



The United Republic of Tanzania
Ministry of Health

SNAP-AMR Communication Campaign Toolkit

A practical toolkit for delivering antimicrobial resistance awareness raising health campaigns



Sisi sote tuna jukumu la kuchukua hatua katika kuzuia maambukizi ya usugu wa vimelea vya magonjwa dhidi ya dawa (UVIDA)

**First Edition
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Foreword

Antimicrobial resistance (AMR) is one of the pressing health challenges with adverse socio-economic and clinical impacts at patient, health care facility, community, national, regional and global levels. The AMR burden is significantly challenging pre-constrained health care systems in the low-and-middle income countries compared to high-income countries.

Tanzania responded to the Global Action Plan on AMR (2015) by developing and implementing the first National Action Plan on AMR (2017-2022) under the National Multisectoral Coordination Committee and Four Technical Working Groups (TWGs) namely Education Awareness and Communication TWG, Research and AMR Surveillance TWG, Infection Prevention and Control TWG, and Antimicrobial Stewardship TWG. The Supporting National Action Plan on AMR (SNAP-AMR) project was an interdisciplinary project which aligned with the NAP-AMR from 2018 to 2022. This project explored the biological, social, and cultural drivers responsible for the spread of AMR and antibiotic use in communities and in the cascade of referral healthcare systems from primary to tertiary levels. Of interest, the project objectives and its implementational activities also aligned with the NAP-AMR strategic objectives in all four thematic areas as attested by SNAP-AMR contributions in the NAP-AMR (2017-2022) Implementation Report and the Situational Analysis Chapter in the second NAP-AMR (2023-2027).

Two critical areas in AMR projects which are most often forgotten include translation of project's findings into user-friendly awareness and advocacy messages to foster behaviour changes, and objective assessment of outputs, outcomes and impacts in the local context. Therefore, evidence from SNAP-AMR project findings informed a critical need to develop AMR awareness communication campaigns specific to patients, health care providers and the general communities. The SNAP-AMR Communication Campaign Toolkit was designed to bridge these gaps by fostering project's local ownership and potential sustainability. The four overarching principles underpinning this Toolkit are alignment with the NAP-AMR, co-designed campaigns, driven by evidence, and campaigns which avoid stigmatisation or blame narrative. The SNAP-AMR Communication Campaign Toolkit is divided into four main sections: The pre-amble section on the SNAP-AMR project background; Part 1: Health Facility Campaign; Part 2: Public Facing Campaign; and Part 3: Designing Your Own Campaign using the simplified versions of five stages of the NAP-AMR Logic Model.

I sincerely envisage that the SNAP-AMR Communication Campaign Toolkit can be adopted and adapted by various stakeholders in Tanzania and beyond to mitigate AMR through structured communication campaigns, structured evaluations, and deliverance of tangible outputs, outcomes and ultimately impacts.



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Editorial Acknowledgements

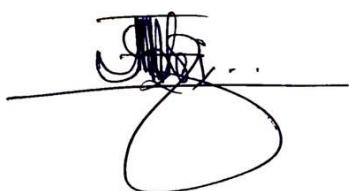
The Supporting National Action Plan on AMR (SNAP-AMR) project consortium is thankful to the National Multisectoral Coordinating Committee on AMR (MCC), and Technical Working Groups (TWGs) for their unwavering support to our project. We are specifically thankful to the Chairperson (The Chief Medical Officer), Co-Chairperson (Chief Veterinary Officer) of MCC, and the MCC secretariat for their involvement at various capacities during the SNAP-AMR implementation activities, and their guidance on the need to prepare the SNAP-AMR Communication Campaign Toolkit during our initial dissemination sessions. We are also thankful for the MCC critical review of the Toolkit on the 26th National MCC meeting on 26th and 27th February 2024 which was conducted in Dodoma, Tanzania.

The consortium is grateful to the Regional Medical Officers from Mwanza, Kilimanjaro and Arusha, District Medical Officers and health care workers from all participating districts for their technical and administrative support in the SNAP-AMR implementation. We are also thankful to the members of the communities and patients who were involved in various capacities in this project. The consortium is indeed thankful for involvement of these groups of people in the co-development of the SNAP-AMR Communication Campaign Toolkit.

The SNAP-AMR consortium conveys gratitude to the Medical Officer-in-Charges and health care providers from six hospitals in Mwanza region (Bugando Medical Centre, Sekou Toure Regional Referral Hospital, Magu District Hospital (DH), Misungwi DH, and Sumve District Designated Hospital), and four hospitals in Kilimanjaro region namely Kilimanjaro Christian Medical Centre, Mawenzi Regional Referral Hospital, St. Joseph Hospital and Pasua Health Centre, for their pivotal involvement in the SNAP-AMR project and in the co-development of the SNAP-AMR Communication Campaign Toolkit.

Last but not least, we are grateful to the Antimicrobial Resistance Cross-Council Initiative for funding SNAP-AMR through a grant from the Medical Research Council, a Council of UK Research and Innovation, and the National Institute of Health Research (MRC/AMR/MR/S004815/1) and for specific Toolkit funding from University of Glasgow Glasgow Knowledge Exchange Fund.

The Supporting National Action Plan on AMR (SNAP-AMR) project consortium is optimistically looking forward to maintain and strengthen human resources, diagnostic infrastructures, and other resources invested during the implementation activities, and we look forward to scale-up these initiatives in Tanzania and beyond through this key landmark deliverable (the SNAP-AMR Communication Campaign Toolkit).



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And the wider SNAP-AMR Team



Welcome to the SNAP-AMR Communicating AMR Campaign Toolkit

What is SNAP-AMR?

SNAP-AMR is short for **Supporting the National Action Plan for Antimicrobial Resistance**. An interdisciplinary project which ran from 2018 to 2023 **SNAP-AMR**, explores the biological, social, and cultural drivers responsible for the spread of AMR and antibiotic use in communities and healthcare systems. The evidence from **SNAP-AMR** informed the development of AMR awareness communication campaigns, aimed at increasing people's knowledge about AMR and promoting changes in behaviour.

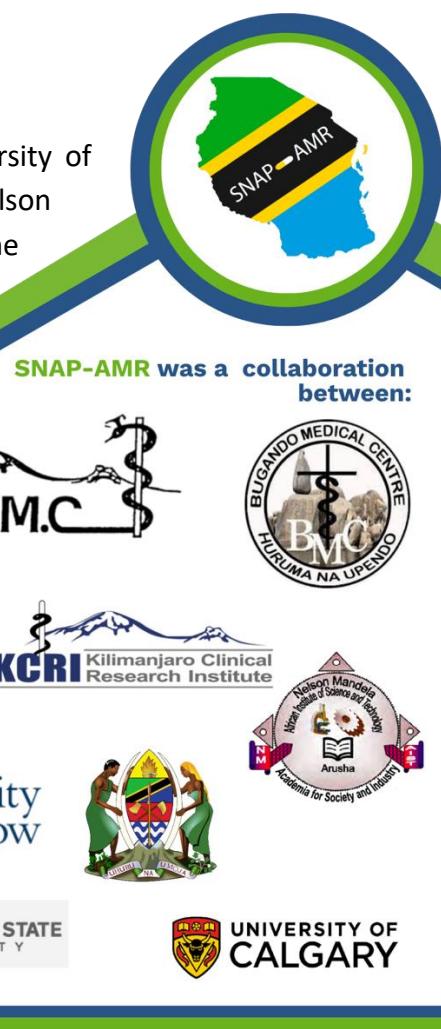
The Antimicrobial Resistance Cross-Council Initiative funded **SNAP-AMR** through a grant from the Medical Research Council, a Council of UK Research and Innovation, and the National Institute of Health Research (MRC/AMR/MR/S004815/1).

Who is SNAP-AMR?

The **SNAP-AMR** team consists of researchers from the Catholic University of Health and Allied Services, Kilimanjaro Clinical Research Institute, The Nelson Mandela African Institution of Science and Technology in Tanzania and the University of Glasgow in Scotland, with research partners in the Ministry of Health, Community Development, Elderly and Children, Washington State University and the University of Calgary.

What is the SNAP-AMR Campaign Toolkit?

The **SNAP-AMR Campaign Toolkit** has been created to draw together the expertise, lessons learnt, and materials developed from the **SNAP-AMR** project. It can be used by healthcare professionals, policymakers, and organisations involved in designing AMR campaigns or by those looking to deliver AMR campaigns to different audiences.



What AMR communication campaigns did SNAP-AMR undertake?

To date, **SNAP-AMR** has conducted:

- An AMR & Infection Protection and Control (IPC) awareness campaign within neonatal wards in Bugando Medical Centre (BMC) in Mwanza and Kilimanjaro Christian Medical Centre (KCMC) in Moshi. We detail these campaigns in **Part 1: Health Facility Campaigns**.
- A public-facing AMR awareness campaign delivered through *dala dalas*, *bajajis*, and taxis operating on popular routes to essential health facilities. We detail these campaigns in **Part 2: Public Facing Campaigns**.

We underpinned both campaigns with guiding principles and followed the **SNAP-AMR Logic Model** detailed in **Part 3: Designing Your Own Campaign**.

What principles underpinned the SNAP-AMR health campaigns?



An ethics of care and responsibility sat at the heart of all **SNAP-AMR** campaigns. The project team is acutely aware that global health inequalities contribute to AMR, and AMR will exacerbate these same inequalities as the global burden increases. As such, we designed crucial steps into the campaign development to avoid stigmatisation narratives through our campaigns.

We also underpinned our approach with the core principles of co-production, alignment with the Tanzanian National Action Plan for AMR, and a commitment to be driven by data.



How do I use the SNAP-AMR Campaign Toolkit?

You can use the **SNAP-AMR Campaign Toolkit** differently depending on your needs.

If you would like to efficiently run an AMR campaign within health facilities using existing **SNAP-AMR** material, focusing on raising awareness of AMR, the link between AMR and IPC practices, and creating positive behaviour change regarding IPC, use **Part 1: Health Facility Campaigns**.

If you would like to run a multi-media public-facing AMR campaign efficiently to raise awareness on AMR and steps people can take to tackle AMR, turn to **Part 2: Public Facing Campaigns** to see the range of existing materials you can use.

If you would like to **design your own AMR campaign** and would like guidance on how to do so, turn to **Part 3: Designing an AMR Communication Campaign. This section** will guide you through designing, delivering and evaluating a bespoke health communication campaign by talking through the bespoke **SNAP-AMR Logic Model for Communication**.



Where can I find the materials to download the SNAP-AMR Campaign Toolkit?

You can find electronic soft copies to download of all the materials detailed in this **SNAP-AMR Campaign Toolkit** by following this link: <https://osf.io/t8rq3/>

Or scan this QR Code:



**SCAN THE QR CODE TO DOWNLOAD
THE E-VERSIONS OF ALL THE
MATERIAL**



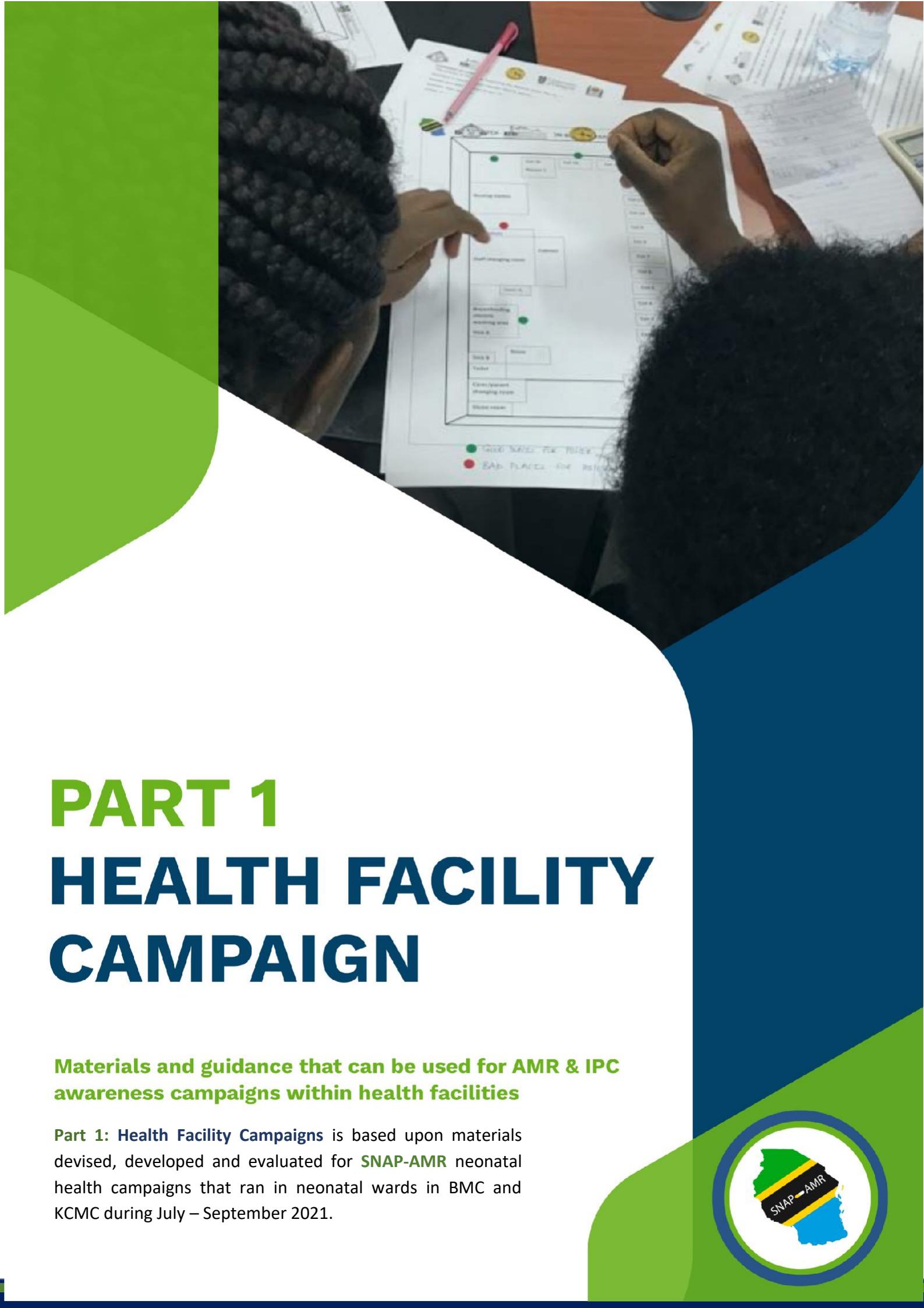
How can I provide feedback on the SNAP-AMR Campaign Toolkit?

We would love to know how the **SNAP-AMR Campaign Toolkit** has been used. If you use any element of the **SNAP-AMR Campaign Toolkit**, please leave your details and some brief information here so we can get in touch to find out more about how you have used it: <https://forms.office.com/e/TSZx13mF0w>



**SCAN THE QR CODE TO LET US KNOW
HOW YOU HAVE USED THE **SNAP-AMR
CAMPAIGN TOOLKIT****





PART 1

HEALTH FACILITY

CAMPAIGN

Materials and guidance that can be used for AMR & IPC awareness campaigns within health facilities

Part 1: Health Facility Campaigns is based upon materials devised, developed and evaluated for **SNAP-AMR** neonatal health campaigns that ran in neonatal wards in BMC and KCMC during July – September 2021.



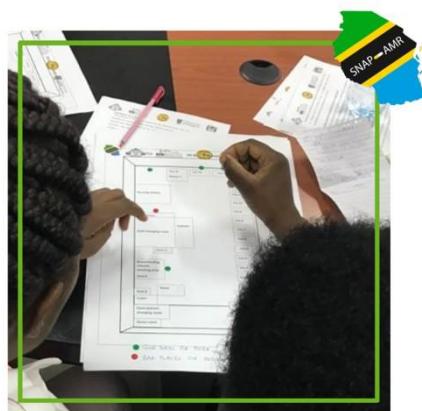
Spotlight on the **SNAP-AMR** Neonatal Health Facility Campaign

What was the rationale for the campaign?

We co-designed campaigns for neonatal wards experiencing hospital-acquired infection and were keen to consider interventions that might help reduce cross-infection of infants and related mortalities. Interviews with healthcare providers before the campaign found that there needed to be more connection between good IPC practices and AMR. Furthermore, many healthcare providers saw drug use within the community as a driver of AMR, so the campaign wanted to focus on IPC practice and AMR as well as emphasise the positive role everyone in the ward could play in the fight against AMR.

How was the campaign material designed?

In keeping with the underlying principles of the **SNAP-AMR** campaign, the campaign was co-developed with healthcare providers in a series of workshops (if you would like to run your own workshop to derive messages, see **Part 3: Designing AMR Communication Campaign**).



We explored a series of health messages used internationally in AMR campaigns to consider the appropriateness of these in the Tanzanian context and the potential consequences of these messages. We sorted existing messages into bundles of 'yes', 'maybe', 'no', these bundles were then analysed to find themes and similarities across popular messages. We also worked with healthcare providers about where key materials should be placed within the wards.

How was the campaign run?

We launched the campaign with a CPD seminar in each location this included an introduction to the topic of AMR and the key underpinning themes. In line with the **SNAP-AMR Logic Model**, the campaign ran for eight weeks with different messages in different formats introduced throughout this period.

How was the campaign evaluated?

We conducted pre- and post-campaign interviews with healthcare providers within each ward and gathered pre- and post-campaign swabs from infants (n=900) and the environment (n=400). These samples assessed the carriage of extended-spectrum beta-lactamase (ESBL)-producing organisms.

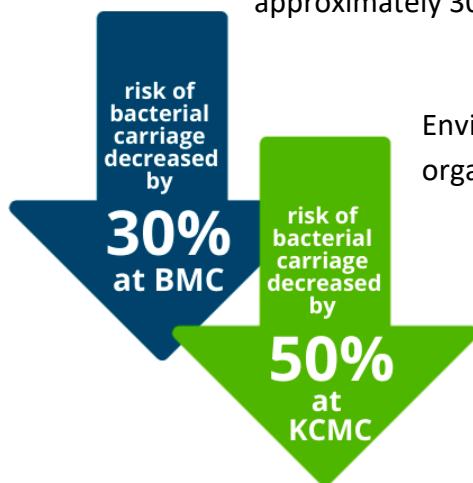
Was the campaign successful?

Yes! Post-campaign interviews with healthcare providers demonstrated increased awareness of the National Action Plan in Tanzania and high recall of messages around handwashing - especially the '5 moments of hand hygiene' and the cleaning of stethoscopes.

Healthcare providers self-reported enhanced knowledge around AMR and a greater understanding of its links with IPC and self-reported behaviour change.

"actually in practice I have changed my attitude, I wash my hands every step or sanitizer, I sanitize my stethoscope, I don't use my normal shoes I wear the crocs." (Health Care Provider)

Significant declines in ESBL-producing *Klebsiella pneumonia* were identified: when comparing pre- and post-campaign sampling phases, the risk of bacterial carriage decreased by approximately 30% at BMC and 50% at KCMC.



Environmental sampling also showed a decline in resistant organisms' presence during and after the campaign.



What materials from the SNAP-AMR Health Facility Campaign are available to be used?

We have a range of materials that can be used, for free, detailed below! You can download higher-resolution files from the **SNAP-AMR Communication Toolkit Accompanying Files** section of the online version and print out and use whatever you want.

3-fold flyer for health workers



You can download these flyers, which can be printed double-sided and folded three ways to produce an attractive flyer to distribute to health facility staff. They provide critical information on the NAP in Tanzania, an expert-derived definition of AMR, the relationship between good IPC practices and AMR, and practical steps healthcare providers can take in their work. Two versions are available, one for adult patients and one for child patients, depending on which ward you choose to use them in.



Posters for healthcare facilities



There is a range of over 10 posters that target healthcare providers, attendants, mothers, and ward visitors. They all contain the key message 'We all have a role to play in fighting AMR ...' followed by a straightforward action message. We recommend placing the AMR definition circle stickers (below) close to these posters.

AMR definition Stickers



This large sticker defines AMR, we recommend you place these close to posters (above) so that everyone can be aware of issue.

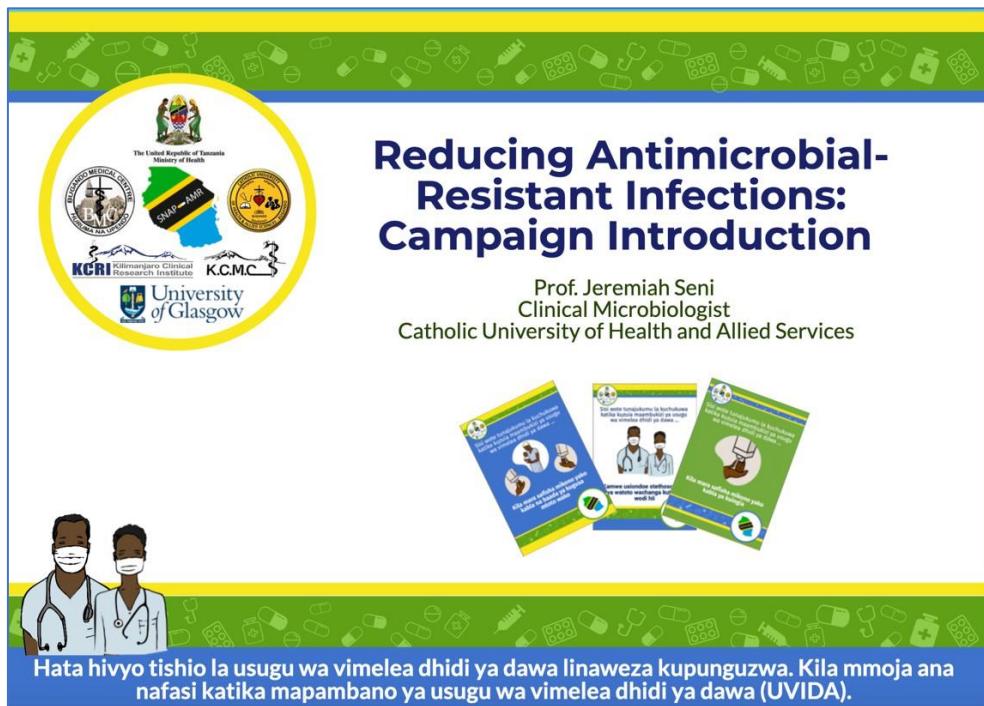


Sanitising station sticker for healthcare facilities



This is designed to be smaller, to be printed as stickers and attached directly to the hand sanitiser stations.

Opening seminar MSPowerPoint slide pack



Reducing Antimicrobial-Resistant Infections: Campaign Introduction

Prof. Jeremiah Seni
Clinical Microbiologist
Catholic University of Health and Allied Services

Hata hivyo tishio la usugu wa vimelea dhidi ya dawa linaweza kupunguzwa. Kila mmoja ana nafasi katika mapambano ya usugu wa vimelea dhidi ya dawa (UVIDA).



Further things to consider when conducting your campaign



While these materials have been carefully designed and ready to be used, many things remain to consider when running your campaign. You can turn to **Part 3** to work through things to consider.

As part of the SNAP-AMR campaigns we encouraged effective IPC practices; we therefore bought additional materials to support these practices. We purchased antibacterial hand sanitiser pumps, hand sanitiser, and soap. We also bought new small neonatal stethoscopes that were not to be removed from the ward and sanitiser wipes to keep them clean.

To reduce infection entering the ward, we bought feeding robes for mothers, disposable aprons, and 'croc' style shoes for staff to change into before entering the neonatal ward.

Depending on your budget, consider what additional materials need to be purchased to make the campaign effective.



In addition, consider:

Locations - Where are the ideal placings for the materials?



Tip: Speaking with nurses working on the wards will help identify the best placements for posters. We conducted participatory mapping with those working on the ward to identify ideal locations for key messages and equipment.

Launch event - How and where could the campaign be launched?



Tip: Do you want a special standalone event, or is there a regular slot during which staff gather that you could use to launch a campaign?

Champions - Who would be responsible for championing the campaign, including pragmatic assistance such as distributing flyers and putting up the posters?



Tip: Think about who would be trusted by recipients; it might involve identifying different champions for different groups.





PART 2

PUBLIC FACING CAMPAIGN

Materials and guidance that can be used for AMR awareness campaigns for the general public

Part 2: Public Facing Campaigns is based upon materials devised, developed and evaluated for **SNAP-AMR** public transport campaigns that ran in Mwanza and Moshi.



Spotlight on the SNAP-AMR Public Transport Campaign

Doctors interviewed as part of the **SNAP-AMR** project wanted to increase awareness of AMR amongst their patients but found they needed more time to spend with their patients to fully explain the complex issue of AMR. This campaign worked with doctors and stakeholders to devise accessible messaging around AMR to be communicated to (soon-to-be) patients on their way to healthcare facilities through vehicles, including *dala dalas*, *bajajis*, and taxis servicing popular routes.

How was the material designed?

A series of workshops took place with healthcare providers and key stakeholders. The workshops drew upon **SNAP-AMR** derived data to establish the AMR knowledge of the public in Tanzania and key lessons on health communication. From that, we discussed the challenges of communicating AMR, the campaign's key themes and the final messages. We then checked each message against a customised CDC Clear Communication Index. These messages underwent further tastings through Roll Back AMR in Tanzania. Drivers were recruited and sensitised through seminar training. We worked with pharmacist, songwriter, and Roll Back AMR member Nicholas Materu to have the messages turned into a song.

How was the campaign run?

The campaign ran for ten weeks. Vehicle drivers were recruited and trained on issues of AMR and the campaign's purpose, and they decorated their vehicles with the campaign material. We asked drivers to play the song five minutes before arrival at the hospital so those in the vehicle would depart with the recently played song.

How was the campaign evaluated?

Before the campaign, we conducted 2000 exit surveys with passengers travelling on the same routes. We also conducted 2000 exit surveys with those leaving the campaign vehicles throughout the campaign.

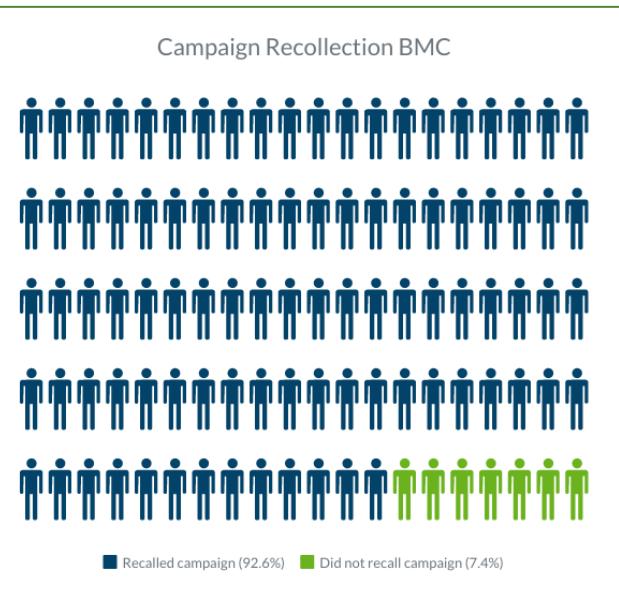


Was the campaign successful?

Yes! Our evaluation found a high recall of messages, with **92% of passengers being aware they were in a campaign vehicle** at BMC and 67% at KCMC.

Over **90%** of those who were aware of the campaign were aware of the campaign **felt the messages easy to understand**.

Crucially, the campaign avoided spreading fear, blame, or stigmatisation among passengers, with participants noting that it left them feeling **empowered, educated, more knowledgeable** and **prepared to protect**.



SCAN HERE WITH YOUR SMARTPHONE TO GET TAKEN TO SNAP-AMR YouTube CHANNEL TO WATCH INTERVIEWS WITH THOSE WHO TOOK PART!

What materials from the **SNAP-AMR** Public Vehicle Campaign are available to be used?

We have a range of materials that can be used, for free, detailed below! You can download higher-resolution files and more examples from the **SNAP-AMR Communication Toolkit Accompanying Files** section of the online version. While we used public transport vehicles to deliver this campaign, the materials could be used in any setting

SNAP-AMR Song

Musician and pharmacist Nichalous Materu wrote the bespoke song. You can watch this by clicking on this **SNAP-AMR YouTube Channel** [YouTube Link](#), scanning the QR code to the left, or downloading the MP3 file in the accompanying file.



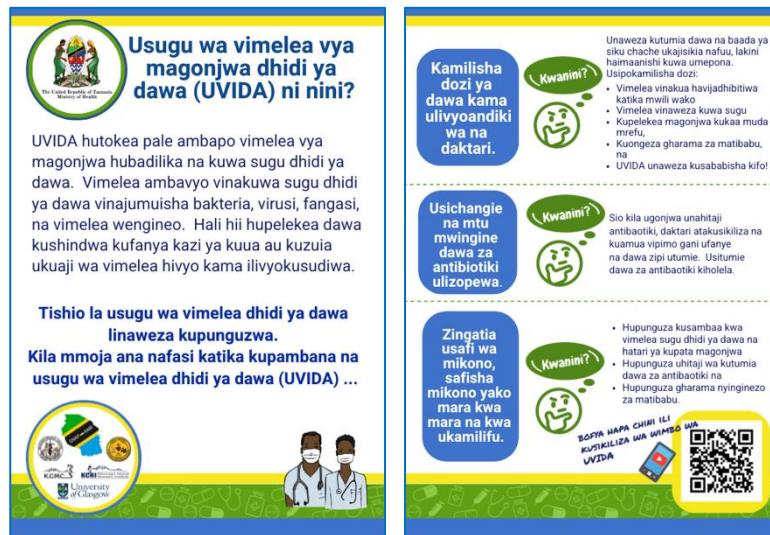
3-fold flyer



You can download this A4 3-fold flyer, print it double-sided and fold it to make an attractive, informative flyer.



Simple A5 flyer



This simple A5 flyer contains all the critical information but can be printed in a more straightforward, cheaper, double-sided A5 format.

Round stickers



These can be printed off as round stickers and contain the key messages, including one with a clear understandable definition of AMR. These could be stuck close to other posters to ensure those reading about AMR understand it.



Landscape posters or Bumper Stickers

UVIDA hutokea pale ambapo vimelea vya magonjwa hubadilika na kuwa sugu dhidi ya dawa. Vimelea ambavyo vinakعوا sugu dhidi ya dawa vinajumuisha bakteria, virusi, fangasi, na vimelea wengineo. Hali hii hupeleke dawa kushindwa kufanya kazi ya kuua au kuzuia ukuaji wa vimelea hivyo kama iliyokusudiwa.

Usichangie na mtu mwininge dawa za antibiotiki ulizopewa

Kwanini? Sio kila ugonjwa unahitaji antibaotiki, daktari atakusikiliza na kuamua vipimo gani ufanye na dawa zippi utumie. Usitumie dawa za antibaotiki kiholela.

Tishio la usugu wa vimelea dhidi ya dawa linaweza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA)

UVIDA hutokea pale ambapo vimelea vya magonjwa hubadilika na kuwa sugu dhidi ya dawa. Vimelea ambavyo vinakعوا sugu dhidi ya dawa vinajumuisha bakteria, virusi, fangasi, na vimelea wengineo. Hali hii hupeleke dawa kushindwa kufanya kazi ya kuua au kuzuia ukuaji wa vimelea hivyo kama iliyokusudiwa.

Kamilisha dozi ya dawa kama uliyvoandikiwa na daktari.

Kwanini? Unaweza kutumia dawa na baada ya siku chache ukajisikia nafuu, lakini haimaanihi kuwa umepona. Usipokamilisha dozi:

- Vimelea vinakua havijadhibitiwa katika mwili wako
- Vimelea vinaweza kuwa sugu
- Kupelekea magonjwa kukaa muda mrefu,
- Kuongeza gharama za matibabu, na
- UVIDA unaweza kusababisha kifo!

Tishio la usugu wa vimelea dhidi ya dawa linaweza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA)

UVIDA hutokea pale ambapo vimelea vya magonjwa hubadilika na kuwa sugu dhidi ya dawa. Vimelea ambavyo vinakعوا sugu dhidi ya dawa vinajumuisha bakteria, virusi, fangasi, na vimelea wengineo. Hali hii hupeleke dawa kushindwa kufanya kazi ya kuua au kuzuia ukuaji wa vimelea hivyo kama iliyokusudiwa.

Zingatia usafi wa mikono, safisha mikono yako mara kwa mara na kwa ukamilifu.

Kwanini?

- Hupunguza kusambaa kwa vimelea sugu dhidi ya dawa na hatari ya kupata magonjwa
- Hupunguza uhitaji wa kutumia dawa za antibaotiki na
- Hupunguza gharama nyinginezo za matibabu.

Tishio la usugu wa vimelea dhidi ya dawa linaweza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA)

These landscape posters contain key messages. Each defines AMR and has a vital action. Following each action is a 'kwanini?' or 'why?' such activities are essential. This ensures the recipient feels educated and not lectured. These could be printed as landscape posters or as bumper stickers!

A4 Portrait Posters



Usugu wa vimelea vya magonjwa dhidi ya dawa (UVIDA) ni mrefu ya magonjwa habadilika na kuwa sugu dhidi ya dawa. Vimelea ambayo vinkuwa sugu dhidi ya dawa vinajumusisha bakteria, virusi, fangasi, na vimelea wengineo. Halli hil hupelikaa dawa kushindwa kufanya kazi ya kuza au kuzua ukujaji wa vimelea hivyo kama iliyokusudwa.

Kamilisha dozi ya dawa kama ulivyoandikiwa na daktari.

Kwanini?

Unawenza kutumia dawa na baada ya siku chache ukajisikia naafuu, lakin hiemaanishi kuwa umepona. Usipokamiliha dozi:

- Vimelea vinakua havijadhibitiwa katika mwili wako
- Vimelea vinawenza kuwa sugu
- Kupelekeea magonjwa kuka muda mrefu,
- Kuongeza gharama za matibabu, na
- UVIDA unawenza kusababisha kifo!




Tishio la usugu wa vimelea dhidi ya dawa linawenza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA) ...

Usugu wa vimelea vya magonjwa dhidi ya dawa (UVIDA) ni mrefu ya magonjwa habadilika na kuwa sugu dhidi ya dawa. Vimelea ambayo vinkuwa sugu dhidi ya dawa vinajumusisha bakteria, virusi, fangasi, na vimelea wengineo. Halli hil hupelikaa dawa kushindwa kufanya kazi ya kuza au kuzua ukujaji wa vimelea hivyo kama iliyokusudwa.

Usichangie na mtu mwininge dawa za antibiotiki ulizopewa.

Kwanini?

Sio kila ugonjwa unahitaji antibiotiki, daktari atakusikiliza na kuamua vifimo gani ufanye na dawa zipo utumie. Usitumie dawa za antibiotiki kiholela.




Tishio la usugu wa vimelea dhidi ya dawa linawenza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA) ...

Usugu wa vimelea vya magonjwa dhidi ya dawa (UVIDA) ni mrefu ya magonjwa habadilika na kuwa sugu dhidi ya dawa. Vimelea ambayo vinkuwa sugu dhidi ya dawa vinajumusisha bakteria, virusi, fangasi, na vimelea wengineo. Halli hil hupelikaa dawa kushindwa kufanya kazi ya kuza au kuzua ukujaji wa vimelea hivyo kama iliyokusudwa.

Zingatia usafi wa mikono, safisha mikono yako mara kwa mara na kwa ukamilifu.

Kwanini?

- Hupunguza kusambaa kwa vimelea sugu dhidi ya dawa na hatari ya kupata magonjwa
- Hupunguza uhitaji wa kutumia dawa za antibiotiki na
- Hupunguza gharama nyiginezo za matibabu.




Tishio la usugu wa vimelea dhidi ya dawa linawenza kupunguzwa. Kila mmoja ana nafasi katika kupambana na usugu wa vimelea dhidi ya dawa (UVIDA) ...

These portrait A4 posters contain the same information as above, but in a different format.





PART 3

DESIGNING YOUR OWN CAMPAIGN

Materials that can be used as you develop your own AMR campaign

Part 3: Designing your own campaign shares resources that were used to develop **SNAP-AMR** campaigns that can guide you in your own communication campaign.

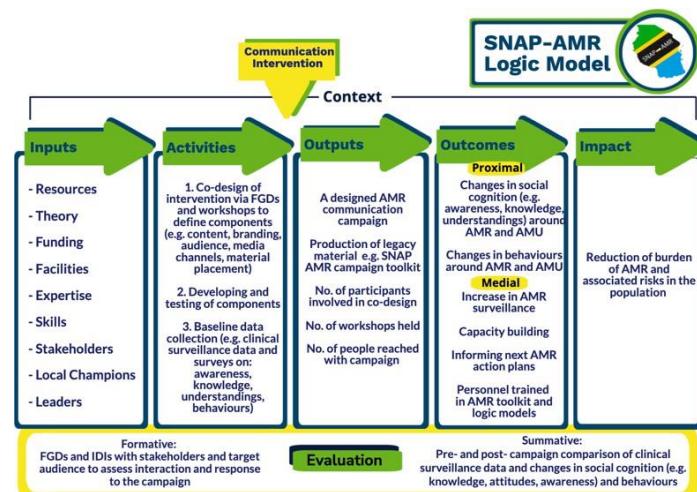


Part 3: Designing Your Own Campaign using the SNAP-AMR Logic Model

This section of the SNAP-AMR Toolkit details the bespoke **SNAP-AMR Logic Model** (pictured overleaf), which we devised for the campaigns discussed in Part 1 and Part 2. Therefore, the **SNAP-AMR Logic Model** has been tested across different campaign styles and for various publics.

This section introduces the **SNAP-AMR Logic Model** and guides you through the steps. Each step has its own A4 handout(s) you can print out and complete as you and your team use this **SNAP-AMR Logic Model** to design your campaign.

What are Logic Models?



tangibles that result from given inputs and activities) and outcomes (the changes arising from the communication campaign – these might be short-, intermediate- or long-term).

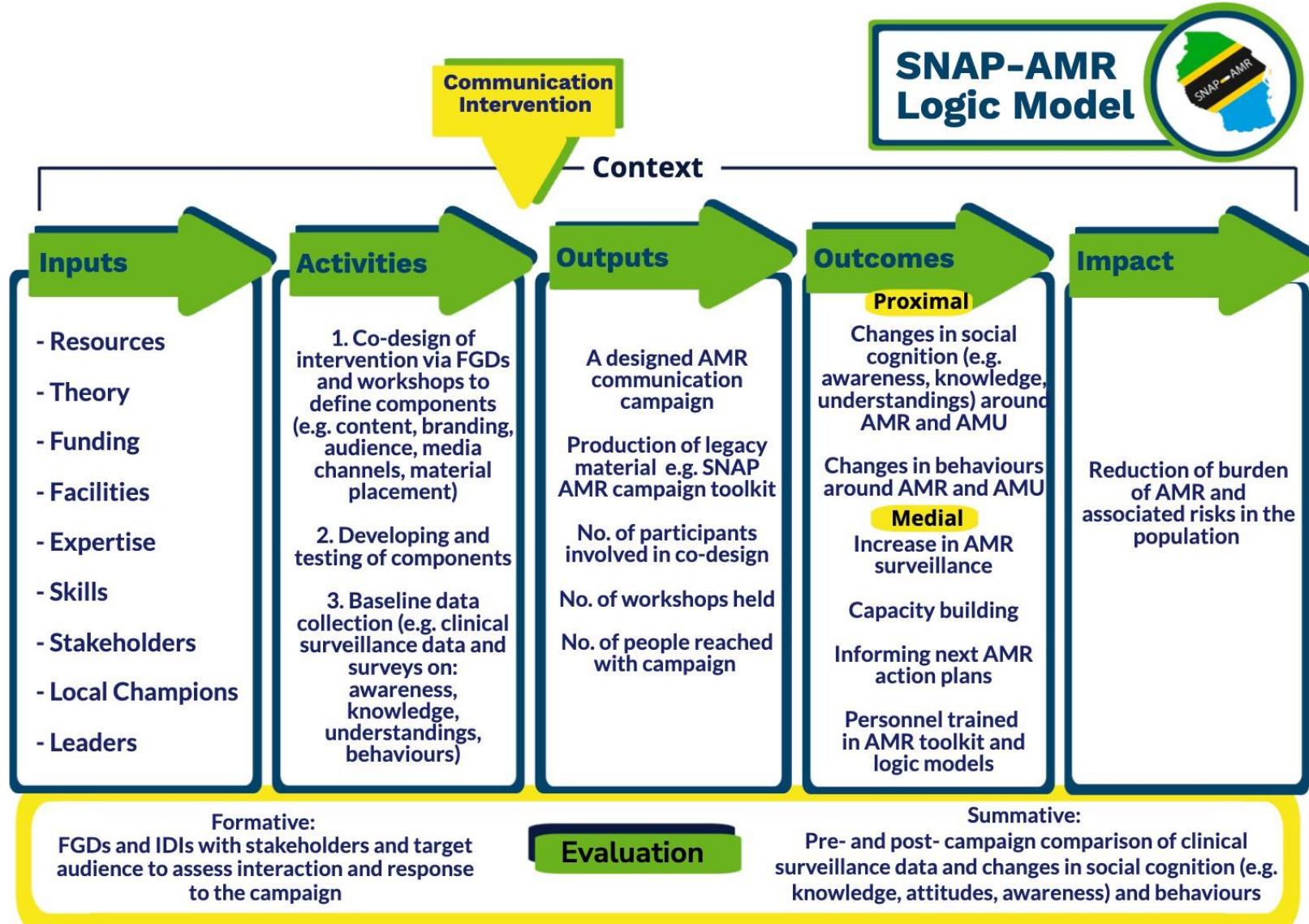
Logic models are increasingly used in health communication programmes to assess the links between interventions (such as raising awareness) and any changes in health outcomes (such as changed behaviour around risky health practices).

A logic model is a graphic which represents the theory of how an intervention produces its outcomes. It represents, in a simplified way, a hypothesis or 'theory of change' about how an intervention works.

(UK Gov, 2018)

Logic Models are typically visually displayed within a framework that shows the connections or flow between them at different stages (see left for small image and overleaf, for readable version on Page 25). Logic models typically comprise of clearly defined elements: inputs (the resources we invest), processes or activities (what we do to produce results), outputs (the immediate deliverables or





What is the value of using the SNAP-AMR Logic Model?

Logic models are used to assist in the planning, design, execution, and evaluation of interventions. There are a range of benefits to logic models:



What resources are available to use as part of the SNAP-AMR Logic Model?

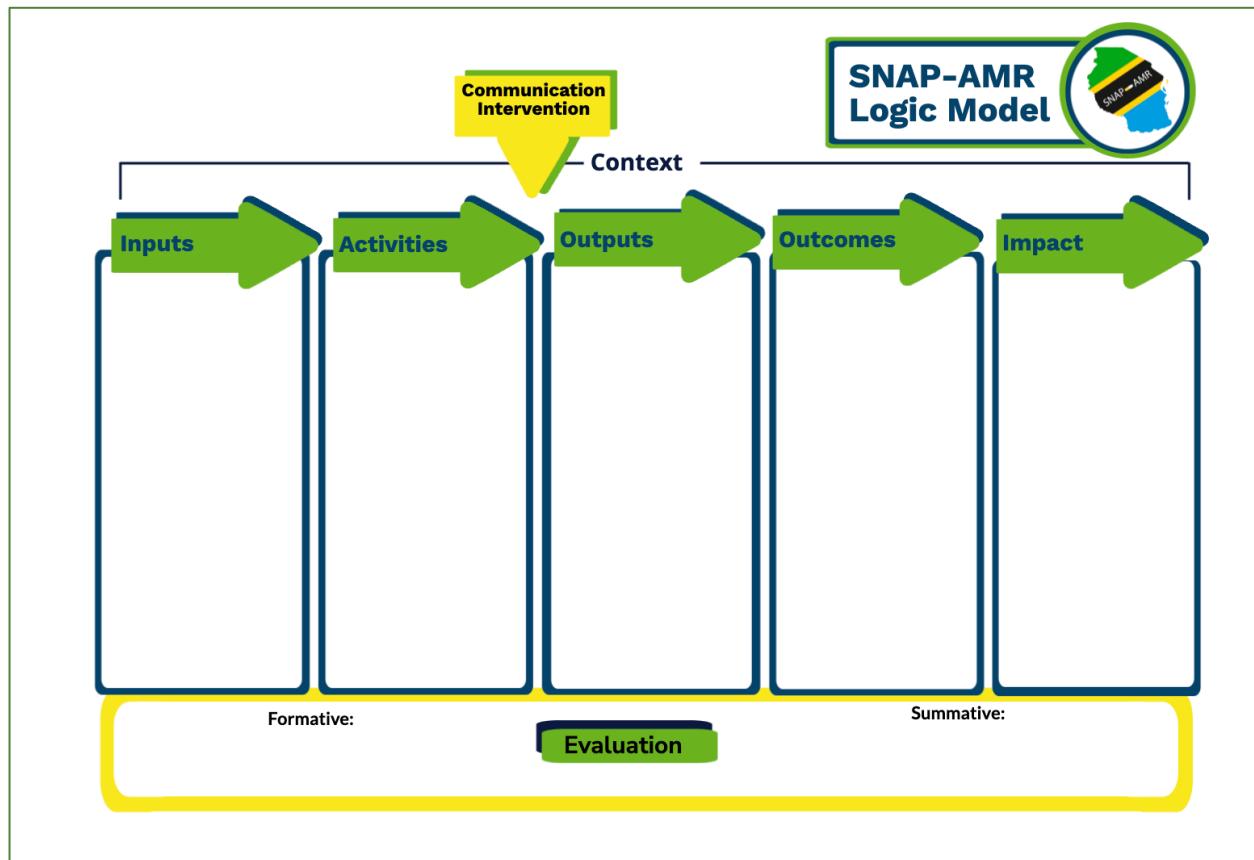
Build Your Own SNAP-AMR Logic Model Prompt Cards



These large prompts Prompt Cards can be downloaded and printed in A3 – they provide a series of questions to answer as you build your own Logic Model to underpin a bespoke campaign.



A3 Blank SNAP-AMR Logic Model



After completing the individual prompts, you can complete the A3 blank template for an instant visual framework.

Read more about the [SNAP-AMR Logic Model](#)

You can read more about **SNAP-AMR Logic Model** via this academic publication:

Virhia J, Laurie E, Lembo T, Seni J, Pollack R, Davis A, et al. (2024) Developing a logic model for communication-based interventions on antimicrobial resistance (AMR). PLOS Glob Public Health 4(6): e0002965. <https://doi.org/10.1371/journal.pgph.0002965>

Additional resources associated with each stage are detailed over the following pages.



Stages of the SNAP-AMR Logic Model

Below we briefly set up the aim of each of the stages in the Logic Model and any additional material that can be used as you build a Logic Model for your own campaign. Thereafter each card is reproduced.



Stage 1 – Input stage

The Input stage involves considering the resources, materials, and personnel needed to deliver the communication campaign's activities.

Stage 2 – Activities stage

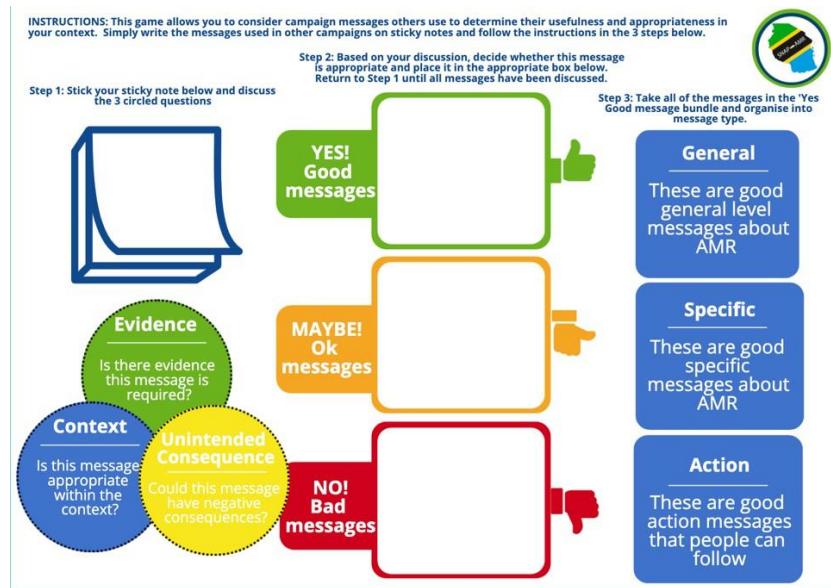
The Activities stage maps out all of the key activities. This stage is crucial with a lot to consider, so there are three separate cards to work through:

Activities Part 1 – This will help you consider how you will use your inputs to characterise your campaign's major features or activities and the subsequent results it will produce.

Activities Part 2 – This will guide you through testing messaging to consider how the target audience will receive it. Two additional resources (below) may be useful here, depending on whether you are reviewing existing messages or testing your own message.

If you want to begin reviewing existing messages to see if they work for your area, then the Reviewing AMR Messages Game can be downloaded, printed and used:





This clear communication checker was adapted by from the CDC Clear Communication Index based on key findings from initial messaging workshops.

Clear Communication Checker*

- Does the material contain one main message statement?
- Does the material always use words the primary audience uses?
- Does the material include one or more calls to action for the primary audience?
- Do both the main message and the call to action use the active voice?
- Are there any unintended consequences that could arise from this message?
- Do the messages avoid blaming or laying guilt?

*This draws on CDC 'Clear communication Index'

Activities Part 3—This will help you consider how best to gather pre- and post-data to rigorously measure the campaign's outcomes and impacts.

Stage 3—Output stage

The Output stage considers the immediate deliverable or tangible outcomes of the campaign.



Stage 4 - Outcomes stage

The Outcome Measure stage is about considering the resulting changes or impacts of the campaign, which might be short-term, intermediate or long-term.

Stage 5 - Impact stage

The Impact stage is about considering the long-term impact of the campaign, so here that is the sole question to consider.

Evaluation

The Evaluation Stage is about determining the best way to understand the success of the campaign.



Stage 1

Input

The input stage is about considering the resources, materials and personnel needed to deliver the activities of the communication campaign.

Resources

What resources are available?
Consider not only financial, but also personnel and in-kind resources

What resources do you need?
Consider not only financial, but also personnel and in-kind resources

Budget

What budget is available?
What budget do you need to run the campaign?

Expertise

Do you have the necessary knowledge and expertise within your team to implement the campaign?

Is there any outside expertise you need to source?

Skills

Do you have the necessary skillset within your team to implement the campaign?

Are there any outside skills you need to source?

Stakeholder engagement

Have you engaged your stakeholders to (re)affirm the intended use and stages of the logic model?

Local ambassadors

Have you engaged stakeholders close to the target audience to help lead the campaign?

Leader component

Have you identified who is taking leadership in overseeing each or all components of the campaign?



**SNAP-AMR
Logic Model**



Stage 2

Activities Part 1

Stage 2 has a lot to consider, including designing the implementation plan. This will help you consider how you will use your inputs to characterise the major features or activities of your campaign and the subsequent results it will produce

Goal

What is the big public health problem (or distal goal) you aim to address with your program?

What are the intermediate and short-term goals?

Target audience

Who are the target audience?

How was this audience decided upon?

What is their health literacy and existing knowledge on the subject?

What actions or changes must they make in order for the campaign to be successful?

Content

What content are you going to include in your campaign?

Who has decided on this content?

How has it been decided?

Branding

Will you include branding in your communication campaign?

Have you considered what impact (positive and negative) this will have on the target audience?

Media channel

What media channels will you use?

Do you need regulatory or government approval for this?

Are these channels widely used by the target audience?

Culturally sensitive messages

Have you considered how your messages will be received by the target audience?

Are they culturally appropriate?

Did you engage the relevant stakeholders to discuss this?

Materials

What materials will you use for the campaign?

Are these the most appropriate for communicating your key messages?

Are these the most appropriate for facilitating engagement with the key messages?

Are they appropriate for the audience (i.e. consider literacy, language)

Placement

Where will your campaign take place?

Where are the optimum placements of e.g. individual posters to be readily seen by the target audience?

Is it accessible to all in target audience?



**SNAP-AMR
Logic Model**



Stage 2

Activities Part 2

Testing is a vital part of the Activities stage to consider how the messages will be received by the target audience.

Message understanding

Do the intended audience understand the key health messages you want to communicate?

Message salience

Are the key health messages relevant to the audience and the context within which they live?

Language

Is the language used appropriate and widely understood/spoken by the target audience?

Duration

Is the duration of the campaign enough to allow for meaningful engagement and understanding?

Intensity

Is the intensity of the campaign enough to allow for meaningful engagement and understanding?

Imagery

Are the images used widely understood and accepted by the target audience?

Are the images appropriate for context?

Do they avoid instilling any alarm, blame, hesitancy?

Test to mitigate against unintended consequences

Do you need to test the campaign messages and imagery to check for any unintended consequences that might occur? E.g. feelings of blame, helplessness, alarm?



**SNAP-AMR
Logic Model**



Stage 2

Activities Part 3

Collecting baseline data is a vital part of the Activities stage about considering how best to gather pre- and post-campaign data to rigorously measure outcomes and impact of the campaign.

When thinking about collecting data from people, consider the best way to ask questions in order to gather the best baseline data. This can be impacted by the target audience, how many people you have available to collect data, how quickly you want the data collection to be, and who and how data will be analysed. For example, within the neonatal wards, the sample audience was relatively small; here, we asked open-ended questions to produce qualitative data; these required lengthier interviews, time-consuming transcription and thematic coding. In contrast, for the data dala campaign, we knew people wouldn't have a long time to be interviewed, and the target audience was far greater, so we designed shorter exit surveys which used close-ended questions and Likert scaling questions which could be quantifiable.

Source

What will the baseline data source be? i.e. Drug procurement data, surveillance data, interviews, questionnaires

What ethics or research permissions are required to collect this data?

Who has access and training to gather, store, and analyse this data?

Audience

If conducting baseline data collection with people, who will they be?

How will they be recruited?

How long will they have to take part in research?

Knowledge, Awareness and Understanding

How will you measure knowledge, awareness and understandings pre-campaign?

Attitudes

How will you measure attitudes pre-campaign?

Intention

How will you measure intention pre-campaign?



**SNAP-AMR
Logic Model**



Stage 3

Outputs

Outputs considers the immediate deliverable or tangible outcomes of the campaign.

Deliverables

What immediate deliverables or tangibles can be expected based on campaign activities?

People

Number of people involved in 'Stage 2 Activities' including number of people involved in co-design and testing?

Reach

How many people will be reached by the campaign? At what role or scale? If training was involved, how many people received this specific training?



SNAP-AMR Logic Model



Stage 4

Outcomes

The outcome measures stage is about considering the resulting changes or impacts of the campaign which might be short-term, intermediate, or long-term

Recall

Were the target audience able to remember components of the campaign?

How will you measure this?

Awareness

Were they aware of the campaign?

How will you measure this?

Understandings

How well did they understand the key messages of the campaign?

How will you measure this?

Knowledge

What was their level of knowledge regarding the key messages of the campaign?

How will you measure this?



**SNAP-AMR
Logic Model**



Stage 5

Impacts

The outcome measures stage is about considering the resulting changes or impacts of the campaign which might be short-term, intermediate, or long-term

Impacts

What long term or distal desired change does the campaign contribute to?

**SNAP-AMR
Logic Model**



Evaluation

The process evaluation stage considers the extent to which the campaign has been implemented as designed and resulted in intended outputs

Distribution

Did the campaign have the intended distribution among the target audience and location?

How would this be tested?

Placement

Did the campaign have the intended placement among the target audience and location?

How would this be tested?

Audience reach

Did the campaign reach the intended number of people among the target audience?

How would this be tested?

Cost effectiveness

Did you go over or under your specified budget for the campaign?

Impact

What was the overall impact of the campaign?

Was this expected or unexpected?

How would you measure this impact?

Legacy material

Are there any legacy materials from the campaign?

How have these been used?



**SNAP-AMR
Logic Model**





**SCAN THE QR CODE TO DOWNLOAD
THE E-VERSIONS OF ALL THE
MATERIAL**

Any questions about the SNAP-AMR Communication Toolkit, please contact:

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