

TRIP REPORT - EGYPT

ELIZABETH MILLS BOOTH - ACADEMY FOR EDUCATIONAL DEVELOPMENT

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THE JOHN SNOW
PUBLIC HEALTH GROUP, INC.

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I. TRIP OBJECTIVES:

1. Coordinate and begin implementation of a pilot radio program in Alexandria
2. Assist in the development of a coordinated media campaign with a national advertising agency
3. Assist in other aspects of the project as identified by project personnel during the trip

II. PRINCIPLE CONTACTS:

CAIRO

National Control of Diarrheal Diseases Program

Dr. Loutfy El Sayyad - Director
Dr. Norbert Hirschhorn
Dr. Jerry Russell
Dr. Farag El Kamel - Media Coordinator
Dr. Mervat El Rahe - Evaluation Coordinator

AID

Mr. Timothy Symes

Radar Research

Loula Zaklama - Director, Radar Public Relations and Research Co.

ALEXANDRIA

Radio Alexandria

Mr. Sabu Moustafa - Manager
Ms. Ragaa Hagra - Program Hostess/Producer
Ms. Zenab Shaheen - Producer
Mr. Henadi Mohamoud - Drama Producer
Mr. Shawky Saleem - Head of Production
Mr. Muhamed Bashir Sofar - Script Writer, "A Baby in Our House"

Ministry of Health

Dr. Samia Ryat - Director - Preventative Medicine
Nawel El Minoufi - Director of Nursing Services
Tawzir Amen El Talawy - Health Educator
Dr. Mohassen Abd El Haleem - Director - Ramleh Pediatric Hospital
Dr. Mamdooh Mohamed Alef - Director of Pharmacies

Alexandria School of Medicine

Dr. Nahed Kamel - Head of Department of Preventive Medicine

Shatby Hosptial

Dr. Achmed Samer Kassem - Head of Pediatrics Department

Dr. Maysa Abbas Amer

Dr. Badr El Shazly

Dr. Madgi Abdou

TRANSLATION - Eiman Barrada

III. PRIMARY ACCOMPLISHMENTS

1. Coordinated and began implementation of a pilot radio campaign in Alexandria. This included:
 - Pre-program Research
 - Baseline Evaluation
 - Design of Messages and Campaign Strategy
 - Awarding of 6 Prizes
 - Production of 20 Programs
 - Design and Production of Role-Play, "A Mother's Search for El Sheffa"
 - Revision of Drama "A Child in Our House"
 - Design and Implementation of Monitoring
 - Design of Evaluation Questionnaire
2. Assisted in the interviewing and selection of the advertising agency which will implement a coordinated pilot media campaign
3. Designed critical questions and moderator's guide for Focus Groups with doctors (See Annex 1)
4. Assisted in the revision of a NCDD Manual for Nurses

IV. RADIO CAMPAIGN DESIGN

A. SITUATION ON ARRIVAL

Radio Alexandria had been visited by the NCDD staff throughout the month before. The station had suggested a potpourri of 11 programs to promote the project messages, including a five-minute radio drama. The project had sent the station a contract accepting the suggested programming and listing the 14 of project messages. The station had not, however, signed and returned the contract and upon my arrival it was unsure exactly how the issue stood.

Upon visiting the station, it was found that they had begun work on some of the materials and were awaiting my arrival to coordinate with the producers of the various programs. In particular, the station had contracted a script writer who had written the first 31 chapters of the five-minute radio drama called "A Baby In Our House". See Annex 2 for Initial Radio Materials.

Dr. Nahed Kamel had just finished a large Media Survey in Alexandria. One hundred questionnaires were quickly hand-tabulated in order to utilize the results in program planning. The initial results confirmed Dr. Nahed's opinion that the survey will show that Radio Alexandria has a very low audience and that none of the programs the project had purchased time on were listed by the respondents as one of their favorite programs. Songs and dramas were listed as women's most favorite programs, health programs as one of their least favorite programs. See Annex 3 - Initial Results of the Alexandria Media Survey.

It was therefore decided to re-negotiate the contract with the radio station focusing on a daily 10-15 minute program which could be heavily promoted through various channels such as radio spots, health workers and loud speakers campaigns to raise the audience. The number of messages to be promoted on the program was cut from 14 original messages to five. Several meetings with the radio station producers were used to discuss formats and ideas to promote the program to encourage audience. (See Annex 4 - Pre-program Discussions with Radio Producers).

B. PREPROGRAM RESEARCH

Individual interviews with 180 mothers of children under five-years-old were implemented to define some of the critical points of the campaign, particularly:

- The name of the program
- The prize to be awarded to mothers to encourage program audience
- Key vocabulary such as the word for "soft foods"
- Source of information for the program

C. GENERAL DESCRIPTION OF THE RADIO CAMPAIGN

Based on the discussions with project staff, radio station staff and the pre-program research the following radio campaign strategy was defined.

1. Audience Definition

PRIMARY AUDIENCE: Mothers of children under five-years-old.

SECONDARY AUDIENCE: Fathers of children under five-years-old.

2. Educational Goals

a. Positively reinforce mothers who are giving liquids, especially soups, juices and breastmilk when infant has "light" diarrhea (eshal before it becomes like water) and encourage other mothers to do the same.

b. Positively reinforce mothers who continue feeding of breastmilk and soft foods (akle hafif) during infant's diarrheal episode and encourage other mothers to do the same.

c. Teach the concept that gefef is the result of "strong" diarrhea - zayy maya (diarrhea like water) and nazla maawiyya (diarrhea with vomiting). These are very dangerous to the infant because they cause gefef and can lead to death.

d. Teach the signs of gefef which indicate the need for immediate treatment. They are watery diarrhea (zayy maya) accompanied by any of the following: weakness (daeef), vomiting, fever, loss of appetite (maloushn nefs le laki), and sunken eyes.

e. Teach that children with watery diarrhea and one of these signs of gefef need IMMEDIATE treatment at El Shatby Hospital, Raml Pediatric Hospital and El Kubary Hospital.

3. Campaign Tone

a. Praise for the good mother. She knows and does the above because she loves her child. Good, loving mothers know and do the above.

b. In spite of mothers best intentions and actions children get gefef.

c. There is a "new treatment for gefef" at special treatment centers.

4. Specific Messages To Be Promoted

a. When infant has eshal which is not watery, do what good, loving mothers have always done - give plenty of liquids, especially soups, juices and breastmilk so that child will stay strong and not become gefef. Give as much as he will drink, at least several water glasses.

b. Diarrhea like water (zayy maya) and diarrhea and vomiting (nazla maawiyya) are very dangerous to the baby. They cause what doctors call gefef which can lead to death. Examples include:

- plant during a drought
- flower in a vase with no water

c. Signs of gefef which should concern a mother are watery diarrhea (zayy maya) accompanied by any of the following: 1) weakness (daeef), 2) vomiting, 3) fever, 4) loss of appetite (maloush nefis le lakl), and 5) sunken eyes.

d. Children with signs of gefef need help IMMEDIATELY. There is a new treatment for gefef available at El Shatby Hospital, Raml Pediatric Hospital, and El Kabary Hospital. But remember, go quickly, for a small child with gefef is very ill.

e. Good, loving mothers always continue feeding small children when they have eshal so that they stay strong. Always continue breastfeeding and giving soft foods (akle hafif) to the child with eshal. Some good foods include potato, soups, boiled rice, mahalabaya (pudding), vegetable soups, yoghurt, fruits.

The program is sponsored by El Mashroua El-Kawami Le Mokafhat Amrad El Ishael.

5. CAMPAIGN STRATEGY

The campaign will focus on a daily 10-15 minute radio program called the Clever Mother Program (El Om El Waya). This program will be heavily promoted through radio spots, health workers, health educators, loud speaker campaigns, and other channels. Also to encourage program audience, mothers of small children will be awarded a prize of twenty pounds for correctly answering questions about program messages. The hostess of the show will go out to public places such as clinics and markets, interview mothers and award prizes. These interviews will then be used as a part of the programs.

El Om El Waya will be promoted as a special new program for mothers of young children wherein they can win a prize of 20 pounds, not as a health program or program about diarrhea. The term summer diseases will not be used to avoid confusion that this program is about cholera.

Each program will focus on one of the five messages. These messages will rotate so that every five days the mother will hear the set of all of the messages. The programs will be produced in sets of five so that all five messages will be incorporated in each set of the same format. All of the elements of the program will focus on the same message; the hostess's conversation, interview, drama, role play, song, and/or prize awarding interview will all be on the same message. Thus the message will be repeated several times in the program. The tentative format is as follows:

- 45-60 seconds - Clever Mother Theme Song
- 30-45 seconds - Explanation of program by hostess. Promotion of program as one wherein mothers can win a prize of 20 pounds
- 30-45 seconds - Introduction of message by hostess
- 3-5 minutes - Interviews with doctors, nurses, mothers
Drama - "A Mother's Search for El Sheffa"
- 30-45 seconds - Summary of messages by hostess
- 15-30 seconds - Explanation of prize awarding. Promotion that the Clever Mother Program hostess will be circulating throughout the city to award prizes and could visit any mother at any time. Also explanation that the mother wins the prize by correctly answering a question about information given on the Clever Mother Program.
- 3-4 minutes - Clever Mother of the Day Award. Will include identification of mother, asking/answering of the question about message of the day, short interview with mother, and congratulations of mother for being a clever mother.
- 5 minutes - Drama - A Baby in Our House - August only.
- 30-60 seconds - Summary of message by program hostess and program close
- 30 seconds - Clever Mother Theme Song

Songs on three of the messages will also be incorporated into the program as they are written and produced.
(See Annex 6 - Calendar for Program Planning).

6. PROGRAM FORMATS

a. INTERVIEWS: Mothers in the pre-program research said they wanted doctors to talk on the program, therefore interviews with doctors and other medical personnel will be utilized. Two sets of programs with doctors were recorded during the trip-one with Dr. Samia and one with Dr. Kassem. A guide for participants, "An Invitation to Participate in El Om El Waya Program", was written based on this experience. This guide explains the program objectives and messages and gives some guidelines to help the participant plan his discussion. A list of questions for each message was developed with the program hostess and Dr. Samia. See Annex 7 - Guides to Interviews with Health Professionals.

b. SONGS: Since the Media Survey indicated that mothers prefer songs, this format will be featured on the program. The messages of the songs are:

- SONG #1: Signature song for the Clever Mother Program. Already produced.
- SONG #2: Mother, when your young child has eshal that is not zayy maya, do as good clever mothers have always done - give plenty of juices, soups and breastmilk so the child will stay strong. Give many glasses - as much as a child will drink throughout the day.
- SONG #3: The signs of gefef which should concern the good clever mother are zayy maya accompanied by da'if, vomiting, fever, maloush nef
le laki, or sunken eyes. This child has gefef and needs special treatment IMMEDIATELY.
- SONG #4: Clever, loving mothers always continue feeding their small children when they have eshal so they stay strong. Always continue breastfeeding. Give soft food^s such as potato, soups, boiled rice, yoghurt, and mahalabaya when your child has eshal so he will stay strong.

The last three songs will not be produced until the money (Le 2,530.00) is advanced for the production, since the station manager must pay the musicians at the time of production.

c. DRAMA: Again, since mothers expressed preference for this format, it will be featured in the program. Two types of drama were programmed to be used in a formal radio drama written by a professional script-writer and produced by the radio station and a role-play with real mothers.

RADIO DRAMA - A BABY IN OUR HOUSE

The first script of the radio drama had many problems and had to be re-written. Although it was well-written in terms of drama, etc., many of the technical messages were incorrect. ORT failed to rehydrate the child who eventually had to be rehydrated with IV. (See Annex 8 - Radio Drama, A Baby in Our House for the chapter by chapter translation and suggestions for corrections.) The drama was re-written with the collaboration of Drs. Samia and Kassem and is being produced. It will be aired during the month of August.

ROLE PLAY - A MOTHER'S SEARCH FOR EL SHEFFA

The role-play was designed around the five program messages; each chapter features one of the messages. Mothers who work as janitors at the Ministry of Health were selected to act out the role-play. The characters were defined and the fine details developed in collaboration with these women who after being explained the plot spontaneously acted it out. A narrator introduced and closed each chapter of the drama, repeating the program message. (See Annex 9 - A Mother's Search for El Sheffa for the role-play and narrator's script). However, the production of this role-play caused a negative reaction the radio station and after it was produced the station director refused to allow it to be broadcast. His reasons were that the production was not of high enough quality; the women talked too loudly, they all talked at once and they repeated themselves too much. He was also disturbed by certain vocabulary which he said could not be broadcast. He offered to produce a drama based on the guide and utilizing the mother's

intonation and phrases without the offensive vocabulary. This was produced and aired instead of the role-play. It will be re-broadcast in September.

The role-play was also edited with the same open and close as the drama. This will allow the project to compare the two formats and sources of information in a post-test.

d. TESTIMONIALS: Testimonials with mothers will be utilized to experiment with this format in post-testing. One set of testimonials were produced during the trip. Mothers who work at the Ministry office were taken to the station to be interviewed. This gave the hostess a chance to practice with the "Guide to Interviews with Mothers" and make corrections and changes. The rest of the scheduled interviews with mothers will be produced in ORT treatment centers.

(See Annex 10 - Guide to Interviews with Mothers)

e. SPOT ANNOUNCEMENTS: Spot announcements on select promotional messages will also be utilized. The project has purchased ten live spot announcements per day which will be broadcast between the hours of 4:30-10:30 p.m. The messages of these spot announcements are as follows:

July 18-30: 10 spots-Promotion of The Clever Mother Program

August 1-30: 5 spots-Promotion of the Clever Mother Program
5 spots-Go to special treatment centers if child has signs of gefef.

Sept. 1-31: 2 spots-Promotion of the Clever Mother Program
3 spots-Go to special treatment centers if your child has signs of gefef.
5 spots-Promotion of advertising agency campaign

SPOT MESSAGES (NOTE: these spots should be rewritten to be more culturally appropriate. The basic information should be repeated at least twice.)

SPOT-PROMOTION OF THE CLEVER MOTHER PROGRAM: July 18-September 31

Are you a clever mother? Then there is a new radio program just for you. It's the Clever Mother Program and it's on Radio Alexandria every day at 6:40. You can ever win a prize of 20 pounds for being a clever mother! That's right, mothers just like you are winning 20 pounds for being a clever mother. Listen to the Clever Mother Program every day at 6:40 pm on Radio Alexandria.

SPOT - GO TO SPECIAL NEW TREATMENT CENTER WHEN YOUR CHILD HAS SIGNS OF GEFEF: August 1-September 30

The clever mother knows when her child has signs of gefef she must rush to the new treatment centers for gefef. These new treatment centers are at Shatby Hospital, Ramleh Hospital and El Kubary Hospital. If your child has signs of gefef, rush quickly to the special new treatment centers for gefef at Shatby Hospital, Ramleh Hospital or El Kubary Hospital.

SPOT - PROMOTION OF ADVERTISING AGENCY CAMPAIGN: September 1-30

To be written in coordination with advertising agency.

The first series of spots, are already on the air and are reportedly well produced, utilizing the Clever Mother theme song to help attract attention.

7. AWARDING OF PRIZES

It was decided to award the prizes in public places rather than through the mail as the station had previously done in order to include illiterate as well as literate mothers.

The program hostess and a coordinator from the Preventative Medicine Department will visit a different site every week. They will award seven prizes in each site, creating material for seven programs. These materials will then be edited into the program. A "Guide to the Interviews with Mothers" was developed in coordination with the program hostess. (See Annex 11). Two series of prizes were awarded during the trip - the first at Ramleh Pediatric Hospital and the second at an urban market. Evaluations with the hostess and coordinator of these two experiments have resulted in some changes. (See Annex 12 - Evaluations of the First Prize Awarding Activities).

8. PROMOTION OF THE PROGRAM

The program will be promoted by the Division of Preventive Medicine as well as through the radio spots. Posters depicting a radio with the dial on Radio Alexandria were sent to many of the 36 MCH clinics and hospitals. This poster was accompanied by a memo which explained the program and asked health workers to promote it utilizing the poster as visual aid. Follow-up visits to the clinics by the health educators reinforced this request.

The Clever Mother theme song was recorded on cassette and broadcast on a mobile loud speaker which visited many of the high risk areas in the city. The health educator used the song to attract attention and then explained the program.

The following is a brief description of the information promoted through these channels.

PLEASE PROMOTE THIS NEW RADIO PROGRAM

RADIO ALEXANDRIA HAS BEGUN A NEW PROGRAM FOR MOTHERS. MOTHERS OF CHILDREN UNDER FIVE-YEARS-OLD WILL BE GIVEN A PRIZE OF TWENTY POUNDS FOR CORRECTLY ANSWERING A QUESTION ABOUT CHILDCARE. THE ANSWERS TO THOSE QUESTIONS WILL BE GIVEN ON THE PROGRAM. STATION STAFF WILL BE VISITING MCH CLINICS, HOSPITALS AND MARKETPLACES TO ASK THE QUESTIONS AND AWARD THE PRIZES. THE PRIZES WILL BE GIVEN DAILY THROUGHOUT JULY, AUGUST AND SEPTEMBER.

PLEASE TELL MOTHERS TO LISTEN TO THE NEW PROGRAM, "EL OM EL WAYA", EVERY DAY AT 6:40 PM TO LEARN HOW TO WIN A PRIZE OF TWENTY POUNDS. RADIO ALEXANDRIA IS FOUND AT 1200 ON THE RADIO DIAL, NEXT TO THE KORAN STATION.

In Ramleh Hospital radios will be placed in the female in-patient ward and the program will be played at 6:40 every day.

9. MONITORING

A monitoring system was implemented to insure that all of the radio materials featuring the correct messages were being broadcast as scheduled. Three people were selected to monitor the broadcast. Each person will be responsible for two hours of monitoring; all three will listen to the program. The results of this monitoring will be compared to the scheduled programming and the results will be fed-back to the radio station. (See Annex 13 - "Monitoring Materials for Alexandria Radio Campaign" which includes a tentative monitoring form, a guide to use that form and a guide to analyzing the results of the monitoring). The first week's results showed the need for monitoring. The station's programming was changed for the National Day, July 23, and the spots were not resumed. Dr. Samia contacted Mr. Saber and the spots were then resumed.

10. EVALUATION OF IMPACT

In order to evaluate the impact of the campaign, a baseline questionnaire with 100 mothers of children under five-years old was implemented before the campaign began. This questionnaire should be repeated the first week of October. See Annex 14, "Evaluation Materials", which includes the results of the Baseline Questionnaire and a tentative questionnaire for the impact evaluation in September.

11. COST OF THE CAMPAIGN

Cost of the summer radio campaign includes:

a) Radio Alexandria - includes writing and production of four songs, 31 chapters of radio drama, ten spots a day and the 15-minute program "El Om El Waya".	_____
b) Prizes to mothers. July 19-September 31. 70 prizes at 20 pounds each.	1,400.00
c) Monitoring of the radio campaign 2-1/2 months at 60 pounds each month.	150.00
d) Cassettes to record radio materials	15.00
e) Interviews for Evaluation of Impact of the Campaign - September	_____
f) Socio-Drama "A Mother's Search for El Sheffa"	15.00

TOTAL _____

12. COORDINATION BETWEEN RADIO ALEXANDRIA, MOH AND THE NCDD PROJECT

Notebooks were prepared with the key radio campaign materials for the principle people involved in implementing the campaign: Mr. Samia, station director; Madame Ragaa, Program Hostess; Fawzia El Talawy, Health Educator and coordinator of the prize awarding; Dr. Samia and Dr. Kamel. The materials in the notebook included:

- Schedule of programming
- A calendar for program planning
- Activities to be implemented
- Format for the radio program
- Guide for prize awarding interviews
- Questions for mothers to win the Clever Mother prize
- An invitation to participate in El Om El Waya radio program
- Questions for interviews with health professionals
- Questions for interviews with mothers
- Messages of spots
- Messages of songs
- Monitoring materials
- Baseline results of the NCDD summer radio campaign investigation
- Tentative questionnaire for evaluation of the impact of the campaign

These materials were then discussed in detail with Dr. Samia, Fawzia, Mr. Saber and Madame Ragaa. The following are the activities remaining to be implemented in coordination with Dr. Kamel.

ACTIVITIES TO BE IMPLEMENTED IN COORDINATION WITH DR. KAMEL/DR. SAMIA

ON-GOING

1. Monitoring of radio programs and spots. Feedback to radio station of results as compared to scheduled programming.
2. Awarding of prizes every ten days in coordination with Madame Ragaa. Selection of site, coordination of controlling the crowds, coordination of messages of the questions asked with the scheduled programming.
3. Placement of a health educator worker in each ORT treatment centers.

4. Promotion of program through health workers, health educators, loud speakers and other channels.
5. Retrieve cassettes with the programs recorded from the radio station.

AUGUST

1. Meet with program speakers to review "An Invitation to Participate in El Om El Waya Program. Those include:
 - Dr. Samira El Kabany
 - Fawzia El Talawy, Health Educator Supervisor

Coordinate production time with radio station for these interviews.

2. Help Madame Ragaa select site and implement interviews with mothers at ORT treatment centers.
3. Coordinate with ad agency campaign.
4. Monitor to insure station has changed spots.
5. Tabulate and analyze pretest of posters and the presentation using the posters as visual aids. Make necessary changes and try to produce a limited number for health educators in Alexandria ORT treatment centers. Train the health educators in their use.
6. Make a second big push of promotion of the radio program through health workers, health educators, loud speaker campaigns and other channels.
7. Review script of songs to insure that they reflect the requested messages.
8. Coordinate payment of the radio station and insure Dr. Samia has sufficient money for the prizes.

SEPTEMBER

1. Meet with program speakers to review "An Invitation to Participate in El Om El Waya Program". These include:
 - Nurses at Ramleh Hospital - Dr. Samia
 - Advertising Agency

Coordinate with the radio station to set up production time for these interviews.

2. Help Madame Ragaa select the site and arrange the interviews with mothers at ORT centers.

3. Coordinate with the advertising agency.
4. Check to make sure station has changed spots.

OCTOBER

Implement evaluation of campaign impact.

ACTIVITIES TO BE IMPLEMENTED BY THE RADIO STATION

ON-GOING

1. Presentation of prizes every ten days in coordination with Dr. Samia.
2. Record programs on cassettes.

AUGUST

1. Write and produce songs after revision of scripts by Dr. Samia's office.
2. Change spots: 5 spots-promotion of El Om El Waya
5 spots-promotion of treatment centers
3. Program Drama "A Baby in Our House" and songs into program.
4. Coordinate with advertising agency.
5. Produce and edit programs:
 - o Interviews with health professionals
 - Dr. Mohassan Abd El Haleen
 - Dr. Samira El Kabany
 - Fawzia El Talawy
 - o Interviews with mothers in ORT treatment centers. Coordinate the time for production of these materials with Dr. Samia.

SEPTEMBER

1. Change spots: 2 spots-Promotion of program
3 spots-Promotion of treatment centers
5 spots-in coordination with advertising agency
2. Coordinate with advertising agency.
3. Produce and edit programs:
 - o Interviews with health professionals:
 - Nurses from Ramleh Hospital
 - Dr. Samia
 - o Interviews with mothers in ORT centers
 - o Other production in coordination with advertising agency. Coordinate the time for production of these materials with Dr. Samia.

V. COORDINATION WITH OTHER COMPONENTS

A. FACE-TO-FACE

The Division of Preventative Medicine will place a health educator in each of the dehydration treatment centers to help teach mothers project messages about dehydration and how to utilize the packets in their homes. A short talk using ten posters was designed in coordination with Fawzia El Talawy, the Health Educator Supervisor. The posters were drawn by MOH staff on cardboard and a methodology was developed with Fawzia to pretest the posters and the presentation using the posters as visual aids. This was to be implemented in coordination with a social worker at Shatby Hospital. However, due to time constraints (complicated by a car accident which took up a larger part of a morning), it wasn't possible to meet with the social worker and begin implementation. All of the necessary materials implement this pretest are included in Annex 15.

B. ADVERTISING AGENCY

Due to administrative problems of negotiating the contract it was not possible to coordinate with the advertising agency as much as desirable. The radio campaign should be coordinated with the ad agency as soon as possible. In particular it is important that:

1. The ad agency utilize and build on the messages in the radio campaign.
2. The ad agency utilize the same vocabulary as the radio campaign.
3. The radio spots be utilized to promote Fuad's visits to Alexandria.
4. Some of the audio materials of Fuad's performances be utilized as a part of the Clever Mother Program.

C. POST-TESTING OF RADIO MATERIALS

Unfortunately, due to time restriction it was not possible to pretest the radio materials. The most innovative of these materials should be post-tested to evaluate key concepts, formats and specific program elements. Some of the materials which could be post-tested include:

1. The songs with the technical messages (when produced). Can a technical message be taught in this format?
2. The role-play compared to the drama produced by the station, "A Mother's Search for El Sheffa", looking in particular at vocabulary, manner of talking (all at once as compared to real dialogue) etc.
3. Campaign Concepts
 - The concept of comparing a child with gefef to a plant in a drought or a flower in a vase without water.
 - The concept that giving liquids during eshal helps the child stay strong.
 - The concepts of promoting ORT as the newest, most scientific treatment for gefef, which is virtually being promoted as a new disease caused by diarrhea.
 - The promotion of the idea that a woman is a "clever" mother if she does these good things for her children as opposed to promoting the use of ORT as mother's duty or other more culturally appropriate strategies.
 - The concept that feeding soft foods during eshal helps a child stay strong.
 - The concept that a child with eshal which is not zayy maya needs plenty of fluid. Some mothers during the prize awarding expressed the feeling that too much liquid or food was bad; children should be given only a little food or liquid. These concepts could also be explored in Evelyn Early's anthropological research.
4. Program formats:
 - Comparing an interview with a doctor to an interview with a mother talking about her own experience.
 - Does the heavy use of songs to divide the various elements within the program distract from or attract to the program.
 - How important is it that the interviewees not stray from the message. Compare one interview with little or no extraneous information to one with extraneous information.
 - What format do mothers prefer/learn best from? Compare a song, a chapter from "A Mother's Search for El Sheffa" and an interview on the same message.

IV. SUGGESTIONS AND RECOMMENDATIONS:

The following is a list of suggestions other than those included in the body of the trip report:

RADIO CAMPAIGN

1. There will be a tendency to and pressure for adding more and more messages to the radio campaign as the summer goes by. I strongly urge against this. Experience in radio in many countries has taught us that limiting messages and heavy repetition of those messages over a period of time is critical to learning from the medium. Audience of Radio Alexandria is low and even with heavy promotion we must assume that many mothers will hear only a few of the programs. It's very important that the same messages be repeated throughout this two and a half month period.

If we stick to this schedule and the audience is sufficiently raised, the post-campaign evaluation can be used to give us some indications of exactly what role radio can take in the national campaign. How much can radio teach without large amounts of face-to-face communication? If more messages are added it will be impossible to evaluate this.

2. Dr. Samia and her staff have a very heavy work load. If Dr. Kamel is not available to regularly visit Alexandria and coordinate the campaign, I would recommend that someone be contracted to do so. Someone should spend as much time in Alexandria as possible. Constant contact with the radio station will be critical to the quality and impact of the campaign. Basically the person needs to:

- a. Be present during prize awarding and production of materials and help the hostess remember what messages she has discussed.
- b. Coordinate production dates.
- c. Help coordinate promotion of the program with the 36 MCH centers.

3. In general there seems to be a good deal of creativity, but a difficulty in accepting and implementing the concept of limiting the messages in the materials. In the national campaign it would probably be best to prerecord all of the radio materials and send them to the stations rather than doing any production on the local level. This will, of course, raise costs, but it will insure standardized messages.

4. My experience indicates that the message and vocabulary changes just a little in every stage of production. To avoid this, materials should be prewritten and carefully checked and re-checked at every stage of production. Even the announcers of the final production will probably have to be asked not to change vocabulary. This will require that additional time be programmed for production of materials to allow for this careful checking and editing.

5. It's been most unfortunate that due to time limitations none of the radio materials have been able to be pretested. However, we now have sufficient materials to post-test some of the formats and concepts previously listed. If the interview is found to be an effective format, the interviewee will have to be coached before the interview and even then the materials will probably have to be heavily edited as even our best interviewees strayed into other messages and areas. Again this requires programming more time for production of radio and television materials.

6. The 1981 Mass Media Survey indicates that television is going to be the key medium rather than radio. However, it also indicates that radio should be used to reach the very poor and illiterate families. The project should obtain a copy of the 1982 survey from Family of the Future and program their materials based on those results. If television is used, in my opinion, it is worth the extra cost to buy prime time.

7. Production quality of radio materials seems to be generally high. Production quality of television, however seems to vary a great deal. We should look at the results of Dr. Nahed's study which asked which television commercials people prefer and see which elements might be responsible for this - production quality, vocabulary, tone, etc. If production quality is found to be important it would be worth the extra expense to produce the spots outside of Egypt.

8. If a radio drama is used in the national campaign, the script writer for the drama "A Baby in Our House" has now been trained in and convinced about ORT. He seems to be a good radio drama writer. A short post-test could evaluate if his style is appropriate for a national campaign.

9. Payment of the radio station should be made as soon as possible to maintain good relations throughout the campaign. Particular important is payment of the songs since Mr. Saber has to pay the musicians who are contracted outside of station staff. The other three songs will not be produced until he receives payment - 3 songs at 850 pounds each. The sooner this is sent, the sooner the songs will be produced and aired.

10. The evaluation should be implemented in early October to measure the impact of the radio campaign. I would like to receive a copy of these results and would be happy to make additional comments. I would also like to receive a copy of the Alexandria Media Survey results.

11. Two weeks in September have been left open in the radio programming to produce materials in coordination with the ad agency. My suggestion is to have interviews with Fuad talking about the five messages, using the Guide to Interviews with health workers. We could then post-test and compare a media star as a source of information with a doctor; a drama or a mother with experience.

GENERAL

1. There is probably going to be continued problems in selecting campaign strategy, tone and vocabulary due to the tension/conflict between upper/lower classes (baladi/afhangi). The experience this summer with the name Belshetta and the reaction about the mother's role play are examples of how perhaps we are not going to be able to completely base our strategy on the results of our research. If the strategy and vocabulary is not perceived as "correct" or "proper" by people in decision-making positions, it will probably not be allowed, in spite of proof that these decisions were research-based.

One suggestion would be that once even the sketchiest marketing strategy has been developed, that it be pretested in focus groups with key decision makers. It's possible that the optimum strategy will have to be watered down to be accepted by those who will implement it.

2. It's not clear if the idea of positive reinforcement to mothers as being "the clever mother" for knowing campaign messages is really culturally appropriate. A strategy which might be more appropriate is one of "duty" which I have heard women constantly refer to in our interviews. A woman can be positively reinforced for doing her "duty" as well as for being clever. Is it more important to a woman to feel that she is doing her duty than to feel that she is clever? Is there another motivation which we could positively reinforce which is even more culturally relevant. Perhaps Evelyn Early could explore these concepts in her anthropological research.

3. Ms. Nawel Minoufi, Director of Nursing Services, should review the nursing manual before it is printed. She has a good deal of experience and her comments on other matters have shown interest and insight into health education and the NCDD program.

4. I'd like to give a special note of thanks to four remarkable professional women for all of their support and cooperation who made all this radio campaign possible - Dr. Samia Ryad, Dr. Nahed Kamel, Fawzia El Talawy, and Madame Ragaa Hagraas.

ANNEX 1

Focus Group

with

Physicians' Materials

CRITICAL QUESTIONS FOR FOCUS GROUPS WITH PHYSICIANS

1. What are physicians' attitudes about breastfeeding, especially during diarrhea episodes?
2. What are physicians' attitudes towards other health workers such as nurses, technicians, lay workers, dayas, traditional health workers, etc.?
3. Would a treatment lose status if these health workers could use it without a physician's intervention?
4. Would a treatment lose status if a mother could perform it without a physician's intervention?
5. What is the physician's attitude towards ORT as compared to I.V. therapy. Does he consider it less or more:
 - scientific
 - sophisticated
 - effective
 - important
 - economically beneficial to his practice
6. How much do physicians feel that mothers know about dehydration and ORT?
7. How do physicians receive information about their work?
8. What makes him change his beliefs and practices about treatment?
 - more information (studies, magazines, newspaper, radio/TV?)
 - health professionals on the radio/TV
 - money-economic benefits
 - other professionals
 - other?
9. What do physicians "want" and expect from a treatment? Would the fact that mothers like and find a treatment that is not I.V. effective be sufficient to give that treatment prestige? Would a medicine that mothers find useful and like enhance the physicians' prestige, even though that treatment is not I.V.
10. If it were scientifically proven that antibiotics, anticonstipatives, antiemetics had no value AND proved that ORT restores activity rapidly (with diarrhea abating on its own), would they consider using just ORT? --Note: This is Bert's phrasing of the question. I would like to rephrase it to say: "How important is it to physicians to use several drugs/medicines in the treatment of infant diarrhea. Would they accept a treatment with only medicine even if it did not stop the diarrhea? What type of proof would they need to believe this, delivered through what channel(s)?"

11. How are physicians presently treating infant diarrhea? Why?
- 11b. What recommendations are they making about feeding during infant diarrhea and why?
12. What are physicians' attitudes about prescribing a medicine with a colloquial name such as Belsheffa?
13. What do physicians feel is the most appropriate container size for the mixing of the ORT packets?

MODERATOR'S GUIDE FOR FOCUS GROUPS WITH PHYSICIANS

INTRODUCTION: As you as physicians know, infant diseases are a very important health problem here in Egypt as in many parts of the world. The Ministry of Health is starting a new child health care program which we'll begin implementing nationally next year. Before we begin, we want to get physician's opinions about the best way we can do this. We know that you've had a lot of experience in child health care and we want to learn from you and from your experience.

EXPLAIN THE RULES OF FOCUS GROUPS - ONLY ONE TALK AT A TIME, ETC.

1. The first area we'd like to hear your opinion about is breastfeeding. How do you as physicians feel about breastfeeding?

PROBE TO INCLUDE - Do they believe breastfeeding prevents or causes any diseases.

- What do they recommend to mothers about breastfeeding at birth and why?
- What do they recommend to mothers about the age of supplementary feeding and why?
- What do they recommend to mothers about the age to stop breastfeeding and why?
- What do they recommend to mothers about breastfeeding during diarrhea episodes and why?

2. We know that we're going to have to do a lot of training of health workers in order to implement this program. You are already in contact with many of these people; how do you feel about the training and quality of work of:

PROBE TO INCLUDE: Nurses, technicians, dayas, traditional health workers, other physicians/pediatricians, other health workers.

2.b. Do you feel that these health workers are capable of treating a case of infant diarrhea? PROBE TO INCLUDE ALL OF ABOVE.

3. Let's change the subject and talk for a moment about where physicians learn about new treatments/new information. Where do you learn about new medical information? PROBE TO INCLUDE PROFESSIONAL ARTICLES, MAGAZINES, DRUG COMPANIES, RADIO, TV, ETC.

3.b. Can you think of a treatment you have changed in the last several years. What made you change your mind or change your treatment?

3.c. What would be the best way for our project to try to change physicians' minds about a treatment? PROBE TO INCLUDE: THE USE OF HEALTH PROFESSIONALS ON RADIO/TV, ECONOMIC INCENTIVES, SEMINARS, OTHER.

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4. Let's change the subject again and talk about the treatment of infant diarrhea. What is your general treatment for infant diarrhea? PROBE TO INCLUDE ANTIBIOTICS, ANTICONSTIPATIVES AND ANTIEMETICS. ALSO PROBE TO EXPLORE HOW IMPORTANT IT IS TO THEM TO USE SEVERAL MEDICINES IN THE TREATMENT OF INFANT DIARRHEA.

4.b. How about feeding during diarrhea? What do you recommend to the mother about feeding during diarrheal episodes? PROBE TO INCLUDE SOLID FOODS, BREASTFEEDING, MILK, OTHER LIQUIDS.

5. What about I.V. therapy. What are your experiences with and impressions of I.V. therapy? PROBE TO INCLUDE: AMOUNT OF PERSONAL USE, PERCEIVED BENEFITS OF THE THERAPY, PERCEIVED PROBLEMS OF THE THERAPY, ECONOMIC BENEFITS (HOW MUCH MONEY DOES HE MAKE OFF OF IT). IMPORTANCE OF THERAPY.

6. Let's talk (more---if they have already mentioned it) about Oral Rehydration Therapy. What are your experiences with and impressions of ORT? PROBE TO INCLUDE ALL OF THE ABOVE.

6.b. Do you feel that health workers other than physicians are capable of diagnosing and treat dehydration with ORT? PROBE TO INCLUDE THE HEALTH WORKERS MENTIONED IN QUESTIONS 2 AND 2b.

7. How much do you feel mothers know about dehydration? About ORT?

7.b. Do you feel that a mother would be capable of diagnosing that her child is dehydrated?

7.c. Do you feel they are capable of using ORT without a physician's or other health worker's supervision?

8. What is the most important result of a treatment for infant diarrhea to you? PROBE TO INCLUDE THESE ALTERNATIVES:

- give quick results OR be inexpensive to the family
- stop diarrhea OR prevent dehydration
- that a mother like it and believe that it gives good results
OR that the physician like it
- that it be easy to use OR that it be more "scientific"

9. We talked earlier about general treatment for diarrhea and you mentioned several medicines. If it were proven that one medicine could treat all of the symptoms involved in infant diarrhea and danger of death from dehydration but which permitted the diarrhea to stop on its own, would you accept and use it?

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9.b. What type of proof would you want to believe this?

9.c. What would be the best way of presenting this proof? PROBE TO INCLUDE SEMINARS, MAGAZINES, HEALTH PROFESSIONALS ON TV/RADIO ETC.

10. As you've probably deduced, one part of the child care project will entail the promotion of a new treatment for infant diarrhea. How would you as physicians feel about prescribing a medicine with a colloquial name such as Belsheffa?

11. This new treatment is a powder which comes in a packet and must be mixed in water. What size container do you feel is best for this if the mother is to mix the packet in the home? PROBE TO INCLUDE: MEASURE THAT IS MOST COMMON IN THE HOME, MEASURE THAT IS BEST KNOWN TO MOTHER.

12. Do you have any general comments about anything we've talked about here today?

بسم الله الرحمن الرحيم

إذاعة جمهورية مصر العربية
القاهرة

العنوان التلغرافى - قاهراديو
تليفون ٧٢٧١٢٠

الاسكندرية ز ١٩٨٣/٥/١٤

الموضوع _____
ملف رقم _____



اتحاد الإذاعة والتلفزيون
قطاع الإذاعة

إذاعة الاسكندرية

(١)

المعيد الاستاذ الدكتور / لطفى الصياد

المدير التنفيذى لمشروع مكافحة

الجفاف والاسهال

تحية طيبة ومعدا

فقد تلقيت بكل الاعتزاز كتابكم المؤرخ فى ١٢ مايو ١٩٨٣ هـ ردا على كتابنا المؤرخ فى ٢٨ فبراير ٨٣ هـ والخاص بالمشروع المقترح للحملة القومية لمعالجة امراض الجفاف والاسهال عند الاطفال هـ وماقتكم على مقترحات اذاعة الاسكندرية لتغطية هذه الحملة مع استعداد المشروع لتحمل تكاليف انتاج القشرات والبرامج المتخصصة لهذا الغرض .

وبناء على الملاحظات التى اوضحتموها خلال زيارتكم يوم السبت ١٤/٥/٨٣ والتى اسفنت لعدم تشرفى بحضورها لتواجدى فى مهمة فى محافظة المنيا . ووما يلى بيان تفصيلى بالمقترحات النهائية لمشروع الاذاعة فى الحملة الاعلامية لمكافحة امراض الجفاف والاسهال وهى كالاتى :-

١ - برنامج حميدو برنامج دراما تشيلى يعتمد على شخصية شعبية (حميدو) المصلح الاجتماعى هـ الذى يشق المواطنين فى توجيههم ونصائح لارتباط مرضاهم بالحياة اليومية وتشيله لصوت العقل والحكمة مع تمييزه بملاح شهامة ابن البلد البسيط .

■ ■ يقدم فى ١٥ دقيقة اسبوعيا

■ ■ تكلفة الحلقة الواحدة - ر ١٢٢ ملىجينية

■ ■ يخص منه حلقة كل اسبوعين

■ ■ اذاعة الساعة ٣٠ ر ١٠ يوم الاربعاء

دار الإذاعة ٨١/١٢٠ - قاهرة

يتبع (٢)

٢٧

إذاعة جمهورية مصر العربية
القاهرة

العنوان: النمراني - فاها راديو
تليفون: ٧٤٧١٢٠

القاهرة في _____



اتحاد البثاعة والتلفزيون
قطاع الاذاعة

الموضوع _____
ملف رقم _____

اذاعة الامكدودة

(٢)

تابع مقترحات الاذاعة في مشروع الحملة القومية

ضد امراض الجفاساف والاسهال

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

٢ - تشيلية في نصف ساعة تجمع بين المضطبات الاجتماعية والصحية بشكل فبر

مباشر لتقديم القدوة الصالحة في معالجة الحالات

المرضية الشبيهة .

■ ■ ٣٠ دقيقة مرة اسبوعيا

ملوجنية
■ ■ تكلفة الانتاج للحلقة الواحدة - ر ١٩٠

٣ - برنامج ريبورتاج وهو برنامج يضع امام المواطنين احدى القضايا

الاجتماعية . . الصحية . . مثارة في توقيتها .

يحتمد ف البرنامج عرض مختلف وجهات النظر بحيث

ينتهي الى اللقا مع المسؤولين او المتخصصين الذين

يقدمون الراى الصواب في القضية . . والتالسي

فالحلقة كلها تدور في فكل اطار موضوع واحد . .

وهذا فيمكن تخصيص حلقة واحدة مرة في كل شهر .

■ ■ ٣٠ دقيقة اسبوعيا

ملوجنية
■ ■ تلفة الانتاج للحلقة الواحدة - ر ١٢٥

■ ■ اذاعة الثلاثا الساعة ٦ ر ٠٥

يتبع (٣)

إذاعة جمهورية مصر العربية
القاهرة

المرنان التلفزيوني - فاها راديو
تليفون ٧٤٧١٢٠

اشارة في



الموضوع _____
ملف رقم _____

اذاعة الاسكندرية

(٣)

تابع مقترحات الاذاعة في مشروع الحملة القومية

ضد امراض الجفاف والاسهال

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٤ - برنامج المناسله وهو برنامج صحى يتناول الموضوعات الطبية والصحية في الاسرة والافراد من خلال اللقاء بالتخصصيين في الجوانب الطبية المتنوعة لتقديم المشورة وتوضيح اذهان المستمعين بالقضايا الصحية .

■ ١٥ دقيقة اسبوعيا

■ تكلفة الانتاج للحلقة الواحدة ٨٥٠ ر مليمجنيية

■ اذاعة الجمعة الساعة ٦ ر ٤٠

٤ - شارات وندوات توعوية تعتمد على النواحي العلمية بهدف توجيه انتباه

الاستمعين بخير وافضل الوسائل لرعايتهم ووقايتهم واسرهم .

■ تذاع بمعدل خسرات يومية

■ تكلفة الانتاج عن اليوم الواحد (٥x٥) - ٢٥ ر مليمجنيية

٥ - برنامج مجلة الاسكندرية (نقرة : خدموك قالسا)

والبرنامج عبارة عن صفحات متنوعة تحمل احدى هذه

الصفحات عنوان (خدموك قالسا) وهي صفحة

صحية تستهدف تصحيح بعض الظاهير الخاطئة

في القضايا الصحية من خلال تقديم الفهم القانع

عند العامة ثم رأى التخصصيين في هذا المفهوم

بيدى خطورتته .

■ البرنامج مدته ٣٠ دقيقة اسبوعيا

■ يخصصه ٥ دقائق في كل حلقة

■ تكلفة الانتاج للحلقة الواحدة ٨٥٠ ر مليمجنيية

دار الإذاعة والتلفزيون - ٨٢/١٢٥ - القاهرة

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اتحاد الاذاعة والتلفزيون
قطاع الاذاعة

الموضوع _____
ملف رقم _____

اذاعة الاسكندرية

(٤)

تابع مقترحات الاذاعة في مشروع الحلقة القوية لمكافحة

امراض الجفاف والاسهال

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

٦ - برنامج دليل الخدمات وهو برنامج خدمات في جميع المجالات بما فيها

المجالات الصحية والارشاد الى اماكن الخدمة

وسهولة الحصول عليها .

■ يقدم البرنامج في سر ٥ دقائق يوميا

■ تكلفة الانتاج للحلقة الواحدة سر ٢٥,٢٥ مليونية

٧ - برنامج جنة الاطفال وهو برنامج يوس في سر ١٠ دقائق . وحلقة

اسبوعية في ايام الجمعة مدتها سر ١٥ دقيقة

يتم اختيار الحلقة الاسبوعية لتوجيه الدوم للرباطة

الصحة بالاطفال من خلالها .

■ سر ١٥ دقيقة كل يوم جمعة

■ تكلفة الانتاج مليونية سر ٨٥

٨ - برنامج مع الشباب وهو من البرامج الموجهة للشباب في كل قطاعات

وفناء .٠٠ يخصص منه اسبوعيا قرة مدتها خمس

دقائق .

■ يقدم البرنامج في سر ٣٠ دقيقة اسبوعيا (يخصص

منها سر ٥ دقائق)

■ تكلفة الانتاج للحلقة الواحدة مليونية سر ٨٥

■ يذاع يوم الاثنين الساعة سر ١

يتبع (٥)

١- اذاعة بيبي (بعض البرامج من اوليت

المعهد من وزارة التعليم وبحث

جانب من البرنامج (كل اسبوع

تخصص فيه برنامجين . تمهيد لبرنامج

برنامج برص الكوا

عدد النسخة ٨٤/١٢٠

PROGRAMS TO BE USED IN THE DIARRHEAL DISEASE CONTROL

No.	Program Name	Time/Day	Program Duration (minutes)	Duration Required By NCDD	Full Program Cost	Prorated Cost To NCDD	Program Description and Comments
I	Alfa Salama	18:40 Fri.	15 min. weekly	15 min. weekly	LE 135	LE 135	Medical program: interviews with doctors on medical subjects <i>Dr. live or recorded</i>
II	Reportage	18:00 Tues.	30 min. weekly	10-30 min. monthly	LE 235	LE 45	Questions and answers with knowledgeable persons on specific topics <i>Dr. live</i>
III	Special Child Health Drama	19:55 daily	5 min. daily	5 min. daily	LE 75	LE 75	Special dramas for NCDD on diarrhea and child health <i>soap opera</i>
IV	Spot Announcements	Five Times Daily	@ 30 sec. to 1 min. each	5 times daily	LE 75	LE 75	Health messages between programs, presented daily and not less than 5 times 16-24 hrs
V	Alexandria Magazine	21:00 Fri.	30 min. weekly	5 min. weekly	LE 55	LE 10/15	Myths, taboos, something is wrong: presented with fact and how to take action <i>soap opera</i>
VI	Hameedo	22:15 Weds.	15 min. weekly	15 min. twice a month	LE 85	LE 45	Alexandrian stereotypical personality: always helpful and humorous
VII	Messages on The Air	22:00 Thurs.	60 min. weekly	5 min. weekly	LE 55	LE 5/7	Questions from listeners, with solutions or answers <i>with telephone call</i>
VIII	Services Directory	17:30 Daily	5 min. daily	5 min. Mon. and Weds.	LE 75	LE 50/25	New services, clinic schedules, etc. Alex. Under Sec. Of MOH has one day. One day is general.
IX	With the Youth	21:00 Mon.	30 min. weekly	5 min. weekly	LE 135	LE 25/15	Topics of interest to teens: will emphasize their health roles as family members & future parents.
X	With the Village People	18:03 Sun & 18:40 Tues.	15 min. weekly	5 min. weekly	LE 135	LE 25/85	Topics of interest to farmers: farming, health, literacy, family planning, etc. <i>soap opera</i>
XI	Laborers' Society	21:00 Thurs.	30 min. weekly	5 min. weekly	LE 35	LE 15/10	Topics for laborers: social and prof. problems, social insurance, health services, welfare, etc.
XII	Children's Paradise	10:30 Fri.	30 min. weekly	10 min. weekly	LE 135	LE 85	Topics of interest for children: will include topics on their own and their siblings health.

2 good TV

R

Alfa Salama - 10 min. - 5:35. Alfa Hagra (Ms. Hanadi - Mahamud - Dr. ...)
shows drama - contracted - amalous - university teacher - complete story -

Best Available Document

	Program	Rate	12
weekly	LE 95 I	95/wk	1020
	LE 135 weekly II	125/mo (10/4)	1020
10 min weekly	LE 135 weekly III	1,625/mo	375
	IV	175/wk	4875
	V	15/wk	2100
	VI	752/mo (2/4)	180
	VII	7/wk	756
	VIII	50/wk	84
	IX	85/wk	600
	X	85/wk	1020
	XI	85/wk	1020
	XII	85/wk	1020
			<u>1020</u>
			LE 14,070

GUIDELINES FOR BASIC MESSAGES AND THEMES

1. Liquid stools (taaneya or tasyeera layena), watery diarrhea (zayy maya) or strong diarrhea (eshal gamid) or gastroenteritis (nazla maäwiyya) can lead to dryness (gaffaf), even to death.
2. Gaffaf (dryness or dehydration) is recognized by loss of appetite (maloush nefs le lakl), sunken eyes (eneih meaffellah), thirst (atshan), weakness (daeef, gamid); sometimes by vomiting and fever. Urine becomes less. The face is no longer like the moon; it becomes leathery.
3. Mahlul Moalget El Gaffaf prevents, fights or cures gaffaf before it is too late.
4. M.M.G. (Mahlul Moalget El Gaffaf) has glucose and three kinds of salt which must be put into water and fed to the child with diarrhea.
5. If a child with Gaffaf (or watery diarrhea even before Gaffaf starts) drinks MMG, his face becomes like the moon (weshoh zavy el amar), he eats better (or breast feeds better), doesn't cry, regains color, his eyes become clear, urine becomes plentiful, he becomes strong and active. MMG restores quwa; it restores balance.
6. A child should be given as much as it can drink. A child with gaffaf can drink from 2 to 6 full glasses of MMG in a few hours (four hours; 1 to 2 glasses an hour).
7. MMG will also stop vomiting after 1 to 2 hours. When child is vomiting, continue giving MMG slowly, waiting a few minutes between drinks.

8. When the baby is strong and the appetite returns, give it breast milk, soft foods (yoghurt, potato, banana, mahalabiyya), and then give it its regular diet when the diarrhea stops or is no longer gamid.
9. MMG strengthens the child. In most of the children, diarrhea will stop in 1, 2, or 3 days, but if the child takes MMG and food, it will not get gaffaf.
10. MMG is available from MCH centers, rural health units, polyclinics, hospitals and pharmacies.
11. When the baby just starts with eshal, which is not watery or gamid, do what mothers always do: give rice water, tea with lemon and continue breast feeding or soft foods (see No. 8). If diarrhea continues 2 or 3 days, give the child MMG.
12. One packet MMG should be mixed with one large glass (200 cc) of water. Feed it to the child with a spoon. Encourage the child to start drinking the MMG. After starting, it will want to continue drinking. 2 to 4 glasses in 2 to 4 hours is usual. The baby will start to look healthy (see No. 5, above).
13. It is all right to use other medicine with MMG, but don't forget MMG, which is the only one which fights gaffaf.
14. (Eventually: look for the sign of the mother giving MMG to her child).

Diarrhea ----> Gaffaf

MMG-----> Fights gaffaf

Restores child to health, appetite,
and vigor. Diarrhea will stop soon.

Glossary of Commonly Used Vocabulary with
Respect to Diarrhea
Prepared By

Dr. Madiha El Safty

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Description of a Health Baby:

Runs about and plays
Eats properly
Sleeps
Breast feeds well
Has no diarrhea
Has no fever
Laughs
Does not cough
Has normal Bowell movements
Has no cold
Does not cry all the time
Does not vomit
His face is as lenght as the moon

Transliteration

Beyegree we Beyelaab
Beyakol Kewayess (or Helo)
Beyenam
Beyerdaa Helo
Meandoush Ishal
Meandoush Sokhouna
Beyedhak
Mabeykohash
Beyetsayar Helo
Meandoush Bard
Mabeyayatsh Tawaly
Mabeyestantaksh or Mabeyestafraghsh
Weshoh Zay El Amar

Arabic Translation

بيجري ويلعب
بياكل كويس او حلو
بينام
بيرضخ حلو
معدوش اسهال
معدوش سخونة
بيضحك
ما بيكحش
بيتسيير حلو
معدوش برد
ما بيعيطش طهالى
ما يبسططش او ما بيسفرغش
وشة زى القمر

Description of an Unhealthy Baby:

Sleepy
Does not run about play
Has no appetite for food
Does not breastfeed well
Has diarrhea
Coughs
Has fever
Has nazla
Cries all the time

Medarwagk
Mabeyelaabsh Wala Beyegree
Maloush Nefs Lelakl
Mabeyerdaash Helo
Beyeshel
Beykoh
Sokhn or Ando Sokhouna
Ando Nazla
Beyayat ala Toul or Beyesrokh Tawaly

مد روك
ما بيلعبش ولا بيجرى
مالوض نفس كلالك
ما بيرضعش حلو
بيسهل
بيكح
سحن او عندة سخونة
عنده نزلة
بيعط على طول او بيمصرخ
طوالى

Description of an Unhealthy Baby:

	<u>Transliteration</u>	<u>Arabic Translation</u>
as sunken eyes	Eneih Heaffelah	عينه وقاتله
as pale face	Washoh Asfar	وشه اصفر
as colics	Andom Maghas	عنده مغص
aches	Beysannen	بيسانن
cannot hold his head up clings	Mesh Ader Yerfaa Rasoh Masek	مش قادر يرفع راسه ماسك
to the mother	Fe Omoh	في اسمها

Common Illnesses Among Babes:

onsilitis	Leuaz	الوز
ever	Sokhoua, harara	سخونه ، حرارة جرد ، نزلة برد
old	Bard, Nazlet Bard	نزلة برد
ronchitis	Nazla Shaabeya	نزله شعبيه
astroenteritis	Nazal Moaweya	نزله معويه
diarrhea	Ishal	اسهال
trismus	Taaneya	تعنيه
spasms	Hasba	حصبه
ear aches	Wedno Tewgao	ودنه توجهه
colics	Maghas	مغص
sun stroke	Darbed Shams	ضربة شمس

Different Names given to Diarrhea:

diarrhea	Ishal	أسهال
trismus	Taaneya	تعنيه
astroenteritis	Nazla Maaweya but often referred to as Nazla Dossontaria	نزله معويه
diarrhea	Dossontaria	او نزله دوسنطاريا
		دوسنطاريا

Symptoms of Diarrhea:

Frequent stools

Liquid stools

Fever

Loss of appetite

Thirsty

Colics

Cries

Weak

Tired

Greenish Stools

Transliteration

Beyeshel

Tasyecra Layena (or Tareya)

Sokhouna or Harara

Habeyakolsh or Maloush Nefs Yakol

Atshan

Maghas

Beyayet

Daeef

Taaban

Tasyeeru Khadra

Arabic Translation

بیسول
تسیرة لیسه أو طریه
سخنه أو جراه
ما بیکش او ما لکش نفس یا کل
عشان
مغص
بیعیض
ضعیف
تعبان
تسیرة خضره

Causes of Diarrhea:

Cold

Evileye

Teething

Dirty food or uncovered food

Bard

Nefs

Tasneen

Akl Wesekh - akl makshouf

بیرد
نفس
تسنین
اکل وسخ أو اکل مکشوف

Treatment of Diarrhea:

Anise Water

Caraway Water

Tea

Lemon

Pills

Breastfeeding

Food

Rice Water

Cumin

Care

Dehydration

Yansoune

Carawya

Shay

Lamoun

Bersham

Redaa

Akl

Mayet Roz

Camoun

El Reaya

Gaffaf

ینسون
کاراویه
شای
لیمون
برشام
رضاعه
اکل
میه رز
کمون
الرعیاه
حفاف

Signs of Improvement after Diarrhea:

no fever
 child does not cry
 child regains his normal colour
 child's eyes are clear and open
 stools are solid
 child does not vomit
 child's face is like a moon
 child plays around
 stool one no longer green

Transliteration

Mafeesh Sokhouna
 Mabeyayatsh
 Loono Yergaa
 Eneih Tefatah
 El Tasyeerah Tebea Haska
 Mabeyragaash Mayestantash
 Weshoh Yebaa Zay El Amar
 Beyelaab
 El-Tasyeerah mesh Khadra

Arabic Translation

ما فيش سخونه
 ما بينه يداش
 لونه يرجع
 عينه تفتح
 التسييره بيقي ماسكه
 ما بيرجعش ما يستطيقش
 وشه بيقي زي القمر
 يلعب
 التسييره مش خضره

ANNEX 2

Initial Radio Materials

Initial Report on Radio Station

Elizabeth Booth

Mr. Shawky Saleem - sound technician, coordinator - young, extremely energetic.

1. Frequency and Potency - 10 kilowatts
"Covers all of Alex., 300 kilometers north towards sea (bedoins) and Behair Governorate". Reports will have a new transformer soon.
2. Volcabulary
"Spot announcements" are considered to be live announcements read by disc jockey.

"Commercial ads" are what US calls "spots". Pre-recorded advertising - 15 seconds to three minutes long. They can produce both.
3. Commercial ads heavier during Ramadan/summer. Some clients include 7-up, Sport Cola, Bomba (local car repair), book fairs - ads are frequently sent by ad agencies already produced.

- The station's sale "section" is in Cairo. What I understood is that the "Union" is divided into four sections - radio, T.V., engineering and commercial. Commercial is in charge of all financial matters. Station production costs and ad prices are set by the commercial Section.

- Prime time is considered to be 7-8 pm:
 - o before and after the breakfast gong/prayers during Ramadan
 - o before news and drama programs during normal times (7-8 pm)
4. Daily Schedule

During Ramadan - 2 pm - 12/Friday 10 am - 12 normal - 4-12 pm/Friday 10 am-12. So not on the air when most women report listening in the early morning.
5. Production facilities - excellent. Three recording studios including one huge one for recording musical groups and one special one for drama with "live" and "dead" recording rooms. Head technician very good (I heard some of his material) but I'm not sure how much time he has. Most materials are pre-recorded. Some exceptions are the news and the "Services" program. Commercial ads are taped into the programs. There don't appear to be many of them.

6. Programming is basically a mixture of 5 to 30 minute programs interspersed with locally produced songs. (The fact that they are locally produced was mentioned by at least two people as one of the reasons for low listenership. The actual production quality is good so perhaps it is the themes or the musicians.) Programs mentioned by station employees as the most popular include:
 - a. Previously mentioned prime time.
 - b. Housewife - 5:30 daily - specially for women
 - c. Musical request program - afternoon
 - d. Ramadan Puzzle Program sponsored by Bomba Car Repair Shop. After breakfast gong and call for prayer (7:10 pm). Program gives puzzle which people answer through the mail to win large prizes such as T.V.s, cars, video machines and flats. One puzzle is given each day of Ramadan - thus 30 puzzles and 30 prizes. Reportedly receive so many letters that they have to draw the winners. Well produced with original song and Bomba ad mixed into program.
 - e. Lucky Telephone - host/hostess calls randomly selected number and asks questions in area of respondents choice. Sponsoring company gives prize such as (when sponsored by Sport Cola) a box of Cola and a 10 pound investment certificate.

Ministry of Health
National Control of Diarrheal
Disease Campaign (NCDD)
1053 Corniche El Nil St.
Cairo-Egypt.

Cairo,
23 May, 1983.

Mr. Saber Mostafa
Director General
Alexandria Broadcast

Dear Mr. Mostafa

Thank you for your letter of 17 May 1983. We are pleased with your interest in the National Control of Diarrheal Disease Campaign, and with the program plan you have prepared. We believe the active support of your radio station will greatly assist in educating the Alexandria community concerning diarrhea and oral rehydration therapy.

This letter authorizes you to proceed with preparations for the radio programs you have outlined, with the following conditions:

1. The programs will begin broadcast on July 1, 1983 and continue through the end of September, 1983.
2. You will provide the NCDD Campaign weekly with audio cassette tapes of the programs broadcast the previous week which included portions paid for by the NCDD Campaign.
3. Your writers and programmers will be available to work with our consultant on Oral Rehydration radio programs in the planning for and content of the programs for which the NCDD is paying. She will be in Egypt for six to eight weeks from mid-June, 1983.
4. The programs produced by you under this agreement will be the property of the NCDD to use for rebroadcast or publication, as it sees fit.
5. Payment will be made in three equal installments of LE 4690 at the end of July, August and September. The total amount of the contract, LE 14,070, is based on the rates you have provided and are summarized in the attached list. Please inform us the exact name to whom the checks should be made.

If you accept these terms, please sign one copy of this letter and return it to me at the above address.

Yours sincerely,



Dr. Loutfi El Sayyad
Executive Director

Attachments

Accepted for Alexandria Broadcast
Co.

Mr. Saber Mostafa

Date.

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ALEXANDRIA BROADCASTING COMPANY
PROGRAMS TO BE USED IN THE CONTROL OF DIARRHEAL DISEASE CAMPAIGN

No.	Program Name	Duration and Frequency Required by NCDD (Minutes)	Full Program Cost (LE)	Prorated Cost to NCDD (LE)	Twelve Week Cost (LE)
I.	Alf Salama	15/weekly	85/wk.	85/weekly	1,020
II.	Reportage	30/monthly	125/wk	125/month	375
III.	Special Child Health Drama	5/daily	1,625/mo.	1,625/mo.	4,875
IV.	Spot Announcements	5 times dly.	25/daily	175/week	2,100
V.	Alexandria Magazine	5/weekly	85/week	15/weekly	180
VI.	Hameedo	15/twice mo.	126/week	252/month	756
VII.	Messages on the Air	5/weekly	85/week	7/weekly	84
VIII.	Services Directory	5/Mon. & Weds.	25/daily	50/weekly	600
IX.	With the Youth	30/weekly	135/week	85/weekly	1,020
X.	With the Village People	5/Tues. & Sun.	135/week	85/weekly	1,020
XI.	Laborers' Society	5/weekly	135/week	85/weekly	1,020
XII.	Children's Paradise	10/weekly	135/week	85/weekly	1,020

Total Cost LE²14,070

1.25
 70350
 58140
 14070
 3 / 20,587.50 = 3 months @ 68¢ per
 18
 25
 24
 18
 0.2

ANNEX 3

**Initial Results of Alexandria
Media Survey**

Initial Results of Media Survey

Elizabeth Booth

100 hand tabulated questionnaires from two clusters.

1. Big differences between the clusters in terms of radio ownership and listenership. Less ownership and listenership in cluster from fringe area of Alex. Very small sample, however (28). No big difference in other areas that I could see with this small sample.

2. High radio ownership - 94%.

3. Most mothers listen at home - 85%.

4. Number of hours listen:

say they don't listen	29%
one hour	21%
two hours	17%
between 3-5 hours	33%

5. When listen

- over half listen in the early morning
- lots of mixed listening - some morning/evening/night or other combinations

Are they listening to specific programs?

Are they switching it on for a moment's background noise or to hear the time? Can't tell w/o T.V. data as well.

6. What station is your 1st, 2nd, 3rd favorite program on?

- Overwhelmingly Kahira - Cairo.
- Only 2 women mentioned Alex 1st
- " 3 " " " 2nd
- " 1 woman " " 3rd
- " 1 " " " 4th

7. Direct question - Do you listen to Radio Alex?

No - 57%

Yes - morning 1% (not on the air)

afternoon 3%

evening 27%

night 9%

combination 3%

Total 43%

8. What type of program do you prefer?

In general, no one program was overwhelmingly preferred. Leading program types were:

- social
- songs
- plays
- religious (but much lower)

Interestingly the mothers were split almost equally between prefer and didn't prefer for the first three.

- Mothers unanimously did not prefer what was translated to me as:

- o spot
- o advertisement
- o women
- o child

- They also did not prefer:

- o crime
- o political
- o comedy (only five mothers preferred)
- o health (only 15 mothers preferred)

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ANNEX 4
Preprogram Discussions
with
Radio Producers

MEDIA CAMPAIGN---ALEXANDRIA
JULY THROUGH SEPTEMBER, 1983

DISCUSSION POINTS

PRIMARY AUDIENCE: Mothers of children under five years old.

SECONDARY AUDIENCE: Fathers of children under five years old.

OBJECTIVES:

1. Positively reinforce mothers who are giving soups, rice, water, juices, breastmilk when small child has "light" diarrhea (eshal), before it becomes like water, and encourage other mothers to do the same.
2. Positively reinforce mothers who continue feeding of breastmilk and soft foods during child's diarrheal episode and encourage other mothers to do the same.
3. Teach concept that gefef is the result of strong diarrhea, (zayy maya, eshal gamid, and nazla maawiyya, (diarrhea with vomiting). These are very dangerous to the young child because it causes gefef and can lead to death.
4. Teach the signs of gefef which indicate the need for IMMEDIATE treatment. They are watery diarrhea (zayy maya) accompanied by any one of the following signs: loss of appetite (maloushn nefṣ le lakl), weakness (daeef), vomiting, fever, sunken eyes.
5. Teach parents that children who have one or more of these signs of gefef need immediate treatment at El Shatby.

CAMPAIGN TONE: Good, loving mothers know and do the objectives listed above. Praise for the good mother; because she loves her child, she knows and does the above.

EDUCATIONAL MESSAGES:

1. When small child/toddler/infant has eshal, which is not watery, do what good, loving mothers have always done - give plenty of rice water, soups, juices, and breastmilk so child will stay strong and not become gefef.
2. In spite of mother's good intentions, zayy maya and nazla maawiyya are very dangerous to the small child. They can cause what doctors call gefef which can lead to death. (Can use the example of a flower without water, or a plant in a drought to explain the concept of gefef).
3. Signs of gefef which should concern a mother are diarrhea (zayy maya) accompanied by any one of the following: 1) weakness (daeef), 2) vomiting, 3) fever, 4) loss of appetite (maloushn nefṣ le lakl), and 5) sunken eyes.

4. Children with signs of gefef need help immediately! There is a new treatment for gefef available at El Shatby. But remember, go quickly for a small child with gefef is very ill.
5. Good, loving mothers always continue feeding small children when they have eshal so that they stay strong. Always continue breastfeeding and give potato, soups, boiled rice and other soft foods to child with diarrhea.
6. The program is sponsored by the National Control of Diarrheal Diseases Project (El Mashroua El-Kawami LE Mokafhat Amrad El Ishael).

CAMPAIGN STRATEGY QUESTIONS:

1. What is the best promotion to encourage mothers of children less than five-years-old to listen to the radio during the times we give our messages. If we use the prize idea:
 - What would be a good prize? (Appropriate, inexpensive, desired by the mother?)
 - How could we select the mothers without making a bias for literates? Go to the home? Stop a mother on the street or in the market? Which one? One with child? Do mothers take small children to the market or on the street?
 - What is the best frequency of prizes - daily small prizes? Weekly larger prizes? Take into consideration interest of mother and actual production capabilities.
 - Is the idea of the Mother of the Day or Mother of the Week appropriate? Mother would be given small diploma as well as small prize.
2. We need at least one ten minute program daily that we can promote through the radio and other sources as the times to hear these messages. Can we exchange programs such as With the Youth, Laborers Society, With the Village People for such a slot. We need a good time that does not compete with television. Is "Housewife" possible to use for July through September? Other program?
3. What is the best format to give these messages? What is the best source of information?
4. What traditional stories, fables, slogans, sayings, music, etc. already exist which we could tie into the campaign - in particular the tone of the campaign and the five educational objectives.

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5. We will need a jingle/slogan to identify the campaign. Possible ideas include an already existing saying or new one which expresses:

- "Good, loving mothers take special care of their small child when he has diarrhea. Listen how you can too!"
- "Praise to the good, loving mother who takes special care of her small child when he has diarrhea. This program is for you!"

Discussion about Strategy Questions with four producers

Question 1: Promotion

- Think prize idea best promotion/motivation. Suggest something for the kitchen-pressure cooker, egg beater, juicer, salt and pepper grinder, perfume, toys for children - bicycle, tricycles, dolls. Also antiseptics, Raid.
- Like idea of going to mothers in public places/markets/giving in public. Mothers go to markets in the morning.
- Think large weekly prize better than daily prize.
- Mother of the Day/Week. Maybe, but diploma without prize, mother won't like. (Note: Mothers in hospital suggested a toy or clothes for child or an investment certificate).

Question 2

Daily ten minutes program caused problems. Feeling is that this was all settled. However will give us spot, between 4-6 pm. We wait to renegotiate.

Their feeling is that no one will want to listen to a daily program only about diarrhea, and so don't want us to use the Housewife Program because they feel they will lose their audience. They also feel they want to start now. Feel behind schedule.

I feel that in view of the lack of audience demonstrated by the Media Survey that the present scattered programming will have no effect. It seems like a lot of money for that.

Question 3

Best format/source of information

- Housewife reportedly must listen to program
- Giving message indirectly is better than directly in thier opinion. (In most places it's the opposite. I don't know what they base their opinion on.)
- Face-to-face is more important than radio, more important to train someone from the community.
- Mothers will believe another mother more than a doctor as a source of information. (Again, I don't know what these two are based on. They mentioned the family planning program).
- Last year interviewed mothers of children with gefef and got letters in response. "You must make people live the problem", record sounds of child dying of gefef and interviews with mothers of those children."
- All of them repeatedly returned to the idea of telling "those people how wrong they are" in spite of going through the objectives and tone of the campaign. The idea of telling the mother what she is doing right is totally alien. They insisted on focusing on what the mothers are doing wrong and must change. The drama that has been written compares what people do wrong (everything traditional) to what they should do right (everything modern). It directly confronts the use of traditional healers and treatments.

Question 4

Traditional stories, etc. that could be utilized?

Totally lost them. All reverted to stories of radio materials to make people change their wicked ways. "Mothers treat diarrhea wrong with lemon tea, etc." Don't know any stories about gefef. However, say there is a tradition of songs about loving, kind mothers, but not related to sick child or diarrhea.

Breastfeeding is sensitive and should be done with drama (?)

Question 5

Jingle/slogan

Felt that they were translatable.

General Observations:

Strongly objected to vocabulary. Said that it wasn't appropriate for radio (we got the same criticism in Honduras) in particular:

- Tasyeera layena should be changed boraz sael
- Eshal gamid should be changed to eshal shadel
- Don't think that gamid should be used in relation with daeef

Conclusions/Suggestions:

I. Changing in programming due to the results of the media survey we could:

1. Let it go. Since no one listens, no one will be affected. Focus on other media. But it seems like a lot of money.
2. Change the programming and heavily promote the daily program. Best alternative and worth the fight.
3. Try to promote one of the already purchased programs. However there isn't enough repetitions to have any impact with a weekly or bi-weekly program. It would probably be best to limit the radio's role and messages to supporting the other mediums with the present schedule rather than really trying to teach with the radio.
4. Drop the radio segment.

II. Before contacting the station again, coordinate the message and strategy with the agency.

III. Run a seminar for radio station personnel. (A little knowledge is sometimes dangerous) Emphasize ideas of limited carefully designed/worded messages, repetition, positive campaign tone, positive reinforcement. In Honduras we found this a very positive way of getting people enthusiastic and coordinating all of the different people.

IV. Define message strategy by medium with the AD agency.

- Limit number of messages to be promoted by radio/T.V.
- Three months is a very short period of time. Messages need lots of repetitions.
- Carefully define vocabulary to be used in the materials.

IIV. Drama would probably be the best format for radio materials sandwiched with an appropriate "song" (what we call a jingle) and interviews. A tentative program could include:

1 min.: good mother song

30 sec.: intro to program, theme for the day. (Doctor as host/hostess?).

4 min. : drama "Search for El Sheffa".

30 sec.: summary of program/message

3 min.: prize awarding interview which would include identification of mother, asking/answering of question, presentation of prize, short interview about child, congratulations to mother for being a "good mother winner".

1 min. : good mother song close.

Interviews, testimonials with mothers, doctors, other appropriate people could be alternated with the drama in different weeks. The drama should focus on a mother, health worker, etc. who does things right.

ANNEX 5

Results of Preprogram Research

PRE-RADIO PROGRAM RESEARCH
ALEXANDRIA, 1983

QUESTIONNAIRE:

We're going to start a new radio program especially for mothers like you. The program will praise good, loving mothers for taking special care of their small children.

1. What name do you think would be best for this program?

	# of mothers	Percent
Happy Mother	15	8%
Clever Mother	58	32%
Kind Mother	55	31%
Loving Mother	29	16%
Loving Mama	22	12%
Any Name	1	1%
TOTAL	181*	100%

*One mother answered twice

2. We want to give prizes to praise mothers for their special knowledge and care. What kind of prize would motivate you to listen to the radio program every day?

Answer	# of mothers	Percentile
Something for mother	29	16%
Something for baby	78	42%
Investment certificate	78	42%
TOTAL	185*	

*Five mothers answered twice

NOTE: Many of the mothers who answered something for baby and something for mother said that that something should be an investment certificate or money.

3. If you heard someone on the radio say "Give akle hafif (soft foods) to you child", what foods would you understand you should give? (DON'T READ ALTERNATIVE, LET MOTHER ANSWER WITHOUT PROMPTING)

FOOD	# OF MOTHERS	PERCENTILE
Rice water	33	18%
Biscuits	12	6%
Potatoes	39	22%
Beans	18	10%
Pudding	42	23%
Yoghurt	48	24%
Vegetable Soup	51	28%
Soup	6	4%

Others:

liquids-1, eggs-1, egg yolks-2, cheese-7, milk-3, juice-1, lemonade-1, boiled apples-1, honey-1, tea with milk-1

4. If you heard someone on the radio say, "Give miyet ros ketir to your child", how much miyet ros would you give in a day to a child 18 months old? (*miyet ros ketir = plenty of rice water)

	Tea Glass		Water Glass		TOTAL
	#	%	#	%	
Less than 1 glass	32		17		49
One glass	23		27		50
Two - three glasses	7		6		13
Four - five glasses	--		1		1
More than five glasses	4		--		4
As much as he can take					17
WOULD NOT GIVE RICE WATER					44

Small breastfeeding, one cup-1, bottle from pharmacy, as doctor ordered, bottlefeeding.....

5. Who do you think should host the program?

	# of Women	Percentile
MAN	7	4%
WOMAN	159	88%
ANYBODY	14	8%

6. Who would you like to hear talk on the program about being a good mother?

ANSWER	# OF MOTHERS	PERCENTILE
Doctor	112	62%
Nurse	5	3%
Mother	26	14%
Teacher	2	1%
Experienced Lady	26	14%
Other	9	5%

7. Have you ever heard the word gefef?

Yes	58	32%
No.	122	68%

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What does it mean?

RELATED TO DIARRHEA

Vomiting and diarrhea -- drying of the body. Loss of fluids causes gefef - 12

Vomiting, diarrhea and gastroenteritus - 2

Gastroenteritus - 4

Severe Diarrhea - 6

Diarrhea and gastroenteritus - 1

Diarrhea - 7

When the baby has diarrhea he is liable for gefef - 1

Diarrhea causes gefef so the mother takes her child to the hospital to be given some fluids

Diarrhea and loss of salts

DRYNESS

The baby is thirsty and has dry lips

The baby needs glucose because he is dry

Drinks a lot

No fluids are in the baby's body

Dry skin

The baby is dry

The baby is thirsty and general weakness

A dry thing

Dry weather - gefef in the country - 2

OTHERS

Resembles cholera

The baby has gefef, he dies

She doesn't know the meaning, but heard it on TV

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RECOMMENDATIONS BASED ON THE PRE-PROGRAM RESEARCH

1. The name of the program should be the Clever Mother, although the words kind and loving should be used in the theme song as well.
2. The prize for the program should be an investment certificate, preferably for the baby, if that is possible.
3. The vocabulary akle hafif is understood by the mothers and therefore should be used in the program. Specific foods mentioned by the mothers such as potatoes, pudding, yoghurt, and vegetable soup should also be specifically mentioned.
4. The term ketir does not adequately express the concept that the child should be give a lot of liquids during the day, since more than half the mothers said they would give one glass or less if this term were used. "As much as the child will take" or actually mentioning a minimum number of glasses would be better.
5. It's important to note that 44 mothers (24%) said they would refuse to give rice water. This doesn't coincide with other information gathered about diarrhea treatment. Perhaps mothers in Alexandria are more "modern" than other mothers or perhaps they perceive that the interviewer doesn't want this answer, or...?
6. A woman should host the program. A female doctor should be the first person featured to give the main messages in the program followed by an older woman with experience and mothers with experience. Other health workers can also be included later in the program.
7. There is a surprisingly high number of women who had heard the word gefef and whose answers to what it is demonstrates at least a basic idea that it is related to diarrhea and dryness. This is very positive and should be built on by incorporating these women in the radio program.
8. This preprogram research has been very important to the program design and it was carried out very quickly and efficiently by all of the people involved. It would be a good idea to take advantage of this well-functioning on-going research to ask some baseline questions about the program messages. These same questions could then be asked at the end of the campaign in September/October to evaluate the impact of the campaign.

NOTE: This research was carried out on July 2, 1983 with 180 mothers of

children less than five years old. The research was implemented in areas throughout the city including:

Kism El Gomarok

El Sayela Shark

Kism El Raml

Dana

San Stephano

Kism EL Montaza

Seyouf Kebli

Kism Sidi Gaber

Mostafa Kamel

Kism Karmouz

Nobar

Kism Moharam Bek

Sobheya Exbet Sharkas

Kism Mina El Basal

El Mafrouya Shark

El Mafrouza Gharb

ANNEX 6
Program Calendar
and
Schedule

SCHEDULE OF PROGRAMMING
 RADIO CAMPAIGN - RADIO ALEXANDRIA
 SUMMER - 1983

DATEFORMAT

JULY:

19-23 Interviews with Dr. Samia
 24-28 Drama "A Mother's Search for El Sheffa"
 29-Aug. 2 Interviews with Dr. Kassem

AUGUST:

1-31 Drama "A Baby in Our House"
 3-7 Interviews with Mothers
 8-12 Interviews with Dr. Mohassen Abd El Haleem
 13-17 Interviews with Mothers
 18-22 Interviews with Dr. Samia El Kabany
 23-27 Interviews with Mothers
 28-31 Interviews with Fawzia El Talawy, Health Educator

SEPTEMBER

2-6 Drama "A Mother's Search for El Sheffa"
 7-11 Interviews with Nurses from the ORT Centers
 12-16 To be defined with advertising agency
 17-21 Interview with Mothers
 22-26 To be defined with advertising agency
 27-30 Interviews with Dr. Samia Nyad

CALENDAR FOR PROGRAM PLANNING

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
		Interviews with Dr. Samia Ryad				
		A	B	C	D	E
24	25	26	27	28	29	30
Drama--"A Mother's Search for El Shefa"				Interviews with Dr. Kasseem		
A	B	C	D	E	A	B
31						
Interview Dr. Kaseem						
C						

Message A - When infant has eshal that is not watery, do as clever, loving mothers have always done - give PLENTY of liquids, especially soups, breastmilk and juices so that child will stay strong and not become gefef. Give as much as child will drink throughout the day.

Message B - Zayy maya and nazla maawyya are very dangerous to the infant. They can cause what doctors call gefef which can lead to death.

Message C - Signs of gefef which should concern a mother are zayy maya accompanied by 1) da'if, 2) vomiting, 3) fever, 4) maloush nefs le lakl, and 5) sunken eyes.

Message D - Children with signs of gefef must be taken IMMEDIATELY to one of the new treatment centers for gefef at Ramleh Pediatric Hospital, El Shatby Hospital and El Kubary Hospital.

Message E - Clever, loving mothers continue feeding ake hafif and breastmilk when child has eshal. Give ake hafif such as potato, soups, boiled rice, pudding, yoghurt, soups, and fruits.

CALENDAR FOR PROGRAM PLANNING

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Interviews D	2 Dr. Kassem E	3 Testimonials El Sayeda A	4 with Mothers Abd El Hasiz B	5 C	6 D
7 Testimonials with Mothers E	8 Interviews A	9 with Dr. Mahassan Abd El Haleem B	10 C	11 D	12 E	13 Interviews with Mothers A
14 Interviews B	15 C	16 with Mothers D	17 E	18 Interviews A	19 Dr. Samira El Kabany B	20 C
21 Interview Samira D	22 Dr. El Kabany E	23 Testimonials A	24 With Mothers B	25 C	26 D	27 E
28 Interviews A	29 Fawzia El B	30 Talawy C	31 D			

Message A - When infant has eshal that is not watery, do as clever, loving mothers have always done - give PLENTY of liquids, especially soups, breastmilk and juices so that child will stay strong and not become gefef. Give as much as child will drink throughout the day.

Message B - Zayy maya and nazla maawyya are very dangerous to the infant. They can cause what doctors call gefef which can lead to death.

Message C - Signs of gefef which should concern a mother are zayy maya accompanied by 1) da'if, 2) vomiting, 3) fever, 4) maloush nefs le lakl, and 5) sunken eyes.

Message D - Children with signs of gefef must be taken IMMEDIATELY to one of the new treatment centers for gefef at Ramleh Pediatric Hospital, El Shatby Hospital and El Kubary Hospital.

Message E - Clever, loving mothers continue feeding akle hafif and breastmilk when child has eshal. Give akle hafif such as potato, soups, boiled rice, pudding, yoghurt, soups, and fruits.

CALENDAR FOR PROGRAM PLANNING

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Interview Fawzia El Talawy	2 Drama--"A Search for El Sheffa"	3 Mother's El Sheffa"
				E	A	B
4 Drama--"A Mother's Search for El Sheffa"	5	6	7	8 Interviews -- Hospital	9 Nurses from	10
C	D	E	A	B	C	D
11 Interviews Nurses	12 In Coordination with Ad Agency	13	14	15	16	17 Mother's Testimonials
E	A	B	C	D	E	A
18 Testimonials with Mothers	19	20	21	22 In Coordination with Ad Agency	23	24
B	C	D	E	A	B	C
25 In Coordination With Ad Agency	26	27	28	29 Dr. Samia Ryad	30	
D	E	A	B	C	D	

Message A - When infant has eshal that is not watery, do as clever, loving mothers have always done - give PLENTY of liquids, especially soups, breastmilk and juices so that child will stay strong and not become gefef. Give as much as child will drink throughout the day.

Message B - Zayy maya and nazla maawyya are very dangerous to the infant. They can cause what doctors call gefef which can lead to death.

Message C - Signs of gefef which should concern a mother are zayy maya accompanied by 1) da'if, 2) vomiting, 3) fever, 4) maloush nefis le lakl, and 5) sunken eyes.

Message D - Children with signs of gefef must be taken IMMEDIATELY to one of the new treatment centers for gefef at Ramleh Pediatric Hospital, El Shatby Hospital and El Kubary Hospital.

Message E - Clever, loving mothers continue feeding akle hafif and breastmilk when child has eshal. Give akle hafif such as potato, soups, boiled rice, pudding, yoghurt, soups, and fruits.

تدوين لتخطيط صفات البرنامج

يوليو						
رقم اليوم	الأيام	التلقائيات	الالتزامات	الخصائص	الخصائص	الاست
٣	٤	٥	٦	٧	٨	٩
١٠	١١	١٢	١٣	١٤	١٥	١٦
١٧	١٨	١٩	٢٠	٢١	٢٢	٢٣
٢٤	٢٥	٢٦	٢٧	٢٨	٢٩	٣٠
٣١						

توجد في هذا الجدول بعض الصفات التي ليس من الميعة افضل كما تجعل دائما الالام المواقفة بمؤونة
 اعنى الكثير من اسائل رعاهة لشوية ، رضاعة طبيعيه ، عصار حتى يظل الصبح خويا ووه رصار
 ما نال... اعطى سوالي للظن طوال اليوم فكان قد شايصرب
 ساء التاثير في زوم المعية و البراد الملوحة خطرة على الطفل انما شجب ما يظنونه عليه الاطباء و اعصاب
 ساء التاثير في الحارفات اعطى التي يجب انه تعلم بلا كل أم وحين ا زوى المعية مصابة بها اجدى هذه
 ضعيف ٢ ، القوي ٣ ، ارتضخ في درجة الحرارة ٤ ، ما لشر نصيب للكل ٥ ، عيناها ما تفرق
 فاذا الاربعة تفرق ، الاربعة المصنوب باعراض اعطى فيه ساء اخذهم فوراً الى اجدى المراكز الجيدية
 لدرج اعطى المتوخرين الصلاح الجيد ونهى : متضرر شلون استضرر من البرهجال والتغير الى
 انما الاربعة قد ، الالام الواضحة هي التي تستمر في اعطاء للطفل الالام والاضيقار الرضاعة الضعيفة عند ما يتوجه للطفل
 ما نال... اعطى الحارفات الاعطى للضعيف مثل ، لبطاطس ، كشمسة ، الالام الملوحة ، بوز نج
 ر... شورية و شافعة

نشرة لتحفظ فقرات البرنامج

المنظور

رقم الفقرة	الاسم	اللائحة	الاجراء	المحور	الاسم
٦	مقابلة	١	٢	٣	٤
٧	مقابلة	٤	٥	٦	٧
٨	مقابلة	٩	١٠	١١	١٢
٩	مقابلة	١٣	١٤	١٥	١٦
١٠	مقابلة	١٧	١٨	١٩	٢٠
١١	مقابلة	٢١	٢٢	٢٣	٢٤
١٢	مقابلة	٢٥	٢٦	٢٧	٢٨
١٣	مقابلة	٢٩	٣٠	٣١	٣٢
١٤	مقابلة	٣٣	٣٤	٣٥	٣٦
١٥	مقابلة	٣٧	٣٨	٣٩	٤٠
١٦	مقابلة	٤١	٤٢	٤٣	٤٤
١٧	مقابلة	٤٥	٤٦	٤٧	٤٨
١٨	مقابلة	٤٩	٥٠	٥١	٥٢
١٩	مقابلة	٥٣	٥٤	٥٥	٥٦
٢٠	مقابلة	٥٧	٥٨	٥٩	٦٠

المسألة الأولى: ما هي المقابلة؟ المقابلة هي لقاء بين شخصين أو أكثر لغرض معين، وقد تكون رسمية أو غير رسمية. المقابلة هي عملية تواصلية تهدف إلى جمع المعلومات، فهم المواقف، حل المشكلات، أو تقديم الخدمات. المقابلة هي فن وعلم، ويتطلب مهارات خاصة مثل الاستماع النشط، طرح الأسئلة، والتواصل الفعال. المقابلة هي أداة أساسية في مجالات كثيرة مثل التعليم، الصحة، العمل، والعلوم. المقابلة هي عملية ديناميكية تتغير مع تطور الحوار. المقابلة هي عملية تبادلية يفيد فيها كل طرف الآخر. المقابلة هي عملية تهدف إلى تحقيق أهداف محددة. المقابلة هي عملية تتطلب الإعداد الجيد والتدريب المستمر. المقابلة هي عملية تتطلب الصبر والتحمل. المقابلة هي عملية تتطلب المرونة والقدرة على التكيف. المقابلة هي عملية تتطلب الاحترام والتقدير. المقابلة هي عملية تهدف إلى بناء الثقة والعلاقة الجيدة. المقابلة هي عملية تتطلب مهارات الاتصال الجيدة. المقابلة هي عملية تهدف إلى فهم احتياجات الآخرين. المقابلة هي عملية تتطلب القدرة على إدارة الحوار. المقابلة هي عملية تهدف إلى تحقيق التفاهة والوعي. المقابلة هي عملية تتطلب القدرة على التعامل مع المواقف الصعبة. المقابلة هي عملية تهدف إلى تطوير المهارات الشخصية. المقابلة هي عملية تتطلب القدرة على العمل بفرق. المقابلة هي عملية تهدف إلى تحقيق الأهداف المشتركة. المقابلة هي عملية تتطلب القدرة على إدارة الوقت. المقابلة هي عملية تهدف إلى تحسين الأداء. المقابلة هي عملية تتطلب القدرة على التفكير النقدي. المقابلة هي عملية تهدف إلى اتخاذ القرارات السليمة. المقابلة هي عملية تتطلب القدرة على العمل تحت الضغط. المقابلة هي عملية تهدف إلى تحقيق النجاح. المقابلة هي عملية تتطلب القدرة على التعلم من التجارب. المقابلة هي عملية تهدف إلى تطوير الذات. المقابلة هي عملية تتطلب القدرة على إدارة التغيير. المقابلة هي عملية تهدف إلى تحقيق التغيير الإيجابي. المقابلة هي عملية تتطلب القدرة على العمل بروح الفريق. المقابلة هي عملية تهدف إلى تحقيق التميز. المقابلة هي عملية تتطلب القدرة على الابتكار. المقابلة هي عملية تهدف إلى تحقيق الريادة. المقابلة هي عملية تتطلب القدرة على العمل بجد واجتهاد. المقابلة هي عملية تهدف إلى تحقيق الأحلام. المقابلة هي عملية تتطلب القدرة على إدارة الذات. المقابلة هي عملية تهدف إلى تحقيق السعادة. المقابلة هي عملية تتطلب القدرة على العمل بصدق وأمانة. المقابلة هي عملية تهدف إلى تحقيق العدالة. المقابلة هي عملية تتطلب القدرة على العمل بشفافية. المقابلة هي عملية تهدف إلى تحقيق النزاهة. المقابلة هي عملية تتطلب القدرة على العمل بمسؤولية. المقابلة هي عملية تهدف إلى تحقيق المسؤولية. المقابلة هي عملية تتطلب القدرة على العمل بذكاء. المقابلة هي عملية تهدف إلى تحقيق الحكمة. المقابلة هي عملية تتطلب القدرة على العمل بصدق. المقابلة هي عملية تهدف إلى تحقيق الصدق. المقابلة هي عملية تتطلب القدرة على العمل بحسن نية. المقابلة هي عملية تهدف إلى تحقيق الحسنة. المقابلة هي عملية تتطلب القدرة على العمل بتواضع. المقابلة هي عملية تهدف إلى تحقيق التواضع. المقابلة هي عملية تتطلب القدرة على العمل بكرامة. المقابلة هي عملية تهدف إلى تحقيق الكرامة. المقابلة هي عملية تتطلب القدرة على العمل ببطولة. المقابلة هي عملية تهدف إلى تحقيق البطولة. المقابلة هي عملية تتطلب القدرة على العمل بشجاعة. المقابلة هي عملية تهدف إلى تحقيق الشجاعة. المقابلة هي عملية تتطلب القدرة على العمل بذكاء. المقابلة هي عملية تهدف إلى تحقيق الذكاء. المقابلة هي عملية تتطلب القدرة على العمل بحكمة. المقابلة هي عملية تهدف إلى تحقيق الحكمة. المقابلة هي عملية تتطلب القدرة على العمل بصدق. المقابلة هي عملية تهدف إلى تحقيق الصدق. المقابلة هي عملية تتطلب القدرة على العمل بحسن نية. المقابلة هي عملية تهدف إلى تحقيق الحسنة. المقابلة هي عملية تتطلب القدرة على العمل بتواضع. المقابلة هي عملية تهدف إلى تحقيق التواضع. المقابلة هي عملية تتطلب القدرة على العمل بكرامة. المقابلة هي عملية تهدف إلى تحقيق الكرامة. المقابلة هي عملية تتطلب القدرة على العمل ببطولة. المقابلة هي عملية تهدف إلى تحقيق البطولة. المقابلة هي عملية تتطلب القدرة على العمل بشجاعة. المقابلة هي عملية تهدف إلى تحقيق الشجاعة. المقابلة هي عملية تتطلب القدرة على العمل بذكاء. المقابلة هي عملية تهدف إلى تحقيق الذكاء. المقابلة هي عملية تتطلب القدرة على العمل بحكمة. المقابلة هي عملية تهدف إلى تحقيق الحكمة.

نتيجة لتخطيط فقرات البرنامج

سبتمبر						
الايام	الاثنين	الثلاثاء	الأربعاء	الخميس	الجمعة	السبت
١	٢	٣	٤	٥	٦	٧
م تحت	م تحت	م تحت	م تحت	م تحت	م تحت	م تحت
٨	٩	١٠	١١	١٢	١٣	١٤
م تحت	م تحت	م تحت	م تحت	م تحت	م تحت	م تحت
١٥	١٦	١٧	١٨	١٩	٢٠	٢١
م تحت	م تحت	م تحت	م تحت	م تحت	م تحت	م تحت
٢٢	٢٣	٢٤	٢٥	٢٦	٢٧	٢٨
م تحت	م تحت	م تحت	م تحت	م تحت	م تحت	م تحت
٢٩	٣٠	١	٢	٣	٤	٥
م تحت	م تحت	م تحت	م تحت	م تحت	م تحت	م تحت

سأنا الأولى، عند ما يصاب الطفل بإسهال ليس من الخية، أفضل كما تقصد الحماة الأتمه الرومية، كبونو، البصر الأشهر
 به بدائل رفاضة، شوربة، رفاضة طبيعية، عصائر حمر يظل الطفل قويًا ولا يصات - عطفًا يظهر سويًا
 للزئيل حوال اليوم قد ما يشرب
 سادة الثانية، إذا ورد امبروزة الزلة المعوية فطرة بالنسبة للطفل الصغير، ولا ينبغي ما رطبة، هذه الامتناع، لو ظاف
 يوم الثانية، ان عرفت الحفاف التي يجب ان تهتم بكل ما في ٣ حتى ان الحية صاصم، لها اجزاء هذه، لا تقربوه
 ضيف، ١. لشر، ٢. ارتفاع في درجة الحرارة، ٣. عاوش، نصيب البراكل، ٥. عينة به -
 سادة الرابعة، إذا تشكك المصابون بإسهال الحفاف لابد من انزلهم فوراً، ان اجازي المرالز، سادة بسلام، الحفاف
 الحافز بهم، العلاج الجديد هو علاج الحفاف وهو مستخدم، ظهر مستخدم، البرال لا جعل، وسادة
 سادة الخامسة، انتم الرومية غير المرستمر في المطر، طينيل، الكاكي، الفيف، والبرهامة، الطبيعية، سادة
 الطفل مصاباً بالاسهال، اعطى الاكل الزينة، مثل: البطاطس، الشورية، الأرز، اسلون
 بون، فنج زبادى، دغالية

ANNEX 7
Guides to Interviews
with
Health Professionals

AN INVITATION TO PARTICIPATE IN EL OM EL WAYA RADIO PROGRAMME

You've been invited to participate in a new radio program especially for mothers of young children. We'd like to thank you for your cooperation and give you these guidelines to help you plan what you're going to say on the program.

The part of the program you will participate in will last from five to eight minutes. Each program focuses on one message. It's important to talk only about that message and repeat the same information in as many ways as possible. You will be interviewed by the hostess of the program, but any ideas you have about new ways to present the information are more than welcome. These are a few guidelines:

1. The program is designed to positively reinforce what mothers are already doing right, while asking them to do a few other things as well. Try to keep the attitude and tone that mothers are loving and clever and are trying to do the best for their children rather than scolding mothers for what they do wrong.
2. Please limit your discussion to the following program messages. The radio is a special medium. You need to repeat the same information many times. Too much information overwhelms the listener.
3. The program is especially aimed at poor mothers. In order to better communicate with these mothers:
 - Use basic, not technical, vocabulary. Doctors in particular must be careful about this!
 - Use proverbs, stories or other traditions to explain the messages.
 - Use examples of mothers you know who have had experiences with the messages.
 - Talk about your experiences with your own children.

The following are program themes or messages. Remember, each program is on only one message.

PROGRAM A: When the small child has eshal that is NOT zayy maya, do as clever, loving mothers have always done - give plenty of liquids especially soups, juices and breastmilk so that the child will stay strong.

- Focus especially on the fact that the child needs to drink several glasses throughout the day....or as much as the child will drink throughout the day. Many mothers give liquids, but they give a few tablespoons or less than a glass.
- We aren't recommending teas with sugar, coca cola or 7-up, etc. because the excess sugar can actually make the diarrhea worse.

PROGRAM B: Zayy maya and nazla maawiyya are very dangerous to the small child. They can cause what doctors call gefef which can lead to death.

- Compare the child with gefef to the plant during a drought
- Compare the child with gefef to a flower in a vase with no water
- Compare the child with gefef to a pot of water with a hole in it that slowly loses all of its liquids.
- Can you think of other stories, proverbs or songs to help explain the concept of gefef to an illiterate mother?

PROGRAM C: Signs of gefef which should concern the mother are zayy maya accompanied by any of the following signs: 1) da'if, 2) vomiting, 3) fever, 4) maloush nefis le lakl, and 5) sunken eyes. These are the signs of gefef.

- Please focus on only these signs of gefef. Mothers get confused if they hear too many signs over the radio.
- Repeat these signs several times during the program.
- Give examples of children you have seen with these signs.

PROGRAM D: Children with signs of gefef need help IMMEDIATELY. There is a new treatment for gefef available at El Shatby Hospital, Ramley Pediatric Hospital and El Kubary Hospital. But remember, go quickly for a small child with gefef is very ill.

- Please send mothers only to the places listed here. More places will be added as their personnel is trained and we are sure they have an adequate supply of packets.
- At this point we are not teaching how to mix or administer packets over the radio, but rather through face-to-face training at the treatment centers. We want to teach mothers that there is a new treatment for gefef and they can learn all about how to use it at these centers.
- Tell mothers to go to these treatment centers when her child has signs of gefef, **NOT** when he has diarrhea.
- Emphasize that this is a special new treatment available at these new treatment centers.

16/1

PROGRAM E: Clever, loving mothers always continue feeding their small children when they have eshal so that they stay strong. Always continue breastfeeding and give soft foods to the child with eshal. Some good soft foods include potatoes, soups, boiled rice, mahalabaya and yoghurt.

- Many mothers are already breastfeeding and feeding soft foods during diarrhea. Congratulate them on being clever, loving mothers!
- Be sure and use the words akle hafif when you talk about these foods.
- List the foods which are akle hafif.

QUESTIONS FOR INTERVIEWS WITH HEALTH PROFESSIONALS
THE CLEVER MOTHER PROGRAM

PROGRAM A: Give liquids, especially soups, juices and breastmilk to child when he has eshal that is not zayy maya.

1. What should a mother do if her child has eshal that is not zayy maya?
2. How much liquid, juice, or soup should a mother give?
3. How many times a day should a mother give the juices and liquids?
4. Is a glass or two enough?
5. Why is it important to give juices, soups and breastmilk to the child with eshal?
6. What do you do for your own child when he has eshal that is not zayy maya?
7. Can you tell us about a mother or mothers you know who do this?

PROGRAM B: Zayy maya and nazla maawiyya are very dangerous for the young child. They can cause what doctors call gefef which can lead to death.

1. Why are zayy maya and nazla maawiyya dangerous to the young child?
2. Can you explain gefef?
3. How is a child with gefef like a plant during a drought?
4. How is a child with gefef like a flower in a vase without water?
5. Many people have never heard of gefef. Is gefef really a problem?
6. Do you know or have you seen a child that had zayy maya or nazla maawiyya? Tell us about it.

PROGRAM C: SIGNS OF GEFEF

1. What are the signs of gefef which should concern a mother?
2. Why is weakness an important sign?
 - " " vomiting " " "
 - " " fever an important sign?
 - " " loss of appetite an important sign?
 - " are sunken eyes an important sign?
3. Have you ever seen a child with gefef? Tell us about it.
4. What would you do if your own child had signs of gefef?
5. Does a child get gefef every time he has zayy maya. Tell us about it.

PROGRAM D: When child has signs of gefef take him quickly to the new treatment centers at Shatby, Ramleh, and El Kubary.

1. What should a mother do if her child has signs of gefef?
2. Why is it important to go to Shatby, Ramleh or El Kubary Hospitals?
3. Why is it important for a mother to go quickly to these centers?
4. Have you seen a child receive treatment for gefef at these centers? Tell us about it - do they get better quickly?
5. Do you know a mother who has taken a child for treatment at these centers? Tell us what happened to her and the child.
6. What would you do if your child had signs of gefef?

PROGRAM E: Feed soft foods and breastmilk to child when he has eshal.

1. What should mothers feed their small children when they have eshal?
2. Why is it important to continue feeding when a small child has eshal?
3. Can you give us some examples of soft foods which are good for a child when he has eshal?
4. Why is it important to continue breastfeeding when a child has eshal?
5. Do many mothers know this? Tell us about it.
6. What do you feed your own child when he has eshal?

الاسئلة للمقابلته مع

البرنامج الاول :-

- اعطى السوائل وخاصة الشوريه - المعاصر - الرضاه الطبيعیه للطفل الحباب باسهال
لهسزى الميه .
- ١ - ما الذى يجب أن تفعله الام اذا اصاب طفلها باسهال مشزى الميه ؟
 - ٢ - ما هى كمية السوائل التى يجب أن تعطىها الام لطفلها ؟
 - ٣ - كم عدد المرات التى يجب على الام أن تعطى طفلها السوائل ؟
 - ٤ - هل كبايه او اثنان تكفى ؟
 - ٥ - ما هى أهمية اعطاء الطفل العصير ، الشوريه ، الرضاه الطبيعیه للطفل الحباب بالاسهال ؟
 - ٦ - ما الذى تفعله اذا اصاب طفلك باسهال لهسزى الميه ؟
 - ٧ - هل تستطيع أن تخبرنا عن أم أو أمهات يفعلن ذلك ؟

البرنامج الثانى :-

- زى الميه والنزله المعويه خطرته بالنسبه للطفل الصغير انها تؤدى الى ما يطلق عليه
الاطباء الجفاف التى قد تؤدى الى وفاه الطفل .
- ١ - لماذا تصير النزله المعويه والاسهال زى الميه خطرته على الطفل ؟
 - ٢ - هل يمكنك أن تشرحنى معنى الجفاف ؟
 - ٣ - ما هو وجه الشبه بين الطفل فى حالة الجفاف والنبات فى حالة الجفاف ؟
 - ٤ - ما هو وجه الشبه بين الطفل فى حالة الجفاف والزهره الموجوده فى وماء خالى من الميه ؟
 - ٥ - لم يسمع الكثير من الناس عن الجفاف - هل هذا الجفاف يسبب مشكله ؟
 - ٦ - هل رأيت طفلا عنده اسهال زى الميه أو نزله معويه ؟ تكلم عنه ؟

البرنامج الثالث :-

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علامات الجفاف .

- ١ - ما هي علامات الجفاف التي يجب أن تهتم بها الام ؟
- ٢ - لماذا يعتبر ضعف الطفل احدى العلامات الهامة ؟
- ٣ - لماذا يعتبر القيء احدى العلامات الهامة ؟
- ٤ - لماذا يعتبر الارتفاع في درجة الحرارة احدى العلامات الهامة ؟
- ٥ - لماذا تعتبر عدم القدرة على الاكل (ما لوش نفس للاكل) احدى العلامات الهامة ؟
- لماذا تعتبر العيانات الغائرتان احدى العلامات الهامة ؟
- ٣ - هل رأيت طفلا هابيا بالجفاف ؟ كلمينا عنه ؟
- ٤ - ماذا تفعل اذا اصيب طفلك بالجفاف ؟
- ٥ - هل يصاب الطفل بالجفاف كلما اصيب باسهال زى الوبه ؟ كلمينا عنه ؟

البرنامج الرابع :-

.....

اذا كان الطفل يعاني من علامات الجفاف اسرعى باخذه الى احدى المراكز الملاحه المتوفره بها هذا العلاج الجديد للجفاف وهذه المراكز هي :-

- مستشفى الشاطبي ، مستشفى الرمل للاطفال ، مستشفى القبارى العام .
- ١ - ما الذى يجب أن تفعله الام اذا ظهر على طفلها اعراض الجفاف ؟
- ٢ - ما هي أهمية الذهاب الى الشاطبي ، القبارى ، الرمل للاطفال ؟
- ٣ - ما هي أهمية اسراع الام بأخذ طفلها الى هذه المراكز ؟
- ٤ - هل رأيت طفلا تعالج باحدى هذه المراكز ، هل تحسن الطفل بسرعه ، كلمينا عن ذلك ؟
- ٥ - هل رأيت احدى الامهات تأخذ طفلها الى احدى هذه المركز ، حدثينا عن الذى حدث لها ولطفلها هناك ؟
- ٦ - ماذا ستفعل اذا اصيب طفلك باعراض الجفاف ؟

البرنامج الخامس:-
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- اطعمى طفلك اكل خفيف وارضعيه رضاعه طبيعیه عند ما يكون مصابا باسهال .
- ١- ما هو الاكل الذى يجب على الام أن تطعمه لطفليها عندما يكون مصاب بالاسهال ؟
- ٢- ما هى أهمية اطعام الطفل الصغير فى حالة الاسهال ؟
- ٣- هل يمكن ان تعطينا فكره عن الاكل الخفيف الذى يجب ان تعطيه الام لطفليها المصاب بالاسهال ؟
- ٤- ما هى أهمية استمرارية الرضاعه الطبيعیه للطفل المصاب بالاسهال ؟
- ٥- هل تعلم الكثير من الامهات ذلك ؟ كلبينا عن ذلك ؟
- ٦- ماذا تطعمى طفلك اذا اصيب بالاسهال ؟
- ٧- انك تعمل فى احدى هذه المراكز ، كلمينا عن نوعيه هذا العمل ؟

ANNEX 8
Radio Drama -
A Baby in Our House

TRANSLATION OF "BABY IN OUR HOUSE"
RADIO DRAMA FOR USE ON RADIO ALEXANDRIA

SHORT LINE SYNOPSIS: Teach people how to cure diarrhea. The characters are people of low categories. They include:

Amhasan - A kind man who has a small store. He is a traditional healer who treats with herbs and seeds.

Dr. Mohammed - Hasan's son who graduates during the play.

Somaya - Hasan's illiterate daughter who marries and has a child during the play

Ibrahem - primary school teacher who marries Somaya

Mother - Hasan's wife who also treats women and young girls.

The traditional treatment happens in front of the doctor who tries to stop it and quarrels with his parents about traditional treatment versus modern treatment. People believe in Hasan instead of the doctor and feel that the doctor is turning away from his people and traditions.

Somaya has a baby and after one week it has diarrhea. Hasan and Somaya try to cure him with traditional remedies. The doctor objects to the treatment and the family quarrels. Somaya believes her father because she is illiterate and believes in what she has seen all of her life. The child worsens. When he is very nearly dying Mohammed rebels and calls for the doctor. The doctor says the child must go to the hospital, but the family insists the doctor treats him at home. The doctor tries to treat him with oral rehydration therapy at home, but is unsuccessful. The child is taken to the hospital and treated with I.V. therapy and finally gets better. The doctor and his fiance, Dr. Mona open a clinic in Hasan's shop for "the area" and now the mothers go to him for help and the right medical treatment.

NOTE: In the following chapter these abbreviations are used: Dr. Mohammed = doc, Hasan = dad, Mother = mom, Somaya = S, Ibrahim = Ib.

CHAPTER 1: Sets the scene in the shop. Doc announces he is graduating. Beginning of friction between modern/traditional treatment. Neighbor's child treated by dad worsens.

CHAPTER 2: Introduction of idea of Somaya's wedding. First confrontation between doc and dad. Neighbor's baby dies of gastroenteritis.

CHAPTER 3: Doc gives dad gauze to cover his goods because flies are "the most important cause of children's diarrhea." "Microbes enter the child's body." Doc says if everyone killed flies there would be no more flies in the area. Goes into detail about flies eggs, picking up garbage, not throwing out garbage, etc. "This is the most important thing I want to tell you about."

CHAPTER 4: Doc tells dad he's responsible for the children's death. They quarrel. Mom tries to intervene. Another long discussion about microbes causing diarrhea.

CHAPTER 5: Mom tells doc about Somaya's wedding. Doc is sad because he wants to help financially and he can't. He doesn't want S. to live in the "area". Wants a better life for her children. Is afraid for her child. Transition - wedding music then baby crying. Doc and S. talk about children's illnesses. S. defends mom and dad and says they have always treated all of the children in "the area". Doc says flies are causing all of the babies' illnesses.

CHAPTER 6: Three-day-old baby is ill. Doc says that it's because of flies. Says S. is breastfeeding without cleaning her breast, feeds without sterilizing the baby bottle and give child a dirty pacifier. "The air is full of microbes." Mom asks, "What are we going to do with the atmosphere? Wash it with soap and water?" Doc says don't use a pacifier, but rather see why child cries. Says child cries for three reasons: 1) when they're hungry, 2) when he's wet, or 3) when he has a tummy-ache which means he will get diarrhea. So he must be taken to a doctor and not given this traditional rubbish like teas and rice water.

CHAPTER 7: Dad enters and says child is unconscious. Doc says that's what happens to babies with bad diarrhea. Dad says it is because of the medicine that he (dad) gave him and that it's a good sign. Baby is worse, but dad says he's fine. Confrontation over the baby's illness. Ib. wants doc to look at the baby and dad says that's an insult to him (dad). Doc says that the child is in the first gastroenteritis and the first sign is sweat on the forehead. "The child must be transported to the hospital right now." Doc leaves, slamming the door.

CHAPTER 8: Dad makes fun of doc and all doctors. "They're all the same. They make things more than they are." S. is confused between doc and dad. Everyone quarrels. Dad leaves. Ib. goes to see doc. Doc says baby must go to the hospital. The signs indicate that he has gastroenteritis. Those signs are: 1) long crying indicates a stomach-ache, 2) rise in temperature, 3) no appetite, 4) diarrhea. Says that it doesn't take a doctor to say that he's dehydrating which is always accompanied by a stomach-ache. The signs are the same, but the treatment is different because sometimes it's dehydration and sometimes it's something else.

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CHAPTER 9: Ib. and doc continue their discussion. Doc says this case is starting to be dangerous. Says Ib. must decide. Ib. says he's afraid of the hospital.

Transition--music and laughter--S, says Hasan's treatment has worked. The baby is sleeping, everything is fine and there was no need for the quarrel. But the child wakes up and is worse. He begins to vomit. S. wants to call dad and Ib. want to call doc. Quarrel over traditional/modern, young/old. "The world is progressing, but not "the area". Ib. goes for Hasan, but brings doc. Says "it's all in the family." Doc says child is getting what is called gefef which means the percentage of his fluids is below normal. S. says she is breastfeeding and giving fluids. Doc says it's not sufficient for what the child is losing with the diarrhea. Says child must go to the hospital.

CHAPTER 11: Doc says gefef has the following signs: 1) No ability to eat or be fed, 2) Child's eyes are closed and he's fainting, 3) His lips and tongue are cracking. Mom says that most children with diarrhea look like this. Does that mean they all have gefef? Doc says yes and continues, 4) little or dark urine. These are the signs that child is entering danger. Although the child has these signs they agree that the child is not in danger. The family insists that the child be treated at home.

CHAPTER 12: Doc agrees, but says he can't guarantee the treatment. Doc says that after 12 hours the child "will return back to normal activity, his diarrhea will stop or decrease, his vomiting will stop, his dizziness will stop, his tongue and lips won't be dry and he will have normal percentage and color of urine.

Dad and mom talk about their son being a doctor and rebelling against his parents. Say he is a snob and won't listen to folks. Dad says he's going to the clinic and tell him to respect his parents or else.

CHAPTER 13: Mom stops dad and they talk some more. Dad says mom is on son's side.

Transition to Ib. and S. house...Ib. is angry because he feels that the doc is doing nothing. They talk about packets for treatment of gefef. Doorbell rings and dad and mom enter. Dad is angry.

CHAPTER 14: Dad is angry and doc calms him down. Joke about dad getting older. Doc talks about what is in the packets. Says that it is "grape sugar" which is nutrition for the baby. Says he still doesn't know if treatment will work. Dad says, "Then it's rubbish." Dad and doc quarrel.

CHAPTER 15: Doc, Ib. and S. are with child. S. says he is still vomiting and still has diarrhea. Doc says it is just the first half hour. Ib. asks when the treatment will start to work. Doc says that the most important thing is to stop the vomiting. Says to give one packet every hour. Doc and Ib. go to make tea and joke about the glucose. Doc says that sugar is from sugar cane, but glucose is from grapes and more easily absorbed. Says other elements in the packet are parts of the blood. Long discussion about the elements in the packet. Mom screams, "Come see the baby!"

CHAPTER 16: The baby is vomiting. S. says the medicine is no good. Doc says that is because it was administered too late and because of Hasan's earlier treatment. Also because S. is administering the medication wrong. S. says that she did what doc told her to do - mix the packet in a water glass of water and give it to the child, but that he's vomiting. Doc says that that is what is wrong. She must give the medicine at first when the child vomits. Says she should have waited 1/4 hour to give the second packet. Doc says don't do wrong like all of the other mothers. Tells her to wash her hands after she changes the baby.

Transition--Hasan's shop. Mom wants dad to come see the child but he refuses.

CHAPTER 17: Mom goes to see the baby. Doc has left. Mom praises Somaya for her hard work. S. and mom talk about doc not having respect for his elders. S. and Ib. defend doc. Say that he is curing the gefef. Ib. says doc says they should have given the packet before the gefef started. "Prevention is better than cure." Say that doc says treatment is not sure once child has gefef.

CHAPTER 18: Ib. goes to hospital to fetch doc. Ib. says that after six hours the baby is still the same. Doc says they're too late to cure the case. The treatment only works before the severe signs of gefef. If given early, treatment returns appetite, activity. Ib. says baby has no urine. Ib. and doc have a discussion about how the hospital gives the same treatment. Doc leaves in the middle of the discussion without resolving the problem. Tells Ib. to bring the child to the hospital.

CHAPTER 19: Ib. and doc are at hospital. Baby is in the I.V. ward and they are talking in the doc's office. Discussion between Ib. and doc because Ib. feels doc is not paying enough attention to the child. Ib. asks the difference between I.V. and oral rehydration. Doc says that 1) it is the amount and percentage of glucose, 2) they give more fluids with I.V., and 3) the one we gave at home is limited to 4-6 glasses. Can't give more. Foreshadowing of romance between doc and Dr. Mona. Doc gets phone call to come see the child.

CHAPTER 20: Doc's office - Doc returns. S. and Ib. are there. Doc says the child was shivering because the I.V. was too fast, but that he has corrected it. Doc says the baby must stay eight hours. With I.V. treatment, child is home on the same day, but that his baby might have to spend the night even though his condition is not that dangerous. The problem is that we waited too long to start treatment. Ib. and S. want to see the baby.

Ib. says he's still worried because the baby in the first bed has died. Doc says God will do what he wants and that the child came to the hospital with extreme gefef. Says gefef has categories and when it reaches the extreme nothing will help because the organs are ruined. Sometimes with a little tranquilizers and I.V. the child will survive. Doc says that gefef fluids have something to do with magic.

Knock on door-enters Mona. Ib. says hello bride and Dr. Mona leaves.

CHAPTER 21: Ib. jokes about romance between doctors. Ib. wants to know about the three tubes he has seen in the child - I.V., stomach, and mouth. Doc explains that the I.V. is for the gefef. It must be I.V. because the child needs more than he can drink and glucose is much higher in I.V. The mouth tube is oxygen to prevent poisoning. The stomach tube absorbs unwanted secretion and the child can be fed.

Knock on the door - enters S. and says child is sleeping. Says Dr. Mona wants to see doc. Doc leaves. S. and Ib. joke about the romance.

CHAPTER 22: S. wants to take the baby home because since doc is in love he won't have time to take care of the baby.

Music--next day. Doc and Mona are talking. Mona has passed the night talking with Somaya by the child's bed. Mona has taken a blood sample to insure that the "elements" in the blood are alright after the gefef treatment. Doc says--"You know we can give as much I.V. as we want." Mona says she forgot.

CHAPTER 23: Ib. and doc are at dorm. Discussion about doc's marriage. Doc says he wants to do something to help "the area". Doc and Mona want to do a health project for the area "to prevent and treat gastroenteritus." Wants to take part of dad's shop and treat children. Ib. says that the people prefer dad over doctors. Doc says that is because of poverty and illiteracy. Ib. says that they say that the people have three enemies: poverty, illiteracy and diseases and that the enemies are always winning! Knock on the door.

CHAPTER 24: Dad enters. Doc and dad kind of make up. Ib. takes dad to see the child. Dad is still worried and says he hates the hospital. Doc says the child is better, but can't leave the hospital for several days. Says child may have a relapse and that the second time is even more dangerous because the child is very weak and any contamination from dirt and flies will make it worse.

Knock on the door - Dr. Mona enters with the results from the analysis of the "elements".

CHAPTER 25: Mona greets dad and they talk. Analysis shows that the condition is not yet settled and baby must stay another two days. Dr. Mona and doc go to see the baby.

Music--transition--S. is crying. "They sent for the big doc." They're giving injections and medications. Enter doc and Dr. Mona and say the baby is fine but must stay one week. S. says no, she's taking the baby home.

CHAPTER 26: Doc and Mona talk about doc must talk the family into leaving the child in the hospital. Doc says that the family saw the results - activity, appetite, eyes ok and he had told them that this was the result from the treatment. Mona says, "but the diarrhea hasn't stopped yet." Doc says they don't understand the magic fluids of gefef. They talk about how no one knows gefef or the danger or the treatment. Doc says they must start treating all of the children in "the area". Wants to make a center for treatment and health education, especially treatment for gefef and gastroenteritus. Wants to use the bottem of dad's shop and ask the Ministry of Health for help. Phone rings. Doc answers and says "I was afraid of this."

CHAPTER 27: At S. house. Doc is talking to mom. She is angry and jealous because of Mona. Says doc must see the baby. Doc says he's worried about the baby because he's had a relapse. Says he has given gefef fluids which will prevent death from gastreenteritus, but you can only use it 24 hours. Mom asks if it is magic and doc says yes, it stops vomiting. Mom asks when child can be fed. Doc says as soon as the signs vanish and the child will be fine. Dad and Dr. Mona enter.

CHAPTER 28: Joke

about how everyone knows Hasan. Mona says that everyone and everything is very nice in "the area" but is worried about the baby who has been brought home. doc and Dr. Mona talk about how nice the "area" is and how they want to live there and help with the project. Mona has written to the Ministry of Health and they have verbally agreed. Doc wants action. Mona shows the check for 5000 pounds from

CHAPTER 29: Mona shows check for 5000 pounds fromher father who has agreed to help start the project. Talk about what dad Hasan will do. Hasan enters and invites them to lunch. Music sound of plates/knives. Lunch conversation.

CHAPTER 30: Mona convinces dad to give them the shop for the project because now all of the people are convinced that doc is right because he cured Somaya's baby. Doc and dad go to ask for Mona's engagement.

CHAPTER 31: The shop is being converted into a clinic and all of the people take their children to the doc as early as possible to be treated for gastroenteritus. The docs get married.

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CHANGES FOR THE RADIO DRAMA

In general, the script is well written. The author seems to be a good writer, familiar with radio drama. The script is dramatic. The characters are well defined and developed. There seems to be excellent use of proverbs and ability to play with the language. There are some areas of change, however, most of them technical. Most of these areas would be clarified for the author if he could participate in the training during the week of July 16. He obviously is not convinced about oral rehydration therapy and thus the therapy fails and IV must be used. The drama also needs to be developed more along the tone of the good, clever mother and positively reinforcing what mothers already do correctly. General suggestions include:

1. Make the conflict more of one between old and young rather than traditional and modern. We don't want to take the traditional healers head-on. We will lose many people who still believe in them. We want to support traditional remedies, especially the use of rice water, UNTIL the child shows signs of gefef when he must resort to the new modern treatment. At the end of the drama Hasan and the doctors should be working together to help the area - "all in the family." The doctors shouldn't replace Hasan but should convince him about the signs of gefef and the treatment of a child when he has those signs.
2. Support the use of rice water, juices, breastmilk and soups when child has eshal that is not watery. The first chapters can be used to develop this idea emphasizing that Hasan can treat these cases, but once the signs of gefef are seen the child needs the special "new treatment for gefef" at Raml or Shatby.
3. Feeding during diarrhea has been omitted almost completely and needs to be emphasized throughout the drama. Oral rehydration therapy includes the ORT fluids and feeding during diarrhea.
4. The long prevention messages about microbes and flies should be omitted. This is just too much information in one drama. We need to focus on the signs and treatment of gefef in this drama and do a separate one on prevention later. We can use this space in the earlier chapters to introduce the idea of gefef, the idea that eshal that is not watery can be treated with rice water and feeding during diarrhea while still developing the conflict between young and old.
5. We need to develop the idea of the good, clever mother more with positive reinforcement with Somaya. Chapter 17 where mother praises Somaya is very good. Could we add that to some other chapters?
6. The child needs to be older than three days. A three-day-old child with vomiting and diarrhea is a special case. Child should be four-five months old.

7. The doctor shouldn't demand that the child be taken to the hospital until he has signs of gefef. Once he has signs of gefef the doctor shouldn't treat him in the home, but keep insisting that he be taken to the "special treatment centers for gefef" at Raml and Shatby. Once the child is in the hospital he should recuperate quickly and be dismissed after six hours. Everyone should be amazed and convinced about how effective the treatment is.

8. The signs of gefef that we want to teach the mothers are zayy maya accompanied by da'if, vomiting, fever, maloush nefis le lakl and sunken eyes. These should be repeated throughout the program and not change.

When the child is treated for gefef in the hospital his appetite and activity should return, he will stop vomiting, his eyes will return to normal and his face become like the moon (weshoh zayy el amar). Everyone should comment on this rapid and wonderful change.

SPECIFIC TECHNICAL PROBLEMS by chapter includes: (once again, most of these would be answered in the training course)

Chapter 7: Child should not be unconscious. Once he is unconscious, he has to go to the hospital. Leave out the sweat on the forehead as a sign of gastroenteritus. Use this chapter to introduce signs of gefef which mean the child must go to the hospital. Child is not yet vomiting nor has signs of gefef so doctor should not demand child be taken to the hospital yet.

Chapter 8: Better to not go into signs of gastroenteritus or it may confuse the audience about signs of gefef. It would be better to repeat the signs of gefef and tell Ib. that if the child has these signs he should be taken immediately to the hospital (naming centers). Dehydration is not always accompanied by a stomachache.

Chapter 9: Doc should say this case could become dangerous if child shows signs of gefef.

Chapter 11: Doctor can again repeat the signs of gefef. In the present script the family and the doctor say that although the child has these signs he is not in danger. Not so. The doctor must insist the child is in danger once he has signs of gefef.

Chapters 12-19: The child can't be treated at home by the doctor. He must be taken to the special center (Raml and Shatby) where they have a "New treatment" for gefef. Technical problems related to ORT include:

Chapter 12: Doc says he can't guarantee ORT. He also says that after 12 hours "the child will return to normal activity, his diarrhea will stop or decrease, his vomiting will stop, his dizziness will stop, his tongue and lips won't be dry and he will have normal percentage and color of urine".

- ORT is effective and Doc should guarantee it!
- ORT usually takes 4-6 hours. The mother will observe the return of activity after even the first hour and appetite shortly thereafter. Vomiting will stop. Doc shouldn't mention the other signs since we want to focus on earlier signs a mother can observe. ORT does not stop diarrhea, it treats gefef.

Chapters 14 and 15: There is really no need to talk about the "elements" in the treatment. However, glucose is not grape sugar. The glucose is not for good nutrition, it is necessary for the absorption of the sodium. It is better not to talk about the glucose because some people might think that it would be good to give the child sugar to give him nutrients during diarrhea. Sugar in teas or whatever can actually aggravate the diarrhea.

Doc says he's not sure if the treatment will work. We want to promote ORT! Doc must be sure it will work and we must see those results in the drama.

Chapter 15: Doc says to give one packet every hour. That depends on the size of the child, etc. It's really not necessary to go into how much to give since the message is to take the child to the special clinics.

Chapter 16: We want to positively reinforce the mother, not focus on what she is doing wrong. Sitting for hours beside the baby giving this medication little by little is something that deserves praise, not criticism. Child should be given about a spoonful every minute, not just given the medication after he vomits. Also doesn't need to wait 1/4 hour to give the second packet. Don't need the prevention message about hand-washing here. We are focusing on treatment of gefef.

Chapter 17: Good praising of Somaya by mother. We are not recommending that children be given gefef medicine before there are signs of gefef. Mothers who give gefef medicine before there are signs of gefef see no results from the treatment (since it doesn't stop diarrhea) and hesitate to use it again. We are recommending the use of rice water, breastmilk, juices, etc. before the child has signs of gefef and treatment at special centers as quickly as possible once he has signs of gefef.

Doc says treatment of gefef is not sure once the child has gefef. The treatment is almost always effective once the child has gefef. The author needs experience with the treatment.

Chapter 18: Loss of appetite and activity are signs of gefef. A child that has no urine is severely dehydrated and has little time. Doc leaves in the middle of the discussion without resolving the questions about the treatment in the home and the treatment in the hospital being the same.

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Chapter 19: The author needs to understand the difference between ORT and I.V. treatment. You can give more than 4-6 glasses of ORT to a child.

Chapters 20-30: should be used to show how quickly the treatment has been effective. The child should be active and breastfeeding within an hour and dismissed from the hospital the same day. The average time for I.V. treatment is more than 12 hours (babies frequently spend the night at the hospital), while most children are rehydrated orally in 4 to 6 hours.

I.V. should not be mentioned. We're promoting ORT! It works! Let's see it in the drama. We really don't need to talk about relapses and blood analyses either. Once the child is in the hospital we want to see the "miracle" of the gefef treatment so that everyone, including Hasan (and the author) are convinced that the doc was right. We can use the rest of the time to talk about feeding during diarrhea which has been left out.

Chapter 27: You can give the gefef fluids more than 24 hours. We are recommending that the child continue to take gefef fluid as long as he has zayy maya. Talk more about what child should eat.

Chapters 28-30: Eiman has commented that a girl from the wealthiest area would not marry a boy from "the area". She should be made less wealthy. Perhaps the check could be for 500 pounds.

We don't want to confront traditional beliefs head-on. Why don't Hasan and doc work together and Hasan talk about the signs of gefef which mean children need treatment. Kind of merge the two treatments.

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ANNEX 9

Role Play - "A Mother's
Search for El Sheffa"

"A MOTHER'S SEARCH FOR EL SHEFFA"

CHARACTERS: Ommohamed - a mother who wants to do the best for her first child who is just one-year-old.

Mohamed - the one-year-old child

Hamida - local daya

Om Yousty - Ommahamed's neighbor and best friend

CHAPTER 1: The child has eshal that is not zayy maya. Hamida and Om Youstey come to see the mother. Ommahamed tells them how worried she is about the child. Hamida asks about the child and if the eshal is zayy maya. When she hears that the child has only eshal she tells the mother to give juices, soups and breastmilk. But it's very important to give as much as the child will drink throughout the day.

CHAPTER 2: NEXT DAY. Hamida and Om Youtsey come to see the child. He is worse and now has zayy maya. The three discuss how zayy maya are very dangerous to the young child. They cause what doctors call gefef which can lead to the child's death. Ommahamed is very worried. What is gefef? Hamida and Om Youtsey talk about the child losing fluids with the zayy maya and compare it to the plant with no water. The child vomits and the mother is worried. The chapter ends with Om Youtsey asking, "Does this child have gefef?"

CHAPTER 3: The child vomits and the mother is worried. Does this child have gefef? The three women look at the child and find that he has the signs of gefef - he has zayy maya, he is da'if. He doesn't want to eat anything. His eyes are beginning to be sunken. He has a fever. The women agree that these are the signs of gefef which mean that the child needs treatment quickly at the special new treatment centers in Shatby Hospital, Ramle Pediatric Hospital or El Kabery Hospital. The mother doesn't want to go, but the other women convince her that she must because the child has signs of gefef. They repeat the signs of gefef. At the end of the drama the mother is taking the child to the hospital. With Om Youtsey asking, "Will she make it in time to save the child?" (Should the father come in here? What would he do?)

CHAPTER 4: Ommahamed has returned from Shatby Hospital. She and the other women are amazed by how quickly the child has recuperated with the "new treatment for gefef" at the hospital. The women comment about the signs of gefef - weakness, lack of appetite, vomiting, fever, and sunken eyes. Now the child is active, he is hungry, he has no fever or vomiting and his eyes are not sunken. They are bright. The child's face is like the moon.

The child cries, the women rush to see what is wrong. The child is hungry! But what should we feed him?

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CHAPTER 5: The child cries. The women rush to see what is wrong. The child is hungry! But what should the mother feed him?

Ommahamed says that the doctor at the treatment center for gefef at Shatby Hospital told her she must continue to breastfeed the child and feed him akle hafif as long as the eshal continues so that he will stay strong. There is a discussion about the pros and cons of this. One of the group should be against it, but should be convinced by the other women at the end. The women should mention soft foods such as fruits, pudding, yoghurt, potatoes, boiled rice.

The drama should end with the baby laughing and the mothers congratulating themselves on being good, loving mothers and taking special care of their children when they are sick.

DRAFT--NARRATOR'S SCRIPT FOR THE DRAMA "A MOTHER'S SEARCH FOR EL SHEFFA"**CHAPTER 1:**

INTRODUCTION: Welcome to the first chapter of "A Mother's Search for El Sheffa". Today we begin the drama in the home of Ommohamed. Ommahamed is a young mother with her first child. Mohamed is only one-year-old, but his mother and father think that the sun rises and falls in him. They want to do only the best for their baby. One day Mohamed wakes up with eshal. Ommohamed, his mother, is very worried. What should she do?

CLOSE: You've just joined Ommohamed, Hamida and Om Yousty in the first chapter of "A Mother's Search for El Shaffa". Remember, when your child has eshal that is not zayy maya, do as Ommohamed and other loving mothers do, give breastmilk, soups, rice water and juices to your child, as much as he will drink. Join us tomorrow for the second chapter of "A Mother's Search for El Sheffa".

CHAPTER 2:

INTRODUCTION--Welcome to the second chapter of the drama "A Mother's Search for El Sheffa". The drama takes place in the home of Ommohamed, a young mother with her first child. Mohamed is only one-year-old, but his father and mother think that the sun rises and falls in him. They want only to do the best for their baby. One day Mohamed wakes up with zayy maya. Ommohamed is very worried and doesn't know what to do.

CLOSE: In spite of Ommohamed's best intentions, Mohamed is very ill. Zayy maya and nazla maawiyya are very dangerous to a young baby like Mohamed. They cause what doctors call gefef which can lead to death. Does Mohamed have gefef? Join us tomorrow at the same time in the third chapter of "A Mother's Search for El Sheffa".

CHAPTER 3:

INTRODUCTION--Welcome to the third chapter of "A Mother's Search for El Sheffa". The drama takes place in the home of OmMohamed, a young mother with her first child. Mohamed is only one-year-old and his mother and father think the sun rises and falls in him. They want to do only the best for their baby. One day Mohamed wakes up with zayy maya. OmMohamed and her friends are very worried because they know that zayy maya is very dangerous to the baby. It can cause what doctors call gefef which can lead to death. Does Mohamed have gefef?

CLOSE--Mohamed has signs of gefef. He is da'if, maloushn nefis le lakl, a fever and his eyes are sunken. If your child has zayy maya or nazla maawiyya and one of these signs, take him immediately to the special new treatment center for gefef at Shatby Hospital, Raml Pediatric Hospital or El Kabary Hospital. Will Mohamed make it to the Shatby Hospital treatment center for gefef in time? Join us tomorrow for another chapter of "A Mother's Search for El Sheffa".

CHAPTER 4:

INTRODUCTION--Welcome to the fourth chapter of "A Mother's Search for El Sheffa". The drama takes place in the home of a young mother with her first child. Mohamed is only one-year-old and his father and mother think that the sun rises and sets in him. But one day Mohamed wakes up with zayy maya. Ommohamed and her friends find that Mohamed has signs of gefef which meant that he needed immediate treatment at one of the special new treatment centers for gefef at Shatby, Raml or El Kubary Hospitals. Does Ommohamed make it to the treatment center in time?

CLOSE--Ommohamed reached the treatment center for gefef in time and the child was cured of gefef with the new treatment. Remember if your child has zayy maya or nazla maawiyya and is da'if, maloushn nefis le lakl, has fever or sunken eyes, do as Ommahmeda did. Take him immediately to one of the new treatment centers for gefef at Shatby, Raml or El Kubary Hospitals. Join us tomorrow in the last chapter of "A Mother's Search for El Sheffa".

CHAPTER 5:

INTRODUCTION--Welcome to the fifth chapter of the drama "A Mother's Search of El Sheffa". The drama takes place in the home of Ommohamed, a young mother with her first child. Mohamed is only one-year-old and his father and mother think that the sun rises and sets in him. But one day Mohamed had zayy maya and signs of gefef. Ommohamed rushed him to one of the special new treatment centers for gefef at Shatby Hospital where he was miraculously cured of gefef. Everyone was amazed at the new treatment. But what should Ommohamed feed her child?

CLOSE--This was the last chapter of "A Mother's Search for El Sheffa". We hope you've enjoyed it because we know that like Ommohamed you're a good, loving mother who wants to do the best for your child. Remember, if your child has signs of gefef, take him to one of the new treatment centers ofr gefef at Shatby, Raml or El Kubary Hospitals.

ANNEX 10
Interviewer's Guide
to the
Testimonials

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QUESTIONS FOR MOTHERS' TESTIMONIALS ON
RADIO PROGRAM MESSAGES

GENERAL QUESTIONS

1. What is your name?
2. Where do you live?
3. What does your husband do?
4. How many children do you have?
5. How old is your youngest child? What is his name, etc.?

Today we want to talk with you about (summarize program message).

ASK PROGRAM QUESTIONS.

AFTER INTERVIEW WITH MOTHER, SUMMARIZE THE PROGRAM MESSAGE AGAIN. TELL MOTHER WHAT THEY SHOULD DO TO FOLLOW THE PROGRAM MESSAGE.

PROGRAM QUESTIONS

MESSAGE A: Give liquids, especially juices, soups and breastmilk when child has eshal that is not zayy maya.

1. What do you do when your child has eshal that is not zayy maya?
2. Why do you give liquids such as soups and juices when your child has eshal that is not zayy maya?
3. Why do you think it's important to continue giving breastmilk when a child has eshal that is not zayy maya?
4. What would you tell other mothers to do when their child has eshal that is not zayy maya?

MESSAGE B: Zayy maya and nazla maawiyya are dangerous to the young child. They can lead to what doctors call gefef which can cause death.

1. Why are zayy maya and nazla maawiyya dangerous to a young child?
2. What is gefef?
3. Have you ever seen a child with gefef? What happened?
4. What would you tell other mothers about zayy maya and nazla maawiyya?

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MESSAGE C: Signs of gefef are zayy maya accompanied by 1) da'if, 2) vomiting, 3) fever, 4) maloush nefis le lakl, and 5) sunken eyes.

(INTERVIEW SHOULD BE WITH MOTHER WHO HAS HAD A DEHYDRATED CHILD)

1. What are the signs of gefef that you saw in your child that worried you?

-Talk in detail about da'if, vomiting, fever, maloush nefis le lakl, sunken eyes.
2. How old is the child?
3. How long did he have diarrhea?
4. When did you notice these signs?
5. What advice do you have for other mothers when they see signs like this in their child?

MESSAGE D: When child has signs of gefef, take him immediately to one of the new treatment centers for gefef at Shatby, Ramleh or El Kubary Hospitals.

(INTERVIEW SHOULD BE WITH MOTHER WHO HAS RECEIVED TREATMENT FOR HER DEHYDRATED CHILD)

1. Why did you bring your child here? What signs did you see in your child to bring him here? Talk in detail about da'if, vomiting, fever, maloush nefis le lakl, and sunken eyes.
2. What happened when you brought the child here?
3. What kind of improvement did you see in your child?
4. Would you recommend to other mothers that they bring their child here when he has signs of gefe? Why?

MESSAGE E: Feed soft foods and breastmilk when child has eshal.

1. What do you feed your child when he has eshal?
2. Why is it important to feed the child when he has eshal?
3. Why is it important to breastfeed the child when he has eshal?
4. What would you tell other mothers to feed their children when the child has eshal? Why?

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امثلة الامهيات

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اسئلة طمينة :-

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- س١: ما هو اسمك ؟
س٢: اين تدرسين ؟
س٣: ما هي وظيفة زوجك ؟
س٤: كم طفلك لديك ؟
س٥: كم عمرك طفلك لديك ؟ ما هو اسمه ؟ الخ

- اسئلي اسئلة البرنامج :-

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- بعد المناولة مع الام لخصي رسالة البرنامج معوه ثانية
- اشيري الام عن الذي يجب ان تفعلة حتى تتمتع لرسالة البرنامج

اسئلة البرنامج :-

=====

الرسالة الاولى :-

اعطس سائل وخصوصا العماثر ، الشربة ، ورضاعه طبيعية عندما يكون
الطفل مصابا بالاسهال ليس زى الميه .

(١) ما اذا تفلين اذا اصيب طفلك بالاسهال وليس زى الميه .

(٢) لماذا تعطس السائل مثل الشربة ، العماثر - عندما يكون طفلك مصابا بالاسهال
ليس زى الميه .

(٣) ما هي اهمية استمرارية الرضاعة الطبيعية للطفل المصاب بالاسهال ليس زى الميه .

(٤) ما اذا يجب ان تنصحي به الامهات الاخريات عند اصابة اطفالهم بالاسهال ليس زى الميه .

الرسالة الثانية * ب *

اسهال زى الميه والنزلة المعوية خالصة على الطفل الصغير لانها
تد تد تتردى الى ما يسونه الاطباء * الجفاف * والتي يمكن ان يتردى الى الوفاة .

- س١ : لماذا يعد سعال الامهال زى الميه والنزلة المعوية خطيرة بالنسبة للطفل الصغير
- س٢ : ما هو الجفاف ؟
- س٣ : هل يرتبط سعال طفلا مصابا بالجفاف ؟ لماذا حدث ؟
- س٤ : بل اذا متخبرى الامهال الاخرى عن اسهال زى الميه والنزلة المعوية ؟

الرسالة الثالثة * ت *

علامات الجفاف هي :-

- اسهال زى الميه
- الطفل ضعيف
- القئ
- ارتفاع درجة الحرارة
- طلوش نفس للاكسجين
- عيون غائرة

العقوبة :-

يجب ان تكون معام تعالج طفلها من الجفاف .

- س١ : ما هي اعراض الجفاف التي لاحظتها على طفلك فحملتك في حالة القلق ؟
- س٢ : ما هو عمر طفلك ؟
- س٣ : منذ متى وهو مصاب بالاسهال ؟
- س٤ : متى لاحظت هذه الاعراض ؟
- س٥ : ما هي النصيحة التي يجب ان تنصح بها الامهات الاخرى اذا لاحظوا هذه الاعراض على طفلهم .

الرسالة الرابعة : ث

إذا لاحظت على الطفل أعراض الجفافِ اسرعى باخذه الى احدى المراكز التي تستعمل
العلاج الجديد للجفاف وهذه المراكز هي (مستشفى الشاطبي ، مستشفى الرمل للاطفال ،
أو مستشفى القباري •
المقابلة يجب ان تكون مع ام تلقى ابنها العلاج ضد الجفاف •

بعدة.....

· ANNEX 11

Prize Awarding

Interview Guides

GUIDE FOR PRIZE AWARDING INTERVIEWS

Do you have a child less than five-years-old? If yes, continue:

Good! Then you are eligible to win 20 pounds for being a clever mother! If you answer this question correctly, you will win this twenty pound bill I have here. Would you like that?

ASK PROGRAM QUESTION-SEE ATTACHED: If she doesn't answer correctly, ask another mother. If she answers correctly, continue...

Congratulations! You have just won 20 pounds because you are such a clever mother! Tell us about yourself:

1. What is your name?
2. Where do you live?
3. How many children do you have?
4. How old is your youngest child? Tell us about him/her. What is his/her name? What do you want him/her to be when he grows up? Etc.
5. You've just won 20 pounds, what will you do with it?
6. Ask questions about the message - her experience with it. For example, if the message is Message E, feeding during eshal, ask "What do you feed your child when he has diarrhea?" Why?
7. Would you like to say hello to anyone who will be listening to the program?
8. Would you like to send a message to anyone who will be listening to the program?

Congratulations, (mother's name), for being such a clever mother. You've just won 20 pounds! Keep listening mothers. We'll soon be visiting in your neighborhood and you'll have a chance to win 20 pounds for being a clever mother!

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QUESTIONS FOR MOTHERS TO WIN THE CLEVER MOTHER PRIZE

****MUST HAVE CHILD LESS THAN FIVE-YEARS-OLD****

PROGRAM A: Give liquids when child has eshal.

1. QUESTION: What should you give to a small child who has eshal that is not water?

ANSWER: Give liquids especially juices, soups and breastmilk

2. QUESTION: Is a glass of liquids enough to give a small child when he has eshal?

ANSWER: No, it's important to give several glasses or as much as the child will drink throughout the day.

3. QUESTION: Should a mother offer plenty of liquids, soups, juices and breastmilk throughout the day or only once or twice during the day?

ANSWER: The mother should offer plenty of liquids, soups, juices breastmilk throughout the day to the small child with eshal.

PROGRAM B: Zayy maya and nazla maawiyya are dangerous to the young child and cause gefef, etc.

1. QUESTION: Why are zayy maya and nazla maawiyya very dangerous to the small child?

ANSWER: Because they can lead to gefef which can cause death.

2. QUESTION: How is a plant in a drought like a child with gefef?

ANSWER: They have lost the liquids they need to live.

3. QUESTION: How is a flower in a vase like a child with gefef?

ANSWER: They do not have enough liquids to live

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PROGRAM C: Signs of gefef.

1. QUESTION: What are the signs of gefef? (must mention at least 2)

ANSWER: Zayy maya accompanied by:

- 1) da'if
- 2) vomiting
- 3) fever
- 4) loss of appetite (maloush nefis le lakl)
- 5) sunken eyes
- 6) wrinkled skin (some mothers have learned this in the clinic)

PROGRAM D: Children with gefef need help immediately at special new treatment centers.

1. QUESTION: What should a mother do if her child has signs of gefef?

ANSWER: Go to El Shatby Hospital, Ramley Pediatric Hospital, or El Kubary Hospital.

2. QUESTION: Can a mother go slowly to these special new treatment centers when her child has gefef.

ANSWER: No, she must go very quickly.

3. QUESTION: Why must a mother go quickly to one of the new treatment centers when her child has signs of gefef.

ANSWER: Gefef is very dangerous to the young child. The child is very ill and needs treatment quickly.

PROGRAM E: Continue feeding soft foods and breastmilk during eshal.

1. QUESTION: What should a mother feed to a small child when he has eshal?

ANSWER: She should continue feeding soft foods such as potato, boiled rice, pudding, yoghurt, soups, etc.

2. QUESTION: Should a mother continue breastfeeding when her child has eshal?

ANSWER: Yes, a mother should always continue breastfeeding when her child has eshal.

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3. QUESTION: Can you name some example of foods a mother should feed a small child when he has eshal? (Must name three).

ANSWER: Breastmilk, soft foods - yoghurt, boiled rice, potato, pudding, soups, etc.

4. QUESTION: Why should a mother continue feeding a small child when he has eshal?

ANSWER: It keeps the child strong. The child becomes too weak if he doesn't eat.

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ANNEX 12
Evaluations
of the
Prize Awarding Activities

EVALUATION OF AWARDING OF PRIZES
FOR
THE CLEVER MOTHER PROGRAM

July 17, 1983

First Prize Awarding - July 17, 1983

The first series of prizes was awarded at Ramley Pediatric Hospital. Since the mothers had not had a chance to listen to the messages on the radio, they were given an orientation before the presentation.

About 20 mothers were crowded into the IV ward to observe the presentation. If a mother did not answer correctly another mother was immediately asked. In one case two mothers helped each other to answer the questions and split the prize of 20 pounds. In general, the atmosphere was very positive and excited and mothers applauded as the winner was awarded the prize.

Six prizes were awarded, two on message A, and one each on messages B through E.

In general, the presentation went well and good material was developed for six programs. However, after the presentation three of the mothers crowded around the program hostess, insisting on being awarded a prize, almost crushing her. It took a lot of persuading by the hospital staff to make these mothers leave. Finally, the only way they would leave is when the hospital staff, of their own accord and out of their own funds, gave each observer Le2.00. In spite of this, hospital and radio staff felt quite positive about the presentation.

Recommendations

1. We had originally thought to give the prizes in a public place such as a market on a street corner. This initial prize awarding indicates that this could be physically dangerous to the program hostess. A more controlled situation for the presentation must be selected. Perhaps mothers should choose members and be interviewed in order to make it seem more fair.
2. The room for the presentation must be selected before hand. It must be large enough to give the hostess space to move around. It must be relatively quiet.

Evaluation of Second Prize Awarding

The second prize awarding was made in a market to experiment with awarding the prizes in such a public place. We arrived at the market at about noon so it was not as crowded as it probably would be earlier in the morning. The Clever Mother Theme Song was played several times over the loud speaker to attract attention. When a small group had gathered, Fawzia, the health educator, gave a brief explanation of the program and

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each of the messages over the loud speaker. We then set up to try to make the interviews in the butcher shop, but the noise level was too high. A neighborhood woman invited us to use her flat which was in front of the butcher shop. A group of about ten mothers followed us up to the flat; they were later joined by 10 to 15 other mothers.

Ten prizes were awarded instead of the previously programmed seven because Madame Ragga's work schedule requires that she go out less frequently. She will then have material for two sets of five programs. In general the prize awarding went more smoothly the second time in spite of the fact that it was implemented in a less controlled situation. The following are some recommendations based on the experience.

1. Due to Madame Ragga's and Fawzia's workload, it's only fair to award more prizes during each visit. This means, however, that it's more imperative that Dr. Samia receive the rest of her prize money so that she doesn't run out.

2. After the third mother received her twenty pounds and mothers saw that they were actually walking away with money, they again began pressing on Madame Ragga making the interviewing almost impossible. The hostess and myself had to clear the room, with difficulty, making the women wait outside the door to be interviewed one by one. The driver of the loud speaker truck came and had more success at keeping the ladies in order.

The role of keeping order seems to be an excellent one for the drivers. Women seem to respect the requests of the men more. It's very important that Madame Ragaa is able to be calm and concentrate on her interview.

3. It seems that interviews in a market area are possible if a quiet place where the crowds can be controlled is found. The final selection of sites, however, is up to Fawzia and Madame Ragaa who have to implement them. The important thing however, is to implement interviews in geographically varied sites to cover all parts of the city.

4. Since the mothers had not heard the radio programs and some had not heard the orientation over the loud speaker, many of the mothers answered incorrectly. Some were awarded prizes for answering partially correctly. For example, as well as saying give liquids when a child has eshal they added "go to Shatby Hospital". These interviews will be edited so that only the correct answer will be featured in the program. However, if the mothers weren't oriented before the interview they should be asked to wait and be given an orientation after the interviews. My feeling was that some of the mothers weren't sure which answer they were being rewarded for.

5. Madame Ragaa needs someone to help her remember which questions to ask and message themes she has discussed and which are left to discuss.

ANNEX 13
Monitoring Materials

HOW TO USE THE MONITORING SHEET

(THE NUMBERS COINCIDE WITH THE NUMBERS ON THE MONITORING SHEET)

1. Fill in the date you are listening.
2. Note the hours you are listening.
3. Note your name.
4. When you hear a spot, note the time and check the subject of the spot.
5. Note the time the program actually goes on the air.
6. Check the messages(s) talked about during the program.
Note the name should have only one message.
7. Check the box if you hear an interview or a drama.
Note the name of the person interviewed.
8. Check the subject of the prize awarded to the mother.
9. Note any observations you have about the program. For example:
 - Was all of the program audible?
 - Could you hear the interviews with the mothers clearly?
Why not?
 - Was the program interrupted for any reason? Why?
 - Did the person interviewed stay on the subject of the message?
If not, what did he talk about?

HOW TO ANALYZE THE MONITORING OF THE RADIO CAMPAIGN

SPOTS

1. Were all ten spots announced during the day? Note the number of spots that were missing.
2. Did the spots talk about the scheduled messages. Note the number of spots on each message that was missing.

PROGRAM-EL OM EL WAYA

1. Is the message of the program the message scheduled to be talked about for that date? Note if it is not.
2. Did the program talk about only one message? Note if it did not.
3. Is the interview or drama the right one scheduled for that date? Note if it is not.
4. Is the message of the prize awarded to the mother the same as the message of the program? Note if it is not.
5. Are there other observations that the radio station should be informed about?

ANNEX 14

Evaluation Materials

BASELINE DATA ON THE DIARRHEA DISEASE CONTROL CAMPAIGN

ALEXANDRIA - SUMMER, 1983

1. Do you listen to Radio Alexandria?

YES - 35%

NO - 65%

2. What time of day do you listen?

<u>TIME</u>	<u># OF MOTHERS</u>	<u>TIME</u>	<u># OF MOTHERS</u>
4-5	1	8-9	2
5-6	1	9-10	2
6-7	15	10-11	3
7-8	18		
No fixed time	4		
The series	2		

3. Have you heard any messages on the radio about how to take care of your child when he has eshal or zayy maya?

YES - 14%

NO - 76%

If yes, what have you heard?

	<u># of mothers</u>		<u># of mothers</u>
Go to the doctor	4	Medicine at home	1
Wash food before giving giving it to babies	2	Give tea	3
Stop food and make him drink liquids	2	Give biscuits	1
Give soft foods and fluids	1	Give rice, beans and yoghurt	1
Go to hospital	1		
Stop any kind of fatty food	1		
Entrovioform	1		

4. What should a mother do if her baby has eshal that is not zayy maya?

Give liquids and soups	25	Go to doctor	64
Give rice water	9	Go to pharmacy	10
Give breastmilk	--	Other	8
Some mothers answered twice*		Doesn't know	3

5. Where did you learn this?

Mother	30%	Nurse	2%
Other woman	5%	Pharmacy	1%
Doctor	26%	Booklet	1%
Newspaper	--	Experience	35%
Husband	2%	Television	1%

6. Should a mother continue breastfeeding when her baby has diarrhea?

YES - 28%
NO - 72%

7. What should a mother feed her child when he has diarrhea?

Soft foods - 87%
Stop feeding - 9%
Other - 4%

8. What can zayy maya or nazla maawiyya cause in the baby?

gefef 13%
death 44%
weakness 15%
diarrhea 9%
doesn't know 15%
polio 4%

9. What are the signs of gefef?

	# of mothers
doesn't know	60
da'if	19
vomiting	19
sunken eyes	8
wrinkled skin	8
fever	7
loss of appetite	6
other	4

10. What should a mother do if her child has signs of gefef?

Go to the hospital	16%
Go to the doctor	50%
Don't know	34%

11. Where did you learn this from?

Another women	16%
Doctor	20%
Books, Newspaper	27%
Experience	35%
Television	2%

NOTE: This data was gathered in 100 interviews with mothers of children under five-years old on July 6, 1983 in the following districts and areas of Alexandria:

Kism El Raml
San Stephano

Kism El Atarin
Kom El Dek Shark

Kism Sidi Gabar
Sidi Gabar

Kism Karmouz
Cheit El Enab Gharb

Kism Moharam Bek
Embrouz Moharah Bek

Ksim Mina El Basal
El Wardian Garb

Kism El Laban
Harat El Farakaa

Have you ever heard the word gefef?

YES - 32%
NO - 68%

(From an earlier study with 180 mothers of children less than five-years old).

COMMENTS ON THE BASELINE DATA:

1. Audience of Radio Alexandria is lower than in the previous study--35% as compared to 43%. In any case, it is very low and the program will need to be highly promoted to insure a regular audience. The time selected for the program, 6:40 p.m., coincides with the second highest audience time and is a good time for the program.

2. There is a low number of mothers that have heard messages about eshal or zayy maya. Still their answers about what they have heard indicate that they have actually heard messages relating to the program. Most of these mothers said they heard this on Radio Cairo.

3. Feeding during Diarrhea - the data presents a confusing pattern which is not consistent with the 1982 Study on Diarrhea Among Children under Two Years in Alexandria by Moushera M. El Geneidy and Ferial Abdul Aziz Ali. In their study 56.8% of the mothers who only breastfed and 78.7% of the mothers who fed bottle and breast reported that they continued breastfeeding during diarrhea episodes while in this study 72% of the mothers said that a mother should not continue breastfeeding during diarrhea.

If this is a trend, it is a dangerous one and the messages about continued breastfeeding during diarrhea should be even more emphasized.*

*Note. Nawel El Minoufi, Director of Nursing Service, who knew this research suggests that the 1982 study represents actual behavior while this questionnaire asked what mothers "should do" - indicating attitudes.

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The feeding of soft foods during diarrhea episodes coincided with the 1982 study. In that study 84.9% of the mothers reported stopping normal feeding and giving soft foods as a replacement, while in this study 87% reported that a mother should feed soft foods when her child has diarrhea. This is a positive trend that mothers can be positively reinforced for and congratulated on in the radio materials.

4. Over half the mothers did not know the signs of gefef - 60%. We hope this will change as a result of the radio campaign.

5. Where do mothers learn? Unfortunately since the two original English pages of the study were translated by two different people, this question was left out after all the questions but two and the code was different for the two questions. However, it is interesting to note that a mother says she learned how to treat zayy maya from her mother (32%) and experience (37%) followed by the doctor (26%). Newspapers and booklets were not mentioned. However, when asked the same question about the more technical, "modern" information of the signs of gefef 27% of the mothers mentioned newspapers and books, 35% said experience and 20% said the doctor. Only 16% said another woman. This indicates a larger role for the print media on this topic.

6. There is a surprisingly high number of mothers who had heard the word gefef. Their answers to what the word meant were related to diarrhea, dryness and the child needing fluids. This indicates a positive trend that can be built on in the campaign, using these mothers as opinion leaders and spokeswomen through testimonials.

The question on where mothers learned information about the campaign messages should be included after every question on the formative evaluation questionnaire

TENTATIVE QUESTIONNAIR FOR EVALUATION OF CAMPAIGN IMPACT

1. Do you have a radio?

___ 1. Yes

___ 2. No

2. Do you ever listen to Radio Alexandria?

___ 1. Yes

___ 2. No

3. Have you ever heard the program El Om El Waya?

___ 1. Yes

___ 2. No

(If no, pass to question #7)

4. How many times have you listened to the program?

___ 1. Less than five times

___ 2. 5-10 times

___ 3. Almost every day

___ 4. Every day

5. What does the program talk about? _____

6. Do you know anyone who has won a prize on this program?

___ 1. Yes

___ 2. No

7. Have you heard any messages on the radio about how to take care of your child when he has eshal that is not zayy maya?

___ 1. Yes

___ 2. No

(If no, pass to question #8)

7.a. What have you heard? _____

8. What should a mother do if her baby has eshal that is not zayy maya?

___ 1. Give liquids

___ 2. Give breastmilk

___ 3. Go to doctor

___ 4. Other

8.a. Where did you learn this?

___ 1. Mother ___ 5. Booklet, pamphlet

___ 2. Other woman ___ 6. Newspaper, magazine

___ 3. Experience ___ 7. Radio

___ 4. Doctor ___ 8. Other

9. Should a mother continue breastfeeding when her baby has diarrhea?

___ 1. Yes

___ 2. No

9.a. Where did you learn this?

___ 1. Mother ___ 5. Booklet, pamphlet

___ 2. Other woman ___ 6. Newspaper, magazine

___ 3. Experience ___ 7. Radio

___ 4. Doctor ___ 8. Other

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10. What should a mother feed her small child when he has eshal?

1. Soft foods
 2. Stop feeding
 3. Other
 4. Doesn't know

10.a. Where did you learn this?

1. Mother 5. Booklet, pamphlet
 2. Other woman 6. Newspaper, magazine
 3. Experience 7. Radio
 4. Doctor 8. Other

11. What can zayy maya or nazla maawiyya cause in the small child?

1. gefef
 2. death
 3. weakness
 4. other
 5. doesn't know

11.a. Where did you learn this?

1. Mother 5. Booklet, pamphlet
 2. Other woman 6. Newspaper, magazine
 3. Experience 7. Radio
 4. Doctor 8. Other

12. Have you ever heard the word gefef?

1. Yes
 2. No

(If the answer is no, pass to question #13)

12.a. Where did you learn this?

- | | |
|---|---|
| <input type="checkbox"/> 1. Mother | <input type="checkbox"/> 5. Booklet, pamphlet |
| <input type="checkbox"/> 2. Other woman | <input type="checkbox"/> 6. Newspaper, magazine |
| <input type="checkbox"/> 3. Experience | <input type="checkbox"/> 7. Radio |
| <input type="checkbox"/> 4. Doctor | <input type="checkbox"/> 8. Other |

12.b. What does the word mean? _____

13. What are the signs of gefef?

- | | |
|--|---|
| <input type="checkbox"/> 1. doesn't know | <input type="checkbox"/> 5. vomiting |
| <input type="checkbox"/> 2. da'if | <input type="checkbox"/> 6. wrinkled skin |
| <input type="checkbox"/> 3. maloush lefs le lakl | <input type="checkbox"/> 7. sunken eyes |
| <input type="checkbox"/> 4. fever | <input type="checkbox"/> 8. other |

13.a. Where did you learn this?

- | | |
|---|---|
| <input type="checkbox"/> 1. Mother | <input type="checkbox"/> 5. Booklet, pamphlet |
| <input type="checkbox"/> 2. Other woman | <input type="checkbox"/> 6. Newspaper, magazine |
| <input type="checkbox"/> 3. Experience | <input type="checkbox"/> 7. Radio |
| <input type="checkbox"/> 4. Doctor | <input type="checkbox"/> 8. Other |

14. What should a mother do if her child has signs of gefef?

- | | |
|---|--|
| <input type="checkbox"/> 1. Go to Shatby Hospital | <input type="checkbox"/> 5. Go to the doctor |
| <input type="checkbox"/> 2. Go to Ramleh Pediatric Hospital | <input type="checkbox"/> 6. Go to the pharmacy |
| <input type="checkbox"/> 3. Go to El Kubary Hospital | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 4. Go to any hospital | <input type="checkbox"/> 8. Doesn't know |

14.a. Where did you learn this?

- | | |
|---|---|
| <input type="checkbox"/> 1. Mother | <input type="checkbox"/> 5. Booklet, pamphlet |
| <input type="checkbox"/> 2. Other woman | <input type="checkbox"/> 6. Newspaper, magazine |
| <input type="checkbox"/> 3. Experience | <input type="checkbox"/> 7. Radio |
| <input type="checkbox"/> 4. Doctor | <input type="checkbox"/> 8. Other |

Note: It is important in the translation to use the same vocabulary as in the first questionnaire

Other questions which can evaluate the impact of other components of the advertising agency campaign could also be included.

ANNEX 15
Flip Chart on
ORT Messages
and
Materials to Pretest
the Flip Chart

FIRST DRAFT SCRIPT

Flip Chart for Health Educators
at Oral Rehydration Wards

VISUAL	SPOKEN
1.	Praise to the good, loving mother who takes special care of her child when he is ill. You're here today because you love your child and want to do the best for him when he has diarrhea.
2.	What to do when your baby has eshal that is not watery. Do as good, loving mothers have always done. Give soups, juices, and breastmilk. Be sure to give plenty of them all day long.
3.	Always continue breastfeeding so child will stay strong.
4.	Give soft foods such as potato, boiled rice, soups and mahlabaya so child will stay strong.
5.	<u>But</u> zayy maya or nazla maawiyya are very dangerous to the baby. They can cause what doctors call gefef which can lead to death.
6.	Signs of gefef are: - da'if - vomiting - fever - maloush nefs le laki - sunken eyes - wrinkled skin
	A child with zayy maya and any of these signs needs help <u>immediately</u> . Did any of your children have these signs? You see, you did well to bring your child here today!

7. Now you're taking your child home, but you need to keep giving the medicine for as long as your child has zayy maya.

Here is how to make the medicine.

o Mix one entire packet in a full, large water glass of water.

o Stir to dissolve.

o Give to the child with a cup and spoon.

o Give him as much as he will drink as long as he has zayy maya.

o If he shows signs of gefef, come back!

8. o Always continue breastfeeding so your baby will stay strong.

9. o Give the child soft foods such as boiled rice, potato, pudding, and soups.

10. As you have seen today, this new treatment will cure gefef caused by zayy maya.

o Your child becomes active.

o Your child will regain his appetite.

o His face will become like the moon.

11. He will remain the joy of good, loving mothers like yourselves.

Do you have any questions?

12.4

ASK QUESTION AND ASK VARIOUS MOTHERS TO ANSWER. BE SURE TO COMMENT FAVORABLY IF SHE ANSWERS CORRECTLY! IF SHE ANSWER INCORECTLY, ASK SOME ONE ELSE WITHOUT COMMENTING.

Go back to pictures #2 and #3

Let's review: What do you do when your baby has eshal that is not watery?

Picture #4

Why are zayy maya or nazla maaniyya dangerous to the baby?

Picture #5

- o What are the signs of gefef?
- o What should a mother do if a child has zayy maya and any one of these signs?
- o Did you do right to come here today?

Picture #6

- o How many days do you need to keep treating your child?
- o How do you prepare the medicine?
- o How do you give the medicine?
- o How many packets do you give every day?

Picture #7
Picture #8

- o What else should you give your child when he has diarrhea?

Picture #9

- o What does this new medicine for gefef do for your child?

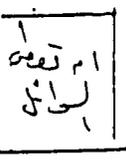
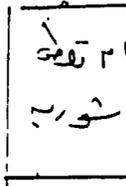
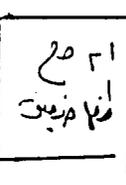
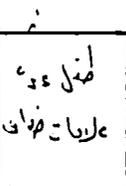
Picture #10

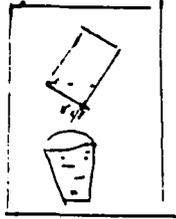
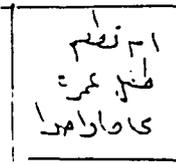
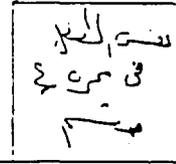
- o Do you have any questions?
- o Good, loving mothers like yourselves are so special they have started a new radio program just for you. It's called The Clever Mother Program and if you listen you can win a prize of 20 pounds.

Picture #11

Listen to Radio Alexandria, 1200 on your dial, at 6:40 every day and you can win a prize of 20 pounds. (Repeat).

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الشرح	لدرسه
<p>امع الهم التوبه المعه لرفالغ والذ، تعفن هم في صاه المومر انت صا اليوم لرك شجر ففلا وتورد انه تفعل له صاه في صحتة عجا مباته بالاسرا ل</p>	<p>(1) </p>
<p>مادا تفعليه اذا اميت لفظك بالاسرا ل ولس رى الميه افعل كما تفعل دائما الام الكويه الواعيه اعطى اللان موال مثل التوبه - العسر - مزاده طيبه - وكذا يجب انه تفعل اللان موال لوال اليوم</p>	<p>(2) </p>
<p>يجب انه تتعودا في الرمزاه الطيبه هي زيل الطفال قويا</p>	<p>(3) </p>
<p>اعطى الراكا الكفنى مثل: البامه - ار - مومر - شوره مهلبيه - هي زيل الطفال قويا</p>	<p>(4) </p>
<p>لله زى الميه او الزله المعويه فطير مها على الطفال الصغر انما تحدى الى ما يظن عليه الرمايه الكفان وحقا الكفان قد يؤدى الموت الطفال</p>	<p>(5) </p>
<p>علامات الكفان هو - ضيق - القى - ارتفاع درجه الكراهه - مالوسه نفسه للراكا - عوره فاشريانه - بصلد مكرم الطفال المومر بالاسرا ل زى الميه وامرئ علامات الكفان لرب له مومر علامه جوري كل يد هو صا لظن عوده امرئ هذه علامات - لظنعت بهدا اذا حضر لوم</p>	<p>(6) </p>

الشمع	المروية
<p>الاسون تامهيه، فذلك الى بلنزا ودله يجب انه تنمى في اعلايه العلام ادا ترمعه اسرا ازي الميه كيفيه عمل الدوار ١- اضلحه بالي واهر هم لدوار في كبايه ما رايه ٢- اضلحه بالي من يوت ٣- اعطه لافرا محه طرينه اللبايه بالملقه ٤- اعطه الكبيح التي يربوا ما نام عنده اسرا ازي الميه ٥- اذا دعت عنده علامات الحفاف فيجب ان ترهبهم كل المستر</p>	<p></p> <p>نرمع اسرا ازي الميه بالنزا بالبايه والملقه</p>
<p>١- استمر في الرمزاده الجليعه من ينزل الطير قويا</p>	<p>٧</p> <p></p>
<p>اعطه الطير الاك فنيق من ازمكودر - نظامه يودفج شوربه</p>	<p>٨</p> <p></p>
<p>لما زيت اليرم هذا العلام الكبري سوف يطال الحفاف الذي يرم نزي الميه الطير يرمع شطه جميع الطير رفود وهو يرمع زي الشتر</p>	<p>٩</p> <p></p>
<p>النفوس المرمعه للم اكويه الرايه فذلك هو لديه اي سوال</p>	<p>١</p> <p></p>

<p>سؤال واحد على الرضا به الامارات ما كرى سم الخطا وتكون سليم لواجبات احابه مبره قلده اذا اجابت ضلوا يجب ان تعالى ام اخرى بدسه ان تبرى راي</p>	<p>التفوية</p>
<p>صا بنا نواجه مانا تفعليه اذا اجبت فملك ما سواد لسه زي عليه</p>	<p>العدد ١ دورة ٢/٥</p>
<p>لمادا تهر الرضا المعويه واسرا ازي عليه فطره على اظها لغير</p>	<p>العدد ٤</p>
<p>ما صه علمات الجفاف طالدى يجب ان تفعله الام اذا اجبت لعل بيدلا ازي عليه واحد علمات الجفاف</p>	<p>العدد ٥</p>
<p>كم عدد اليا ٢ انز تحت اوسط لفضل كيف تفرسه لردار كم عدد بالوات التي تدرى في اليوم الواحد</p>	<p>العدد ٦</p>
<p>ماذا ايضا يملك ان تعلم لفضل عد ما يدرى وما بال اسراد</p>	<p>العدد ٧ ٨</p>
<p>ماذا يفعله العلم الجديد للجفاف بالفضل</p>	<p>العدد ٩</p>
<p>ما دليل اي سوال لقد سأت اذاعه الاستاذية برنامج اذاعى هردى لغيره للام الوايم كونه قتل اس البرنامج هو "الام الوايم" فاذا استعملت له جمله انه تدرى بجائزه تيمر</p>	<p>العدد ١٠</p>
<p>استمع الى اذاعه الاستاذية بوجه عال التامه كلود ٢ جمله انه تدرى بجائزه قتل اعده هذا الام</p>	<p>الارابي</p>

PRETESTING POSTERS

1. Posters must be pretested with people similar to the intended target audiences.
2. The place for the pretesting should be as quiet as possible.
3. The interviewer should be made to feel comfortable and encouraged to give him/her real opinion about the materials.
4. The posters should ideally be pretested with a sample of:
 - 25-30 if the audience is homogeneous
 - 15-25 from each major sub-group if the audience is heterogeneous (diverse)
5. The interviewers should be similar to the audience they will be interviewing, i.e. same sex, race, socioeconomic status, etc. They should be friendly and courteous at all times.
6. The pre-test should measure five components of effectiveness:
 - a. **COMPREHENSION:** Do people understand the poster?
 - b. **ATTRACTION:** Do people like the poster? Is it attractive enough to hold their attention?
 - c. **ACCEPTABILITY:** Is there anything in the poster that will offend the audience? Is there anything in the poster that people will perceive to be false?
 - d. **SELF-INVOLVEMENT:** Does the audience perceive that the poster is directed towards them or towards "others"?
 - e. **PERSUASION:** Is the poster able to convince the audience to do what the poster is telling them to do?
7. ***Pretesting is only worthwhile if we accept the suggestions made by the interviewers and actually make changes based on the results of the pre-test.***

interviewer should read the question exactly as it is written the first time. If the respondent hesitates or is unsure, the interviewer can restate the question in other words and PROBE for further information. However, it is very important that the interviewer not suggest an answer with her probing. He/she must remain neutral. This technique is difficult and needs a lot of practice.

9. The respondent must be made to feel that his/her opinion and contribution is important. The pretest is not the time to teach the respondent even if he answers "incorrectly". The respondent should be told that there are no right and wrong answers. The pretest is seeking his opinions and perceptions about the posters.

METHODOLOGY FOR PRE-TESTING THE FLIP CHART

I. ATTRACTION, COMPREHENSION, ETC. OF INDIVIDUAL PICTURES:

Implement Questionnaire #1 with 20 mothers of children under five-years-old. Select as quiet a place as possible. Make the mother feel as comfortable as possible. Encourage her to give her honest opinion. Show the mother the first poster. Ask her all of the questions on the questionnaire.

Show the mother the second poster. Ask her all of the questions of the questionnaire. Thank her for her collaboration.

Interview 20 mothers on each set of two posters.

Posters 1 & 2 = 20 mothers

Posters 3 & 4 = 20 mothers

Posters 5 & 6 = 20 mothers

Poster 7 = 20 mothers

Poster #1 - Mother giving juices

Poster #2 - Breastfeeding mother

Poster #3 - Mother with listless child

Poster #4 - Child with signs of gefef

Poster #5 - Packet being poured into cup

Poster #6 - Mother with happy, healthy child

Poster #7 - Poster with radio

II. COMPREHENSION OF THE HEALTH EDUCATION TALK USING THE POSTERS AS VISUAL AIDS

1. Give the talk to a group of mothers. Remember to review the posters twice - one time giving the talk and the second time asking the mothers the questions about the talk. Note the questions the mothers ask about the talk on a piece of paper and return it with the questionnaires.

2. Individually interview twenty mothers using questionnaire #2 in as quiet a place as possible.

Questionnaire #1

INTRODUCTION: We're going to be using some posters in our work here in the clinic, but we're not sure if these posters are the best we can do. We'd like for you to look at these posters and give us your honest opinion about them so that we can make them better before we produce them in their final form. Please feel free to speak openly about what you think.

SHOW POSTER

Case Number: _____

Poster Name: _____

CODE

1. First I would like to show you this poster that may be used. Please tell me what you see in this picture? (PROBE: Please tell me what this looks like to you?)

_____ 1._____

2. Do you think this poster is asking you to do anything in particular? 2._____

- 1. ____ Yes
- 2. ____ No
- 3. ____ Doesn't know

2.a. If Yes: What? _____ 2.a._____

3. Is there anything in this poster that might bother or offend anyone? 3._____

- 1. ____ Yes
- 2. ____ No
- 3. ____ Doesn't know

3.a. If Yes: what? _____ 3.a. _____

4. Do the people you see in this drawing remind you of your friends, or are these people different from your friends? 4. _____

- 1. _____ Like respondent's friends
- 2. _____ Different from respondent's friends
- 3. _____ Doesn't know

4.a. If different: In what way are they different? 4.a. _____

5. Does this poster say anything that you don't believe is true? 5. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know

5.a. If Yes: What? _____ 5.a. _____

6. Is there anything in particular that you like about this poster? (PROBE) 6. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know
- 4. _____ Likes it all

6.a. If Yes: What? _____ 6.a. _____

7. Is there anything in particular you dislike about this poster? (PROBE) 7.____

- 1. ____ Yes
- 2. ____ No
- 3. ____ Doesn't know

7.a. If Yes: What? _____ 7.a.____

8. In comparison to the other posters you have seen around these days, would you rate this poster to be: 8.____

- 1. ____ Excellent
- 2. ____ Good
- 3. ____ Fair
- 4. ____ Poor
- 5. ____ Doesn't know

9. What do you think could be done to make this poster better? 9.____

10. I would like you to look at another poster and I'll ask you the same questions about this one as well. Please feel free to speak openly about how you feel.

SHOW POSTER

1. First I would like to show you this poster that may be used. Please tell me what you see in this picture? (PROBE: Please tell me what this looks like to you?)

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2. Do you think this poster is asking you to do anything in particular? 2. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know

2.a. If Yes: What? _____ 2.a. _____

3. Is there anything in this poster that might bother or offend anyone? 3. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know

3.a. If Yes: what? _____ 3.a. _____

4. Do the people you see in this drawing remind you of your friends, or are these people different from your friends? 4. _____

- 1. _____ Like respondent's friends
- 2. _____ Different from respondent s friends
- 3. _____ Doesn't know

4.a. If different: In what way are they different? 4.a. _____

5. Does this poster say anything that you don't believe is true? 5. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know

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5.a. If Yes: What? _____ 5.a. _____

6. Is there anything in particular that you like about this poster? (PROBE) 6. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know
- 4. _____ Likes it all

6.a. If Yes: What? _____ 6.a. _____

7. Is there anything in particular you dislike about this poster? (PROBE) 7. _____

- 1. _____ Yes
- 2. _____ No
- 3. _____ Doesn't know

7.a. If Yes: What? _____ 7.a. _____

8. In comparison to the other posters you have seen around these days, would you rate this poster to be: 8. _____

- 1. _____ Excellent
- 2. _____ Good
- 3. _____ Fair
- 4. _____ Poor
- 5. _____ Doesn't know

9. What do you think could be done to make this poster better? 9.____

10. How old are you? 10.____

1. ____ 15-20
2. ____ 21-30
3. ____ 31-40
4. ____ 41-50
5. ____ over 50

11. Do you have any children under five-years-old living in your house? 11.____

1. ____ yes
2. ____ no

QUESTIONNAIRE #2

QUESTIONNAIRE FOR COMPREHENSION OF HEALTH EDUCATION TALK

INTRODUCTION: You've just heard a talk about how to take care of your child when he has diarrhea. Now I'd like to ask you some questions about what you just heard.

CODE

1. What should you give to a child that has eshal that is not watery? 1.____
1. Go to the doctor
 2. Give liquids
 3. Give breastmilk
 4. Other
2. What can zayy maya or nazla maawiyya cause in a young child? 2.____
1. gefef
 2. death
 3. other
3. What are the signs of gefef? 3.____
- | | |
|--------------------------|------------------|
| 1. da'if | 5. sunken eyes |
| 2. vomiting | 6. wrinkled skin |
| 3. fever | 7. other |
| 4. maloush nef's le lakl | 8. doesn't know |
4. How should you mix the medicine for gefef? 4.____
1. Mix the entire packet
 2. Mix in water glass
 3. Glass must be full
 4. Stir to dissolve
 5. Other
 6. Doesn't know

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5. How should you administer the medicine for gefef? 5.____
1. Give to child with cup and spoon
 2. Give with a bottle
 3. Doesn't know
6. How many packets should you give to the child? 6.____
1. As much as he will drink as long as he will
 2. As long as he has zayy maya
 3. Other
 4. Doesn't know
7. What results will you see from this medicine for gefef? 7.____
1. Child become active
 2. Child regains appetite
 3. Child's face becomes like the moon
 4. Child no longer has gefef
 5. Stops diarrhea
 6. Other
 7. Doesn't know
8. What should a mother feed a child that has eshal? 8.____
1. Stop feeding
 2. Give soft foods
 3. Give breastmilk
 4. Other
 5. Doesn't know

9. What is the name of the radio program for mothers like you? 9.____
1. The Clever Mother Program
 2. Other
 3. Doesn't know
10. What time is it on the radio? 10.____
1. 6:40
 2. Other
 3. Doesn't know
11. What radio station is it on? 11.____
1. Radio Alexandria
 2. Other
 3. Doesn't know
12. Do you have any questions about anything you've heard or seen today? 12.____
1. No
 2. Yes, --what? _____