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ISN 32697

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CLASSIFICATION  
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U4

1. PROJECT TITLE  HEALTH EDUCATION	2. PROJECT NUMBER 278-0245	3. MISSION/AID/W OFFICE Jordan
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 83/3	
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

5. FIVE PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION	
A. First PRO-AG or Equivalent FY 80	B. Final Obligation Expected FY 80	C. Final Input Delivery FY 86	A. Total \$ 2,249,000	P. U.S. \$ 980,000	From (month/yr.) 9/80	To (month/yr.) 5/83
Date of Evaluation Review						

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Extend PACD by one year: Grant Agreement Amendment	Project Officer USAID/J, MOH	If required
2. Revise Implementation Plan	Project Officer USAID/J, MOH	10/30/83
3. Arrange long-term training for Dr. Shreem through WHO fellowship	MOH	9/30/83
4. Appoint DHE Deputy Director	MOH	7/30/83
5. Develop training plan for DHE staff	MOH/Consultant	7/30/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT		
<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)	A. <input type="checkbox"/> Continue Project Without Change		
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T		B. <input type="checkbox"/> Change Project Design and/or		
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Change Implementation Plan		
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		C. <input type="checkbox"/> Discontinue Project		

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)		12. Mission/AID/W Office Director Approval	
Mr. Mohammad Shreem, MOH Mr. Joseph Baldi, MOH Advisor Mr. John Thomas, USAID, Mr. Scott Edmonds, USAID Mr. Daniel Leaty, USAID		Signature 	
		Typed Name Daniel L. Leaty	
		Date 7/2/83	

### 13. SUMMARY

The Health Education Project Agreement was signed in September 1980 and has a PACD of September, 1985. The Project has experienced considerable delay in implementation. The implementation plan called for the Ministry of Health (MOH) to have recruited five professional staff by November 1, 1980; however, these five professional staff were not assigned to the project until August of 1981, largely due to recruitment problems. The long term advisor was to be on board by June 15, 1981, but did not arrive until January of 1983. In order to facilitate implementation, a contract was executed with the American University of Beirut (AUB) in November 1981, to conduct a series of seminars in Health Education for central and directorate health staffs and to assist the Division of Health Education (DHE) to develop a one year work plan. This was completed in March 1982. The Director was sent to the U.S.A. to observe Health Education Activities, and interview candidates for the long term consultant position in June 1983, resulting in a P.S.C. for the consultant who is now in place. Since his arrival preparations have been underway to conduct an information campaign through a local advertising agency and to conduct a training course for health personnel (30) in health education techniques. The training course will be conducted by the Jordanian Institute of Public Administration. Both of these activities are to be funded through local contracts between the MOH and the agencies to perform the services. Overall, the project is approximately one year behind schedule based on its original design. In spite of the delays it is anticipated the project can still achieve both the purpose and goal, although over a longer period of time than envisaged. Now that the staff has been recruited and the long term advisor is on board implementation has improved and is expected to continue improving. Although additional problems are expected to arise as is stated below, it is anticipated they can be overcome.

### 14. EVALUATION METHODOLOGY:

This first evaluation conforms with the planned Mission's 1983 evaluation schedule and focuses on the status of health education staff development, reviews activities underway and attempts to identify organizational and operational problems. The change in USAID/J project officers was also considered very important in the timing of the evaluation. The potential important contribution to the evaluation by the outgoing project officer was identified during the scheduled Mission project review conducted on April 19, 1983. The evaluation is to be used as background for the new project officer and provide him with information pertaining to project problems, their causes and proposed solutions. By using the evaluation the new project officer should be up-to-date on the overall status of the project.

An evaluation planning session was conducted by the MOH Project Director and attended by the Contract Health Education Advisor, the Acting USAID/J Mission Director and Evaluation Officer, Acting Chief of USAID/J Projects Office and the USAID Project Officer. In this session significant problems were identified and ways and means of solving them discussed.

It is hoped that this evaluation can prevent/overcome anticipated problems identified in USAID/J's project review, the evaluation planning session and the contractor's quarterly report. In general, the evaluation was conducted to ensure that both identified and anticipated problems could be overcome and that the project would contribute its planned part in achieving the GOJ and USAID combined development objectives as presented in the CDSS and subsequent update. Because the project is not as far along as originally planned, this evaluation does not warrant a great deal of detail. The attached quarterly report prepared by the long term advisor presents the overall status of the project.

15. EXTERNAL FACTORS:

- A. The current budget of the MOH is not sufficient to purchase essential office equipment such as typewriters and other office equipment for the project. This is not due to poor planning or budgeting on the part of the MOH but is in part a result of the imposed GOJ funding restrictions. Like other Ministries, the MOH will have to adapt to tighter fiscal measures while still attempting to reach stated objectives.
- B. The original assumption that qualified staff could be recruited by the MOH for this project quickly was not borne out, partially due to the fact that candidates with the standards of education desired were not available or willing to work at established government salary scales. It proved necessary to reduce the educational standards in order to recruit personnel. Other assumptions made during Project design are considered to be valid.

16. INPUTS:

- A. The MOH has provided supplies, office space for the project, two mobile visual aid units and five professional staff at an estimated cost of \$196,000; AID's current commitment is \$290,000. However, clerical staff and supporting office equipment needs are currently unmet. The MOH has appointed twenty five community level personnel to work in health education, who are awaiting training and a locally defined work plan. The training will be carried out in August 1983. The first anti-diarrhea campaign will be implemented during July, August and September through a contract with a public relations

firm. The consultant's contract will be amended to provide funds for a bilingual administrative assistant because the MOH was unable to find a suitable candidate. The original plan to provide long-term training for professional staff on a staggered basis may have to be changed to short term intensive courses due to the inability of the female staff to be away from the country for long periods of time combined with the required work load of the staff to meet objectives of the Project. A Deputy Director for the DHE has not been appointed by the MOH which would permit the release of the Director for long term degree training.

- B. One of the priority areas identified by the MOH during project implementation was accident prevention education and emergency medical service information. USAID/J partially funded two short term consultants to prepare a report on the status of these activities and make recommendations for improvement.
- C. In general, since the project started to move there has been little trouble with timely receipt of inputs. No significant changes to the quantity of inputs is anticipated at this time.

#### 17. OUTPUTS.

It is too early to determine with any sense of certainty the overall impact of the project. However several projected outputs are in process: curriculum for the training of local health educators has been developed, plans for the first media campaign are underway and job descriptions and delegation of duties for central staff have been prepared and a preliminary work plan for the first year's activities has been submitted to the Minister and Chief of the Basic Health Care Directorate and approved. (See attached quarterly report). When considering the project is approximately one year behind schedule, outputs appear to be on target as presented in the PP. However, as stated above, additional time is required to determine if real progress towards overall objectives is being made.

#### 18. PURPOSE

There is still much to be accomplished if the EOP status as designed can be met.

##### A. The purposes of the Project are:

- 1. To assist the MOH to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behaviors of the public through organized health education efforts.

2. To ensure the conduct and institutionalization of well designed and implemented health education activities as a part of MOH programs.

- B. Due to the one year delay in implementation causal linkages between outputs, purpose and external factors cannot be discussed. It does appear that the EOPS are still considered a good description of what will exist when the purpose is achieved.
- C. The implementation plan will have to be telescoped and readjusted to reflect program realities if EOPs are met. One of the most important factors will be the acceptance and application by all MOH health staff of health education techniques as part of their normal duties at both central and local levels.

#### 19. GOAL

- A. The project goal is: "To contribute to a program to improve the health status of lower income groups throughout Jordan."
- B. The project will contribute significantly to the improvement of the overall health status of the Jordanian population as part of the total health efforts of the MOH. This project is behavioral in nature, that is, aimed at changing health behavior to avoid preventable illnesses and to encourage better utilization of health facilities.

In fact, it is difficult to isolate the project's impact from other aspects of health factors such as availability of basic health care services, curative services and health resource utilization. Changing attitudes and eventually behavior, is a long term proposition. This provides the necessary reasoning as to why progress toward achievement of the stated goal has been minimal at the time of this evaluation.

#### 20. BENEFICIARIES

The primary beneficiaries of this project are those groups of the Jordanian population suffering from preventable health problems.

#### 21. UNPLANNED EFFECTS

At this point in time there are no apparent unplanned effects although they may emerge as the project progresses.

22. LESSONS LEARNED

It is always easier, and requires less resources, to support an activity which is already underway than to institute, from scratch, a new concept which has to prove its utility prior to full acceptance by the implementing agency. Also, consideration should be given to the level of professional staff available which can be trained or re-trained to carry out a project of this nature. One of the main reasons for the project's delay was recruitment of staff in a timely manner.

23. SPECIAL COMMENTS

This project is only taking shape after considerable delay. It appears that the design is workable and achievable and whatever restructuring is needed can be done within the conceptual framework of the project. The consultant's first quarterly report is attached and provides a more detailed analysis of the problems encountered thus far in project implementation and the action being taken to address the problems.

XD-AAN-606-A

ISN 32698

FIRST QUARTERLY REPORT  
OF THE  
HEALTH EDUCATION PROJECT  
SUBMITTED TO  
THE MINISTRY OF HEALTH  
OF THE  
HASHEMITE KINGDOM OF JORDAN

BY

JOSEPH M. BALDI, B.S., M.A.

CONSULTANT

TO THE MINISTRY OF HEALTH

APRIL 30, 1983

## I. EXECUTIVE SUMMARY

During the quarter January 15 to April 15, 1983, work on the USAID/Jordan supported Health Education Project under the personal services contract between the Ministry of Health, Government of Jordan and Mr. Joseph M. Baldi progressed well. The Division of Health Education (DHE) Director and Administrator of the Primary Health Care Directorate (PHCD) were quite supportive of the tasks undertaken and recommendations submitted.

### A. Major Tasks and Accomplishments

There was progress in each of the following areas:

- Submitted "An Assessment of DHE Activities" to the DHE Director and PHCD Administrator.
- Provided DHE Director and PHCD Administrator with memorandum entitled, "An Expanded Role for the DHE—Recommendations for Building Staff Capacity."
- Prepared and submitted proposed DHE Workplan for the one year period May 1, 1983 to April 30, 1984 to the PHCD Administrator.
- Met with the DHE Director and PHCD Administrator to agree upon the major public health problems to be addressed by health education efforts over the next year.
- Prepared a detailed project plan for the training of mid-level Governorate health workers in health education, and scheduled meetings with organizations to assess their ability and interest in designing and carrying out the project.
- Developed a detailed outline for the purchase of products (mass media and audio-visual aids) required for a summer health education project to address diarrheal diseases, and initiated discussions with firms to explore their interest in producing the messages.
- Arranged with the World Health Organization (WHO) and the Ministry of Health for Jordanian attendance at the WHO "International Course on Injury Prevention in Developing Countries" to be held June 5 - 17, 1983 at the Johns Hopkins University.
- Worked with the Ministry of Health and United States Public Health Service to arrange for experts to consult with Ministry officials in late May, 1983, on accident prevention and emergency medical services.

- Obtained DHE Director concurrence on recommendations to schedule specialized training and assign specialized functional responsibilities (i.e. mass media/audio-visual development and training) to individual DHE staff members.
- Worked with USAID and Ministry officials to arrange for the acquisition of 2 multi-purpose vehicles and a photocopier for the DHE.
- Arranged to have questions related to health information—health education included in the 1983 Jordanian Fertility and Family Survey.

B. Significant Organizational And Support Problems

The major problems or barriers encountered in the functioning of the DHE were the following:

- Lack of secretarial/administrative support—this has been the most serious obstacle to effective performance and implementation of the Health Education Project.
- Delayed payments for expenses—the contractor has experienced considerable delays obtaining Ministry of Health and National Planning Council approval of vouchers submitted for payment of services rendered and legitimate costs incurred.
- Staff roles within the Division not clearly defined—as evidenced by the lack of an operational workplan and job descriptions.
- Need to establish Health Education roles for the Governorates—there was little if any follow up with Governorate directors subsequent to the February, 1982 training of Governorate health workers in health education.

Each of the above mentioned points has been discussed with the DHE Director and action is underway to remedy them. Although not a barrier to the performance of the DHE this past quarter, a Deputy Director should be brought on no later than the third quarter of the year to assist with the management and planning for what will be a much expanded DHE role, especially in view of the expected absence of the Director on long-term training.

## II. FIRST QUARTER ACTIVITIES (JANUARY 15 TO APRIL 15, 1983)

Listed below are the major tasks and accomplishments achieved under the Health Education Project, and the major problems and barriers encountered by the Consultant and by the DHE.

### A. Activities and Accomplishments

#### 1. Assessment of DHE Activities

At the request of the Administrator of the PHCD, an assessment of DHE activities was submitted at the end of the first quarter (Attachment A). The assessment identified 6 major tasks that occupied the bulk of DHE staff time over the past 6 months, and lists recommendations with the potential to improve them so as to ensure greater impact. The major tasks included:

- a) General health education presentations to secondary schools, maternal and child care and primary health care centers, and community centers and associations.
- b) Specialized health education presentations on priority health concerns such as recent diphtheria and leishmaniasis outbreaks.
- c) Collaboration with the Ministry of Education to develop a one day health education seminar teachers.
- d) Preparation and publication of the Ministry's Quarterly Health Magazine.
- e) Broadcasting general health information on radio.
- f) Designing and printing health education pamphlets and posters.

#### 2. Memorandum: "An Expanded Role for the DHE—Recommendations for Building Staff Capacity"

The memorandum points out that the Ministry of Health and USAID/Jordan expect the DHE to assume an expanded role and to undertake an increased number of health education tasks (Attachment B). For the DHE to begin to meet these expectations, immediate attention should be given to a) training Governorate and DHE staff; b) developing mass media and audio-visual aid presentations; and, c) hiring secretarial and administrative staff. The Director DHE and Administrator PHCD concurred with the principal recommendations.

3. Proposed DHE Workplan for the Period May 1, 1983 to April 30, 1984

The proposed DHE workplan was developed, with the concurrence of the DHE Director, and submitted to the Administrator PHCD (Attachment A). A meeting is scheduled April 28 with the Administrator PHCD and USAID/Jordan staff to discuss the workplan and assessment of DHE activities. The workplan addresses the following 5 major goals and corresponding objectives:

- a) Increase the size of the Division and the capacity of DHE staff to handle a substantially expanded role.
- b) Work with the Minister of Health and Governorate directors to define and support a health education role for the Governorates.
- c) Design, implement, and evaluate health education messages and campaigns for the country.
- d) Develop the capacity to acquire, produce, and reproduce a range of visual aids, principally through contracts.
- e) Coordinate with and involve appropriate Ministry of Health Divisions, other Ministries (i.e. especially Education and Social Development), and the United Nations in health education activities and campaigns.

4. DHE Focus on Major Public Health Problems

Based on meetings with the DHE Director and the Administrator PHCD, it was agreed that the DHE would focus most of its attention over the next year on the following major public health problems:

- a) The prevention and treatment of diarrheal diseases.
- b) Basic water and food hygiene.
- c) Immunizations.
- d) The prevention of automobile and domestic accidents.

5. Health Education Training Project for Governorate Staff

The DHE Director concurred with a scope of work outlining a health education training project for up to a total of 25 Health workers from the

Governorates (Attachment C). The 1 to 2 week training session, which is to be held in Amman during the mid-summer, will provide an overview of the PHCD, an introduction to general health education principles, an explanation of the expanded DHE mandate and DHE activities, and specific information on diarrheal diseases. Discussions have been held with USAID/Jordan, the Institute for Public Administration, and the University of Jordan/School of Community Medicine to identify an organization capable of conducting the training. It is hoped that a training agreement can be reached by the end of April.

6. Anti-Diarrheal Disease Effort

A scope of work describing the types of radio, television, newspaper, poster and pamphlet messages needed to carry out a Summer/Fall anti-diarrheal disease effort was prepared and discussed with representatives of 5 media advertising/consulting firms after consultation with USAID/Jordan staff (Attachment D). It is hoped that an agreement can be reached with one of the firms by mid-May. Funds are available to support this activity under the Project Grant Agreement for Health Education (AID Project Number 278-0245).

7. World Health Organization (WHO) Seminar on Injury Prevention

As a result of a series of meetings and communications with the Minister of Health, World Health Organization, and USAID/Jordan, the health education consultant succeeded in arranging Jordanian participation in a WHO "International Course on Injury Prevention in Developing Countries". The course, which deals with the organization of accident prevention programs, will be held at the Johns Hopkins University, Baltimore, Maryland, June 5 to June 17, 1981. His Excellency, Dr. Zuhair Malhas nominated Dr. Suleiman Qubain, Administrator of the PHCD, to attend the seminar. WHO officials concurred with the nomination, and have offered a WHO Fellowship to cover all of Dr. Qubain's course related expenses.

8. Experts to Consult With Ministry of Health on Accident Prevention and Emergency Medical Services

Subsequent to discussions with the Director DHE, and Administrator PHCD, and the presentation of a briefing memorandum to the Minister of Health, His

Excellency, Dr. Malhas, has agreed to request technical assistance from two U.S. Public Health Service experts to address accident prevention and improvement of the current system of care for trauma victims. A formal request to have William R. Gemma, Ph.D., FACHA, and Michael E. Samuels, Dr.P.H. come to Jordan on consultation in late May, 1983, has gone to the National Planning Council for concurrence. Dr. Gemma, is an international authority on accident prevention and emergency medical services and currently serves as a consultant to the Governments of Egypt, Lebanon, Kuwait and Portugal, and to the World Health Organization. Dr. Samuels is a senior primary care administrator and policy maker with extensive experience planning, implementing, and evaluating national programs.

9. Training for DHE Staff and Functional Assignments

After discussing DHE activities, expectations for an expanded role, and recommendations to improve staff capacity with the DHE Director, the Director agreed to assign staff members responsibility for major Division tasks, and to arrange for specialized training when available to facilitate carrying out these tasks. One staff member was assigned responsibility for coordinating all activities related to DHE and Governorate training projects, and two were assigned major responsibility for tasks related to mass media and audio-visual aid development. Tentative arrangements were made to have the latter staff members attend a training course in mass media and audio-visual aids development to be organized by the Ministry of Health/Curriculum and Media Department in the near future.

10. Acquisition of Vehicles and Office Equipment for the DHE

Meetings were held with the Director DHE and USAID/Jordan staff to arrange the acquisition of 2 multi-purpose vehicles and a photocopier for work to be carried out on the Health Education Project by the DHE. USAID/Jordan staff indicated that arrangements are currently underway to obtain these items.

11. 1983 Jordan Fertility and Family Health Survey—Health Education Questions

During mid-January, the Health education consultant participated in a meeting with Ministry of Health/Planning, Training, and Research Directorate and Department of Statistics staff to discuss which

questions should be included in the 1983 Jordanian Fertility and Family Health Survey. The group agreed to include the following two health information—health education questions recommended by the consultant:

#713 During your last pregnancy or until the child was 1 year old, had you seen or heard any health information concerning pregnancy or infant health care?

#714 Where?

- |                          |                     |
|--------------------------|---------------------|
| 1. Hospital              | 6. Private doctor   |
| 2. MCH Center            | 7. Pharmacy         |
| 3. Village clinic        | 8. Radio/Television |
| 4. Royal Medical Service | 9. Newspaper        |
| 5. UNRWA                 | 10. Other (specify) |

B. Significant Organizational and Support Problems

1. Lack of Secretarial/Administrative Support

Because of the limited English language capability within the PHCD typing pool, it has been necessary to make arrangements with USAID/Jordan and The Westinghouse Health Planning Project to type all major memoranda, scopes of work, and reports. Further, logistical and administrative details are complicated and delayed by the absence of a highly skilled administrative assistant or secretary. Discussions have been held with AID/Jordan and Ministry officials to resolve the problem. The Ministry has indicated its willingness to hire a bi-lingual typist for the Advisor and DHE and ask USAID/Jordan to authorize the use of Health Education Project Grant Funds to hire a project administrative assistant, which is consistent with the commitment to provide adequate secretarial and administrative support addressed in the personal services contract between The Ministry and the Health Education Advisor. In view of the Jordanian Government's hiring freeze, the acquisition of a skilled administrative assistant who combines competent office management and secretarial skills becomes a top priority.

2. Delayed Payments for Contractor Salary and Expenses

Discussions have been held with Ministry officials and USAID/Jordan staff to agree on a mechanism to facilitate payment and lessen the delays. The Ministry has recently delegated responsibility for approving and processing contractor payment and Health Education Project expenses to the Director DHE.

3. DHE Staff Roles Not Clearly Defined

Staff of the DHE, whether nutritionists, social workers, health inspectors, or health educator, have in the past carried out similar tasks. The DHE functioned without either an operational workplan or specialized job descriptions.

The Director of the DHE has, however, spent considerable time with the Health Education Advisor assessing DHE activities, and encouraging the development of a one-year workplan and draft job descriptions. The Director has also assigned individual staff members major functional responsibilities for DHE and Governorate training, and mass media and audio-visual aids development.

4. Decentralization of Health Education Activities Needed

During the 4 month period between October 1982 and January 1983, DHE staff made over 100 presentations to nearly 8600 people in locations throughout the country. Staff of the various Governorates were not involved in these presentations, despite the fact that the DHE arranged for one person from each of the Governorates to participate in a health education training project February of 1982.

The DHE Director, PHCD Administrator, and USAID/Jordan staff are in agreement that the Governorates should become actively involved in promoting health education. DHE staff cannot provide adequate health education coverage to cities and communities distant from Amman. The DHE role should shift to one of working with the Governorate directors, training Governorate staff, providing them with policy direction, materials, and equipment to help them carry out activities. The DHE should also monitor Governorate activities and provide ongoing assistance.

The DHE Director and PHCD Administrator are very supportive of plans to train up to 25 Governorate health workers during late July or early August, and to involve the Governorates in health education. The DHE plans to meet with His Excellency, Dr. Malhas, to discuss the training project, and the need for communications and meetings with the Governorate directors. It will be very important to agree upon candidates to be trained and health education activities that should be carried out by the Governorates with DHE assistance.

III. ANTICIPATED ACTIVITIES OF IMPORTANCE DURING THE SECOND QUARTER

1. Reach Agreement on DHE assessment recommendations and proposed Workplan. Development of final DHE Workplan for the coming year.
2. Finalize agreement with training specialists to conduct a 1 to 2 week health education training session for Governorate health workers. Conduct the training session during mid-summer.
3. Finalize agreement with mass media/advertising specialists by late Spring, to allow production of Summer radio, television, and newspaper announcements and posters and pamphlets dealing with diarrheal diseases.
4. Hire an administrative assistant to work on the Health Education Project by late Spring.
5. U.S. Public Health Service experts to consult with Ministry officials on accident prevention and trauma care in the late Spring.
6. PHCD Administrator to attend World Health Organization Seminar on "Injury Prevention in Developing Countries" June 5 - 17.
7. Hire a bi-lingual typist to work for the DHE (if Government hiring freeze is lifted or waiver obtained).
8. Develop a budget submission justifying an increase in funds available to the DHE to carry out its expanded scope of activities.
9. Hold meetings with the Minister, PHCD Administrator, and Governorate directors to agree on a Governorate role in health education.
10. Arrange for 2 DHE staff to begin training with the Ministry of Education in mass media and audio-visual aids development.
11. Complete scope of work for mass media development contract.
12. Finalize acquisition of vehicles and photocopier for use by DHE.

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Attachment A

TO: Administration, Primary Health Care Directorate      Date: April 17, 1983  
THRU: Director, Division of Health Education  
FROM: Health Education Advisor  
SUBJECT: An Assessment of Division of Health Education (DHE)  
          Activities and a Proposed One-Year DHE Workplan

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I. Assessment of DHE Activities Over the Past Six Months

The DHE has allocated large amounts of staff time to the following activities:

- a. Health education presentations to secondary schools, maternal and child care centers, community centers and associations, and miscellaneous community organizations such as anti-illiteracy groups and the YWCA.
- b. Radio general health messages.
- c. Collaboration with the Ministry of Education to develop a health education seminar for teachers.
- d. Preparation and publication of the Ministry's Quarterly Health Magazine.
- e. Preparing specialized health education presentations to deal with priority health concerns such as the recent diphtheria and Leishmaniasis outbreaks.
- f. Designing and printing pamphlets and posters dealing with priority health concerns such as diphtheria, rabies, and Leishmaniasis outbreaks.

A. Health Education Presentations.

Between October 1982 and January 1983, DHE staff maintained a very demanding schedule making over 100 presentations to nearly 8600 people in locations throughout the country (Amman, Zarqa, Salt, North Ghor, Irbid, Karak and Aqaba). Through January, over 75% of the presentations were for secondary school students. In February and March the overall number of presentations dropped, the proportion of presentations to maternal and child health centers increased, and that to secondary schools decreased, and most of the presentations were made in the Amman-Zarqa area.

Staff presentations for the most part were very general, included a wide range of topics from the diphtheria outbreak, to the DPT vaccination, to child nutrition and breast feeding, to diarrheal diseases, and were very similar regardless of whether they were made by the division director, health education, nutritionists, social workers, or health inspectors. Audio-visual aids, were used to a certain extent in the presentations, and included 35 mm slides, some 16 mm films, a magnetic board, and a few posters.

Recommendations:

1) Rely more heavily on audio-visual aids when making presentations. Use more slides, posters, and movies when possible. Also use demonstrations, role playing and other group meeting techniques to ensure that major points are reinforced.

2) Limit presentations to cover no more than one major health topic or one cluster of related health topics such as immunizations, diarrheal disease prevention and treatment, infant and child nutrition including

least feeding, basic hygiene and sanitation, and automobile and domestic accident prevention.

3) Governorate staff should accompany DHE staff when presentations are given, and should become involved in making the presentations. Eventually, each governorate should be delegated responsibility for organizing and delivering health education presentations with DHE assistance.

4) All health education presentations should deal with preventive health measures that reduce the risk of illness, and with advice on when and how to seek care with minimal delay.

5) Wherever possible, coordinate health education presentations with work carried out by Ministry of Health units, the work of other ministries, particularly education and social development, and the United Nations.

#### B. Radio and Television Health Education Messages

The Director of the DHE has made a large number of radio general health and medical presentations over the past several months. Most of the presentations are aired on the "Health for All" radio program, and are of 5 minute duration. The program covers a wide range of health topics. Even though a substantial effort has been initiated to address many health problems through the radio medium which reaches approximately 90% of the Jordanian population, the impact of the messages is unknown. Neither marketing nor mass media specialists have been involved in the development or the evaluation of the radio presentations.

The number of health education messages presented on television over the same period of time has been very limited. The Administrator of the Primary Health Care Directorate has made a few presentations dealing primarily with public health crises such as the recent diphtheria epidemic.

The DHE had not sought advice from mass media experts in the development, evaluation of radio or television announcement, and no health messages or announcements have been placed in the newspapers.

Very recently, the DHE has had discussions with mass media and marketing/advertising specialists to discuss ways in which specialized health education message campaigns could be developed for television, radio, and newspapers.

Recommendations:

1) Identify and involve marketing and mass media specialists in the development and evaluation of radio and television health education messages. Use these specialists to help prepare newspaper announcements or press releases.

2) Focus on preparing messages that are more specialized and deal with only one health problem or one cluster of related problems; messages that are short duration and are repeated with regularity to maximize impact, and messages simultaneously prepared for radio, television, and newspapers in form of a campaign whenever possible.

3) Work with mass media and marketing specialists to evaluate the effectiveness of the mass media health education messages.

4) The health messages should always emphasize preventive health measures that can be taken to reduce the likelihood of diseases or accidents, and emphasize the importance of seeking health care promptly at established government clinics and hospitals.

5) Health education messages should always refer to Ministry of Health and Division of Health Education sponsorship to underline the authoritative of the message.

C. Collaboration with the Ministry of Education to Develop a Health Education Seminar for Teachers

The DHE and other Ministry of Health/Primary Health Care Divisions have for the past several weeks worked intensively with the Ministry of Education/Student Health Directorate to organize a one-day seminar for school teachers. The seminar focuses on the World Health Organization goal of "Health for All by the Year 2000," and what the Primary Health Care Directorate is doing to meet the goal.

Recommendation

That the current seminars be modified or follow-up seminars arranged that deal with the most common school health problems encountered by teachers; what services might be provided by the Primary Health Care Directorate Divisions, particularly the School Health and Health Education Divisions, and how teachers and schools can provide valuable assistance by reporting communicable diseases to local Ministry clinics and recommending to parents that they seek medical attention for the children.

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D. Health Magazine

The Quarterly Health Magazine (3000 circulation) edited and published by the Division is of good quality, and includes articles on a range of health topics of interest to ministry physicians assigned to government clinics and hospitals, as well as to officials in other government ministries. DHE staff research and write a good number of the magazine's articles.

Recommendation:

That the magazine be used more to encourage physicians to discuss health subjects with their staff and patients, and to promote health education on a one-to-one basis and in groups.

E. Preparing Specialized Health Education Presentations to Deal with Priority Health Concerns

During the diphtheria outbreak of December 1982, and January 1983, within a short period of time the DHE prepared a number of radio announcements, pamphlets and posters dealing with the disease. Moreover, DHE staff presentations to community groups, schools, and clinics, although covering a number of topics, gave emphasis to diphtheria.

Similarly, the DHE has within a very short period of time worked with the Epidemiology Division to assess the extent of the current Leishmaniasis epidemic, prepared audio-visual aids and other information for presentation, and scheduled a number of presentations at clinics and schools in the affected communities.

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Recommendations:

1) Whenever extensive epidemics or public health concerns surface, the DHE should attempt to make maximum use of the mass media (television, radio, and newspapers). Mass media specialists should be consulted to ensure the most effective messages are broadcast or printed, and to agree upon the best times and frequency for broadcasting.

2) Whenever possible, the networks of Ministry of Health Clinics and Policlinics, United Nations Clinics, schools and school systems, and Ministry of Social Development officers should be enlisted to cooperate in health education efforts. Pamphlets and posters can be provided to these entities, as well as notes or letters requesting that they provide specific health education information to their patients or students.

3) DHE staff should prepare specialized presentations using audio-visual aids to focus on the specific priority diseases and health problems.

F. Designing and Printing Pamphlets and 35MM Slide Preparation

The DHE periodically prepares pamphlets and posters for distribution to health centers and clinics throughout the country. The pamphlets and posters usually deal with priority public health problems such as the recent diphtheria outbreak. Similarly, the DHE has prepared some 35mm slides to deal with priority health topics.

Recommendations:

1) Increase the amount of funds available to produce a large number and greater volume of posters, pamphlets, and 35 mm slides.

2) Posters and pamphlets should be distributed, whenever possible, to school administrators and teachers, the network of community organizations supported by the Ministry of Social Development, United Nations supported clinics, and to all primary care clinics and policlinics. Priority should be given to distributing these materials to the institutions in communities with the highest incidence of particular public health problems.

3) When posters and pamphlets distributed, clinic physicians and staff and school teachers should be sent an accompanying notice requesting that they make health education announcements to their patients and students.

II. PROPOSED DIVISION OF HEALTH EDUCATION WORKPLAN  
(FOR PERIOD 5/1/83 TO 4/30/84)

GOAL # 1: - To increase the capacity of DHE staff to assume an expanded role and carry out a broader range of health education activities.

TIME FRAME	OBJECTIVE
	<u>OBJECTIVE 1A: Training for DHE Staff</u>
	A) Individualized Training (Short-Term and Long term)
Contact initiated April 1983. Ministry of Education to set Training date	1. One or two staff members to participate in 2 to 4 month training session with Ministry of Education/ curriculum development section on the development and use of Mass Media programming.
August 1983. Ongoing Objective	2. One or two staff members to participate in training program for and specialize in poster and pamphlet development and development of audio-visual AIDs.
By 1983 select staff member. Ongoing Objective.	3. One staff member to become involved in all aspects of training for DHE and governorate staff.
September 1983	4. One or two staff members to become trained in community outreach, community development, and community presentation methods.
January 1984 or September 1984	5. DHE Director to enroll in Master's degree program in either Health Administration or Health Education.
	B) DHE Group Training
July 1983, January 1984	DHE Staff to participate in one to two week training program once or twice a year. The training could be in conjunction with training arranged for governorate staff.
	<u>OBJECTIVE 1B:</u>
By 1983 and ongoing as needed	Identify and acquire the services of training specialists who will assist the DHE to design and carry out training projects for DHE staff.

OBJECTIVE 1C:

Increase staffing for the DIE to ensure the ability to carry out an expanded range of tasks.

June 1983

- Hire bi-lingual typist

June 1983

- Hire Administrative Assistant

September 1983

- Hire Deputy Director

April 1984

- Hire Masters degree Health Educator, Social Worker, or nutritionist

OBJECTIVE 1D:

July 1983

Develop a budget submission justifying an increase in funds available for the Division to carry out its expanded scope of activities

**GOAL # 2** To work with the Minister of Health and Governorate Directors to define a health education role for the governorates and assist the governorates to carry out health education activities.

**TIME FRAME**

**OBJECTIVE**

OBJECTIVE 2A:

June 1983 initiate  
trimester meetings

Hold periodic and trimester meetings (i.e. 3 annually) with His Excellency, The Minister of Health, the Administrator, Primary Health Care Directorate, and directors of each of the Governorates to discuss health education priorities, and agree upon tasks to be carried out.

OBJECTIVE 2B:

July 1983,  
January 1984

Organize and carry out two , one to two week training sessions per year for staff of each of the governorates (primarily nurses, midwives, and health inspectors) to help them conduct health education activities.

OBJECTIVE 2C:

August 1983  
initiate activity

Together with the Governorate Directors, Develop work plans for Governorate Health Education Staff. Work plans will reflect Ministry Health Education Priorities.

OBJECTIVE 2D:

initiate July 1983  
ongoing objective

Arrange for and provide audio-visual equipment, audio-visual materials, and information and specific guidance to governorate staff involved in Health Education.

OBJECTIVE 2E:

initiate August 1983  
ongoing Objective

DHE staff members will be assigned responsibility for serving as liaison to individual governorates, providing governorates with materials and information, reviewing monthly reports submitted to the DHE and providing general guidance.

GOAL # 3 To design, implement, and evaluate health education messages and campaigns for the country.

<u>TIME FRAME</u>	<u>OBJECTIVE</u>
	<u>OBJECTIVE 3A:</u>
May 1983	Identify two to three major health problems or clusters of health problems that should be addressed by the DHE.
	<u>OBJECTIVE 3B:</u>
Initiate May 1983	Consult with specialists to address each of the two or three health fields selected as priorities for health education intervention, and develop plans for dealing with those problems including approaches to change negative health behavior.
	<u>OBJECTIVE 3C:</u>
May 1983 initiate media specialist consultations	Select media, marketing, and graphics specialists who will assist the DHE to prepare mass media messages and campaigns corresponding to each of the two or three major health problems addressed above. Specialists will be brought on through purchase order or contract mechanism.
	<u>OBJECTIVE 3D:</u>
September 1983 complete first set of messages	Prepare television, radio, and newspaper messages and campaigns and accompanying posters and pamphlets to address each of the two or three major health problems cited previously. Determine the messages and frequency of projection with the greatest potential to influence the behavior of high-risk population groups.
	<u>OBJECTIVE 3E:</u>
Ongoing Objective initiate assessments after messages broadcast	Assess the effectiveness of mass media and poster/pamphlet messages, and refine and improve the messages on an ongoing basis.

OBJECTIVE 3F:

Initiate efforts  
September 1983

Carry out health education presentations and campaigns in collaboration with appropriate Ministry of Health Divisions including the clinic and Primary Health Care Centers Section, Epidemiology/Diarrheal Disease Division, maternal and child health division, and School Health Division, staff of the Ministries of Education and Social Welfare, and the United Nations. Whenever possible, Health Education efforts should seek to refer people to the appropriate health facilities, and should coincide with mass-media and poster/pamphlet campaigns.

OBJECTIVE 3G:

Initiate Assessment of presentations when in process. Ongoing objective.

Asses the effectiveness of the Health Education presentations and campaigns cited in objective # 3F above on an ongoing basis.

GOAL # 4 To develop a capacity to acquire and reproduce a range of audio-visual aids, including posters and pamphlets, for division and governorate use.

<u>TIME FRAME</u>	<u>OBJECTIVE</u>
	<u>OBJECTIVE 4A</u>
Initiate acquisitions July 1983 ongoing	Purchase relevant Health Education materials available (including 35mm slides, 8 mm and 16mm films, posters, pamphlets, etc.) for DHE and Governorate use.
	<u>OBJECTIVE 4D</u>
Initiate assessment June 1983	Assess the need for and purchase relevant health education equipment for DHE and governorate use (i.e. 35 mm slide projectors, 16 mm, movie projectors, etc.)
	<u>OBJECTIVE 4C</u>
Initiate July 1983 ongoing	Produce and reproduce relevant Health Education audio-visual aids, including posters and pamphlets, for DHE Governorate use.
	<u>OBJECTIVE 4D</u>
Initiate August 1983 ongoing	Objective 4 D arrange for the shipment and distribution of relevant audio-visual equipment and aids to the governorates.

Goal # 5: To coordinate health education activities with and involve appropriate Ministry of Health Directorates and divisions, other Ministries (particularly education and social development), and the United Nations.

TIME FRAME

OBJECTIVE

OBJECTIVE 5A

Initiate meetings  
June 1983. Ongoing.

Hold periodic meetings with appropriate ministry units such as the clinic and primary health care centers, section, epidemiology/diarrheal disease division, immunization division, maternal and child health division, and school health division to discuss DHE plans and plans of other divisions, and ways in which the DHE can assist these units with Health Education materials and presentations.

OBJECTIVE 5B

Initiate Meetings  
July 1983

Hold periodic meetings with the Ministry of Education, Ministry of Social Development, and the United Nations to discuss DHE plans and plans developed by those entities where joint cooperation in Health Education activities can occur. Encourage the involvement of these entities in DHE Health Education campaigns and message distribution.

OBJECTIVE 5C

Initiate Discussions  
September  
1983

Work with the Ministry of Education to identify specific Health Education Activities in which the DHE can assist and participate. Explore the possibility of developing a Health Education curriculum for USE in the schools, and of providing schools with Health Education posters and pamphlets produced by the DHE on a regular basis.

MEMORANDUM

TO : Dr. Suleiman Qubain, Administrator  
Primary Health Care Directorate

DATE: March 10, 1983

THRU: Dr. Mohammed Shreim, Director  
Health Education Division

FROM: Joseph M. Baldi,  
Health Education Advisor to the Ministry of Health

RE : An Expanded Role for the Division of Health Education -  
Recommendations for Building Staff Capacity

The Division of Health Education must expand its staff capacity and expertise considerably if it is to successfully perform the increased number of tasks and assume the broader role expected of it by the Ministry and AID. Each of the following areas, all of which are addressed in the "Project Grant Agreement between the Hashemite Kingdom of Jordan and the United States of America for Health Education," must be given emphasis.

TRAINING

The Project Grant Agreement and the related Health Education Project Paper refer to the importance of a range of training activities designed to provide in-service and graduate level training (short and long term) for Division of Health Education and Governate staff. Listed below are training activities, some of which should be initiated promptly, others of which could be carried out over the next 2 years:

- o Training for up to 25 Governate Ministry of Health staff who will assume expanded health education roles. Training would address priority Public Health Problems (diarrheal diseases, basic sanitation, immunization), and the use of audio-visual aids and mass media. Two 1 to 2 week training courses could be developed for these people during the first year. Training specialists will be identified to assist the Division to design and carry out the training.
- o In-service training for Division of Health Education staff in the use and production of audio-visual aids and mass media (television, radio, and newspapers). Division staff could participate in above-mentioned training for Governate staff. Moreover, 1 or 2 Division staff members could receive specialized training in mass media production and audio-visuals development from the Ministry of Education's Educational Technology Directorate.
- o Master's level course work in Health Administration or Health Education for Division Director.
- o Six to 18 month training for one or two additional Division staff members. One person would work on a Master's Degree in Health Education.

## AUDIO-VISUAL AIDS AND MASS MEDIA PRODUCTION

For the Division to successfully carry out its mandate to significantly expand its scope of health education activities, it will be necessary to develop a considerable volume of audio-visual materials (i.e. slides, 16 mm. films, posters and pamphlets) for use by Division and Governate staff. Division staff should also develop the capacity to produce mass media (i.e. television, radio, and newspaper) announcements and campaigns.

The following activities should be undertaken as soon as possible:

- o Identify mass media production specialists and market research specialists who can assist the Division to produce television, radio, and newspaper messages and campaigns.
- o Demonstrate and teach Division staff to utilize the mass media for health education messages, and to work with specialists in the production of such material (See training activities above).
- o Division staff members should begin producing and reproducing 35 mm. slides, overhead slides, posters and pamphlets for use by the Division and by health staff in each of the Governates. Modules of audio-visual materials should be developed corresponding to major public health topics (i.e. diarrheal diseases, basic sanitation, immunizations, automobile and domestic accidents).

## INCREASED STAFFING

The Division will require increases in staff for the short-run and long-run to fulfill the increased number of tasks and responsibilities expected of it by the Ministry and AID.

- o Bilingual (Arabic-English) secretary-typist - The immediate need, as identified in my memorandum to you dated March 1, 1983, is a highly skilled secretary-typist to assist the Division Director and long-term advisor prepare a growing number of letters, reports, plans, and scopes of work for training, health education research, and mass-media specialists. In addition, once training and media activities are underway, protocols and modules of health education materials will be produced.
- o Deputy Division Director - It is quite likely that by the end of this year the much expanded Division workload and the complexity of the Division's operations will become such that a senior staff person with administrative experience (preferably a physician) should be brought on to serve as Deputy Director. The Deputy would help manage day to day operations and ensure the continuity of work, particularly during the absence of the Director and/or long-term advisor due to work-related travel or conference attendance, annual leave, or illness.

- o Graduate level health educator or Master's in Public Health (MPH)
  - As the Division's workload increases significantly, and Division staff become more involved with training, research, and media specialists, increased numbers of community groups, and Governate staffs, a graduate level health educator or MPH should be added to increase staff expertise.

Attachment C

SCOPE OF WORK

HEALTH EDUCATION TRAINING PROJECT

I. PURPOSE OF TRAINING

To provide up to 25 Governorate Health Workers (Primarily Health Inspectors, Nurses, and Midwives) with:

A) An overview of the structure and responsibilities of the Primary Health Care Directorate.

B) An overview of the importance of Health Education, the Ministry's increased emphasis on the subject, the role of the division of Health Education (DHE), and the new Governorate role.

C) An overview of Basic Health Education principles and approaches, DHE objectives, tasks, and major public health problems addressed (i.e. the prevention and treatment of diarrheal diseases, basic personal hygiene and sanitation, immunizations, nutrition, automobile and domestic accidents).

D) Discussions and demonstrations of Health Education approaches, including the identification of communities, organizations, and institutions that should be approached, outreach methods, the use of audio-visual aids (35 MM slides, posters, pamphlets, 16 MM movies), and the use of mass media.

E) To provide specialized information on the prevention and treatment of diarrheal diseases. Presentations should include basic discussions of how diarrheal diseases are transmitted; the types of diseases; how to protect food and water from contamination; home methods for treating diarrhea; which methods or beliefs are useful, which are counter productive;

suggestions of how to change negative behavior; and timely referral to health centers and health providers.

F) To provide packets of information on diarrheal disease prevention and treatment (including posters, pamphlets, 35 MM slides, articles, and statistics) for each trainee.

## II. PEOPLE TO BE TRAINED

Between 18 and 25 nurses, midwives, and health inspectors from each of the 5 governorates.

A few DHE staff members will participate in some of the training sessions, and all (8) professional staff members will observe most of the training sessions.

## III. DURATION OF TRAINING AND TRAINING APPROACH

The training will be held in Amman for a period of no less than 5 days but no more than 10 days. The training specialists will work closely with DHE and Governorate staffs to develop and finalize the training agenda.

The training should, to the maximum extent possible, build in trainee participation in the sessions by allowing frequent question and answer discussions and by involving the trainees in practical sessions by having them participate in role playing and other active exercises such as the use of 35 MM slides for making presentations.

The training specialists will be responsible for organizing and conducting the training sessions.

#### IV. TASKS/PRODUCTS

The training specialists will:

- Develop a complete agenda and daily calendar of training sessions, and present them to the DHE Director for final approval.

- Compile packets of information on diarrheal disease prevention and treatment (including articles, statistics, posters, pamphlets, and 35 MM slides) for each trainee.

- Design and administer an evaluation questionnaire upon the completion of training. Analyze the responses and provide findings and recommendations to the Division Director. The questionnaire should assess what additional materials, training and information would be of value to the trainees.

#### V. SUBMISSION OF PROPOSALS

Organizations interested in developing and carrying out this training project should submit a proposal in Arabic and English which includes a statement of experience and capability, and includes the curriculum vitae of the training specialists who would carry out the project. Interested organizations are asked to develop their own proposed training schedule, but should incorporate the topics and presenters listed on Attachment A. Cost estimates should also be included with the proposal.

Proposals should be submitted to Dr. Mohammed Shreem, Director, Division of Health Education/Primary Health Care Directorate, Ministry of Health, P.O. Box 86, Amman. Telephone No. 668144, No later than April 7, 1983.

ATTACHMENT A

TOPICS AND PRESENTORS TO BE INCLUDED IN THE  
PRIMARY HEALTH CARE OVERVIEW PORTION OF THE  
TRAINING

<u>Topic</u>	<u>Presentor</u>
The Role and Functions of the Primary Health Care Directorate	Dr. Suleiman Qubain Administrator Primary Health Care Directorate
Immunizations	Dr. Hanni Shammout Director, Preventive and Communicable Disease Section
Diarrheal Diseases	Dr. Ali Asad Director, Epidemiology Division
Nutrition and Health	Dr. Hamdi Al Shawa Director, Nutrition Division
Maternal and Child Health	Dr. Zaid Al Kayed Director, Maternal and Child Care Division
Malaria and Bilharzia	Dr. Muhammad Reda Director, Malaria and Bilharzia Division
Respiratory Diseases	Dr. Mamoud Maabra Director, Respiratory Diseases Division
School Health Services	Dr. Mohammed Al Halabi Director, School Health Division
Clinic and Poli-Clinic Services	Dr. Quies- Halawe Director, Clinic and Primary Care Centers Section
Basic Environmental Sanitation	Dr. Muhammed Al-Dajani Director, Environmental Health Section

## Attachment D

### Scope of Work

#### Purchase of Products Required for Health Education Campaign Designed to Address Diarrheal Diseases

##### I. Television

- A. Prepare 30 and 60 second spot messages on diarrheal diseases to be used as part of a health education campaign.
- B. Consult with media and health experts to determine which messages would be most appropriate and have the potential for greatest impact. Explore the possibility of having a celebrity deliver the spot messages.
- C. Pre-test the messages with a small cross sampling of high-risk families in Amman, the Jordan Valley, and Aqaba.
- D. Based on an assessment of television viewing patterns and marketing/advertising research on behavior change, determine the best times for airing the spots, the ideal frequency for repeating them, and the preferred duration (i.e. length of time) for the campaign.
- E. Work with the Division of Health Education (DHE) to arrange with staff of Jordan Television to have the spots aired.
- F. Work with the DHE to assess the impact of the television messages.

## II. Radio

- A. Prepare 30 and 60 second radio spots addressing diarrheal diseases as part of a health education campaign.
- B. Consult with radio and health experts to determine which messages would be most appropriate and have the potential for greatest impact. Explore the possibility of having a celebrity deliver the radio spots messages.
- C. Pre-test the messages with a small cross sampling of high-risk families in Amman, The Jordan Valley, and Aqaba.
- D. Based on an assessment of radio listening patterns and marketing/advertising research on behavior change, determine the best times for airing the spots, the ideal frequency for repeating them, and the preferred duration (i.e. length of time) for the campaign.
- E. Work with the DHE to arrange with staff of Jordan radio to have the spots aired.
- F. Work with the DHE to assess the impact of the Radio messages.

## III. Press Releases

- A. Prepare several press releases for periodic inclusion in each of the three Amman Arabic newspapers, and in local newspapers printed in all areas of the country.

- B. Consult with newspaper and health experts to determine which messages would be most appropriate and have the potential for greatest impact.
- C. Pretest the message with a small cross sampling of high-risk families in Amman, the Jordan Valley, and Aqaba.
- D. Based on an assessment of reading patterns and behavior change, determine the ideal frequency for repeating the press releases, and the preferred duration (i.e. length of time) for the campaign.

#### IV. Posters

- A. Consult with diarrheal disease experts, staff and patients of maternal and child health clinics, staff of one or two governorates to determine which messages are most appropriate and could have the greatest impact. Posters should address key messages such as:
  - 1) Measures that can be taken to prevent Diarrheal diseases.
  - 2) Taking the infant or child to a health center or polyclinic as soon as mild to moderate symptoms of diarrhea appear.
  - 3) Breast feeding and other measures that can be taken to prevent dehydration.

- B. Prepare 2 posters dealing with diarrheal diseases addressing messages such as those cited in point III A. above for use in a health education campaign.
- C. Pre-test a small sample of the posters among high-risk families and health workers in one or two governorates to be certain the messages are understood and will be effective. Change the printed message(s) or visual message(s) as necessary.
- D. Prepare 5000 copies of each poster.

V. Pamphlets

- A. Consult with diarrheal disease experts, staff and patients of maternal and child health clinics, and staff of one or two governorates to be certain the information included in the pamphlet is accurate and useful.
- B. Prepare a pamphlet on diarrheal diseases to be used as part of a health education campaign. The pamphlet should include information on identification of symptoms; referral to clinics, poli-clinics, and hospitals for care; and measures that can be taken at home to prevent diarrhea and to lessen the severity of the bout.
- C. Pre-test a small sample of the pamphlets among health workers in one or two governorates to be certain the messages are understood and will be effective.

D. Prepare 10,000 copies of the pamphlet.

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