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UNITED NATIONS CHILDREN'S FUND-FONDS DES NATIONS UNIES POUR L'ENFANCE

OFFICE OF THE DIRECTOR
 EASTERN MEDITERRANEAN REGION

NOTE FOR THE RECORD

10 March, 1981

SUBJECT : Communications Component for PHC and Health Education
 In The Yemen Arab Republic.

At the request of the Sana'a Country Office I visited YAR between 19 and 29 March to evaluate public information and PSC needs of above office, especially in the field of health. My discussions there covered other topics too, especially the establishment of an office library/documentation center and rendering support the first Yemeni Children and Youth magazine "Al-Budhud" and using it as a means to reach many households in the country.

My visit to YAR covered the following areas/towns: Sana'a, Taiz, Mocca, Yakhtel, Zabid, Qatay and Hodeida.

Library/documentation Center:

The Sana'a Office has employed on a part time and temporary basis a highly skilled and educated Yemeni lady to establish this unit. I was able to give her some guidance on developing a system of filing and cross reference indexing according to topic, author and/or source. However, we found out that some documents produced in New York (State of the World's Children Report, The Water Decade Kit etc...) have not been sent to Sana'a or may have been lost on the way. Also, Sana'a is not receiving materials of interest from other field offices e.g. (UNICEF AND SUDAN).

Agreement was reached that Beirut will support Sana'a by providing lists or catalogues of new publications and relevant periodicals and a list of UN films presently available. Beirut will also send supplies not available in Yemen such as video tapes, films, reference cards and boxes and the like. A well stocked library and documentation

center is of primary importance to the Sana'a office due to the lack of other readily available sources of information in the country. It is highly advisable that a capable staff member give part of his/her time to fulfill this task.

Al-Hudhud : A very attractive monthly magazine addressing itself to children and youth with very imaginative writers and highly professional artists. It is being published by a private Yemeni citizen and the actual printing is done in Damascus for lack of facilities in Yemen. In my discussions with the publisher he expressed keen interest in having a monthly article from UNICEF on any topic of interest to his audience or of educational value to the family. He has already reprinted a host of UNICEF produced materials, but evidently needs more. Taking into consideration the dire shortage of reading material in Yemen, "Al-Hudhud" is reaching now 5000 households directly, and a further estimated 3000 households by "borrowing". This makes it an effective instrument of relaying messages to a sizable section of the population, both urban and rural. Hence, we have already provided the publisher with a series of pictorial articles prepared in Beirut, and we will continue to do so on a systematic basis, selecting a certain area of interest at given periods of time (health, sanitation, nutrition, home/school gardening, etc...).

P H C :

Considering the immense problems prevailing in the field of health and sanitation in YAR, and noting that the PHC programme is still in its initial stage of implementation, it is advisable to develop PSC for PHC within the general framework of a comprehensive health education programme. Ignorance among the populace, rather than poverty at the family level, is the main cause of disease and death among children. This fact is further aggravated by a shortage of trained personnel and health services. Since the PHC programme has been devised to meet this shortage, and since this programme is still in its initial stage, I recommend to implement the PSC/health education programme at three levels according to target groups:

- 1 - Officialdom and PHC workers/trainees.
- 2 - Local population of towns/villages where PHC units are planned or being established.
- 3.- General public.

Implementation.

1 - As a first step, it is very important to acquaint local officials and leaders with the idea of PHC, and how it can positively affect the community to gain their support. Likewise, PHC workers/trainees must understand the philosophy behind PHC and how it works, and to know exactly what is expected of them other than learning some technical skills. To achieve this end a simple, illustrated booklet should be prepared to be handed out to these two target groups. However, person to person discussions are essential at this level to insure that the message is getting through and to eliminate doubts among village leaders about the absence of a "real doctor".

For PHC workers/trainees the booklet should contain a supplement explaining how they ought to deal with people, how to give them guidance, about their personal attire, cleanliness, punctuality etc... in order to be accepted as people of "professional authority" among the community. Additional materials, such as wall sheets, film strips and the like would greatly enhance this effort.

2 - Once a town/village has been selected as a sight for a PHC unit, the community must be informed. They ought to know what services to expect from the beginning in order to maintain the credibility of the programme. To many people the notion of "health center" may mean a fully equipped hospital, and disappointing such expectations at a later stage may be extremely counter productive. Direct, person to person communications is the most effective means of relaying this information. Here comes the role of the local leaders. The Mosque preacher, the mayor, the tribal Sheikh and school teachers can carry out this task after they had been briefed themselves. In the absence of regional radio and TV programmes, messages through these two channels addressed to a given community will be of limited effect. Some simple wall sheets plastered around the village will certainly enhance such a local information campaign. If a PHC unit is designed to serve neighbouring communities, the same procedure should apply to them.

3 - Health education for the general public will be the main challenge. YAR already has some experience in this field and the Ministry of Health has established a health education unit that seems

to be functioning as far as production of films and printed material is concerned. However the content of the messages, distribution of printed materials and placement of audio-visual productions leave much to be desired. In a discussion with the Director General of radio and TV, Mr. Ali S. Jamra, he informed me that a weekly, 15 minute health programme on radio was being discontinued for lack of "interesting and sound" material. He added that a 30 minute health programme on TV is being negatively evaluated because it consisted of a "talk show" of doctors and experts in the studio. He complained of lack of cooperation on the part of other parties (Ministry of Health), who have the technical and financial capabilities, but are not willing to cooperate. He requested an integrated workplan for a TV/radio health education campaign, complete coordination between TV, Ministry of Health, WHO and UNICEF and that each party should carry its share of the work such as preparing scripts, providing films and slides as well as expertise. In return, he is willing to provide all technical facilities and manpower needed for the campaign, as well as air time.

Color TV is a novelty in YAR and has spread all over the country. It is the most effective means of reaching the people. Thus it should be our prime instrument for the campaign. With guidance and some technical and financial support on the part of UNICEF the required coordination between the concerned parties should be achieved and local resources could be tapped to produce approximately 70% of the audio visual materials needed. The remainder could be obtained from UNICEF, WHO and some Arab countries.

As mentioned earlier, the health education unit at the Ministry of Health is producing some printed materials, such as simple posters and leaflets. However, the content and scope of the messages can be greatly improved and distribution throughout the country can be made more effective.

In addition to these advanced methods of health education, there remains the classical means of person-to-person communication. Though various types of health centers do provide one kind or another of health education, the numbers touched remain very small. The expanding system of primary and intermediary education offers an excellent opportunity to this effect. Teachers could be provided with a handbook on health education with the purpose of relaying the knowledge to their pupils, who, in turn, are requested to carry the messages to their families. This will naturally necessitate securing the

approval and cooperation of the Ministry of Education.

Among other themes of a health education programme, breast feeding and family planning should be given special attention in Yemen. Massive advertisement by importers of breast milk substitutes has resulted in a sharp decline in the number of breast feeding mothers. Three female health workers in different centers estimated that 40-50% of all mothers capable of breast feeding are using the bottle, and they were unanimous in explaining the reason: advertisement.

Family planning is just as crucial a subject. However, the message here should also be directed at men. Because of religious and cultural inhibitions, we should speak here of "spaced pregnancies".

To carry out this campaign the Sana'a office will need a skilled communications specialist with Arabic as mother tongue. The services of this person should be required for a minimum of 6 months until a Yemeni counterpart could be trained to take over. The Beirut PI/PSC Unit will continue to support the Sana'a office in carrying out this campaign and, if requested, we shall try to identify suitable candidates for above.

Finally, I would like to thank my colleagues at the Sana'a office for their cooperation and hospitality, notably Mr. A. Robertfroid, Mr. G. Kassis and Mr. Ian Pett who was a knowledgeable guide throughout the visit.



Said El-Azem
Regional PI/External Relations
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5

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Notes

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The note recounts the mission to Sana'a 19-29 March 1981 by Said El-Azem, Regional PI/External Relations Officer, Beirut. Sana'a did not receive all relevant publications for its library; Sana'a office needed to develop a PSC strategy for primary health care; the note outlines the main steps required in the implementation of PHC in Yemen.

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6