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CIVIL SOCIETY ENGAGEMENT AND COMMUNICATION STRATEGY AND ACTION PLAN TECHNICAL REPORT

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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EXECUTIVE SUMMARY

The Enabling Equity Health Reforms in Albania project (EEHR) aims to increase access to health services, particularly for the poor, by addressing a number of barriers to effective implementation of health care reform. In order to achieve that goal, the project supports improved policy processes, tests the implementation of a select number of reforms at the hospital level, and aims to improve the engagement of non-state actors in the health system. EEHR's Strategy 3: *Enhance non-state actors' participation and oversight of health systems performance* supports USAID's Country Development Cooperation Strategy (2011-2015), which emphasizes strengthening democratic institutions and results-oriented transformational reforms. The project is in its third year of implementation, at which point the select group of health reforms to be tested have been defined and are being implemented and policy processes are in place - thus the project is now defining the key messages and techniques to be used to engage non-state actors. The following is the EEHR project's strategy for engaging civil society and attached is an action plan outlining the activities proposed to implement this strategy.

While there is a high level of interest among civil society organizations to increase engagement in the health sector, direct citizen engagement is at a low level. Barriers to engagement include lack of effective communication channels, lack of understanding / information on health access and rights, poor provider / patient dynamics and relationships, and high levels of cynicism about the effectiveness of increasing engagement. Appendix A details findings on media consumption habits of citizens that were used to inform this strategy.

The EEHR project's strategy is therefore focused on increasing citizen awareness of rights and information; developing communication channels among providers and civil society. Key messages for civil society will be designed to tackle some of the perceived barriers to access: informal payments, lack of information on patient rights; and lack of information on insurance access and coverage. Providers will receive capacity development in the areas of improved communication with communities and individual patients. Mechanisms for two-way communication with the objective of increasing voice and accountability will be established and tested. See Appendix B for the detailed Action Plan.

This strategy is based on the priorities of the EEHR project, tenets of the Social Cognitive Theory (Bandura, 1977), and the findings of the following reports:

- IDRA Research and Consulting, May 8, 2013. Health Care System in Albania: A Formative Research with Consumers to Increase Non-State Actors Engagement in Health System Governance. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt. Associates Inc.
- O'Sullivan, Gael. October 2012. Trip Report: Engaging Civil Society in Health Reforms, September 15–22, 2012, Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
- Joanne Jeffers and Palushaj, Ornela , March 22, 2012. Increasing Non-State Actors' Engagement in Health System Governance, Technical Report. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates, Inc.
- Nelku, Raimonda, September 2011, Media Audit on Health Issues, Technical Report. Bethesda MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.

I. BACKGROUND

The Enabling Equitable Health Reforms (EEHR) project is a five-year (2010-2015) initiative to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. EEHR's Strategy 3: *Enhance non-state actors' participation and oversight of health systems performance*, supports USAID's Country Development Cooperation Strategy (2011-2015), which emphasizes strengthening democratic institutions and results-oriented transformational reforms. USAID's Development Objective #1: Strengthened Rule of Law and Improved Governance, features activities that will promote civil society and indirectly contribute to corruption reduction, with the aim of assuring more efficient and transparent delivery of key public services that touch the daily lives of all citizens. Given the pervasive impact of the health and judiciary sectors on the lives of ordinary citizens and the "most corrupt" label assigned to them, the focus of this strategy will be on improving the enabling environment for policy reform and planning, enhancing citizen oversight and transparency, and upgrading performance and management capabilities.¹

In September 2012 the EEHR Project conducted 30 stakeholder interviews in the public, private and NGO sectors to understand current civil society activities, identify priority health reform issues, and assess the communication and advocacy-related resources available in Albania. Key findings included:

- There is strong interest among civil society to collaborate on engaging the public to be more informed about healthcare rights and to interact with the healthcare system on reforms.
- Public sector actors at the municipal level and at all levels of the public health system are supportive of efforts to engage civil society.

I.1 CIVIL SOCIETY

- There are perceived cultural barriers to volunteerism and activism, including the perspective that it is risky to advocate for social change. People mentioned that if a person does not have a personal stake in the issue, they are less likely to get involved.
- Municipal efforts to engage civil society have had modest success in Lezhe and better success in Korca. In Lezhe cultural factors and a relatively high standard of living were mentioned as possible reasons. In Korca, mechanisms such as a helpline for citizens to call and a "fix it" program to address minor problems have been successful.
- Civil society groups in Albania are small with modest budgets and capacity. They need to be linked together to have a greater impact.
- Youth are perceived to be an important constituency. They are engines for change, can educate their parents, and their leadership potential can be cultivated.
- Citizen participation in health reforms is weak. The new healthcare law that takes effect in 2013 presents an opportunity to engage civil society.
- There is a need to develop local champions who can mobilize others and link to the health system and the media.

I.2 COMMUNICATION ENVIRONMENT

- Media is viewed as a good resource and effective channel (TV, newspaper) to enhance advocacy efforts. See Appendix A for more details on media consumption findings from a recent qualitative research study.
- TOP Media is especially effective in fostering a culture of challenging the system, exposing

¹ USAID Albania. *Albania: 2011-2015 Country Development Cooperation Strategy*. 2011.

problems, and advocating for change.

- The media need to be educated to reduce the amount of incorrect information that is shared by journalists.
- Social media is not widely used. A few organizations are using Facebook but none are using Twitter or other channels. Several people cited a recent initiative from the Prime Minister to encourage SMS text messages from the public as a good example of engaging civil society.
- Websites are common, and internet access is good.

1.3 HEALTH SYSTEM

- The statement of patient rights is not well-known and not effectively promoted within the 3 hospitals working with EEHR. There is a need to educate the public about what to expect from the healthcare system and to inform them about their rights and responsibilities.
- Primary healthcare doctors are perceived as a key influencer group, as they are the first line of medical treatment and refer patients to hospitals. They can play an important role in patient education.
- Corruption is perceived as a major barrier to citizen engagement – especially at the hospital level.
- There is no pre-service training for doctors or nurses in the area of interpersonal communication and patient counseling. There have been isolated efforts to implement in-service training in this area (Lezhe Hospital and Mary Potter Clinic).
- Patient feedback systems are lacking at the primary healthcare level and in hospitals, with the exception of Tirana Hospital where the Director has publicized his personal mobile phone number and encouraged patients to text or call him with any feedback (positive or negative).

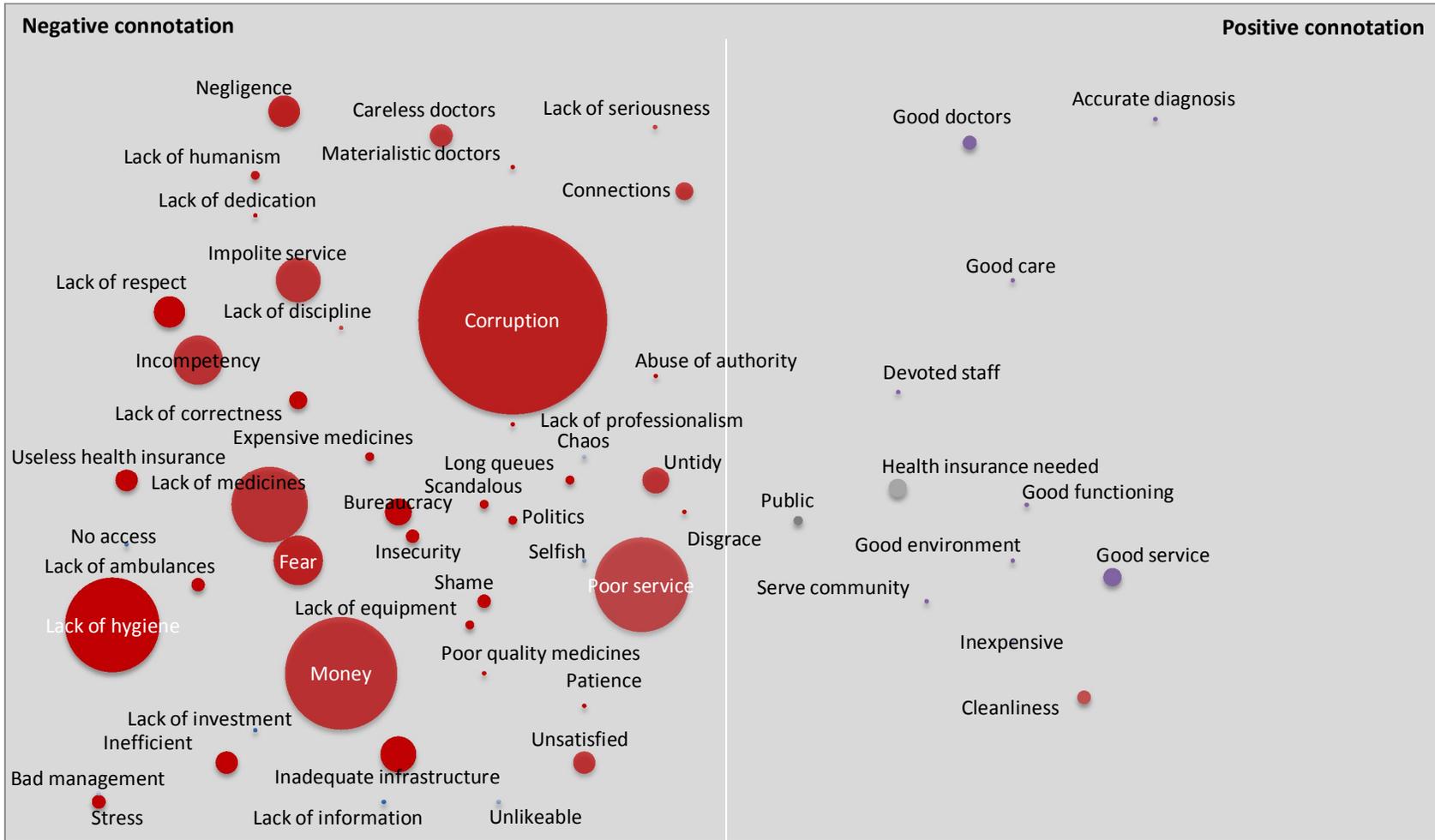
Based on these findings, EEHR proceeded to commission a set of 15 focus group discussions among health care consumers in the 3 hospital catchment areas in Tirana, Lezhee and Korca during March 2013. Among the primary results of this qualitative exercise with consumers were:

- Strong perceptions that the health care system in Albania is corrupt;
- Clear delineation between “bribe” and “tip”;
- Primary care doctors are more trusted than hospital doctors;
- Some improvements in hospitals seen but overall, more negative than positive comments;
- Very low levels of understanding re: patient rights, quality standards, how the insurance card works;
- Skepticism that complaining, or having a complaint system within the hospital, will result in positive changes that won’t harm the consumer who made the complaint;
- Little awareness of local NGO’s, their roles, and how citizens can get involved;
- Lack of awareness about advocacy approaches and low perception that this is relevant to consumers;
- TV is the main media channel to learn about health issues, with the exception of rural women in Lezhe who listen regularly to radio;
- Little use of the internet and Facebook in general with the exception of young urban men in Korçe who use Facebook multiple times per day.²

The following Figure 1 depicts the frequency of key word mentions in response to the focus group moderator’s questions:

² IDRA Research and Consulting. *Health Care System in Albania: A Formative Research with Consumers to Increase Non-State Actors’ Engagement in Health System Governance*, for USAID’s Enabling Equitable Health Reform Project in Albania. 2013.

FIGURE I: TOP OF MIND ASSOCIATIONS



I.4 PROBLEM STATEMENT

There is a high degree of skepticism and apathy among Albanian healthcare consumers. In addition, there is a lack of awareness and correct information regarding how the health insurance system works, how the healthcare budget is developed and managed, what rights patients should have, and what quality standards should be in place. While consumers recognize that the ingrained cultural practices of bribery and “bakshish” only increase dysfunction in the healthcare system, people are reluctant to push back for fear that they will not receive good quality care in a timely manner. The poorest, oldest, and most marginalized groups are especially affected.

The Albanian culture is not one with a tradition of using community mobilization, advocacy and social change movements to improve public services and increase transparency and accountability. While most people are unsatisfied with the current healthcare system, there is a substantial feeling of resignation and a lack of empowerment that impedes consumers from trying to change the situation. Individual motivations to protect oneself and one’s family greatly outweigh any altruistic notions that collective action to improve society overall should be pursued.

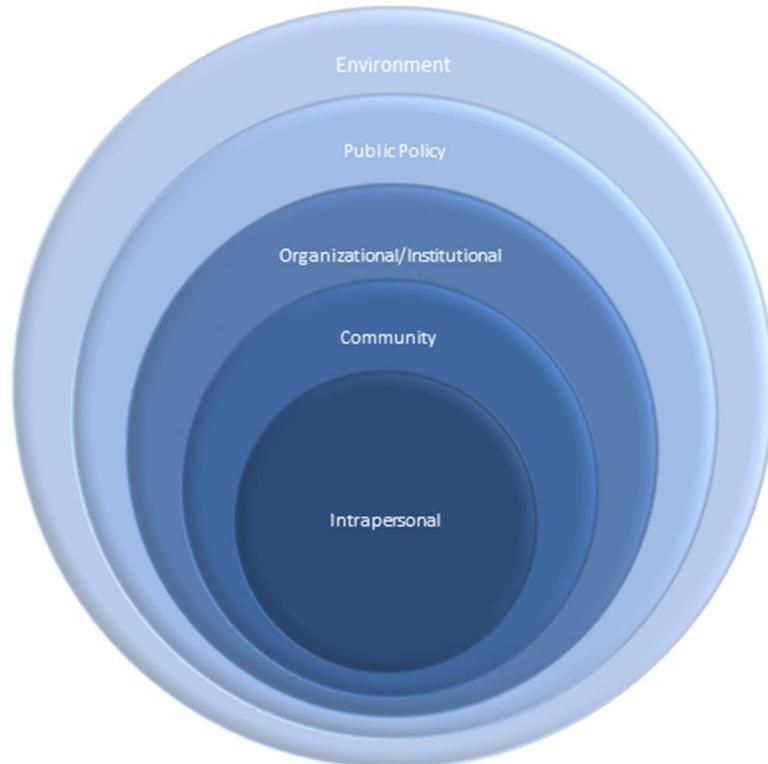
2. CONCEPTUAL FRAMEWORK

To address the issues described above, EEHR bases its civil society strategy on Social Cognitive Theory (Bandura, 1977), which uses a socio-ecological framework³ to illustrate that behavior change is a function of interactions between environmental and personal factors.

Environmental influences include those that are external to the individual, such as social influencers (e.g. family, friends, healthcare providers) and physical influencers (e.g. cleanliness of a facility, availability of medicines, etc.) Personal factors include an individual's ability to understand a behavior, anticipate the outcomes of the behavior, learning by observing others performing the behavior, and having the confidence to carry out the behavior (also known as self-efficacy). A change in one of these factors will create a change in the others, which is known as the concept of reciprocal determinism.

Thus, the EEHR civil society strategy encompasses activities aimed at fostering changes among individuals, communities, NGOs, healthcare providers, and the media.

FIGURE 2: SOCIAL COGNITIVE THEORY



2.1 AUDIENCE SEGMENTATION

Primary Audience: Youth (ages 15-24) in Tirana, Lezhe, Korça – Given the entrenched beliefs and attitudes that social change is unlikely to occur in Albania, especially among older consumers, the civil society strategy prioritizes educating and mobilizing younger people in the areas served by EEHR hospitals. This population is also more likely to use internet, social media, and mobile phone-based channels, which have a powerful 'viral' aspect that can accelerate the sharing of information and promotion of community actions. Students will be engaged in a number of different ways, and through them the strategy will also influence their parents and other members of their households.

Primary Audience: Hospital administrators and staff – Equally as important as informing and mobilizing civil society to demand reforms and hold healthcare providers accountable is the need to foster changes among provider behavior and to improve the service offering within the 3 hospitals

³ McLeroy K.R., Bibeau D., Stecker A., Glanz K. *An Ecological Perspective on Health Promotion Programs*, Health Education Quarterly, 1988, 15(4): 351-77.

participating in the EEHR Project. This strategy outlines suggested steps to strengthen interpersonal skills, customer service, quality assurance, and hospital governance to improve the overall patient/family experience.

Secondary Audience: Young adults (ages 25-39) in Tirana, Lezhe, Korça – A high proportion of this population has young children, and they are frequent users of the healthcare system. The strategy engages them from the perspective of fighting for a healthy future for their families.

Secondary Audience: Primary healthcare providers – These are the “front line” health care providers at the community level, and they are largely trusted by consumers. The strategy works through them to educate the public about topics such as patient rights and quality standards.

Proposed activities and messages will be designed to create synergy between the different audience segments. For example, school-based programs might include inviting doctors to speak with students about patient rights, and student groups might visit hospitals to learn about health system services and explore volunteer opportunities.

2.2 OBJECTIVES

The primary communication and behavior change objectives are to:

- 1) Increase consumer knowledge levels regarding a) patient rights/responsibilities and b) advocacy approaches to increase civic engagement and promote change
- 2) Establish a range of mechanisms through which the voice of the consumer is amplified, building on the “Act Now” platform
- 3) Conduct mobilization and advocacy activities that empower health care consumers, increase transparency and accountability of the health care system, and engage the media and other key stakeholders to maximize impact and scale
- 4) Support hospital administrators and staff to improve service delivery, customer service (including responsive feedback and complaint systems), and interpersonal communication skills

2.3 HOSPITAL-BASED PRIORITIES

At the hospital level, staff training needs include continued “customer care” training and interpersonal counseling/communication skills training. Staff need to understand the patient rights charter and what it means, as well as quality standards for service delivery.

The physical environment within the hospital should provide visual cues to patients and their families that the staff are there to serve them. Small items such as buttons on lab coats with messages such as “How can I help you?”, signage at the hospital entrance and in reception areas that encourage patient feedback and dialogue, prominent signage throughout the facilities that lists patients’ rights, and a dedicated office run by an independent NGO to handle patient complaints and compliments are all important supports that will make hospitals responsive and more likely to implement the needed reforms. Such items could complement and help with implementation of proper customer care practices.

Incentive and reward mechanisms should be implemented (e.g. “employee of the month” program with media coverage of winners) to motivate hospital staff to change their behavior and sustain improvements.

2.4 MESSAGE CONSIDERATIONS

Priority Message Points for consumers:

- Change is possible
- Protect your family’s future
- We are in this together
- Let’s ACT NOW!

Potential Communication Products and Activities for Consumers:

- Patient rights - wallet card, posters within hospitals, handout for use by primary health care doctors, post on large signboard at entrance to hospitals
- Consumer action guide - with guidance on how to mobilize and advocate, including specific illustrative activities
- Campaign promoting new complaint mechanisms and procedures
- “Scorecard” campaign to rate hospitals and doctors on a variety of measures and publicize the results
- Competitions between local Community Advisory Councils to make the most progress in achieving reforms and holding the healthcare system accountable
- Media events featuring journalist competition
- Collaborate with university journalism and communication programs, including their e-learning initiatives, to strengthen journalists’ knowledge and skills for health reporting
- Workshops at the community level to engage grassroots stakeholders
- Student newspapers/supplements featuring health reform articles and school competitions
- Doctor/nurse visits to schools, and student visits to health facilities
- Social media tools such as quizzes, games, competitions

Potential Communication Products and Activities for Hospitals/Hospital Staff:

- Signage within the hospital – on patient rights, ACT NOW type messages, highlighting feedback mechanisms
- Rewards/incentive program to motivate hospital staff to change behavior
- Promotion of complaint/feedback office

2.5 COMMUNICATION CHANNELS

Priority channels for consumers and the general public:

- TV talk shows and health programs
- Shendet (expanding its reach and impact, including working with schools to inform and empower students and train them on journalist techniques)
- Family doctors
- Professional medical associations
- Community Advisory Councils
- “Open Days” where hospital invites community members – offer free health screenings, activities for children, “Ask the Doctor” sessions, etc. – and generate media coverage
- Schools (develop overall strategy for how to work with schools and high school/university students)
- Community events
- Targeted use of internet/Facebook (e.g. link to ACT NOW! and SHENDET Facebook pages)

Priority channels for hospitals:

- Training workshops
- Newsletters
- Internet channels

2.6 MANAGEMENT AND BUDGET

Roles and Responsibilities

- International Expert - High level technical expertise is needed for:
 - the preparation of detailed Scope of Works for executable grant activities in implementation of the Action Plan starting in the last Quarter of EEHR Year 3 and continuing into Year 4,
 - expert opinion on grant applications through participation in the review and evaluation of applications, and
 - targeted expert advice in the execution of selected activities lead by EEHR home office staff.
- EEHR Staff
 - Ensure that the civil society strategy is implemented as planned
 - Establish clear decision-making processes with all stakeholders
 - Manage grants program, including scopes of work, deliverables and funding envelope
 - Liaise with hospitals and grantees to design and implement facility-based activities
 - Develop partnerships with allied organizations (e.g. professional medical associations)
- Grantees
 - Develop and execute work plans
 - Collaborate with other grantees and EEHR partners
- Hospitals
 - Commit the human and financial resources required to implement the civil society strategy
 - Meet with EEHR staff and grantees as needed for planning and decision-making
 - Collaborate on the planning and implementation of specific activities in support of the strategy

2.7 ACTION PLAN

Appendix B outlines the proposed action plan to implement this strategy. Note that there are a number of potential issues to be addressed later in the strategy (April 2014 – July 2015):

- Health card/insurance – educational effort about how the system works for those currently employed as well as those unemployed
- Health budget/how to play monitoring and feedback role – education and advocacy initiative to engage civil society in governance of the health system and increasing transparency and accountability
- System side actions – accreditation for quality of patient care, professional coaching (in collaboration with EEHR consultant Louise Myers), explore changing pre-service and in-service training curricula to strengthen patient communication skills

The action plan will be operationalized through RFPs and activities directly implemented by EEHR staff. Further details to the action plan implementation will be embedded in the EEHR Y4 Work Plan.

2.8 BUDGET

The total budget amount to be devoted to this strategy will be discussed and finalized with EEHR staff. For planning purposes, the grant mechanism has a remaining \$320,000 that may be used to support the activities outlined in the Action Plan (Appendix B). This amount does not include staff time which would be additional to that budgeted amount. Within that global budget, the following illustrative elements provide some basic parameters:

- Design and produce an advocacy guide (assumes 1,000 copies) - \$2,000-\$4,000
- Social media/internet activities and promotion (assumes regular content on 3 platforms for 12 months, pop-up advertising intended to attract web traffic) - \$3,000-\$5,000
- School outreach – assumes monthly events (student newspaper, outside speakers, etc.) with 5 schools for one year - \$40,000

- TV Programs – assumes 3 episodes of health-related talk show with relevant speakers and related promotion - \$10,000 (no paid TV advertising)

2.9 MONITORING AND EVALUATION PLAN

Each EEHR grantee will follow a work plan with deliverables, which will help track process and outcome indicators, as noted in the current EEHR work plan:

- Number of CSOs assisted by the project implementing advocacy activities
 - Grantee reports
- Effective mechanism in place for non-state actors to raise issues and have them addressed
 - Complaint/compliments office established
 - Reports from this office
- Number of new activities conducted, e.g.
 - Consumer action guide
 - Scorecard program
 - Consumer education activities
 - Hospital signage

In addition, EEHR staff will conduct monitoring activities to track media stories and other outputs that inform and empower Albanian citizens to advocate for health reforms.

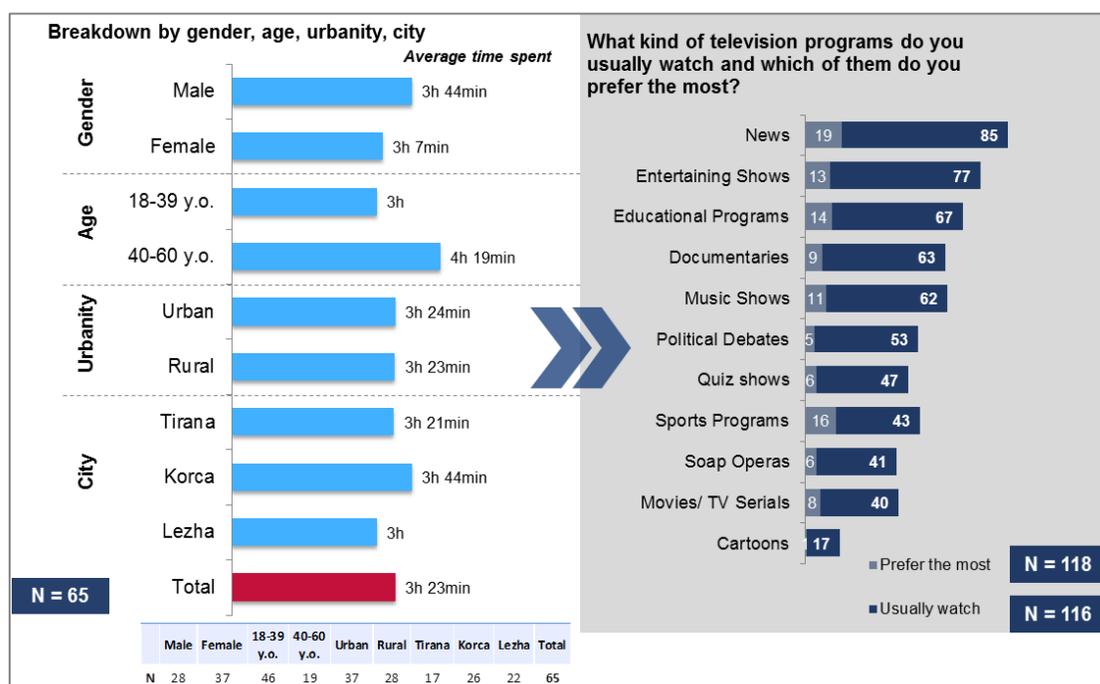
APPENDIX A

MEDIA CONSUMPTION HABITS FROM FOCUS GROUP RESEARCH⁴

Focus group participants were asked to complete an individual exercise with the aim of gathering some insights on their media consumption patterns. While it is important to note that the results of these exercises are not statistically significant due to the small sample size⁵, they still provide some indications with respect to the most “consumed” media.

As seen in Figure 3, focus group participants seem to be “heavy consumers” of TV programs - on average they spend approximately 3 hours and 20 minutes watching TV every day indicating that TV remains a very important means of information. News, entertaining shows, educational programs, documentaries and music shows represent the most commonly watched types of TV programs. During group discussions, soap operas emerged as a commonly watched type of TV program especially by rural women.

FIGURE 3: TV CONSUMPTION PATTERNS

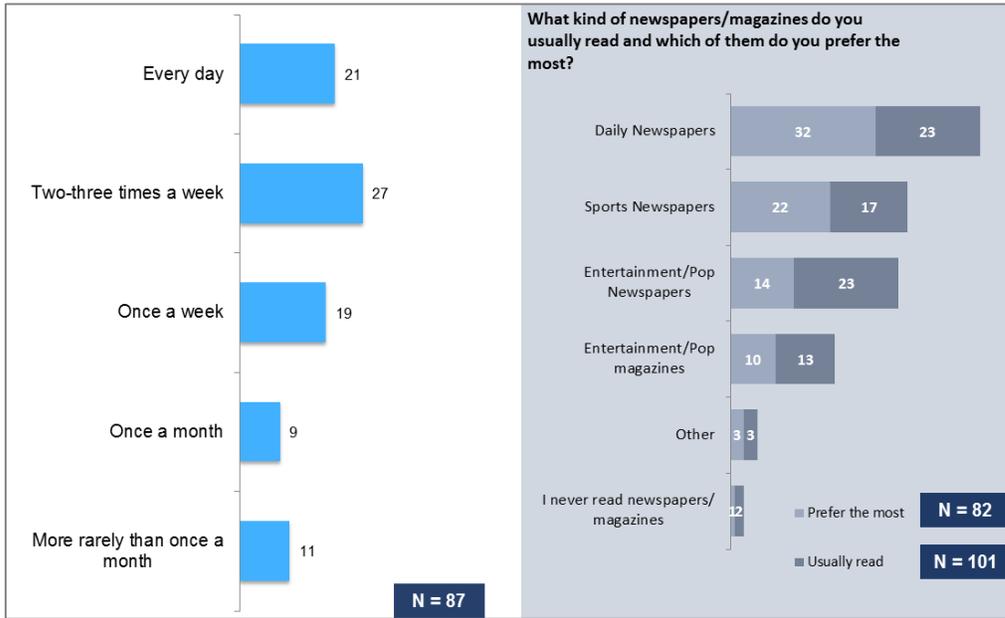


Based on the results presented in Figure 4, 67 out of a total of 87 participants answering the question, read newspapers or magazines at least once a week. Male respondents seem to be heavier readers of the printed media compared to female respondents. Daily Newspapers and Sports newspapers represent the type of printed media participants usually read.

⁴ IDRA Research and Consulting, May 8, 2013. *Health Care System in Albania: A Formative Research with Consumers to Increase Non-State Actors Engagement in Health System Governance*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt. Associates Inc.

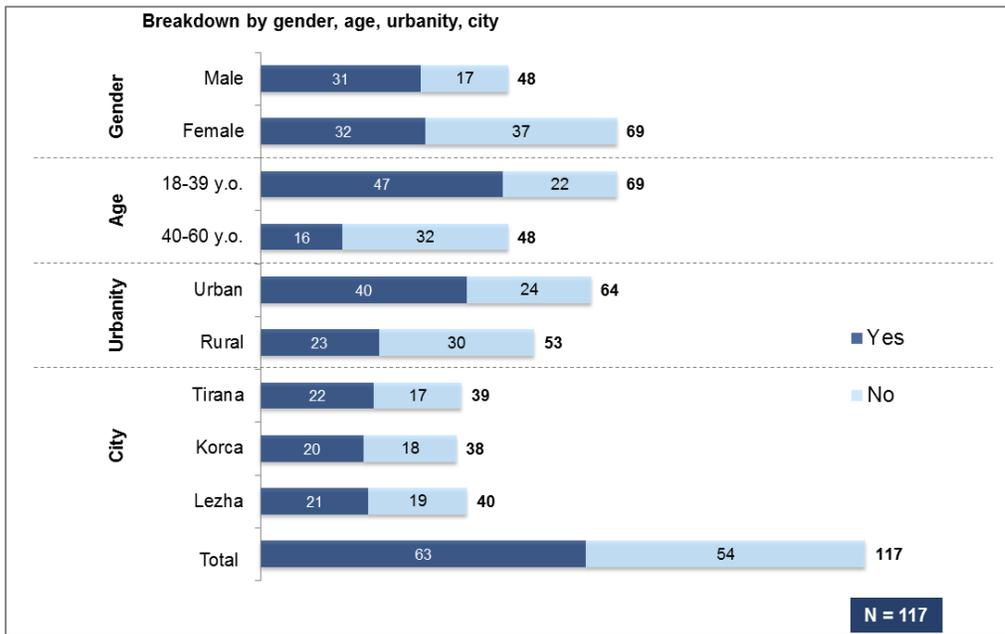
⁵ Due to the small sample size, numbers rather than percentages have been used in the graphs to follow to indicate the number of participants in each category. Percentages have been avoided because results are indicative only and should not be considered as statistically reliable figures.

FIGURE 4: PRINTED MEDIA CONSUMPTION PATTERNS



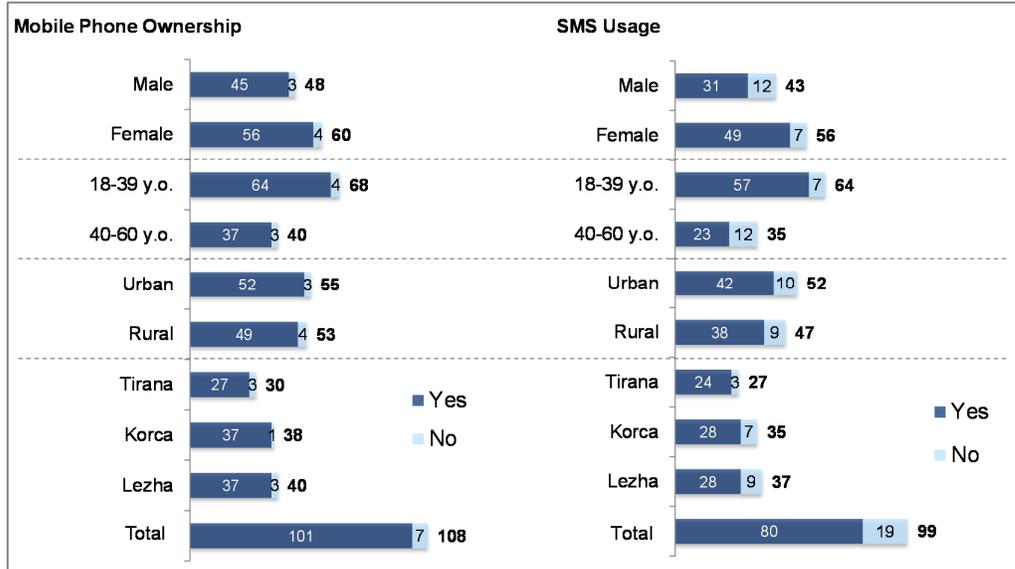
When asked whether they personally have access to internet, 63 out of a total of 117 respondents asserted that they did. While there are no significant differences in internet access rates between the two genders or among residents of the three selected areas, access to internet seems to be considerably higher among younger participants and urban residents (Figure 5). Internet is most commonly used “to chat with friends/relatives” often through social media (48 out of 62 participants who have access to internet) and “to search for different kinds of information (32 participants). Twenty six (26) out of the total of 62 participants accessing internet asserted to be using it to seek information on health.

FIGURE 5: ACCESS TO INTERNET



Mobile phone ownership and text message usage seems to be quite common among focus group participants. One hundred and one (101) out of a total of 108 participants declared to personally own a mobile phone, while 80 out of 90 participants asserted to be using it to send and receive text messages (Figure 6).

FIGURE 6: MOBILE PHONE OWNERSHIP AND SMS USAGE



APPENDIX B

ENABLING EQUITABLE HEALTH REFORMS (EEHR) CIVIL SOCIETY STRATEGY ACTION PLAN:

Activity exemplified by time frame:						
		July 1 st 2013 – July 1 st 2014	July 1 st 2014 – July 1 st 2015			Ongoing
Overall objective	Activity**	Activity dispersion according to audience segmentation				Activity measured by:
		<i>Primary Audience:</i> Youth (ages 15-24) in Tirana, Lezhe, Korça	<i>Primary Audience:</i> Hospital administrators and staff	<i>Secondary Audience:</i> Young adults (ages 25-39) in Tirana, Lezhe, Korça	<i>Secondary Audience:</i> Primary healthcare providers	
I. Increase consumer knowledge levels regarding:	Designing, producing and disseminating Patient Rights Wallet Card (including insurance info)					Number of wallet cards distributed
a) patient rights / responsibilities and	Designing, producing and disseminating Posters					Types and numbers of posters produced and displayed
b) advocacy approaches to increase civic	Designing, producing and disseminating Patient Rights Handout					Number of handouts produced for use by primary health care doctors & 3 EEHR pilot Hospital doctors and

engagement and promote change						distributed to them.
	Designing, producing and placing large signboards at hospital entrances					Number posted on large signboard to hospitals.
	Develop and provide informative materials for content on TV shows and health programs					Number of TV shows and health programs
	Print articles					Number of articles and health topics covered
	Open days					Number of Open Days at Hospital level Number of Open Days with High School students Number of Open Days at Community level
	Events with high school/university students such as dialogues with doctors/nurses					Number and type of event/s
	Community events such as workshops to engage local groups					Number and type of community events
	Developing a range of internet-based communication tools to inform and empower the consumer					Number and type of internet-based communication tools designed (quizzes, games, competitions)
2) Establish a range of mechanisms through which the voice of the consumer is amplified, building on the “Act Now” platform	Developing a Consumer action guide					Yes / No
	Scorecard					Number of people/patients completed the scorecards to rate hospital/s and doctor/s
	Community Advisory Councils					Number of meetings and issues addressed

	Community workshops					Number of workshops and health topics covered
	Student newspapers					Number of publications
	Complaint/feedback office					Number of complaints recorded and issues addressed
	“Shendet +” Newspaper opinion poll					Number of forms returned. Number of issues addressed.
	High school Facebook pages					Number of high school Facebook pages engaged. Number of “likes” or “Followers” Number of health information shared. Facebook Fun Page Dashboard performance indicators (TBD).
3) Conduct mobilization and advocacy activities that empower health care consumers, increase transparency and accountability of the health care system, and engage the media and other key stakeholders to maximize impact and scale	Galvanizing institutional support and establishing Community Advisory Councils					Number of meetings/dialogues between MOH and Hospitals. Number of meetings of Advisory Council/s Issues addressed
	Community workshops					Number of workshops held Number of health topics covered
	Media specialists/Journalists training					Number of media professionals/journalist trained
	TV show segments					Number of TV show segments

	Print articles					Number of articles and health topics covered
4) Support hospital administrators and staff to improve service delivery, customer service (including responsive feedback and complaint systems), and interpersonal communication skills	Training for Customer Care					Number of people trained
	Training in interpersonal counseling and communication					Number of trainees
	Establishing internal communication procedures					Number of new procedures established.
	Employee of the month					Number of employees awarded
	Designing, producing and disseminating buttons on lab coats with message: "How Can I help You"					Yes / No
	Designing, producing and disseminating signage encouraging patient feedback and listing patient rights at entrance, reception and other hospital areas					Types and number of signs

* Most activities under the action plan will be implemented through RFA's.

** The activities contribute directly and indirectly to EEHR PMP Indicators 3.2 - 3.5