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Page 6
Date 11/13/2007
Time 9:13:31 PM

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CF-RAI-USAA-PD-GEN-2007-000214

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000214**

External ID

Title

Support Communication Plan for Abu El Matamer (Egypt), Schistosomiasis Control Project. Memo from Nagwa Farag, PSC Officer, Cairo, to Ulf Kreuger, UNICEF Rep, Cairo

Date Created / From Date

Date Registered

Date Closed / To Date

10/26/1983

6/20/2007 at 11:14 AM

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-10673 (In Container)**

FI2: Status Certain? **No**

Item Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **Upasana Young since 8/28/2007 at 8:29 AM (last 11/13/2007 at 2:46 PM**

6/22/2007 at 11:05 AM

FI3: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records

Container **CF/RA/BX/PD/CM/1985/T037: Programme Support Communications**

Date Published

Fd3: Doc Type - Format

Da1: Date First Published

Priority

Record Type **A01 PD-GEN ITEM**

Notes

11 pp.

Shows the plan for the project and communication strategy, training.

Print Name of Person Submit Image

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INTEROFFICE MEMORANDUM

TO: Mr. Ulf Kreuger, UNICEF Representative,
Cairo.

DATE: 26 October 1983

FROM: Nagwa Farag, PSC Officer, Cairo.

FILE NO.: PSC/2

SUBJECT: Support Communication Plan for Abu El Matameer
Schistosomiasis Control Project.

Attached is for your kind attention 1st draft of the suggested plan.

Would appreciate a discussion at your earlier convenience.

NF/ar

October 1983

First Draft

Support Communication Plan for Abu El Matameer

Schistosomiasis Control Project

Contents

- I. Scope of Work
- II. Communication Strategy
 - 2.1 Identification of target groups
 - 2.2 Analysis
 - 2.3 Positioning
 - a) Two fold campaign
 - b) Phases
 - c) Testing
 - 2.4 Diffusion systems
 - 2.5 Training
- III. General Schedule/Priorities

I. SCOPE OF WORK

1. This plan is based on the following :
 - a. Knowledge on the local community acquired through :
 - Area Development workshop document.
 - Anthropological studies undertaken for UNICEF by the School of Social Work, Kafr El Sheikh.
 - b. In-house discussions; exchange of views with participants and WHO lecturers during "Trainers Workshop".
 - c. UNICEF policy and role not being "too much operational".
 - d. Time constraints
2. This present document aims at developing a final strategy for the project's health education. The final detailed campaign will be established immediately after discussion with the project manager and the project's "Community Health Education Working Group".
3. After the preliminary agreement is reached on this plan, a cost estimate per activity will be presented within a total provisional budget.

II. COMMUNICATION STRATEGY

2.1 Identification of target groups

Audience Structure

a. Target Groups

- 1. School children 6-18 years
- 2. Community members
- Drop-outs of school children (6-18 years)
- Adult males/females

b. Change Agents

- 1. Formal and informal leaders
 - Selected and elected councils' members
 - Religious leaders
 - Indigenous educated community members
 - TBAs/RRs
- 2. Professionals
 - Health professionals
 - . Appointed to the project
 - . Others
 - Teachers in schools
 - Social workers
 - Agronomists.
- 3. Government Executives at governorate and district levels.

} From operational

1st level agents
School system
- motivators
- teachers

community
- Health team

2nd level agents.

2.2 Analysis

NAP factors →

a. In order to position this campaign properly there are some constraints which should be considered and dealt with carefully.

- Re : Knowledge

- . Target groups' insufficient knowledge regarding individual preventive measures against infection.
- . Community members' insufficient knowledge regarding Damsissa as molluscicide.
- . Common wrong interpretation that running water (canals water are still clean water (not polluted) even if people misuse it.

Bilharzia + infection
model

Re : Attitude

- . Negative impact of past failure to cure from this disease (individually - high reinfection rate)
- . Common attitude that is "the others" responsibility.. "They pollute canal water".
- . Lack of awareness on the disease effects ^{no} motivation to cure.
- . projection : transfer of one's own impression to the real external situation. "This fellah will never stop doing...bilharzios will not decrease unless the government makes sewage...."
- . Audience Scepticism : common "rather passive" attitude of some individuals towards participation in any communal effort.
- . ~~Panics and~~ gossips that may arise among community members when a "health campaign" takes place.

misconception re sympathy.

Re : Practice

- . Water contacts habits (washing, bathing, abulition..etc).
- . Leisure time activities (incidence of infection higher among young people with peak rate of infection during summer season).
- . Defoecation and urination in canals.
- . Results of such project being not tangible to individuals and being of a slow progress nature implicate to carry-on new practices for a long time before realizing any general results.

positive

b. Moreover, there are some vital issues which still unclear such as :

- typology of messages previously diffused to this particular community.
- Understanding and reaction to previous messages.
- x - Local personnel capabilities in mobilizing change agents efforts(mainly informal and religious leaders).
- Change agents mix :
 - . pattern of communication among professionals and natural leaders.
 - . Mode of collaboration, co-operation.
 - . Leaders expectations of the project results.

c. Although some of all above issues seem to be "not relevant" to the educational materials, there are still potential issues and topics of discussion during the "orientation" of community leaders.

+ messages

d. Many of these issues will be clarified during coming discussions with the project officers in Abu El Matameer and while testing materials.

2.3 Positioning

a. A Two-fold campaign

It's objective is to place the project in a certain way in individuals' mind and accordingly elaborate specific messages, in other words it aims at developing an image for the project on which is based community motivation for a long range participation. This way, messages will become more "people oriented".

This two-fold campaign will focus on the same time on :

1. The project is of integral services (it offers diagnosis/ treatment/damssisa...)
2. It's success depends on each community member long range participation. " ... لا بد من التغيير ما نحتاجه عالم يغيرنا أو نغيره "

The combination of these 2 components will be repeated as a common denominator in the materials produced, special events, training activities, etc...and as well will be taught to "change agents" as a possible entry to different target groups.

Accordingly, messages to any target group are not communicated in the traditional or conventional way of "do not do..." which will be of a rather limited efficacy.

The rationale beyond that is :

- to involve the people in helping create a framework in which they would be receptive to the messages to benefit them at the end.
- To facilitate "built up new information" on the disease traditionally looked upon as an on-going part of life (i.e. acquire recognition of effects).

b. Phases

1. Launching phase :

- . Diffusion to : School children
Change agents

./..

b. Change Agents

- Orientation meetings.
(members grouped by profession).
- Project guide
(manual which contents are already discussed) and
to be distributed during orientation if possible.
- Mini posters with preventive messages that they may
distribute in appropriate occasions and places (if
possible using Koranic citation beside visual to add
a value to the Poster to prevent it from tearing out)
- Reminder : Question and Answer sheet for opinion leaders.
- Project newsletter : to serve as a progress report and
a way for identifying people with the project,
communication and also reminder.

2.5 Training

For Health Education component only

a. Motivators

- . Orientation (already taken place within the mobile team
training).
- . Proper use of the MacMillan Schisto set.

b. Social Workers of Village Units

- . On trial basis : 6 social workers to use same set in
active CDAs.

c. Community leaders

- . A monthly "get together" to serve as a "group support"
and to maintain motivation and feedback.

d. Schools Social Workers and Social Workers of Youth Centres

- . After discussing the possibility of an extensive action
for young male right after exam period, i.e. June/July 84
where some schools and youth centres will serve as
activity centres for youth with the possibility of organi-
zing one youth volunteer group in each village unit.

III. PRIORITIES AND GENERAL SCHEDULE

A. Materials

Priority	Activity	Tentative Schedule	
		Task	Date
1	Project Guide	Editing, design, lay-out test, art work, paste-up printing	November 83 December 83 January 84
1	Schooling Materials	Design, lay-out, test Art work, printing	November 83 December 83
2	Mini Posters	Design, lay-out, slogans Testing, art work Printing	December 83 January 84 Jan./Feb. 84
2	Questionnaire	Design, editing, Printing, distribution and review of feedback	February 84 March 84 March/April 84
2	Sticker Calender	Design, lay-outs Production	November 83 on-going every two months
3	Newsletter	Editing Printing(every two months)	Ongoing starting March 84 Starting April 1984

b) Training and Meetings

Priority	Activity	Tentative Schedule	
		Planning	Implementation
1	Training of Motivators	October/November 83	November/December 83
2	Community leaders Monthly meetings	November/December 83	January/February 84 To start end January 84
3	Social Workers Village Units	February 84	March 84
4	School Social Workers	April 84	June 84

COST SHEET

Project : Schistosomiasis Control Project - Abu El Matameer, Beheira.
 Operations : Phase I launching in schools.

Item	Statistical	Printing	Specifications	E S T I M A T E D C O S T			Remarks
				Design bodycopy	Color Sep.	Printing L. E.	
Hand out for teachers.	Number of teachers 624	1000	3 colors, R/V 6 1/2 x 20 (unfolded) 70 sheets 120 gr. or canvas 150 gr.		—	750	
Hand out for students	Number of students		full color, R/V 70 x 20 (unfolded) 9000 150 gr.			3375	
- Elementary.	18313	20000					
- Preparatory.	4679	6000	full color, R/V 34 x 24 (unfolded) Benmarite quoted		1600	1300	
- Secondary.	2250	3500	full color, R/V or Canvas 200 gr.		1600	1300	
Posters Schisto life cycle	Number of classes		full color, R/V 70 x 100 quoted Benmarite quoted		3500	2400	
- Elementary	456	1000					
- Prep./Second.	112/54	500	3 colors, R/V 70 x 100 quoted Benmarite quoted		—	1500	

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