors caretakers' management of early childhood diarrhoea, providers' prescribing practices, household expenditures, hospitalization and aspects of equity aspects, has reported the following findings. Oral rehydration solution is only received by about 55% of rural children, while in large cities, such as Dhaka, over 75% of children with diarrhea receive ORS. Antibiotics, in spite of their limited utility, continue to be prescribed for more than 50% of providers. It was found

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Second International Conference on 'Bringing Zinc to People'

Date: 17-18 April 2005

Venue: Sasakawa Auditorium

ICDDR,B: Centre for Health and Population Research
Dhaka, Bangladesh

The SUZY Project is arranging the 2nd International conference on 17-18 April 2005. Presentations will focus on research of the SUZY Project. Guest speakers, both national and international, will inform about their activities and about zinc treatment projects undertaken in other parts of the world.

Interested persons, experts and institutes, working or worked on zinc, are welcome to participate in the conference. However, registration is required and only a limited number of visitors can be accepted. If you wish to attend this event, please register per e-mail or fax to:

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(Seats are limited)

Communication Strategy of 'Baby Zinc'

Our overall objective of the communication strategy is to position Baby Zinc, the brand name selected for the dispersible tablet, as the cure for diarrhoea illnesses. While the scientific basis for the role of zinc in treating diarrhea is complex, it is imperative to device messages that can be easily understood and are relevant to a broad sector audience and are appealing to the majority of the population. In this effort, two animated characters, one boy and one girl, have been created for the promotion of Baby Zinc. These characters, who will appear during campaigns and advertisements for Baby Zinc, signify health, friendliness, and trust. The aim is that over time these faces will be widely recognized and trusted as ambassadors of Baby Zinc.

Our communication strategy entails different components including:

- Developing the logo, packaging, and creative materials
- Conceptualizing and producing mass media messages designed to support SMC and ICDDR,B's positioning of Baby Zinc as the treatment for diarrhea in children
- Establishing a consistent and continuous flow of messages and images that penetrates all below the line activities such as point of purchase materials, community gatherings, street theater etc.
- Developing materials to use in the health service provider training and

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that in 60% of under-five diarrhea cases, 60% of caretakers sought help from a provider. Among these, 90% used the private sector, with unlicensed allopaths being the most frequently visited. The distribution of median household expenditures on a childhood diarrhoeal illness by socio-economic status ranged from 40 to 100 taka and 35 to 42 taka in urban and rural populations, respectively (60 Taka=1 US\$). The cost of zinc treatment will be in the range of 12 to 15 Taka, thus within the range of current expenditures.

The formative baseline research has revealed important findings regarding local perceptions and beliefs about childhood diarrhoea as well as health seeking practices and preventive measures. Based on these findings the Zinc Scale Up Communication Committee consisting of SUZY team members and marketing professionals from SMC (Social Marketing Company) and Bitopi (communication firm), has been developing a communication strategy for the roll-out campaign. Broader information about the communication strategy is available in

this newsletter.

An extremely important activity is the work we do to keep key stakeholder informed of project developments. These are the people whose support is vital to the successful implementation of zinc treatment strategies. Several workshops with pediatricians were held in December. We also held a one-half day session for the civil surgeons and division directors of Bangladesh. Additional sessions with the Bangladesh Pediatrics Association and the Bangladesh Medical Association are planned. The 3rd Technical Interest Group meeting in December has provided once again valuable input to improving project activities and strategies and solving problems that have occurred.

Now we are looking forward to holding the second international conference on zinc, the title this year being 'Bringing Zinc to the People'. This conference covers a wide range of topics. International and national scientists and marketing experts will be presenting their work. Topics include zinc treatment of diarrhea and pneumonia, the cost-



effectiveness of zinc treatment, the use of zinc in complex emergency and post-conflict settings, integration of zinc treatment into IMCI, and zinc physiology. The conference will also provide the rare possibility to discuss burning issues for everyone engaged in zinc intervention projects with national and international experts, thus benefiting from their combined experiences, i.e. about: how to communicate zinc as treatment for diarrhea to achieve a sustainable change in the management of diarrhea?

SUZY Project Team.

Editor
SUZY News

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distribution and sales activities

The communication strategy is divided into 2 phases. The first phase, which includes the product launch, will entail an intensive 8-week campaign, during which both the public sector and health care providers will be made aware of Baby Zinc tablets, their usage and benefits. The aim of this campaign is, in a short timeframe, to inform all potential clients of the new treatment for diarrhea, as well as to influence health providers to encourage the use of zinc treatment to their clients.

The second phase builds on the momentum initiated during phase one. This period will use integrated social marketing campaign efforts to achieve a maximum level of awareness of Baby Zinc tablets and knowledge of their use, benefits and availability on a national level.

To make our communication effective, we have divided our target audience into

different groups including the following:

- Primary caregivers such as mothers, fathers and grandparents
- A wide range of health care providers
- Community leaders
- Teachers
- Family elders
- Religious leaders

Although mass media such as television, radio and press will be the main vehicles of communication, we will also be using different innovative media such as street theater, courtyard meetings, and mobile video units to reach the different audiences who comprise our target universe.

The main thrust driving our communication strategy is that parents will go to any limits to get cures for childhood illness. We know that, through messages on ORS, our target audience has been exposed to information about diarrhea and is often aware of the dangers it presents to young children. A

major challenge will be to develop strategies that can reach those families most at risk for child mortality associated with diarrhea. These are also the least educated and poorest members of the population. We will tailor our communications strategy according to the level of knowledge and awareness of our target group, with the goal of convincing our audiences about the importance of zinc treatment.

- Formative Research Team/BITOPi



Zinc & ORS for Childhood diarrhoea

A Brief Introduction to the SUZY Project Training Team

The purpose of SUZY project is to scale up zinc as a treatment for diarrhea nationwide. This requires the active participation of a great number of health care providers for a successful implementation. The SUZY project is collaborating closely with all the sectors of health services: governmental, non-governmental and the private sectors for effective implementation. The WHO/UNICEF recommendation to include zinc in the treatment of diarrhoea is new to most providers in Bangladesh. Understandably, providers will have questions about the scientific basis for the decision to scale up zinc. They will also want to know about any potential side effects and the safety of zinc treatment. There is also the need for the SUZY team to better understand the barriers providers may face in introducing zinc and how it will affect their practices.

The training team will deliver nationwide training programs to the health care providers through holding training sessions, workshops, seminars, round table discussions, open discussions and other disseminating tools. The programs include introduction and promotion of zinc treatment as well as its dissolving technique and prescription guidelines. In light of scientific evidence the training team will inform providers about zinc treatment and disseminate the results of ongoing research findings, conducted by the SUZY project. Through the providers we are also targeting the caretakers for delivering the above-mentioned information on zinc treatment. The team also considers issues and concerns raised by the providers.

Several training programs have been held as a component of implementing that directly involve providers. This includes the provision of appropriate messages responses to the most commonly expressed caretakers or providers concerns and questions. We have trained SMC sales officers, the nurses, health assistants of ICDDR,B and PSKP and NSDP depot-holders and other health care providers of NSDP.

Recently the training team arranged a series of workshops with the country's leading pediatricians. The purpose of

these workshops was to inform them about the latest developments in zinc treatment and recent research findings. From the pediatricians we learned about their varied experiences and obtained recommendations. Around eighty pediatricians from different medical institutions and relevant organizations

regularly consulted. They advised to organize seminars through the Bangladesh Pediatric Association (BPA) and Bangladesh Medical Association (BMA), which would ensure the participation of most the pediatricians and other medical experts in a single forum and which in turn will facilitate the



Pediatricians' workshop held in December 2004

participated In these workshops held in December 2004. Some of the important questions asked and advices offered are listed below:

- Why the same dose for all children irrespective of their weight and age?
- Can zinc be given to increase appetite?
- Should zinc be prescribed as OTC medicine?
- What would happen in the case of zinc overdose?
- Can zinc be mixed with food?
- Can zinc be mixed with ORS or breast milk?
- On what basis has WHO/UNICEF recommended 20mg of zinc daily?
- To write about zinc treatment on the ORS sachet and vice versa
- 'As directed by physicians' could be written on the zinc blister pack. etc.

During the workshop pediatricians expressed their preference to be involved early on in the Project and to be

scaling up process. The SUZY project is looking forward to work keenly with the pediatricians in the long run to serve the children of Bangladesh. Their valuable inputs and scope for doing more research will widen horizons to improve the scaling up process.

The training team is also involved in the development of messages. They will contribute and disseminate these messages in their training programs. The training team is developing a complete draft of the training manual for the trainers of the paramedics and health assistants. They are also developing various communication materials like video clippings, stickers, and posters for training purpose. The team looks forward to support the scaling up of zinc treatment nationwide with a wide range of training activities appropriate to the varied levels of health service delivery system.

- Training Team

Selection of Brand Name for the Zinc Tablet

Recently, SMC and ICDDR,B identified a brand name for the zinc dispersible tablet. There are several factors to consider when choosing a brand name, including selecting a name that: represents the product, people will readily remember, does not connote any negative feelings or perceptions, and is easy to pronounce. Overall, our aim was to identify a name that is meaningful to consumers and suggests a quality product. A challenge is that there are already at least 24 zinc products sold on the market in Bangladesh, each with a different name. Therefore, another objective is to distinguish our product from others already available, with the



Zinc Blister Packs

goal of better positioning our zinc tablet on the market. With this in mind, we carried out a systematic process to select a brand name for the zinc tablet.

One of the first steps was to identify a local firm to assist in the identification of a suitable brand name. In this regard, a request for proposals was circulated and, based on a competitive process, was awarded to ACNielsen, a local research firm. ACNielsen was commissioned to conduct a study comprised of both qualitative and quantitative research components.

In the initial stages of brand name identification, several names were proposed by members of ICDDR,B and

SMC. Subsequent to this, ACNielsen conducted group discussions in Dhaka, Chittagong and Bogra with a variety of respondents including mothers and fathers with children less than five years of age, a wide range of service providers, NGO workers and teachers. The major objective of the group discussions was to identify additional names and to assess the names already selected internally. Ultimately, we aimed to choose a list of about five names to test through a survey. During the group discussions, we assessed pronunciation of the name, perceptions of the appropriateness of the name for the under five-target group, whether the name is easy to remember, whether the name has any negative connotations, and to what degree the name is unique. We also explored whether the name would be appropriate for a product that will be promoted as both a preventive and treatment measure for diarrheal illnesses. Finally, we had our participants rank the names according to these criteria.

During the group discussions, we were able to elicit a variety of suggestions from our respondents. For example, participants recommended that, as the product is for children, the name should be associated with children in some way. They also emphasized that the name should be short, easy to remember and not 'foreign' sounding. The outcome of this stage of the research was the identification of five names, including Baby Zinc, Zisit, Z Fit, Zinki/Zinky and Oro-Zinc.

Subsequent to this qualitative phase, ICDDR,B, SMC, USAID and ACNielsen participated in a session to evaluate the results of the group discussions and to assess the names selected. During this session, it was decided that one name, Oro-Zinc, would be eliminated because similar names were already being used for zinc products and, a new name, Zincure, was added.

Six divisions were included in the survey phase of the study, with a total of 500 respondents interviewed, out of which 300 were parents of young children representing different socioeconomic backgrounds and 200 were health providers. Health providers included drug sellers, graduate doctors and non-graduate service providers from urban and rural settings. Respondents were asked a variety of questions mostly related to the key points researched during the first phase. We also explored perceptions of the term "baby" and what it signifies to respondents.

The results show that in all categories evaluated, the most popular name is Baby Zinc. The majority of respondents indicated that the term baby suggests children anywhere between 0 to 5 years of age. Finally, in conjunction with the advertising firm, SMC and ICDDR,B, Baby Zinc was selected.

- Formative Research Team

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Page lay-out, desktop design and
pre-press processing:

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