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Communication for Healthy Living

FINAL REPORT

Egypt 2003-2010

HEALTH COMMUNICATION PARTNERSHIP
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs
Save the Children

Final Report of USAID/Egypt's Communication for Healthy Living activity, October 2003-December 2010, implemented by the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs with Save the Children US in the Health Communication Partnership; in collaboration with the Egyptian Ministry of Health and Population, Ministry of Information/SIS IEC Center, and Ministry of Agriculture and Land Reclamation/General Organization for Veterinary Services. USAID Project Number 263-0287.05.

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Dedicated in memory of

Dr. Moshira El Shafei

1940-2010

Cover photos: A mother and child in Fayoum participating in the Community Health Program. Bottom row from left: mass wedding in the *Mabrouk!* Initiative; newlywed couple discusses the *Mabrouk!* Booklet; peer counseling in the University Campaign for the Prevention of Viral Hepatitis; flu-prevention materials in schools.

Table of Contents

EXECUTIVE SUMMARY ..... **VII**

BACKGROUND **1**

STRATEGIC FRAMEWORK **2**
Cross-Cutting Approach 4
The Life Stage Approach 5
Multi-Sectoral Approach and Partnerships 6

ACTIVITIES TO ACHIEVE THE STRATEGIC OBJECTIVE AND THEIR OUTPUTS AND RESULTS **8**

RESULTS AREA A: STRATEGIC INFORMATION AND COORDINATION **9**
Enabling Environment 9
Strategic Planning Workshop, October 2003 10
Formation of Executive Steering Committee, December 2003 11
Training of Trainers on Strategic Communication, February 2004 11
Message and Materials Workshop, June 2004 12
Research and Knowledge-Sharing, 2004-2010 12

RESULTS AREA B: COMMUNICATION FOR IMPROVED HEALTH BEHAVIORS **14**
Reaching the Public with a Unified Campaign and Multiple Channels 14
Integrated Marketing Communication and Community Approaches 14
Unified Theme 14
A Community Approach for Communities in Need 15
Multiple Channels of Communication 15
Mass Media 15
TV Spots Aired During CHL 17
Television Exposure by Health Topic, EHCS 2007 18
www.Sehetna.com 19
Information, Education and Communication (IEC) Materials 20
Family Planning, Reproductive Health, and Maternal and Child Health 22
The Mabrouk! Initiative 23
Mabrouk! Wedding Celebrations 24
Edutainment: Education through Entertainment 25
Mabrouk! Family Health Booklet 28
Outputs: Components of CHL's *Mabrouk!* Initiative, 2004-2010 30
The Community Health Program 31
Community-Level Outcomes: Reproductive, Maternal and Child Health 36
Improving Child Nutrition 37
Impact of Communication on Maternal/Child Health and Family Planning Behavior 39
Impact of Safe Pregnancy Message Exposure on Antenatal and Postnatal Behaviors, Young Family Cohort (YFC), Adjusted for Exposure Bias 40
Impact of FP Message Exposure on FP Behaviors, YFC, Adjusted for Exposure Bias 40
National Outcomes: FP/RH, Maternal and Child Health 41
Other FP/MCH Activities 44
Premarital Services 44
Postpartum IUDs 45
Female Genital-Cutting 46
Infectious Diseases 48
Viral Hepatitis 48
Avian Influenza 52
Interventions After the Outbreak 52
Exposure to Avian Influenza Information by Source 53
AI as a Special Project 57
Behavior Change 61

Outcomes: Trends in Caging Practices, 2006 to 2007 61
Outcomes: Avian Influenza Protective Behaviors 61
Impact of AI Education in Community Health Program, 2007-2010 62
H1N1 63
Tuberculosis 66
Measles 66
HIV/AIDS 66
Non-Communicable Disease/Healthy Lifestyles 68
Tobacco 68
Breast Cancer 71
Health Reform/The Family Doctor 72

RESULTS AREA C: CAPACITY-BUILDING AND SUSTAINABILITY 73
C.1. Public Sector 75
Training Public-Sector Professionals 75
Partnerships in the Public Sector 76
Institutionalization and Systems in the Public Sector 77
Institutionalization of Strategic Health Communication Leadership 78
Strengthening Logistics Systems 78
Media Materials Database 79
C.2. Private Sector 80
Training Private-Sector Professionals 83
Partnerships with the Private Sector 84
Private-Sector Cooperation with CHL/AskConsult: Description 85
Partners Giving Cash/In-Kind to CHL/AskConsult Activities by Year 87
Institutionalization in the Private Sector 87
AskConsult Legacy Organization 87
Workplace Wellness 88
C.3. NGO Sector 90
Training NGO Professionals 90
NGO Partnerships 91
Institutionalization and Systems in NGOs 91
Replication 92
C.4. Multi-Sectoral 93
Partnerships Across Sectors 94
Household and Community Health Capacity 95

LESSONS LEARNED 97

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION APPROACHES 97
Public Sector 98
Private Sector 100
NGO Sector 101

LIST OF ABBREVIATIONS AND TERMS

AI	avian influenza
Antenatal	during pregnancy
AWSO	Arab Women Speak Out: a component of Community Health Program
Capacity-building:	improving a partner's ability to sustain an activity long-term
CCP	Center for Communication Programs in Johns Hopkins Bloomberg School of Public Health
CDA	community development association; often refers to a local organization
CDC	U.S. Centers for Disease Control and Prevention
CEOSS	Coptic Evangelical Organization for Social Services (NGO)
CHL	USAID/Egypt Communication for Healthy Living activity
CSR	corporate social responsibility
EHCS	Egypt Health Communication Survey
EDHS	Egypt Demographic and Health Survey
ESC	Executive Steering Committee
FAO	United Nations Food and Agriculture Organization
FGM/C	female genital mutilation/female genital cutting
FP	family planning
FP/RH	family planning and reproductive health
GATS	Global Adult Tobacco Survey
GOE	Government of Egypt
GOVS	General Organization for Veterinary Services in MALR
HCU	proposed Health Communication Unit considered in MOHP
IDSR	Infectious Disease Surveillance and Response
IEC	Information, Education and Communication
IMS	IMS Health Inc., formerly Intercontinental Marketing Services
Ipsos	Ipsos MediaCT, global market research firm with office in Egypt
JHU	Johns Hopkins University
LIC	SIS Local Information Center
LLC	Limited Liability Corporation
MALR	Ministry of Agriculture and Land Reclamation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MOHP	Ministry of Health and Population
MOFP	Ministry of State for Family and Population
M&E	monitoring and evaluation
NAMRU-3	U.S. Naval Medical Research Unit No. 3
NCCM	National Council on Childhood and Motherhood
NCCVH	National Committee for Control of Viral Hepatitis
NERP	Nutrition Education and Rehabilitation Program
NGO	non-governmental organization; often refers to a regional or national organization
NLQP	National Laboratory for Veterinary Quality Control on Poultry Production in MALR
Outreach	activity imparting knowledge to members of the public
PARC	Pan Arab Research Center, regional market research firm with office in Egypt
PHC	primary health care unit
POP/FP	Population/Family Planning
Postpartum	after delivery
PPIUD	postpartum intrauterine contraceptive device
SAIDR	Strengthening Avian Influenza Detection and Response, USAID-supported partnership
SIS	State Information Service (within the Ministry of Information)
SISC	SIS-IEC Center or SIS Center
SO	Strategic Objective
STOP AI	USAID Stamping Out Pandemic and Avian Influenza
TOT	training of trainers

Training	activity imparting knowledge to partners and specialists
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	The World Health Organization
WHO-EMRO	World Health Organization Regional Office for the Eastern Mediterranean

EXECUTIVE SUMMARY

Communication for Healthy Living was the United States Agency for International Development in Egypt's (USAID/Egypt) cross-cutting social and behavior change communication activity, implemented from September 2003 to December 2010. The goals of the activity were to:

- improve health outcomes in **family planning** and **reproductive health**, **maternal and child health**; **infectious diseases** including viral hepatitis, HIV/AIDS, avian influenza, and H1N1 influenza; **tobacco**, **breast cancer**, and **family health**; and
- strengthen capacity across multiple sectors of society to conduct health communication.

Communication for Healthy Living (CHL) was an Associate Award under USAID's global Leader with Associate Award, the Health Communication Partnership. The activity was implemented with the technical assistance of the Johns Hopkins University Center for Communication Programs (JHU-CCP), with additional assistance from Save the Children US and Tulane University, in cooperation with the Government of Egypt Ministry of Health and Population and the Ministry of Information, as well as partners in the private sector and civil society.

The **cross-cutting** design represented a departure from traditional communication programs addressing single health issues. USAID/Egypt was one of the first missions to apply this design, and CHL thus represented an important test of an innovative approach.

The CHL program designed a unified strategy under the signature message, "Sahetak Sarwetak," or "Your Health is Your Wealth." It used a **life stage approach** to segment audiences to address appropriate health messages to different members of the household or community, or to age cohorts within society. The program gave special focus to young married couples, and young children. Finally it used a **cross-sectoral approach,** working directly with the public, private and NGO sectors to build partnerships to ensure broad ownership of the national health agenda and a distributed capacity to conduct health communication across society.

National Outcomes: Family Planning, Reproductive Health, Maternal/Child Health

Trends in reproductive health and maternal and child health outcomes in Young Family Cohort: currently married women of reproductive age (CMWRA) under 30 years old who had a birth in the last 5 years

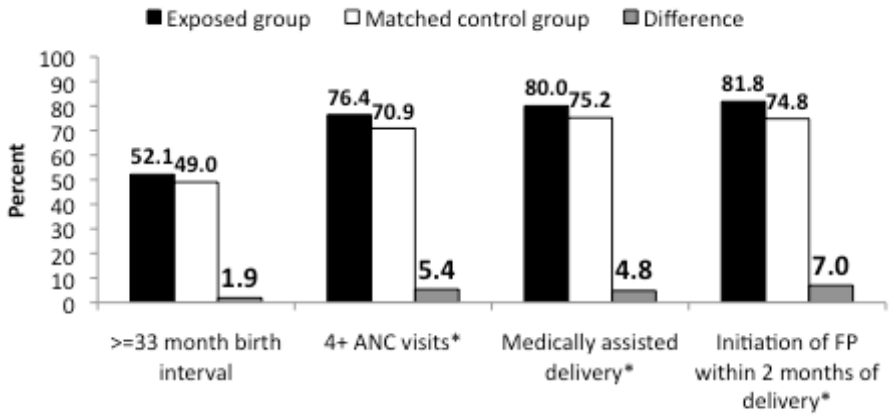
HEALTHY BEHAVIOR	YEAR MEASURED Percent practicing the behavior Number of respondents		
	2000	2005	2008
4+ antenatal care visits for most recent birth	41.4% 4,302	62.7% 5,695	68.9% 4,765
Medically assisted delivery	56.6% 4,303	70.1% 5,670	75.1% 4,762
Family planning current use	57.9% 4,307	60.3% 5,698	62.5% 4,765
Use of contraception after the first birth	55% 4,237	68.7% 5,481	74.1% 4,619
Timing of contraceptive use after delivery (2 months after delivery)	73% 2,898	79.5% 3,649	90.3% 3,033
Birth interval 33 months or longer	42.4% 2,898	45.8% 3,649	50.5% 3,033

Source: Egypt Demographic and Health Survey (EDHS) 2000, 2005, 2008

IMPROVED HEALTH OUTCOMES

CHL programs were implemented at scale, using a comprehensive mix of communication channels and approaches. CHL-supported health messages reached an annual average of 60 percent of the adult population over the life of the project, with peaks of above 90 percent for threats such as avian influenza, H1N1 and, more recently tobacco health warnings. Such exposure contributed to improved outcomes across priority health areas.

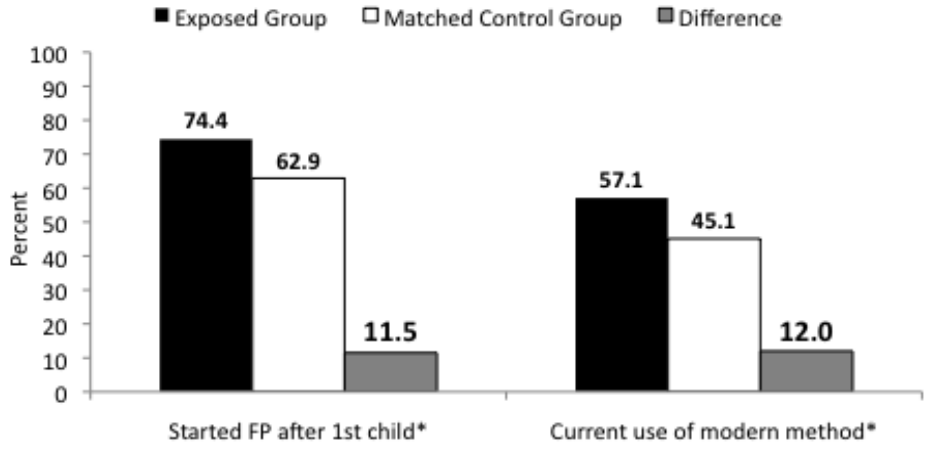
Impact of Safe Pregnancy Message Exposure on Antenatal and Postnatal Behaviors, Young Family Cohort (YFC), Adjusted for Exposure Bias



FP/RH/MCH

The preceding table of National Outcomes shows significant increases in the behaviors promoted by national CHL-supported campaigns. Behaviors include having four or more antenatal checkups, medically assisted delivery, family planning use after the first birth, family planning initiation two months after delivery, and birth spacing. Program interventions began in 2003, so data from 2000 are included to show the trends.

Impact of FP Message Exposure on FP Behaviors, YFC, Adjusted for Exposure Bias



[1]Recall of up to 12 sources of FP information including mass media, outreach and facility contacts (range 0-9); median split; Matched control group= 0-1 sources, Exposed group = 2+ sources
[2]Controlling for 10 predictors of exposure to family planning messages
Source: EDHS 2008 (the Young Family Cohort is n=2774 exposed and 1837 unexposed CMW, < 30 years old, birth in past 5 years)
*p<.001

CHL behavior change communication activities contributed to these national outcomes. To capture the portion of behavior change that can be attributed to communication exposure, communication researchers apply propensity-score matching to control for exposure bias and to create valid treatment and comparison groups. Propensity scoring isolates the impact of communication by controlling statistically for all variables except communication exposure.

The Impact of Message Exposure charts above show the results of this analysis. The 2008 Egypt Demographic and Health Survey (EDHS) measured "exposure to family planning messages" based on interviewees' recall of up to 12 different sources of information, including mass media,

community outreach and facility-based contacts. JHU-CCP's secondary analysis found that exposure to family planning (FP) messages accounted for a 12 percentage-point difference in whether the interviewee currently used a modern contraceptive method and an 11.5 percentage-point difference in whether the interviewee used FP after the birth of the first child.

EDHS 2008 measured "exposure to safe pregnancy messages" based on recall of up to nine sources of information including mass media, community outreach and facility-based sources. JHU-CCP secondary analysis found that exposure to safe pregnancy messages accounted for a 5.4 percentage-point difference in whether the interviewee had four or more antenatal care visits, a 4.8 percentage-point difference in whether the interviewee had a medically assisted delivery, and a 7 percentage-point difference in whether the person used FP within two months of the most recent delivery.

Community Health Program

CHL, with partner Save the Children, focused on improving health among the most marginalized and vulnerable communities through an intensive Community Health Program integrated with the national program. CHL's community program engaged civil society organizations to act as the main agents of change, working within existing social networks and systems of health service delivery. More than 1.6 million people were reached with CHL health messages via interpersonal communication.

The Community-Level Outcomes table at right shows the behavioral results among Community Health Program beneficiaries in Upper Egypt measured by the program monitoring and evaluation (M&E) system, compared with the results for a matched reference

Community-Level Outcomes: FP/RH, Maternal/Child Health

Healthy behaviors among women in Community Health Program villages in Upper Egypt compared with women in all of Upper Egypt region

HEALTHY BEHAVIOR	Percent practicing the behavior Number of respondents				
	Upper Egypt, all	Community Health Program			
		Fayoum	Minya	Qena	Total
4+ antenatal care visits for most recent birth	**60.8%** 2,051	**82.8%** 1,771	**82.5%** 3,265	**81.8%** 1,857	**82.4%*** 6,893
Medically assisted delivery	**67.9%** 2,050	**68.5%** 1,770	**86.2%** 3,263	**97.0%** 1,857	**84.6%*** 6,890
Birthweight > 2.5 kg	**85.9%** 778	**98.7%** 1,769	**98.7%** 3,262	**98.3%** 1,855	**98.6%*** 6,886
Family planning use after first birth	**61.4%** 2,051	**75.4%** 1,771	**81.0%** 3,265	**90.1%** 1,857	**82.0%*** 6,893
Timing of contraceptive use after delivery (2 months after delivery)	**69.9%** 1,068	**75.8%** 1,335	**77.8%** 2,645	**79.7%** 1,674	**77.9%*** 5,654
Ever used family planning	**80.2%** 2,051	**77.8%** 1,771	**81.4%** 3,265	**90.8%** 1,857	**83%**** 6,893
Birth interval:					
< 24 mos. (not recommended)	**24.8%**	**17.9%**	**19.8%**	**23.1%**	**20.0%**
24-32 mos.	**29.4%**	**32.1%**	**31.7%**	**38.4%**	**33.1%**
33 mos. or longer (optimal)	**45.8%** 1,335	**50.0%** 302	**48.5%** 713	**38.4%** 255	**46.9%** 1,270
Sources:	EDHS 2008	2005-2009 Save the Children data in CHL M&E system. Total = composite of three governorates. Statistically significant: *p value = 0.000; **p value = 0.002			

population of all Upper Egypt residents measured in the 2008 EDHS. The CHL community package led to positive results in immediate health outcomes such as antenatal care, medically assisted delivery and use of family planning.

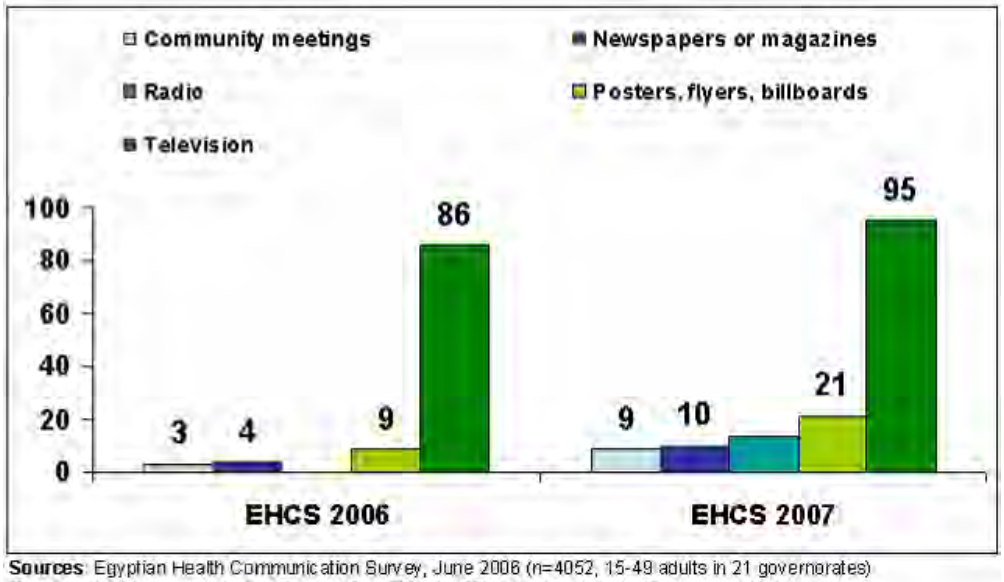
Nutrition

By weighing infants regularly and having experienced mothers teach meal preparation to new mothers, CHL and Save the Children succeeded in reducing child malnutrition in Community Health Program villages. Program monitoring and evaluation data show that infant malnutrition rates averaged 25 percent when CHL began work in focal villages and declined to 5 percent or less after the intervention. A Tulane University analysis found the program met its goal of reducing child malnutrition to below 10 percent, and at low cost – $45.20 per case of malnutrition averted on average. CHL reached more than 54,000 children aged six months to two years through the nutrition program.

Avian Influenza

Egypt's response to the emerging health threat of avian influenza, then later H1N1, was perhaps the strongest validation of the cross-cutting communication approach. CHL's success in building coordination between ministries and across sectors laid the groundwork for a timely and effective joint response to the outbreak. The Ministry of Health and Population (MOHP) and State Information Service (SIS) coordinated on early preparation, allowing for an immediate full-scale national response when Egypt experienced the outbreak of avian flu in February 17, 2006. National partners were brought together under the MOHP to develop a national AI communication strategy. Additionally, the mechanisms that CHL had in place for planning, production and dissemination of materials were put to immediate use to respond to the emerging threat on a national scale. The Egyptian public's exposure to the MOHP/SIS campaign supported by the USAID CHL program was very high in both 2006 and 2007 (See chart above). The 2007 level of exposure to print materials (9 percent) and to community programs (21 percent) was driven to these unusually high levels by widely reaching community programs conducted by partners in UNICEF.

Exposure to Avian Influenza Information by Source



Sources: Egyptian Health Communication Survey, June 2006 (n=4052, 15-49 adults in 21 governorates)
Egyptian Health Communication Survey, Dec 2007 (n=3770, 15-49 adults in 21 governorates)

Executive Summary

The Egypt Health Communication Survey (EHCS) showed significant increases from 2006 to late 2007 in behaviors promoted by the CHL national campaign that prevent the spread of avian influenza: proper poultry preparation including thorough cooking and washing of hands and utensils; and an increase in caging of poultry and a decrease in keeping poultry in the home.

Outcomes: Avian Influenza Protective Behaviors			
Protective Behavior	**Year measured** Percent practicing the behavior		
	EHCS 2006	**EHCS 2007**	**EDHS 2008**
Washed hands with soap and water after preparing poultry	**30%**	**41%**	*
Cooked eggs and poultry more thoroughly (until hard)	**43%**	**45%**	**
Washed utensils more carefully after preparing poultry	**26%**	**34%**	**n/a**
Poultry breeders reporting any caging	**58%**	**73%**	**72.4%**

Sources: Egypt Health Communication Surveys conducted in May-July 2006 and December 2007 and Egypt Demographic and Health Survey conducted March-May 2008. EDHS asked about AI knowledge, not actions: *51.2% were aware that washing hands after contact with poultry can prevent transmission of AI virus. **20.7% were aware that not eating undercooked poultry can prevent transmission of AI.

Pandemic Influenza

In preparation for a humanly-transmissible influenza epidemic that might emerge from highly pathogenic avian influenza, CHL, in cooperation with MOHP, developed a flu prevention and response strategy and set of materials in late 2008. When alerted of the H1N1 outbreak by the U.S. Centers for Disease Control (CDC) and USAID/Washington in April 2009, the MOHP deployed the campaign immediately on television and in print. In the ensuing five months, CHL and the GOE disseminated an integrated campaign on flu prevention using all available channels to reach the public by television, in public transport, schools and supermarkets, resorts and villages, social clubs and houses of worship.

A rapid assessment by Ipsos MediaCT in 2010 found that many people who had seen posters with CHL messages promoting flu-preventive behaviors had increased their practice of those behaviors: Of the 80 percent who had seen the posters, 88 percent increased handwashing, 56 percent increased covering their coughs and sneezes, and 24 percent increased staying home if they had flu symptoms.

Infectious Disease Control

Safe injection was the subject of a series of CHL campaigns. Among several improved behaviors was the safe disposal of syringes. Nationally, 86 percent of married women had asked a medical service provider to properly dispose of syringes in 2007, up from 74 percent in 2005, according to the EHCS. For married men, the likelihood increased from 81 percent in 2005 to 91 percent in 2007. In a sampling of villages in Minya, the portion of respondents who brought a syringe to the doctor to dispose of in the previous year increased from 35 percent in 2004 to 41 percent in 2007 according to the Minya and Fayoum Village Health Survey of 2007-2008.

CHL's viral hepatitis control campaign at nine universities led 20,000 students to get vaccinated

against hepatitis B and led two universities to mandate vaccination for medical students who are at high risk of infection from needle-stick injuries. CHL brought together stakeholders from all sectors including for-profit companies in the pharmaceutical and telecom sectors, academia, medical professional associations, government, the public-private vaccine maker Vacsera, and student organizations. Private-sector partners contributed cash and in-kind donations in excess of 2.6 million Egyptian pounds ($485,000).

Tobacco

Egyptians began to reduce societal tolerance of smoking. As the Government of Egypt prepared to require labels on cigarette packets with startling images warning of tobacco's harms to smokers and those around them, CHL provide key technical assistance, assembling potential images, pre-testing them with the public, and presenting recommendations. The Global Adult Tobacco Survey taken in 2009 found that more than 98 percent of male smokers had noticed the warning labels in the past 30 days, and 45 percent had subsequently thought about quitting smoking (31.7 percent of Egyptian men and less than 1 percent of women are cigarette smokers, the survey found).

FGM/C

CHL aided the Government of Egypt's campaign to stop doctors from performing female genital mutilation/circumcision (FGM/C). CHL held seminars for 3,300 final-year medical students and trained 250 doctors from around Egypt to raise awareness among doctors and communities about the harms of FGM/C under the initiative "Doctors Against FGC." Making enforcement real, CHL facilitated a policy change under which a clinic or hospital cannot be licensed to open until the owner signs a pledge to not perform FGM/C there; and CHL trained a cadre of licensing officials from every governorate in Egypt in how to train their colleagues in the effective application of the FGM/C law.

BUILDING CAPACITY ACROSS ALL SECTORS

The national cross-cutting communication program was made possible through the leadership of Egypt's Ministry of Health and Population and its long-term institutional partners, principally the Ministry of Information/State Information Service. Crucially, MOHP policy created the **enabling environment** for the cross-cutting communication program. This included supporting the integration of the various health departments, including Population and Family Planning, Maternal/Child Health, and Infectious Disease; establishing a platform for inter-ministerial coordination; and creating a basis for partnership with the non-governmental and commercial sectors.

Before CHL commenced, USAID sent a team of MOHP and SIS leaders to JHU-CCP Baltimore for the Advances in Strategic Communication workshop. The shared understanding of strategic communication resulting from the training was put to use as CHL was launched. In October 2003, CHL convened a strategic planning workshop attended by representative of the major health directorates of the MOHP, the SIS, donor agencies, and representatives of the private and NGO sectors. Based on agreed national health priorities and objectives, the participants outlined a Family Health Communication Strategy that was to guide the national program. **The capacity**

of the core team of CHL counterparts was instrumental in the formation of the Family Health Strategy and subsequent CHL implementation.

The CHL capacity-building and sustainability strategy used four main approaches to strengthen Egypt's capability to conduct and sustain effective health communication:

- **training**, including formal, applied, and on-the-job, addressing skills for communicating, for designing effective communication campaigns, and for implementing and evaluating them;
- **partnerships**, or joint activities, included public-private partnerships, collaborations with multiple private-sector companies, inter-ministerial cooperation, and projects involving entities from multiple sectors;
- **institutionalization** and the strengthening of systems; and
- increased capacity at **the household and community level** to achieve and sustain positive health outcomes through improved practices across the domain of health, i.e., improved health competence and the development of self-sustaining community health practices.

Public Sector Capacity

CHL recognized the Government of Egypt as both the umbrella organization and partner of all institutions engaged in health communication, providing guidance on messages and monitoring accuracy. CHL also recognized that, in a mature country program such as Egypt's, health communication is increasingly carried out by multiple sectors of society, including government agencies, businesses, and civil society. CHL's broad approach was to strengthen capacity throughout the system, building the competence to conduct health communication in distributed bodies of practice, coalitions and alliances that would be sustainable in the face of changes in individual leadership, institutional authority and single-source resource flows. In this strategy, capacity encompassed not only increased technical capability but financial viability and institutional capacity. From 2004 to 2010, CHL trained more than 60,000 practitioners to carry out health communication activities including 22,000 in maternal and newborn health. Training resulted in the capacity of national counterparts to conduct large-scale and complex communication programs with on-the-job participation of CHL technical staff.

CHL trained key specialists and managers from the public sector – several sectors within the MOHP, and SIS as well as, in the latter phases of the activity, the Ministry of Agriculture and Land Reclamation (MALR), and Ministry of State for Family and Population (MOFP). The key skill set that CHL imparted to the Government of Egypt was the strategic planning, implementation, and evaluation of integrated communication programs. Improved program management has been evident as a result. For instance, SIS Local Information Centers have greater capacity to plan and implement local communication activities such as seminars, public meetings, and interagency meetings. MOHP sectors began to prepare annual communication plans as standard practice. MOHP managers also showed improved competency in training sub-coordinators and efficient use of print materials. CHL observed greater coordination and collaboration between the SIS and MOHP at the central level, while SIS Local Information Centers cooperated on the local level with MOHP, MOFP, MALR, governors' offices, and NGOs, on communication activities related to family planning, reproductive health, avian and pandemic influenza, and water conservation. After participating in CHL, the Government of Egypt demonstrated willingness and ability to independently design and fund communication

campaigns on targeted health priorities that reached audiences as large as earlier USAID-funded campaigns.

At the beginning of the CHL activity in 2003, CHL facilitated the establishment of an Executive Steering Committee (ESC), chaired by the MOHP, with representatives from the SIS and multiple sectors within the MOHP. The purpose of the Executive Steering Committee was to oversee the strategic communication function: that of identifying health priorities, developing annual plans to address them, budgeting for the work-plans, and coordinating inter-sectoral activities when beneficial. At CHL's end, the MOHP continued with the view that these strategic functions should reside, as they did under the ESC, with the office of the First Undersecretary supervising the health sector leaders responsible for delivering services and managing budgets. Under this system, the various sectors budget and plan their activities through a decentralized approach under the overarching guidance of the First Undersecretary's office. Thus, at CHL's close, the MOHP is sustaining the Health Communication Committee mechanism, even as the organizational, workforce and budgetary issues of establishing another more formal institutional structure, like a Health Communication Unit, are being resolved.

Private Sector Capacity

AskConsult was the component of CHL that engaged the private sector in health communication. AskConsult originated as part of a predecessor USAID/Egypt project, the Private Sector Initiative, which involved privately owned pharmacies in social marketing to grow the demand for family planning. CHL revived the AskConsult brand and broadened its focus from family planning to family health. CHL expanded the network of pharmacies, providing marketing support as well as face-to-face and online training to its affiliated network of 30,000 privately owned pharmacies. AskConsult directly trained 5,500 private-sector pharmacists during local gatherings and classroom training in interpersonal communication to build their capacity to fulfill customers' demand for credible health information. AskConsult encouraged the broader private sector to increase its participation in the practice of strategic health communication: Through AskConsult, CHL formed partnerships with 27 private-sector companies that leveraged more than $7.2 million worth of cash and in-kind contributions in support of GOE's and USAID's mutual health priorities. The AskConsult activity also directly produced a sustainable entity, AskConsult for Health LLC, an Egyptian not-for-profit corporation that began developing non-USAID-funded health communication partnerships even before the end of the CHL activity.

Private-Sector Support for CHL Activities by Year

Fiscal Year	Cash	In-kind	Total
2004	$12,945	0	$12,945
2005	$667,413	$719,597	$1,387,010
2006	$927,791	$180,090	$1,107,881
2007	$599,641	$126,407	$726,048
2008	$723,436	$185,642	$909,078
2009	$621,139	$386,921	$1,008,060
2010	$365,510	$252,687	$618,197
Q1 2011	$1,441,840	$980	$1,442,820
2004-2011	$5,359,715	$1,852,324	$7,212,040

Source: PPP reports to USAID. Excludes value of donated airtime for spots.

Executive Summary

NGO Sector Capacity

Strengthening the capacity of Community Development Associations (CDA) was a cornerstone of the CHL community approach. Capacity-building activities for CDA staff and board members included workshops on monitoring and evaluation, budget revision, and principles of partnership and networking in their communities to maximize communication and access resources. CHL trained CDA staff to carry out village health assessments, gender-based activities (Arab Women Speak Out (AWSO) and *Dawar* – male village councils), and to collect, and analyze data to inform program design in accordance with JHU-CCP's "P-Process." In addition, CHL helped CDAs to develop skills in proposal development, financial management and implementation of sub-grant activities. Throughout the project, CHL mentored CDAs to ensure successful performance. By the end of the project, CHL observed that several CDAs were successfully applying such proposal development and financial management skills to mobilize resources from new sponsors.

Annual budgets for the Community Health Program showed improved efficiencies and a decrease in the overall costs per village as the program advanced and CDAs gained experience. The average annual cost of implementing community-based activities in a mother-village CDA was reduced from approximately $30,000 in the beginning of the project to roughly $10,000 in the middle and end of the project. Save the Children managed the scale-up of the Community Health Program by enlisting regional or "umbrella" NGOs to assist several local CDAs in implementing the Community Health Program at the village level. Using umbrella NGOs as a bridge between the central implementer and local CDAs allowed for rapid scale-up at lower costs: The umbrella approach enabled CHL to increase the number of villages in one year from 24 to 113 villages.

A CDA assessment found several signs for sustainability:

- **Organizational growth:** CDAs reported their membership numbers had increased while working with CHL, in one case doubling.
- **Programming growth:** CDAs reported significant growth in the number and size of projects they manage. They remarked that skills they learned during CHL made this possible – particularly proposal development and financial management. They also consistently reported an increased spirit of community participation in their villages.
- **Sustainability:** The sampled CDAs all had ongoing programs that would continue beyond CHL-funded activities. They had multiple external funding sources, as well as internal sources from members' donations. They had woven aspects of the Family Health Package model (key health messages, for example) into their existing non-CHL funded programs.
- **Leadership:** Veteran CDAs that had mentored new CDAs remarked that the experience of building the capacity of another CDA had been rewarding. They had formed working relationships and even submitted proposals together. The veteran CDAs said that being put in a leadership role also forced them to examine more closely their mission and vision and to articulate that clearly for themselves, and so they would be a better role model for the CDA they were mentoring.
- **Village Councils**: Village councils acknowledged the role of CDAs in health advocacy. The village councils were strengthened through their participation in CHL programs.

Executive Summary

A Cross-cutting Communication Program

CHL represented a significant test of the unified, cross-cutting approach to behavior change communication, in which a single communication program serves multiple health areas. In practice in Egypt, this approach resulted in:

- a high level of support for health communication among health leaders, improving the enabling environment;
- the development of a critical mass of health communication capacity among practitioners across sectors – public, private and NGO;
- increased program coordination among and within ministries that address health;
- the repositioning of health, in general, as a positive value that can be achieved or protected by people through many specific actions;
- rapid program response to emerging health threats;
- economies of scale in the production and distribution of communication materials; and
- a widened ownership of health communication among public, private and NGO sector partners throughout the system, improving sustainability.

BACKGROUND

This document presents a final technical report on the United States Agency for International Development/Egypt (USAID/Egypt) Communication for Healthy Living (CHL) activity, implemented from September 2003 to December 2010. The CHL activity was carried out with the technical assistance of the Johns Hopkins University Center for Communication Programs (JHU-CCP), with additional assistance of Save the Children US[1] and Tulane University, in cooperation with the Government of Egypt Ministry of Health and Population and the Ministry of Information, as well as with partners in the private sector and civil society.

In 2002, USAID/Washington issued a global Leader with Associate Award, the Health Communication Partnership, which was designed to strengthen social and behavior change communication programs to address multiple health areas, including family planning and reproductive health, HIV/AIDS, maternal and child health, infectious disease and non-communicable disease, as well as healthy lifestyles. This cross-cutting design represented a departure from traditional communication programs addressing single health issues, and offered the opportunity to advance the field of health communication. USAID/Egypt was one of the first missions to apply this design in its country program through its Communication for Healthy Living (CHL) activity. Due to the scale and duration of the activity, CHL represented a significant test of the unified, cross-cutting approach to behavior change communication, producing lessons for the community of public health practitioners.

CHL was a unified program of communication whose goal was to improve health outcomes across a variety of health areas and to strengthen capacity to conduct health communication in the public, NGO and commercial sectors.

Communication for Healthy Living had three main program objectives or areas in which to achieve results:

A. To provide improved **strategic information and coordination** for effective health communication programs;

B. To increase adoption of healthy behaviors and demand for health services, specifically in the areas of:

- **Family planning and reproductive health**
- **Maternal and child health** including nutrition, community health, and female genital mutilation/cutting (FGM/C)[2]
- **Other public health threats**

[1] In this report, "Save the Children" refers to CHL's formal partner Save the Children US operating through Save the Children Egypt as a field office.

[2] FGM/C, often defined as a component of Family Planning and Reproductive Health, was classified under Maternal and Child Health to match the MOHP's organizational structure.

- Control of infectious diseases (communicable diseases) including viral hepatitis, tuberculosis, measles, HIV/AIDS, avian influenza, and H1N1 influenza; as well as hygiene promotion.
- Combating non-communicable diseases/promoting healthy lifestyles such as tobacco control, breast cancer awareness and research, and promoting MOHP Family Health Units.

C. To develop institutional, technical, and financial **sustainability** to implement health communication programs in the public, NGO, and commercial sectors, as well as to establish enduring public demand for good health.

Strategic Framework

The Communication for Healthy Living (CHL) activity applied well-established principles from the field of social and behavior change communication:

- A **strategic, evidence-based** approach: CHL used a systematic approach in the development of its communication programs, embodied in JHU-CCP's **"P-Process."** The P-Process is an iterative framework that progresses in stages, from Situation and Audience Analysis, to Strategic Design and Development, to Implementation, Monitoring and Evaluation.[3] It is used to develop programs that are **based on evidence, designed according to the best practices in the field, implemented at scale, and monitored and evaluated to measure effectiveness.** This systematic process provided the underpinning of all CHL programs, from national-level health strategies and campaigns to individual strategy briefs for specific workshops or print materials. It was also widely shared as a core concept through all of CHL's capacity-building efforts among health communication practitioners in Egypt.
- A **supply and demand** approach linking health promotion to specific services or health products.
- Unified theme, multiple communication domains: CHL used an **integrated marketing communication** approach to unify and coordinate multiple communication channels, approaches and domains (e.g., advertising, entertainment, public relations events, internet and mobile telephone communication, community mobilization, counseling) to reinforce and complement each other. Underlying the diversity of channels and messages, CHL sought to establish unified themes that communicated the same fundamental values of trusted, good health that would empower people to take action and achieve desired outcomes.
- A **community-based approach** in which civil society organizations act as the main agent of change, driving improved health outcomes from the bottom-up. Such programs can be replicated through peer-to-peer, mentoring forms of capacity transfer, and present a cost-effective way to improve health among marginalized, vulnerable communities.

[3] See http://www.jhuccp.org/node/1258.

Communication for Healthy Living: The Strategic Framework

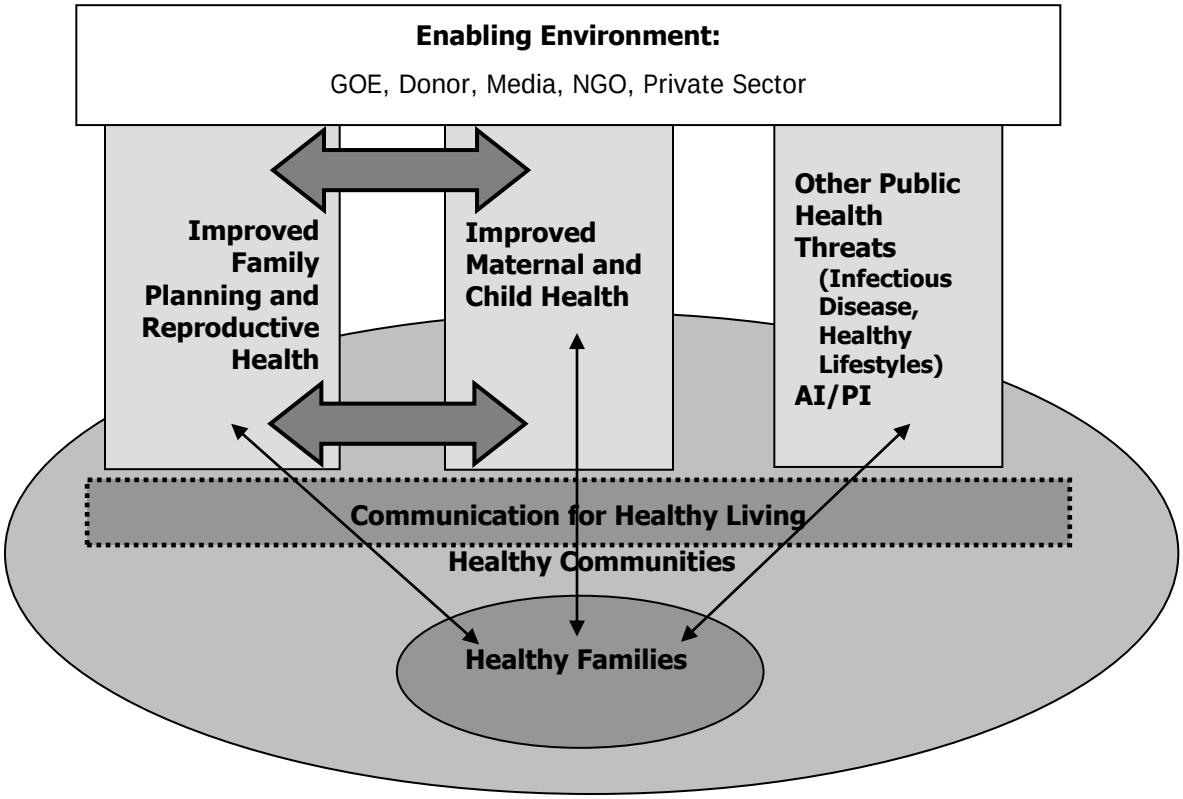
CHL also introduced innovative practices which have provided new lessons for practitioners in health communication:

- A **cross-cutting approach**, in which a single communication program serves multiple health areas. USAID/Egypt supported this approach in the design of the Communication for Healthy Living activity, which will be detailed in the next section. In sum, **this approach resulted in:**
  - **a high level of support for health communication among health leaders, improving the enabling environment;**
  - **the development of a critical mass of health communication capacity among practitioners across sectors – public, private and NGO;**
  - **increased program coordination among and within ministries that address health;**
  - **the repositioning of health, in general, as a positive value that can be achieved or protected by people through many specific actions;**
  - **rapid program response to emerging health threats;**
  - **economies of scale in the production and distribution of communication materials; and**
  - **a widened ownership of health communication among public, private and NGO sector partners throughout the system, improving sustainability.**
- The **Life Stage Approach.** To operationalize the cross-cutting communication model, the program segmented its audiences by life stage in order to address appropriate health messages to different members of a household or community or to age cohorts in society. Details will be discussed in the following section.
- CHL's **multi-sectoral, partnership** approach to promote health was innovative in its scale and application. The partnership approach, involving stakeholders from the public sector, business community and civil society organizations, ensured increased ownership of the health agenda by multiple partners, resulting in a distribution of capacity within society as a whole and the strengthened sustainability of health communication efforts.

Cross-Cutting Approach

The purpose of the CHL program was to improve health outcomes across multiple health areas, including family planning and reproductive health, maternal and child health, infectious disease and non-communicable disease, as well as healthy lifestyles. The strategy that was designed to meet this goal placed the household and community at the center of the program.

Recognizing that health information converges at the household level, CHL sought to deliver a unified package of health messages anchored in the idea of the **"Healthy Family."** The strategic framework below illustrates CHL's cross-cutting approach in communicating the messages of multiple health service areas to the public, to achieve "Healthy Families, Healthy Communities."

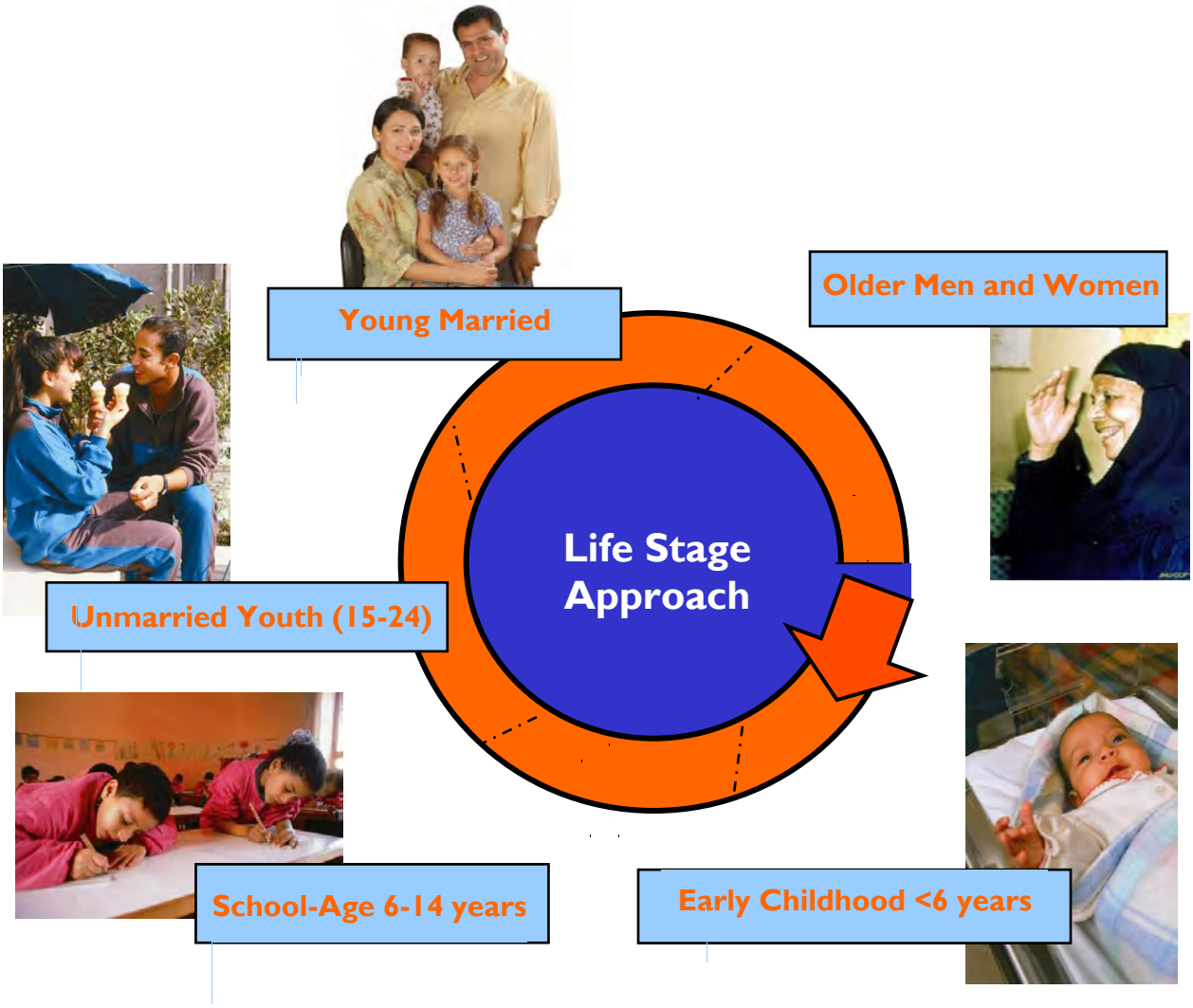


The framework shows both the top-down and bottom-up dimensions of the health program. From the top down, national health priorities and the vertical service delivery programs sought to "steer" messages toward the household, with the recognition that the specific behaviors being promoted represent signs of a "healthy family."

At the same time, the conceptual framework recognizes that the household is the main actor in demanding health information and services, driving the program from the bottom up. CHL therefore placed control in the hands of families and communities through greater use of civil society organizations, community-based programs, and support to people's health-seeking efforts to "pull" services through local health and information providers.

The Life Stage Approach

CHL operationalized the family focus of the program through a Life Stage Approach. The Life Stage Approach segments the family according to the age- or stage-appropriate needs of each member, addressing the household as a key decision-making unit. At the same time, this approach addresses the needs of entire age cohorts in society (for example, "Children under six years," "Unmarried Youth," or the "Young Family" cohort) allowing for message campaigns relevant to the population as a whole.



While each life stage has specific behavioral objectives, the CHL conceptual framework acknowledges that every stage is transitional and operates within the context of the family and community as a whole. Good health behavior adopted at an early stage, or collectively, represents a positive health investment and will have a cumulative, sustainable impact on future health behavior.

The Life Stage Approach aims to enhance the continued practice of healthy behaviors within the family and, by extension, to improve the health status of the wider community. Major life stage segments are subdivided as follows, to address specific issues, with avian influenza and other

priority infectious diseases a special focus for all age groups:

Young Children (0-5, neonates and infants)
School Age Children (6-14)
Youth (unmarried, aged 15-24)
Young Marrieds (spacers, 0-2 children)
Older Men and Women (limiters, school age children)

For the long-term impact on the health status of Egypt, the program placed a special emphasis on Youth, Young Marrieds, and Young Children. Also, communities with special health needs such as underserved rural communities, or other geographically or socially defined groups with acute health needs, received focused program attention.

In early childhood, the main health needs include immunization, proper nutrition, and prevention and treatment of acute respiratory infections and childhood diarrhea. In its community program, CHL gave special focus to the critical window of maternal health and child development, from conception and pregnancy to the child's age of two years (-9 to +24 months), consistent with the "First 1,000 days" initiative endorsed in 2010 by Secretary of State Hillary Clinton in support of the Millennium Development Goals (MDGs). By the time these children reach school age, the needs shift toward nutrition, and female genital mutilation/cutting. Unmarried youth and adolescents continue to face a need for proper nutrition and healthy lifestyles, as well as reproductive health information. Young married couples face critical health events associated with childbearing, where they need to manage pregnancy, safe delivery, postpartum care, proper breastfeeding and child nutrition, and birth spacing. Older men and women of childbearing age may need to limit their family size, requiring longer-term family planning methods like three-month injectable and IUD.[4] In addition, the higher-age cohort is at increased risk of chronic disease, including breast cancer. Proper diet and healthy lifestyles are also key concerns for this life stage.

Multi-Sectoral Approach and Partnerships

CHL sought to position the Government of Egypt (GOE) as both the umbrella organization and partner of all institutions engaged in health communication, providing guidance on messages and monitoring accuracy. However, CHL recognized the maturity of the GOE health communication program by **supporting a distribution of specific capacity among the major organizations playing key roles within each sector,** building on their particular strengths, shared interests, and diverse sources of revenue and support. In a mature country program such as Egypt's, health communication is increasingly carried out by multiple sectors of society, including government agencies, businesses, and civil society. CHL's broad approach was to strengthen capacity throughout the system, building the competence to conduct health communication in distributed bodies of practice, coalitions and alliances that would be sustainable in the face of changes in individual leadership, institutional authority and single-source resource flows.

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[4] These shifts have been described by Noha El-Ghazaly and Dominique Meekers (*Trends and determinants of maternal health indicators in Minya Governorate, Egypt*, presentation to Population Association of America, 2007) and the Population Council (*Survey of Young People in Egypt,* 2010).

Communication for Healthy Living: The Strategic Framework

The CHL activity components were organized according to major sectoral counterparts – public/government, nongovernmental, and private-sector – because each, while part of the unified strategy, entailed separate management and budget considerations.

CHL's support to the **public sector,** the State Information Service Center (SISC) and the Ministry of Health and Population (MOHP), was mainly in the form of focused technical assistance in planning and implementation of activities approved under the MOHP and SIS.[5] The MOHP has a lead role in defining strategic priorities and message content across health areas and target audience groups; it also implements health education and outreach through its service providers. The SIS has the major role of implementing programs addressing messages to cross-cutting population groups by life stage, covering the spectrum of health priorities. Through Fiscal Year (FY) 2009, CHL also provided technical assistance to specific health communication activities funded by USAID Implementation Letters to the MOHP and SIS including in the areas of family planning and reproductive health (FP/RH), maternal and child health (MCH), and infectious disease. During FY 2010, CHL provided limited technical assistance to the then-Ministry of State for Family and Population (MOFP) and MOHP by special request and by approval of USAID, in addition to sustainability exercises with the MOHP and SIS.

CHL support to the **nongovernmental sector** took the form of technical assistance in capacity-building, planning, and implementation. In addition, CHL provided direct support for the production and dissemination of materials not covered through the public sector, as well as for community-based NGO/CDA activities. Save the Children US, a CHL partner with an extensive community network through Save the Children Egypt, including local offices in Minya, was the key player in coordinating and implementing CHL activities at the governorate level. By the beginning of 2010, CHL and Save the Children had implemented the Community Health Program in partnership with **119 community development associations**, working directly with 26 of those CDAs in the original Upper Egypt communities, and working indirectly through five "umbrella NGOs" with 93 other CDAs in the new communities reached through the expansion of FY 2009 (69 CDAs in new villages within the original three Upper Egypt governorates, and 24 CDAs in the two expansion Lower Egypt governorates). CHL provided periodical technical assistance and training to these other CDAs.

CHL support to the **private/commercial sector** program included technical assistance for capacity-building, planning, and implementation, as well as direct support for activities designed to strengthen and promote the "AskConsult" private-sector marketing association. CHL worked with local subcontractors to implement integrated marketing communication campaigns promoting the full range of program-related health products and services available through the affiliate network of "AskConsult" private pharmacies and doctors. See Result Area C, Private Sector for program details.

[5] The CHL project has assisted the GOE to develop and produce numerous communication materials, including an estimated 40 TV and radio spots, more than 30 print materials, several educational films, several communication strategies for numerous health issues, and necessary supporting documents such as Requests for Proposals.

ACTIVITIES TO ACHIEVE THE STRATEGIC OBJECTIVE AND THEIR OUTPUTS AND RESULTS

Activities in Results Area A laid the foundation for the CHL activity by building capacity among key partners to apply the principles of strategic health communication outlined in the previous section. Results Area B details the implementation of the program interventions, themselves, and presents their impact on health outcomes. Results Area C details CHL approaches and activities designed to strengthen capacity and increase the sustainability of health communication programs.

The following sections detail CHL's interventions and impact in its three Results Areas:

Results Area A: Strategic information and coordination;

Results Area B: Communication for improved health behaviors; and

Results Area C: Strengthened capacity and sustainability.

Results Area A: Strategic Information and Coordination

Activities in Results Area A laid the foundation for the CHL activity by initiating the processes and program structures needed to implement a strategic, cross-cutting health communication program in Egypt. These include the following elements, to be discussed in more detail below:

- Enabling environment: the leadership role of the Ministry of Health and Population (MOHP) in shaping the program.
- Strategic Planning Workshop (October 2003): developing a shared vision, set of goals, and strategy for health communication among key counterparts in the MOHP, Ministry of Information State Information Service (SIS) and USAID.
- Executive Steering Committee with coordination committees (December 2003): establishing an institutional structure to coordinate sectors in a cross-cutting communication program.
- Training of Trainers for Family Health Communication (February 2004): capacity-building among national and governorate level health leaders for integrated family health, or cross-cutting communication.
- Message Development Workshop (June 2004): participatory workshop among stakeholders from donor projects, NGOs, the GOE and the private sector to develop a set of priority messages for integrated family health.
- Monitoring and Evaluation (M&E): continuing M&E activities throughout the activity, providing the evidence base for planning, monitoring and evaluating the communication program.

Enabling Environment

The national cross-cutting communication program was made possible through the leadership of Egypt's Ministry of Health and Population and its long-term institutional partners, principally the Ministry of Information/State Information Service. Crucially, MOHP policy created the enabling environment for the cross-cutting communication program. This included supporting the integration of the various health departments, including Population and Family Planning, Maternal/Child Health, and Infectious Disease; establishing a platform for inter-ministerial coordination; and creating a basis for partnership with the non-governmental and commercial sectors. The Ministry of Information's State Information Service, which had established an Inter-ministerial Agreement for Family Planning in the 1990s, supported the extension of the agreement to cover additional health sectors under the CHL activity.

Both ministries dedicated infrastructure and resources to the communication collaboration. The SIS, through the Ministry of Information, continued to provide free TV and radio airtime on national and local channels for health messaging and provided a field network of 64 Local Information Centers (LICs) for governorate-level outreach. The SIS also helped CHL obtain discounted airtime for the private sector component AskConsult. The SIS Center was able to

manage the production of all Information Education and Communication (IEC) printed materials for the GOE and many other productions. The Ministry of Health and Population, for its part, provided the technical staff of the health sectors, and its network of roughly 5,000 primary health care centers, with IEC officers and female outreach workers who and provide information to communities and visit households, known as Raedat Refayat (RR).

The technical assistance activity, under the overall management of the Johns Hopkins University Center for Communication Programs, worked closely with both ministries to build capacity and help implement the unified national health communication program. USAID/Egypt provided direct support and guidance to JHU-CCP, the MOHP and the SIS through its Communication for Healthy Living management unit. USAID direct support to the MOHP and SIS was provided through Implementation Letters, which covered mainly program operating expenses. The final reports on activities conducted by the MOHP and SIS under the CHL Implementation Letters are detailed in the Activity Close-out Reports for Implementation Letter No. 1 with the State Information Service (full report posted here) and No. 2 with the Ministry of Health and Population (posted here).

The enabling environment was also fostered by the work of USAID health activities, the U.S. Naval Medical Research Unit No. 3 (NAMRU-3), and multilateral organizations such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA), all of which collaborated with CHL over the course of the activity.

Strategic Planning Workshop, October 2003

The MOHP SIS Family Health Communication Strategy was based on the health priorities (goals) and key objectives developed during the "Strategic Planning Workshop" conducted October 14-16, 2003. The Communication for Healthy Living activity convened the workshop with key stakeholders from the Ministry of Health and Population and the Ministry of Information/SIS. Other participants included USAID, JHU, and Save the Children, El-Zanaty and Associates; NGO representatives; private-sector representatives Schering and Karma Edutainment (producers of the USAID-funded Egyptian version of "Sesame Street," *Alam Simsim*); and donors UNFPA and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Nagwa Amr of SIS and Nahed Matta of USAID/Egypt discuss health priorities during the 2003 Strategic Planning Workshop.

The workshop highlighted new concepts of strategic health communication and built

consensus around current Egyptian health priorities. The partners determined the disease burden, identified health objectives, and set the technical strategy for the national health communication program in Egypt. During this workshop, participants adopted for the first time an integrated cross-cutting family health model, operationalized through the Life Stage Approach. In addition, participants jointly identified health priorities for all sectors, based on contemporaneous evidence from the Egypt Demographic and Health Survey (EDHS). The workshop was an important first step in initiating the technical coordination that was necessary to roll out a strategic health communication program.

Formation of Executive Steering Committee, December 2003

At the beginning of the CHL activity in 2003, CHL facilitated the establishment of an Executive Steering Committee (ESC), chaired by the MOHP, with representatives from the SIS and multiple sectors within the MOHP. The purpose of the Executive Steering Committee was to oversee the strategic communication function: that of identifying health priorities, developing annual plans to address them, budgeting for the work-plans, and coordinating inter-sectoral activities when beneficial. Through a decentralized process, the Directors and Communication Coordinators of each sector planned, budgeted and implemented activities. CHL developed Terms of Reference describing the roles and processes of the ESC chairperson and coordinators for each sector. CHL assisted the MOHP with the ESC's quarterly meetings. Endorsement by the MOHP was vital in maintaining the enabling environment.

Under the Chairmanship of the MOHP First Undersecretary for the Preventive Sector and Primary Care, and with representation from the leadership of the various Health Sectors and SIS, the ESC coordinated joint planning and implementation of the health communication program, including approval of messages and materials. The ESC also planned major research to inform the CHL activity; and developed USAID Implementation Letter workplans. With participation of CHL technical assistance staff, smaller subgroups met such as the Coordination Committee, which focused on integrating messages and activities into all Health Sectors and SIS; and the Technical Committee, responsible for finalizing the production of IEC materials and the logistics of local events.

The accomplishments of the ESC are discussed in greater detail in the Activity Close-out Report for Implementation Letter No. 2 with the Ministry of Health and Population. The ESC remains the nucleus around which MOHP strategic planning and coordination continues. At the end of the CHL activity, the MOHP examined alternative institutional mechanisms for anchoring the health communication function in the Ministry. These are discussed in Results Area C: Capacity-Building and Sustainability.

Training of Trainers on Strategic Communication, February 2004

Based on the recommendations of the Strategic Planning Workshop, CHL organized a training of trainers (TOT) for selected cadres from SIS' and MOHP's central and local levels as well as Save the Children. This workshop built capacity among a core group of master trainers in advanced training skills as well as in the integrated family health approach so as to use these techniques in conducting stepdown training at the local level. It was an important capacity-strengthening event for integrated communication and fostered inter-sectoral coordination. CHL

technical assistance staff and senior MOHP and SIS coordinators mentored the stepdown trainings in the governorates.

Message and Materials Workshop, June 2004

The strategic objectives set during the October 2003 Strategic Planning Workshop were operationalized through the development of specific family health messages and materials during a workshop in June 2004. CHL conducted another workshop for MOHP and SIS representatives to determine the content of the health messages classified by health topics and directed toward specified population segments. CHL convened 31 stakeholders from the public and private sectors and NGOs as well as other USAID cooperating agencies. The output was published and disseminated. The CHL Health Messages can be downloaded here.

Research and Knowledge-Sharing, 2004-2010

CHL strategic communication interventions were consistently based on evidence from population-based surveys and other formative research in order to assure the relevance of interventions. Such research provides data for monitoring, evaluation and adjustment of interventions to improve effectiveness. Following are major studies conducted during the CHL activity:

- Egypt Health Communication Survey (EHCS) 2004
- Egypt Health Communication Survey July 2006
- Egypt Health Communication Survey 2007
- Minya Village Health Survey 2004
- Minya Village Health Survey 2005
- Fayoum Village Health Survey 2005
- Minya and Fayoum Village Health Survey 2007-2008
- *Breast Cancer in Egypt: Preliminary Situation Analysis with a Focus on Early Detection*
- *Qualitative Research on the Factors Affecting Delay to Breast Cancer Detection and Treatment and the Quality of Care and Support*
- *Report on the Quantitative Research on the Factors Affecting Delay to Breast Cancer Detection, Diagnosis and Treatment*
- *AskConsult Providers Survey Report*, 2009, L. Kemprecos. Examined health communication interactions between pharmacists and their customers.
- Omnibus surveys by Pan Arab Research Center (PARC) in 2005 and 2006 and by Ipsos MediaCT Egypt in 2010. Rapid market surveys of consumers assessing exposure to CHL health campaigns and messages.

Longer descriptions of the CHL research documents are in the Annex.

Additionally CHL monitored progress in the Community Health Program through the Village Monitoring System database from 2005 to 2010; monitored mass media exposure via market research data provided by PARC and Ipsos; and monitored pharmacy market trends provided by the IMS Health Inc. (IMS) Pharmaceutical Index (see annex). CHL did not participate in, but extensively used data from, the Egypt Demographic Health Surveys (EDHS) of 2000, 2005 and 2008.

RESULTS: A., Strategic Information and Coordination

These processes and structures support Result Area A, Strategic Information and Coordination, formed the basis for CHL strategic communication program. They included the enabling environment, the foundational strategic planning, capacity building and message development for cross-cutting family health, and the continued evidence gained through monitoring and evaluation.

Results Area B: Communication for Improved Health Behaviors

CHL's national health campaign aimed at increasing demand for health services and adoption of healthy behaviors in the categories below. Results Area B, Communication for Improved Health Behaviors, was intended to cover both the program outputs and the health outcomes of CHL behavior change activities. The narrative following focuses on CHL program outputs: the campaigns, activities and materials produced from 2004 to 2010, as well as program results, or behavior change outcomes. The health areas (topics) listed below are hyperlinked to the related sections in the document.

Family planning and reproductive health / maternal and child health:
- The *Mabrouk!* Initiative including the Community Health Program
- Premarital services; postpartum IUD; female genital-cutting

Infectious diseases:
- including cross-cutting messages on hygiene and infection control and specific activities on the communicable diseases of viral hepatitis, tuberculosis, measles, HIV/AIDS, and H1N1 influenza. Avian influenza preparedness arose while CHL was under way and grew to be a special project of CHL.

Non-communicable health issues, and healthy lifestyles:
- including tobacco, breast cancer, and family health.

Before examining the health areas, the major means of reaching the public will be discussed.

Reaching the Public with a Unified Campaign and Multiple Channels

Integrated Marketing Communication and Community Approaches

CHL's national campaigns were implemented using an **integrated marketing communication** approach that has been widely applied, and validated globally for social and behavioral change. Integrated marketing communication seeks to unify and coordinate as many communication forms and approaches as possible (e.g., advertising, public relations, Internet communication, community mobilization, counseling) to reinforce and complement each other. The wide range of communication approaches used by CHL will be shown in the context of the specific health campaigns discussed below.

At a deeper level, integrated communication also seeks to communicate a fundamental value and establish a trust between the audience or beneficiary and source of the communication, or service. By focusing on building trust, this approach recognizes that the client or customer is the main actor and decision-maker, and will take action voluntarily or not at all. The purpose of communication, from this perspective, is to empower people to act.

Unified Theme

CHL's public campaigns maintained a unifying focus on the value of good health, based on the deeply held cultural belief in Egypt that health is a gift that should be cherished and protected. This core value and unifying idea was embodied in the signature campaign message, "Sahetak

Sarwetak," or "Your Health is Your Wealth," which was featured and reinforced in virtually all CHL materials and activities over a span of seven years. All specific health messages, from hand hygiene to family planning were anchored to this core idea.

A Community Approach for Communities in Need

CHL focused on improving health among the most marginalized, vulnerable communities through an intensive community health program. The community program was integrated with the national program through its overall theme, its key messages, interventions and tools, as well as through its linkage to the national health system. CHL's community program engaged civil society organizations to act as the main agents of change, working within existing community norms and social networks. The Community Health Program is discussed in detail at the end of the "Family Planning and Maternal Child Health" section below.

Multiple Channels of Communication

CHL's highest reach, and the foundation as a national program, was through the mass media. But CHL complemented its reach through web and mobile communication, a network of neighborhood pharmacies, mobilization of youth in universities, and work in village communities. CHL built new organizational networks to sustain health communication: began a Workplace Wellness Program inside private companies; convened private pharmacists at local gatherings; and facilitated strategic health communication planning at the governorate level. CHL also extended the reach of USAID funding through private-sector partnerships. CHL also created a body of client educational and provider support information education and communication (IEC) materials that were disseminated throughout the national health system, NGOs, CDAS, and private pharmacies of Egypt.

Wide reach of CHL messages

Mass media
Continuously high audience for public service announcements on health:
More than 35 million viewers including 32 million viewers for family planning.

Person-to-person
• More than 1.6 million people reached, via interpersonal/ outreach communications, with CHL health messages.
• More than 20,000 facilities providing information or services on family planning.
• More than 54,000 children reached by nutrition program

See Annex, Key M&E Indicators, 2004-2010

Mass Media

Because over 95 percent of Egyptian households own a television, CHL launched a series of television spots under two slogans:

- *Sahetak Sarwetak* (Your Health is Your Wealth) promoted family health messages. The signature TV spot featured a marriage party on a boat, with parents and friends wishing the couple, *Mabrouk!* (Congratulations), Happiness and Good Health! The message positioned health as both a desired goal and a responsibility, and modeled parental and social support to young couples making family health decisions, including family planning.
  - Other TV messages addressed the specific health needs of young couples, including antenatal care, medically assisted delivery, breastfeeding and postpartum care, as well as family planning initiation after the first child, (re)initiation of family planning use within two months after delivery, and three to five year birth spacing. The spots also modeled

husband-wife communication, parental- and client-provider communication, women's education, as well as timely information- and service-seeking.

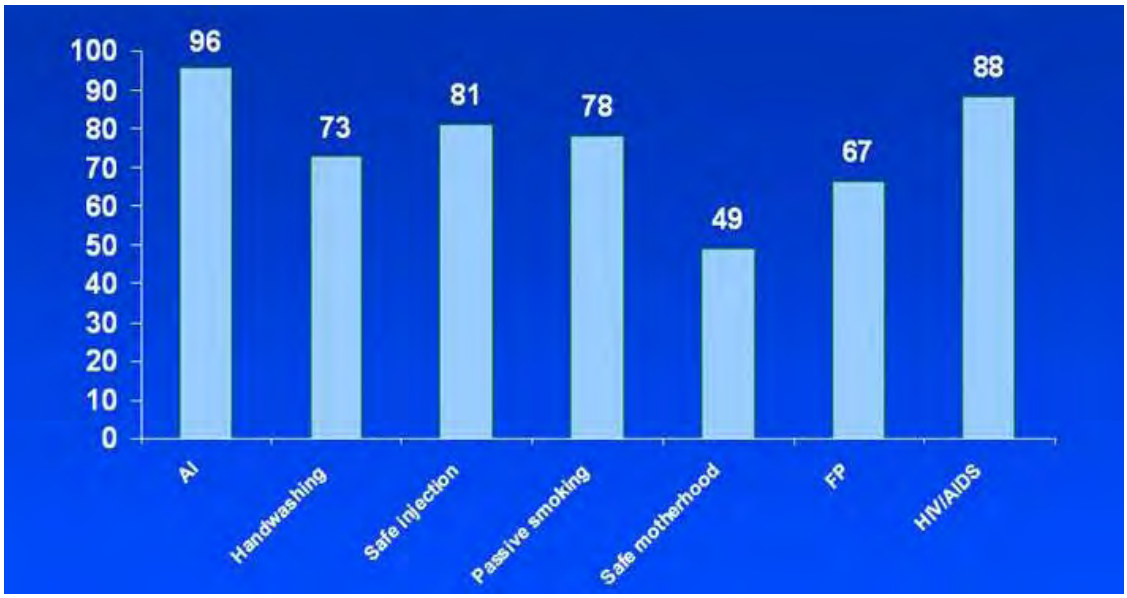
- *Isaal Istashir* (AskConsult) promoted similar topics but in connection with the AskConsult pharmacy network (see Results Area C), encouraging viewers to seek more information on the topics at pharmacies displaying the AskConsult logo. Extending the reach of the AskConsult mass media campaign budget, the CHL activity persuaded the GOE to grant discounts for airtime worth 1.25 million Egyptian pounds ($215,000 equiv.) in April 2005-September 2006 alone.

TV Spots Aired During CHL						
Year(s) first aired	**Category**	**Spot topics**				
FY 2004	**Family planning (FP)**	Three- to five-year birth spacing	Ten-year IUD use	FP initiation within 40 days of delivery	One-month injectable FP method (urban and rural versions)	
2004-2005	**"Sahetak Sarwetak" ("Your Health, Your Wealth")**	Signature message to establish the slogan	Breastfeeding	Safe injection	Dangers of secondhand smoke	Family doctor
2004-2005	**Private sector "Isaal Istashir" ("AskConsult")**	Signature spot to reposition AskConsult as family health brand	Progestin-only pill for breastfeeding women (urban and rural versions)	Feminine hygiene	Safe injection	Contest promotion
FY 2006	**Sahetak, Sarwetak wave two**	HIV/AIDS transmission, prevention and hotline	Antenatal care	Postpartum follow-up care	Combined oral contraceptives	
FY 2006	**Avian influenza**	For households without poultry	For households with poultry (short and long versions)	Human symptoms	Prevention for children (Simsim characters) (two versions)	
FY 2007	**Avian influenza**	Interview with a survivor of AI	Poultry breeder with correct practices	Safe preparation of poultry for consumption	Quick action saves lives	
FY 2007	**AskConsult**	Alam Simsim handwashing (for children)	Diarrhea management (zinc)			
FY 2008	**AskConsult**	Viral hepatitis	Three-month injectable FP method			
FY 2009	**Sahetak, Sarwetak**	Flu prevention				
FY = fiscal year. Spots continued to air in subsequent years. Sources: SIS, PARC media monitoring. Summaries and links to view spots are in the Annex.						

CHL TV public-service spots, in various combinations, were broadcast throughout the life of the activity from 2004 to 2010. Media monitoring by the Pan Arab Research Center (PARC) indicates that CHL spots reached 55 percent to 66 percent of the adult viewing population, or from 28 million to more than 35 million people out of a viewing population of 52 million. That high reach primarily through terrestrial stations was eroded at the end of the activity because the surging popularity and proliferation of satellite television channels in Egypt. PARC monitoring was the basis for official results reporting because of the need for continual data. However the periodic EHCS indicated a higher reach: During the avian influenza campaigns, CHL TV messages were viewed by 86 percent of adults in 2006 (44 million viewers) and more than 95 percent of adults in 2007 (nearly 50 million viewers) (See Avian Influenza, Media Exposure for Avian Influenza Trends). The content of the spots is detailed in the Annex to this report.

The Egypt Health Communication Survey of December 2007 (EHCS 2007), carried out by El-Zanaty and Associates and overseen by CHL, showed the level of audience exposure to the national campaign messages (see chart following).

Television Exposure by Health Topic, EHCS 2007



Source: Egypt Health Communication Survey, Dec. 2007 (n=3,770 adults aged 15-49 in 21 governorates)

CHL's work in the private sector under the AskConsult activity included engaging media partners and consumer brands to co-produce entertainment-education programs. TV, radio, press, Internet, publicity events and interpersonal activities all combine to improve knowledge and practice of healthful behaviors. In the final activity year, CHL, Procter & Gamble (P&G), and Nestlé finalized pre-production agreements and preparations for a pair of satellite television programs on health, "Koll Youm Benakbar" (Every Day We Grow) and "Al Ziara" (The Visit), featuring celebrity doctor Mohammed Refaat, the star of CHL's previous co-production with P&G, "Youm Wara Youm" (Day After Day). (See The *Mabrouk!* Initiative: Edutainment.) The shows began airing in July 2010, stopping for Ramadan, and resuming in September through the

end of the CHL activity. Under the cost-share agreement, the show was to continue through the first half of 2011. The shows were placed on a popular satellite station, Al Hayat, with "Koll Youm Benakbar" scheduled after its leading public affairs show, "Al Hayat El Youm." Under the cost-share agreement negotiated by CHL, 80 percent of the costs of production and airtime are covered by P&G and Nestlé, while USAID via the CHL activity paid 20 percent. The partners receive equal promotional exposure via sponsor identification messages at the beginning and end of each program and commercial breaks featuring the USAID/Egypt logo. Under the agreement, two CHL-produced spots on maternal and child health will run during each program. Creating a synergy between the common objectives of the Refaat programs and www.Sehetna.com (see below), the website is promoted in the sponsor identifications and one in four spots, while the programs are promoted on the website.

Dr. Mohammed Refaat, host of the CHL co-produced TV program "Koll Youm Benakbar" (Every Day We Grow)

Results collected by P&G and Nestlé in February and March 2011 found both shows had high popularity among the target audience of households with children under nine years of age. "Koll Youm Benakbar" achieved a 10 percent reach, a high figure for a satellite TV show and almost double of the reach expected in its time segment. In addition, during the review period, the show generated an average of more than 3,000 telephone calls per episode and had a Facebook following of more than 16,000 members.

www.Sehetna.com

CHL and a counterpart program under USAID Jordan, the Jordan Health Communication Partnership, launched a major redesign of its successful Arabic-language consumer health web site www.Sehetna.com (Our Health) in May 2010 expanding the site into three connected web sites: one customized for Egypt (Sehetna.com.eg), one for Jordan (Sehetna.com.jo), and a global version (Sehetna.com) maintained cooperatively by the country teams. The web partnership was designed for economies of scale: any article input for one website is automatically available for publishing or adaptation on another. With the vision of providing the most comprehensive source of credible family health information in Arabic, CHL translated more than 650 articles from the U.S. Centers for Disease Control and Prevention (CDC) website www.cdc.gov and Johns Hopkins University websites in 2010 by agreement and

posted them along with original CHL content. The websites' organization scheme matches the Life Stage Approach of the CHL activity, and the article categories reflect the priorities of the U.S.-Egyptian development partnership. In anticipation of cross-promoting with CHL's new television co-production "Koll Youm Benakbar" (see above), CHL prioritized adding content to Sehetna that matches that show's target audiences – pregnant women, new mothers, and parents of young children. The Jordan Health Communication Partnership continues to update the websites after CHL, with Egypt content added by the AskConsult legacy organization.

Information, Education and Communication (IEC) Materials

The CHL activity produced and distributed a comprehensive set of educational materials for clients and providers (generically known as Information Education and Communication materials or **IEC materials**) to support outreach and counseling activities with health content from all MOHP health sectors. Many of the topics were defined in the 2004 Message and Materials Workshop and then updated as needed and different priorities arose. The content was produced in consultation with, and through the review of the MOHP. Together the partners produced a comprehensive set of communication materials on all MOHP priority health subjects (family planning methods including the lactational amenorrhea method and postpartum intrauterine device (PPIUD), antenatal care, medically assisted delivery, postpartum care, breastfeeding, child health including zinc, HIV/AIDS, tuberculosis, FGM/C, safe injection, viral hepatitis, avian influenza, H1N1 influenza, hygiene, nutrition, breast cancer, and anti-smoking). These were disseminated through both the mass media (TV, radio, press inserts) and through service-point and face-to-face channels (various types of print materials such as booklets, fliers, mini-fliers, calendars, notepads and occasional novelties such as board games).

A selection of CHL IEC materials in different formats.

The partners developed sector-specific communication strategies for key health issues, developed requests for proposals and supervised the production process. The GOE disseminated

RESULTS: B., Communication for Improved Health Behaviors

IEC materials through its network of more than 5,000 MOHP clinics and 62 SIS-LIC centers under Implementation Letters through FY 2009; thereafter, CHL provided selected printings upon special request from the GOE with approval by USAID. The print materials were distributed from the central level to the village Primary Health Care units (PHCs) utilizing the MOHP commodity distribution system. The materials were also disseminated by NGO partners and the CHL private-sector program including the AskConsult network of 30,000 pharmacies, AskConsult local gatherings, partner Hossam Omar Group's trade magazine *Pharma Today*, and major employers.

Pharmacists at an AskConsult local gathering in Tanta in June 2009 take packets of CHL health information fliers to share with their customers.

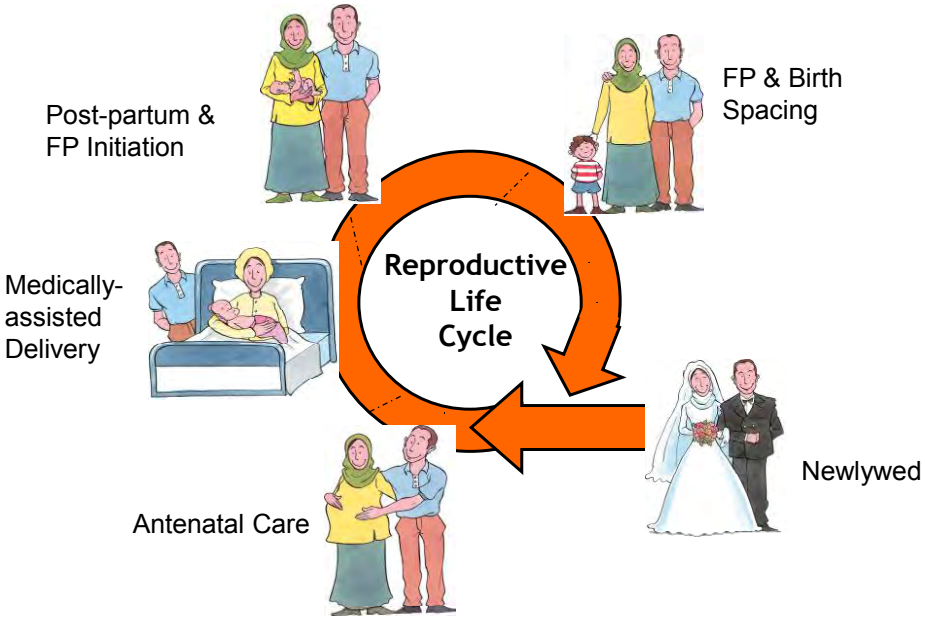
Effective message reach

- 94 percent of primary health units had family planning IEC materials
- 98 percent of pharmacists had been exposed to at least one AskConsult communication
- 80 percent of the public had seen CHL H1N1 posters
- Pharmacists rated AskConsult IEC materials 4 out of 5 for being medically accurate/reliable, consistent, appropriate to customer needs, and attractive.
- Two out of three pharmacists correctly recalled the leading topics covered by the materials seven months earlier.

1: Service Provider Assessment 2004 (most recent).
2, 4, 5: AskConsult Provider Survey 2009.
3: Ipsos Omnibus Survey 2010

Family Planning, Reproductive Health, and Maternal and Child Health

Egypt has long viewed rapid population growth as a national problem. It has supported a voluntary family planning program since the 1960s through an extensive network of public, semi-public, and private outlets that provide family planning services. Since the early 1980s the Government of Egypt (GOE), in partnership with USAID, has consistently supported national-scale family planning information, education and communication programs.[6]



Egypt's largest group of new FP users is young couples entering the childbearing stage. This demographic segment of young families, or the Young Family Cohort, is of vital importance to Egypt's future, due to its sheer magnitude and its great potential to affect Egypt's health status through the trends it sets in motion. More than 50 percent of Egypt's estimated 80 million people are less than 25 years of age. It is at the stage of early adulthood and marriage when major reproductive health events begin, such as the onset of sexual activity and childbirth. Even in developed countries, the first pregnancy may be the very first time a young woman interacts with health services. Therefore, prenatal care provides an important opportunity to provide young adults with health education, including how to use contraceptives.

CHL addressed family planning in many of its activities, but the signature activity that resulted in the greatest impact was the *Mabrouk!* (Congratulations) Initiative that used the Life Stage Approach for maternal child health and family planning integration. The program was implemented nationally as well as among hard-to-reach groups through the Community Health Program in rural Egypt.

Public health research has shown that good health practices during the crucial 1,000 days from conception to a child's second birthday – including pregnancy, delivery, postpartum care, birth

[6] The history of family planning policy in Egypt is described in Warren Robinson and Fatma El-Zanaty's *The Demographic Revolution in Modern Egypt*, 2006.

spacing, and care for the young child – result in significant long-term benefits for the child, the mother, and the family. Thus, the information that young families receive before, during and after childbirth is crucial for building the *health competence* that guides healthy practices and results in lifelong healthfulness. Recognizing the importance of those moments, the *Mabrouk!* Initiative sought to empower young couples to make healthy decisions at key turning points in their life stages. Messages on antenatal care, safe delivery, postpartum care, family planning initiation, safe interval between births, and infant health were delivered nationally as a comprehensive "package" guiding newlyweds through the series of health events faced in the early years of marriage.

The Mabrouk! Initiative

The Mabrouk! Initiative held mass public weddings like this one in Minya in 2005 to generate publicity for the health messages delivered at the key life stage of marriage.

CHL positioned the *Mabrouk!* Initiative as a pathway to good health for young married couples. The *Mabrouk!* Initiative gets its name from the Arabic word for "congratulations," reflecting the celebratory spirit of the key life events marriage, childbirth, successful birth spacing and child-raising, while emphasizing the promise of a lifetime of family health.

The *Mabrouk!* Initiative selected the young family cohort (married couples under 30 years of age) as the primary audience segment based on a variety of demographic and behavioral factors. Thirty-seven percent of married women fall into this category, according to the 2008 EDHS. Selection of this segment was guided by health need, as well as by considerations of market size, the long-term dividend on an investment in the health of young families, and readiness.

RESULTS: B., Communication for Improved Health Behaviors

The *Mabrouk!* Initiative was purposefully designed to provide cross-cutting communication support to increase positive behaviors and demand for services across a range of family health areas. The key maternal and child health goals addressed by the program were to increase:

- prenatal care visits (including maternal nutrition),
- medically assisted delivery, neonatal birth weight,
- postpartum care (including immediate initiation of breastfeeding)
- use of family planning within two months of delivery, as well as optimal birth spacing, and
- improved infant health and nutrition.

The *Mabrouk!* Initiative was implemented on a national scale as well as in underserved communities, using a full spectrum of communication approaches from mass media and publicity events, to community mobilization and empowerment, to client-provider counseling support. A program cannot benefit people it does not reach and any program that seeks to have population level effects, must try to reach the greatest proportion of the population at the lowest cost per person as possible. Because mass media have almost universal reach in Egypt, they are an essential element in any public health strategy. What distinguishes the challenged subgroups – the focus of CHL Community Program efforts – from the vast majority, therefore, is not reach of or access to media and information. It is the psychosocial patterns of attitudes and social influence that create barriers to good health practices. The Community Health Program was designed to go the extra mile and engage the social networks of rural Upper Egypt on a personal level.

Mabrouk! Wedding Celebrations

In Egypt, marriage is the foundation of family life, and wedding festivities are an important part of the local culture. Group wedding receptions are a customary way for families and friends of several newlywed couples to stage a major festivity jointly and to share in the costs. CHL launched the *Mabrouk!* Initiative locally in conjunction with the national "Sahetak, Sarwetak" media campaign by co-hosting such a group wedding celebration in Minya Governorate in September 2004.

The celebration involved 150 newlywed couples and 9,000 guests, and was held in the Minya community sports stadium under the auspices of Minya Governor Hassan Hemeida and the Ministry of Health and Population. The event was hosted by the popular Egyptian television

The Mass Weddings

- Celebration for over 150 newlywed couples in Minya marks start of family health campaign
- Television coverage
- Fayoum event focuses on family role in health
- Qena event celebrates marriage and motherhood
- Newlywed celebration tour concludes in Cairo

personality Tarek El-Allam, included performances by several other major national celebrities, and attracted a broad range of private sector sponsorship. Major media coverage, including a feature on the global, Arabic language Al Jazeera network, and national and regional media, amplified the "Sahetak, Sarwetak" message, contributing to its success as a publicity event.

Edutainment: Education through Entertainment

Similar, but smaller wedding events were subsequently staged in several governorates of Egypt, in collaboration with event host Tarek El-Allam and his popular national television variety show, "Al Afdal" (The Best). These shows sought to educate through entertainment, an approach variously dubbed "edutainment," or "enter-educate" within the field of development communication. As part of the collaboration, the "Al Afdal" TV program incorporated a "Newlywed Sahetak Sarwetak Game Show" segment. The segment was produced on location in the governorates. Each one featured a small-scale Newlywed Event open to the public, with the governor, celebrity Tarek El-Allam, and musicians on stage, joined by up to a dozen local newlywed couples. The segment took the form of a light-hearted contest in which the celebrity would quiz the new couples on their plans for a healthy family, addressing a variety of health themes, as well as husband-wife communication and gender roles. Props included crying dolls and cooking utensils, among other objects. The host would end the newlywed game by reminding participants and viewers, "Your health is your wealth." The segment was then aired nationally as a segment within "Al Afdal" broadcasts and

More detail:

- "Al Afdal" TV show supported by CHL's Newlywed Initiative generates millions of calls from viewers
- "Al Afdal" voted "Best Ramadan Show"

viewers were encouraged to call in for a chance to win prizes. In 2004, 2005, and 2006, the show aired during the 30 days of the Islamic holy month, Ramadan, when viewership is at its peak. In 2004, the show attracted an estimated 15 million viewers, and received almost 8.5 million calls over the Ramadan period. In 2005, the show was named by one of the national newspapers as the most popular television program during Ramadan.

Additional edutainment media programs included magazine-format TV and radio shows for young couples with children, featuring popular pediatrician, Dr. Mohamed Refaat (pictured above, center). Dr. Refaat's 30-episode program *"Youm Wara Youm"* (Day after Day) was co-produced by CHL, Procter and Gamble, and the Showtime channel in Dubai. It aired on satellite television during Ramadan in 2007 and was rebroadcast the next year on the national Egyptian terrestrial broadcast channel, Channel 1. A complementary radio program of daily health tips and a weekly call-in show were also aired on popular Nogoom FM radio station. In his programs, Dr. Refaat gave health tips for young couples on infant and young child care, including support for breastfeeding, nutrition at weaning, birth-spacing and a wide range of other child care issues.

More on the Dr. Refaat shows

- Press release: USAID and private sector promote mother/child health on Egypt's most popular satellite channel

In the final activity year, CHL and P&G again brought Dr. Refaat's engaging messages to the satellite TV, this time with co-sponsor Nestlé and on Egypt's top-rated television channel, Al Hayat (Life) channel Red. On the live program *"Koll Youm Benakbar"* (Every Day We Grow) Dr. Refaat uses an encouraging tone to present accurate health information in interviews, documentary segments, and contests. In the companion, recorded show, *"Al Ziara"* (The Visit, pictured above), Dr. Refaat visits the homes of new parents for friendly conversations on child health. Topics of both programs include maternal and child health, safe pregnancy and delivery, postpartum care; healthy lifestyles such as nutrition, dangers of smoking and passive smoking, and the importance of exercise, vaccination and checkups; and family planning and reproductive health.

Mabrouk! Family Health Booklet

A volunteer from a community development association points to the *Mabrouk!* booklet and holds a flip chart version while visiting a newly married couple in their home in Tawfikiya village, Fayoum, in 2007

All couples who participated in the Minya wedding event and subsequent TV newlywed shows, as well as hundreds of thousands of other couples over the life of the activity were provided with a specially designed *Mabrouk!* Family Health booklet. The *Mabrouk!* booklet guides the couple through the main health issues that they are likely to face during the first few years of their marriage, and that may have a lifelong effect on their family health (including family planning, safe pregnancy and delivery, pre-and post-natal care, breastfeeding, and child immunization). It is packaged in a standing picture frame that can

be used to display the couple's wedding or other family photo with the booklet stored behind it to encourage keeping the book and having it accessible for easy reference.[7]

The booklet opens by wishing the couple happiness and good health, and then proceeds to give essential health information on the key health events, with a double page for each reproductive life cycle event. For example, the section "You're pregnant" emphasizes the importance of visiting a doctor to monitor the pregnancy and the growth of the baby and to receive vaccinations and nutritional supplements that may be needed. Each section of the booklet also lists the warning signs that would require visiting a doctor and more serious danger signs that would require immediate emergency medical consultation. The booklet also contains a schedule of recommended vaccinations for children and space to record important information such as doctors' contact information, appointments, the mother's weight gain, and the child's weight gain.

CHL distributed the booklet and related health communication materials wherever it made contact with young couples. In addition to the wedding event, more than 100,000 booklets were distributed by MOHP outreach workers and facility-based health workers to newlywed couples throughout the country. The *Mabrouk!* booklet was inserted in special wedding issues of popular women's magazines *(pictured at right)* on nine occasions, reaching an estimated 1.36 million purchasers directly, with additional pass-along readers assumed for each issue.

CHL also partnered with the Maa'zoun Association, or association of Islamic Marriage Registrars, and with Christian priests of the same specialty, to deliver the *Mabrouk!* booklet to newlywed couples applying to register their marriages. And in 2007, CHL entered an agreement with Procter & Gamble under which the company included the *Mabrouk!* booklet in gift bags distributed to 400,000 new mothers. Through the variety of channels mentioned above, CHL distributed an estimated two million *Mabrouk!* booklets to couples throughout the country.

The table following shows a summary of the main program outputs of the *Mabrouk!* Initiative as monitored by CHL.

[7] All family planning materials and trainings produced with CHL funding were compliant with the U.S. Tiahrt amendment regarding informed choice, as reported quarterly to USAID.

RESULTS: B., Communication for Improved Health Behaviors

Outputs: Components of CHL's *Mabrouk!* Initiative, 2004-2010		
Life Stage Phase of life addressed	**Activity** Printed material, training/event/outreach activity, or television spot, fiscal years	**Total** Copies distributed, Number of participants, or audience reached
Newlywed	Newlywed mass events, 2004-2006	69,150 participants
	Magazine inserts, 2005-2006	150,000 copies
	Mabrouk! books via MOHP and SIS, 2005-2009	390,000 copies
	Mabrouk! books as press inserts, 2006	1,365,000 copies
	Training in premarital/newlywed counseling, 2006-2010	867 trainees
	Training in premarital/newlywed counseling of Muslim and Christian marriage registrars, 2004-2010	206 trainees
	Newlywed visits by Save the Children, 2005-2010	12,427 households
	Newlywed visits by Raedat Refayat outreach, 2007-2008	3,124 households
Pregnancy	Flier: Alarming signs-antenatal, 2005-2010	991,000 copies
	Flier: Safe pregnancy, 2006-2010	294,000 copies
	Antenatal counseling and care, 2005-2009 *Group meetings, remedial feeding sessions, safe delivery preparation*	13,386 women
	Antenatal home visits by Save the Children, 2005-2010	97,555 women
	Antenatal nutrition sessions, 2009	6,039 women
Postpartum	*Mabrouk!* books printed by CHL for P&G, 2006-2010	400,000 copies
	Mabrouk! books printed by CHL for others, 2005-2010	45,197 copies
	Flier: Alarming signs postpartum, 2006-2010	990,000 copies
	Flier: Breastfeeding, 2006-2009	480,000 copies
	Postpartum home visits by Save the Children, 2005-2010	48,843 women
	Postpartum home visits by MOHP, 2005-2009	75,883 women
	Magazine inserts on breastfeeding, 2005-2006	780,000 copies
	Breastfeeding poster, 2006-2009	5,600 copies
	Breastfeeding flipchart, 2005-2006	30,000 copies
Family Planning (FP) Initiation	TV spot: Monthly injectables, reach, 2005-2010 *Percent of adult TV viewing audience reached, # of viewers*	47.5 percent at peak *24.7 million viewers*
	TV spot: Progestin-only pills, reach, 2005-2010	53.5 percent at peak *27.8 million viewers*
	Magazine inserts: Contraceptives, 2005-2006	210,000 copies
	FP and Family Health flipchart, 2004-2006	10,750 copies
	Birth spacing poster, 2006-2010	22,421 copies
	FP after first birth poster, 2005-2010	5,056 copies
	PPIUD training, MOHP/ CHL,/Save the Children, 2009-2010	1,103 trainees
Child Health	Children screened for malnutrition, 2004-2010	54,419 children
Cross-Cutting	TV spots: Family Health, reach, 2005-2007 *Percent of adult TV viewing audience reached, # of viewers*	60.5 percent peak *27.8 million viewers*
	TV spots: All FP/RH, 2004-2009	80 percent peak *41.6 million viewers*
	Maternal and Child Health flipchart, 2005-2009	97,915 copies
	Integrated FP/MCH flipchart, 2006-2009	10,452 copies
Sources: Printed material and mass events: CHL projects records. Inserts: SIS. Save the Children activities incl. antenatal and children screened: Save quarterly reports to CHL checked by CHL via M&E database. MOHP activities: MOHP sectors' quarterly reports to CHL. TV spot reach: PARC media monitoring.		

The Community Health Program

Mothers in Minya feed their children healthy meals during a nutrition education class in CHL's Community Health Program with Save the Children in 2005.

The Community Health Program extended the life stage messages of the *Mabrouk!* Initiative into hard-to-reach populations in rural areas. Implemented with Save the Children US and its field office Save the Children Egypt (referred to jointly here as Save the Children), the Community Health Program initially started in Upper Egypt, in seven focal villages in Minya governorate in 2004, and expanded to villages in Qena and Fayoum governorates in 2005.[8] The outbreak of avian influenza (AI) in 2006 was the impetus for the program to expand into Lower Egypt with prevention messages. After the 2008 EDHS reported that malnourishment leading to growth-stunting was on the rise, USAID directed CHL to scale up those Lower Egypt activities beyond AI to incorporate the full range of family health interventions of the Community Health Program with a particular focus on nutrition. By September 2009, the program had expanded to 206 villages[9] with an estimated population of 870,000 in five governorates.

The Community Health Program was based on a model that nurtured community leaders through a series of activities that contributed to reaching specific health behavior objectives, while at the same time strengthening civil society by empowering participants to engage in a process of identifying and solving problems in their communities by collaborating with other stakeholders and government bodies. The overall approach positioned health as an entry point for building civil society and civic participation at a local level, and recognized each household as the producer of its own health.

The Community Health Program used an integrated Family Health Package that included counseling of newly married couples, preparedness for safe pregnancy and birth, visits by outreach workers to the homes of women postpartum, and classes on infant and child health and nutrition. (CHL encouraged the adoption of the Family Health Package by other implementers, and it remained in wide use after the CHL activity; see Replication). Messages of the Family Health Package include the importance of communication, ensuring safe pregnancy and delivery, proper postpartum care, proper care of newborns and infants, hygiene, and family planning and birth spacing.

Adopting healthy behaviors sustainably

- Community Health Program staff and volunteers observed a spread effect as community members not in the program adopted the healthy practices.
- An increased spirit of community participation in their villages was evidenced by local fund contributions to local services organized by *Dawar* groups.

The package, developed in close collaboration with partner Save the Children, included interventions designed to improve the health of individuals, families, and communities. Local community development associations (CDAs) in the focal villages were at the center of the program and took on the role of mobilizing and empowering the community through health-related activities. The first component formed the foundation of the program: CDA capacity-building. A novice CDA is teamed with a veteran CDA to share knowledge and skills towards building the capacity of the novice CDA. This mentoring process is detailed in Results Area C, Capacity-Building and Sustainability.

[8] The selected governorates were among seven targeted for special USAID family planning and health initiatives. For the Community Health Program, governorates with generally low health indicators were selected in consultation with USAID. Districts therein were selected in consultation with USAID. Villages in those districts were selected that had medium to low health status, a functioning CDA with leadership potential, and a functioning clinic.

[9] Including 116 focal villages with most of Family Health Package implemented. See list in Annex.

RESULTS: B., Communication for Improved Health Behaviors

The process of initiating the Community Health Program in each participating village is detailed in the CHL Community Health Program Guide. In summary, the steps in extending the Community Health Program to a new community were:

1. **Establish a village health committee:** Based on identified community needs, together with the Village Council and the Primary Health Care Unit (PHC), the CDA formed a Village Health Committee, which developed activities designed to address the needs prioritized in the village assessment (see below).

2. **Conduct village assessment:** The novice CDA was assisted in performing a village health assessment and presented the results to the Village Council, the lowest tier of government.

3. **Revitalize PHC Board:** In a process endorsed by a ministerial decree, the CDA works together with PHC staff to review activities.

4. **Community leadership:** The CDA-led Village Health Committee marshaled leadership from the community by identifying potential volunteers and leaders and holding a series of meetings, specifically:

   - **Arab Women Speak Out (AWSO) leadership training:** The program focused on empowering women to make better decisions regarding their own health and cultivates leaders in the community to promote healthy behavior. AWSO graduates were recruited as volunteers to implement specific outreach activities to spread health messages. At the end of program, CHL and Save the Children had trained more than 400 women to work as AWSO volunteers carrying out Family Health Package activities.

Women in Minya's Zawiet Sultan village attend an AWSO class in 2010. *Photo courtesy Save the Children.*

   - **Dawar meetings:** The *Dawar* component (meetings of mostly male community members and leaders, with some female participation) was aimed at changing behavior and attitudes towards family health and securing support for the health outreach activities occurring in their villages. *Dawar* meetings used health as a rallying point to forge consensus and enter a process of identifying restraints and opportunities for better health and development. Villages with *Dawar* meetings saw an increase in contributions of community resources which were used to improve schools, roads, and health units, as well as solve waste management problems.

A man speaks at a *Dawar* meeting of village leaders in Fayoum in 2007. CHL's Community Health Program made use of the traditional gathering format to promote healthy behavior.

5. **Family health interventions:** CHL's Community Health Program identified at-risk community members. Persons at risk include women who are having their first pregnancy or gaining little weight during a pregnancy and who would otherwise be unlikely to receive antenatal care, a medically assisted delivery, postpartum care, and counseling on breastfeeding and family planning initiation. Also included were remedial feeding programs for infants aged six to 24 months who are suffering from malnutrition. Other risk situations were added based on local assessments: for example, hygiene and safe water issues, or avian influenza prevention among backyard poultry owners. The program involved those at-risk people in activities, such as antenatal care classes and nutrition support classes for malnourished children. Together with the CDA, the volunteers implemented the Family Health Package as follows:

An expecting mother in Tawfikiya village, Fayoum, receives an antenatal checkup at the local clinic in 2007 before attending an antenatal awareness class through CHL's Community Health Program.

- **Visits to newlyweds** to introduce the health activities available in the community and provide counseling on family health issues. The CHL/Save the Children team and partner CDAs visited some 12,500 households with newlywed couples from 2005 to 2010.
- **Antenatal counseling and safe delivery classes** for pregnant women. The CHL/Save the Children team and partner CDAs provided antenatal counseling and care sessions (including remedial feeding , instruction on danger

signs, and safe delivery preparation, including transport plans) during home visits to more than 97,000 women and in sessions with more than 13,250 women from 2005 to 2010.

- **Postpartum home visits** from nurses and volunteers, with information on proper breastfeeding, monitoring mother and infant health, and counseling on the importance of initiating **family planning** method within 40 days of delivery and optimal birth spacing. The Community Health Program visited nearly 50,000 women postpartum from 2005 to 2010.

- **Health and nutrition rehabilitation sessions** for mothers and their children, described further in the section Improving Child Nutrition.

CHL sought to implement most components of the Family Health Package in every participating village. A list of which components were active in which villages is in the Annex.

FP/MCH Results: Community Health Program

The CHL Community Health Program was also evaluated through a system of community-based health statistics. All women beneficiaries were signed an anonymous identification number so their participation in health interventions (e.g., antenatal care classes) and their key health practices (e.g., medically assisted delivery) could be recorded. Save the Children monitored data on participants in the Community Health Program and input it into a computerized M&E system designed and maintained by CHL.

The CHL community package led to positive results on immediate health outcomes such as pregnancy and nutrition. It also contributed to longer-term outcomes such as improved service provision and quality of life for each member of the village. Villages where the Community Health Program was implemented showed improved health behaviors with attendant increases in demand for health services. Breastfeeding counseling interventions had high effectiveness in persuading new mothers to continue breastfeeding newborns. In one pilot intervention in Qena in 2010, outreach workers made postpartum visits to the homes of all 49 women who gave birth in the quarter and provided counseling. Forty-two of them initiated breastfeeding within the first 24 hours after delivery; of the seven who stopped breastfeeding during the first month because of difficulty breastfeeding, all resumed breastfeeding thanks to the counseling.

The partners accomplished and sustained significant improvements in indicators of maternal and child health. For example, infant malnutrition rates averaged 25 percent when CHL began work in focal villages and declined to 5 percent or less after the intervention. In addition, monitoring data indicated that women in the postpartum period in Minya, Fayoum and Qena used family planning nearly universally. The healthy behaviors of program participants in Community Health Program villages in Upper Egypt, as gauged by program monitoring and evaluation, were notably higher than that of the general population of Upper Egypt, based on the 2008 EDHS (see following table).

Community-Level Outcomes: Reproductive, Maternal and Child Health						
Healthy behaviors among women in Community Health Program villages in Upper Egypt compared with women in all of Upper Egypt region						
HEALTHY BEHAVIOR	**Percent practicing the behavior** Number of respondents					
	Upper Egypt, all	**Community Health Program**				
		Fayoum	Minya	Qena	**Total**	*p value*
4+ antenatal care visits for most recent birth	**60.8%** 2,051	**82.8%** 1,771	**82.5%** 3,265	**81.8%** 1,857	**82.4%** 6,893	*0.000**
Medically assisted delivery	**67.9%** 2,050	**68.5%** 1,770	**86.2%** 3,263	**97.0%** 1,857	**84.6%** 6,890	*0.000**
Birthweight >2.5 kg	**85.9%** 778	**98.7%** 1,769	**98.7%** 3,262	**98.3%** 1,855	**98.6%** 6,886	*0.000**
Family planning use after first birth	**61.4%** 2,051	**75.4%** 1,771	**81.0%** 3,265	**90.1%** 1,857	**82.0%** 6,893	*0.000**
Timing of contraceptive use after delivery (2 months after delivery)	**69.9%** 1,068	**75.8%** 1,335	**77.8%** 2,645	**79.7%** 1,674	**77.9%** 5,654	*0.000**
Ever used family planning	**80.2%** 2,051	**77.8%** 1,771	**81.4%** 3,265	**90.8%** 1,857	**83%** 6,893	*0.002**
Birth interval:						
less than 24 months (not recommended)	**24.8%**	**17.9%**	**19.8%**	**23.1%**	**20.0%**	*0.276*
24-32 months	**29.4%**	**32.1%**	**31.7%**	**38.4%**	**33.1%**	*0.276*
33 months or longer (optimal)	**45.8%** 1,335	**50.0%** 302	**48.5%** 713	**38.4%** 255	**46.9%** 1,270	*0.276*
Sources:	EDHS 2008	2005-2009 Save the Children data in CHL M&E system. Total = composite of three governorates.				**Statistically significant*

Improving Child Nutrition

As they implemented the Community Health Program, CHL and Save the Children observed malnutrition and evidence of stunting in numerous villages. These observations would be confirmed later by the EDHS, which found that undernourishment severe enough to stunt growth in children under five had increased from 23 percent in 2000 to 29 percent in 2008. The partners' strategy was to reduce malnutrition among children aged six-24 months and maintain the rate below 10 percent for 18 months after the end of the intervention in the village.

Feeding class

As the children were periodically weighed and checked for anemia and parasites, their mothers were counseled on breastfeeding and healthy cooking. Mass village-level growth monitoring sessions were held approximately every two months to create awareness in families regarding the nutritional status of their children and to monitor their growth over time. Dates for growth monitoring/screening were announced in public places such as mosques, clinics or youth centers. All children aged 6-24 months of age were weighed to determine their nutritional status based on weight-for-age. When children were found to be moderately or severely malnourished, their mothers were recruited into a nutrition education component led by local trained volunteers called the Nutrition Education and Rehabilitation Program (NERP). In the rehabilitation sessions, volunteers brought mothers with malnourished children together with mothers from the same village who had healthy babies to cook together and share information.

The NERP sessions were attuned to local successful practices. Mothers with well-nurtured children were assessed through the Positive Deviance Inquiry process to identify those child-care and child feeding-related practices and behaviors which distinguished them from other low-income households. Those locally determined solutions were adopted into the NERP sessions, thus increasing the likelihood that nutrition education messages would be locally relevant.

Results: The interventions significantly reduced infant malnutrition in the targeted communities. Program monitoring data showed that rates averaged 25 percent when CHL began work in focal villages and declined to 5 percent or less after the intervention on average. A

A boy in Minya is weighed during growth monitoring in 2010.

Tulane University cost-analysis[10] examined three representative villages from each of the three original Upper Egypt governorates that had implemented the full Community Health Program: Berka in Qena, Saft El Sharkiya in Minya, and Tawfikiya in Fayoum. The villages had differing levels of malnutrition at the beginning of the intervention: 31.9 percent in Berka, 28.3 percent in Saft El Sharkiya, and 13.8 percent in Tawfikiya, with average malnutrition in all three villages of 19.5 percent. Of the underweight children, most of their families opted to enroll in the nutrition intervention, or 15.5 percent of the whole. (This is consistent with a separate CHL analysis of Save the Children monitoring and evaluation data which found that children enrolled in the nutrition intervention represented 16.5 percent of all weighed children in Qena, Minya and Fayoum governorates in 2004 to 2009.)

In all three of the sampled villages, looking at interventions from 2006 to 2008, the program met its goal of reducing child malnutrition to below 10 percent, the analysis found. Of underweight children enrolled in the program, almost 88 percent improved to normal weight in Berka, 79 percent in Saft El Sharkiya, and 68.5 percent in Tawfikiya. The study also concluded that the program achieved reductions in malnutrition at low cost – $45.20 per case of malnutrition averted on average. Cost-effectiveness is discussed in Results Area C., Sustainability.

Scale-up: After the 2008 EDHS, released in early 2009, indicated that growth-stunting was on the rise, USAID directed CHL to expand the nutrition program. CHL and Save the Children therefore implemented NERP in 35 new villages in Fayoum, Minya and Qena and the Lower Egypt governorate Menoufiya. To further extend coverage within the program's budget, CHL and Save the Children added nutrition education to the Arab Women Speak Out activity (AWSO) in 20 villages in Minya, Menoufiya and the Lower Egypt governorate Dakahliya. In the AWSO Nutrition program, Mothers attended eight AWSO classes with nutrition components including one meal demonstration, then received three to four home visits in the following month, followed by one weighing. With the conclusion of CHL, the intervention was discontinued before a thorough evaluation could be conducted.

[10] "Cost Analysis of NERP in Three Representative Villages: Tables," Paul Hutchinson, Tulane University, CHL/HCP. (See Annex.)

Impact of Communication on Maternal/Child Health and Family Planning Behavior

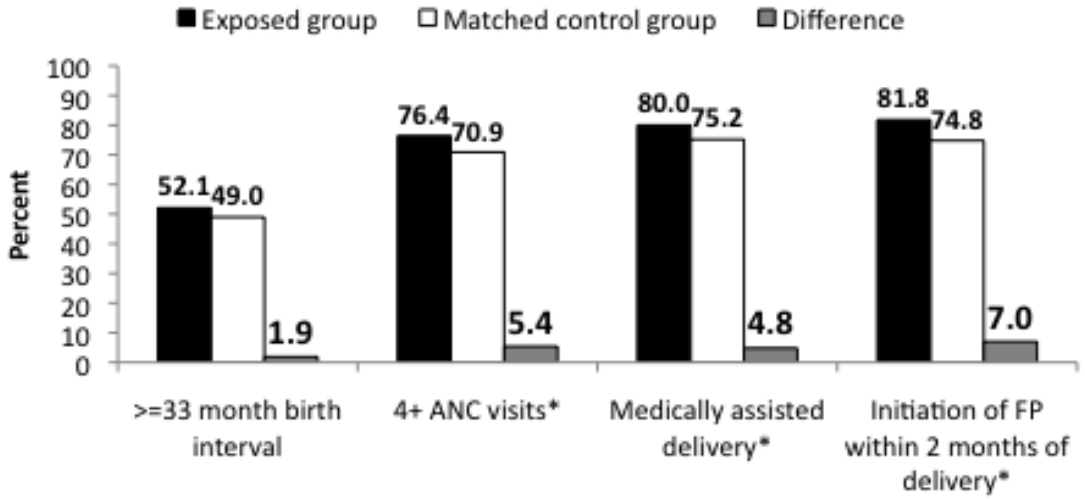
The science of behavior change has demonstrated that communication influences behavior through several intervening variables. Key variables that predict behavior include: multiple exposure (dose-effect), increased knowledge, positive attitudes, and communication with others. However, very few of intervening communication variables were measured in the EDHS, the most reliable source for behavioral outcomes. Isolating the impact of communication, by itself, on behavior is difficult in the EDHS, but it can be done by controlling statistically for all variables except communication exposure, in a process called Propensity Scoring. To ascertain the impact of communication on the national level, the Johns Hopkins University Center for Communication Programs (CCP) performed statistical analysis on the EDHS 2008 survey. In order to separate the portion of behavior change that can reasonably be attributed to exposure to communication campaigns, CCP applied propensity-score matching to control for exposure bias and to create valid treatment and comparison groups.

The impact charts below show the results of this analysis. The EDHS 2008 survey measured "exposure to family planning messages" based on interviewees' recall of up to 12 different sources of information, including mass media, community outreach and facility-based contacts. CCP's secondary analysis found that exposure to FP messages accounted for a 12 percentage-point difference in whether the interviewee currently used a modern contraceptive method and an 11.5 percentage-point difference in whether the interviewee used FP after the birth of the first child.

EDHS 2008 measured "exposure to safe pregnancy messages" based on recall of up to nine sources of information including mass media, community outreach and facility-based sources. CCP secondary analysis found that exposure to safe pregnancy messages accounted for a 5.4 percentage point difference in whether the interviewee had four or more prenatal care visits, a 4.8 percentage point difference in whether the interviewee had a medically assisted delivery, and a 7 percentage point difference in whether the person used FP within two months of the most recent delivery.

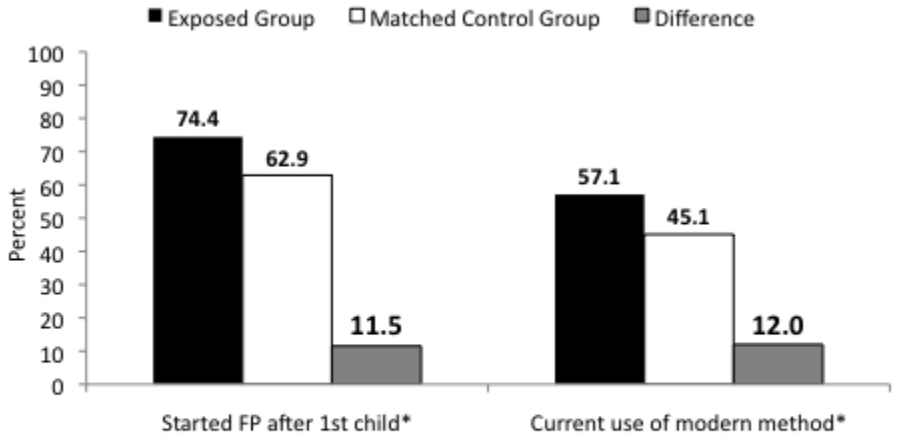
The following graphs show the scale of the communication contribution, specifically, to the Maternal/Child Health (MCH) and Family Planning (FP) outcomes of interest to the *Mabrouk!* Initiative.

Impact of Safe Pregnancy Message Exposure on Antenatal and Postnatal Behaviors, Young Family Cohort (YFC), Adjusted for Exposure Bias



[1]Recall of safe pregnancy messages from any of 9 sources including mass media, outreach and facility contacts
[2]Controlling for 9 predictors of exposure to safe pregnancy messages
Source: EDHS 2008 (the Young Family Cohort is n=1146 exposed and 3659 unexposed currently married women aged 30 or less with a birth in the past 5 years)
*p<.05 or better

Impact of FP Message Exposure on FP Behaviors, YFC, Adjusted for Exposure Bias



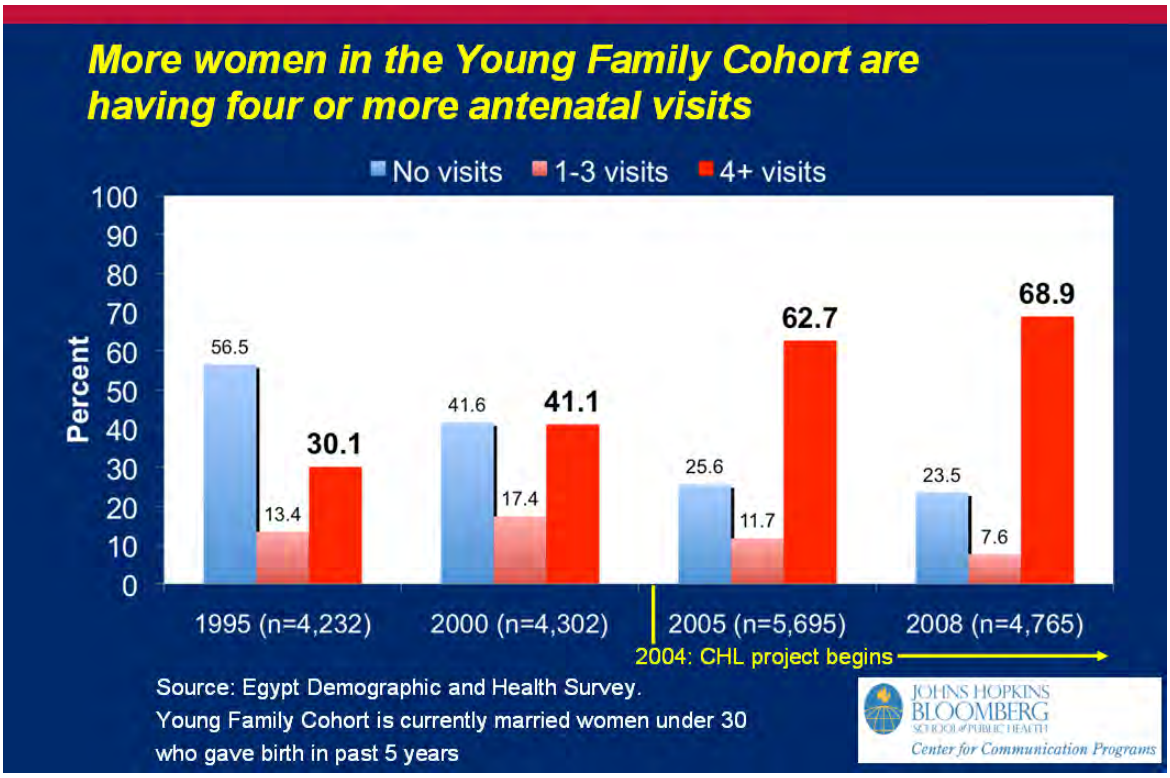
[1]Recall of up to 12 sources of FP information including mass media, outreach and facility contacts (range 0-9); median split; Matched control group= 0-1 sources, Exposed group = 2+ sources
[2]Controlling for 10 predictors of exposure to family planning messages
Source: EDHS 2008 (the Young Family Cohort is n=2774 exposed and 1837 unexposed CMW, < 30 years old, birth in past 5 years)
*p<.001

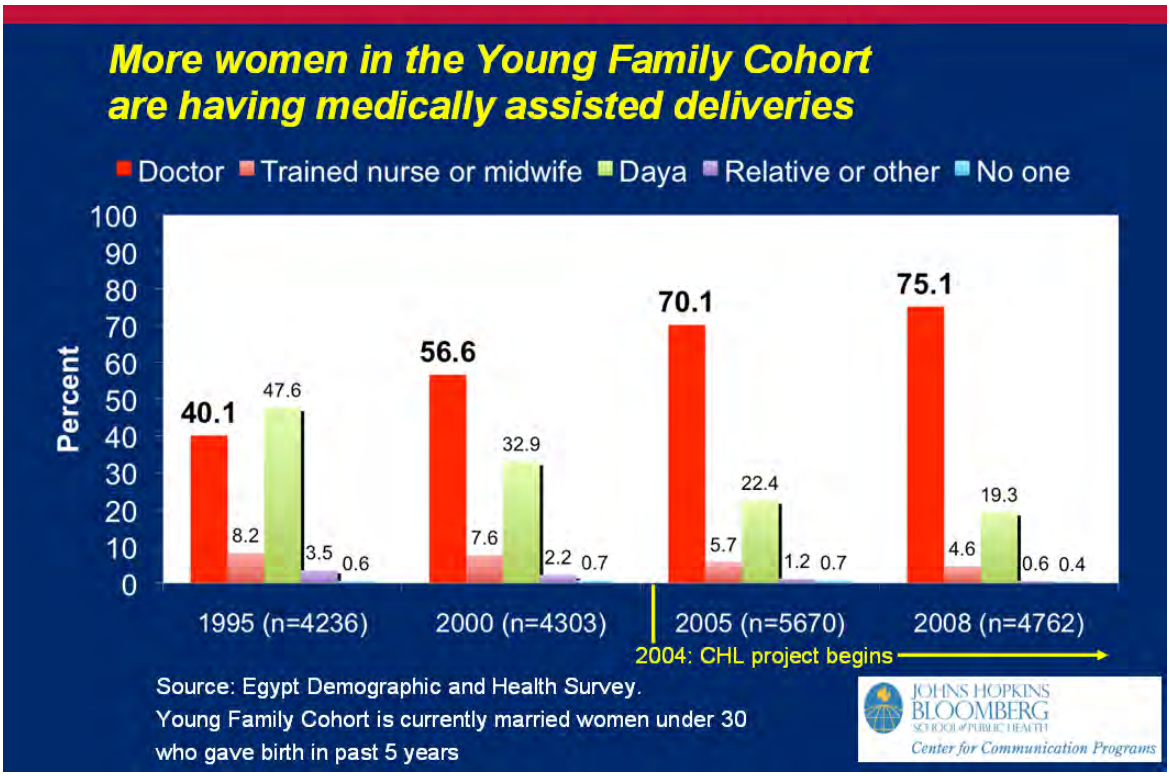
The table and graphs below depict the overall trends in the improvement in MCH and FP outcomes to which the CHL communication activities have contributed. Most of the MCH/FP communication activities conducted by the GOE nationally were supported by the USAID CHL

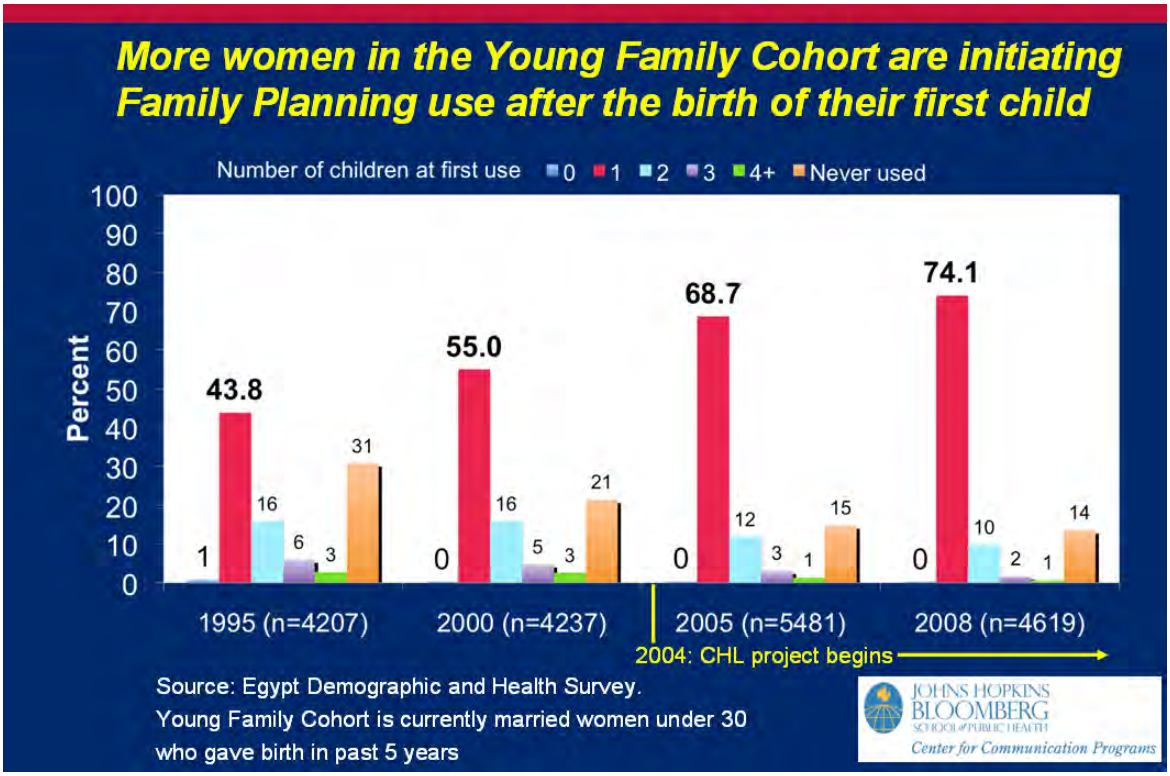
ILs. In addition, the GOE supported its own operation and management of communication outreach programs outside of the ILs. National MCH and FP outcomes were also advanced crucially through improvements in service delivery, supported over the project period by USAID projects Healthy Mother Healthy Child, Tahseen, Partners for Health Reform, Takamol, and Health Systems 20/20, in addition to service support from UNFPA and UNICEF.

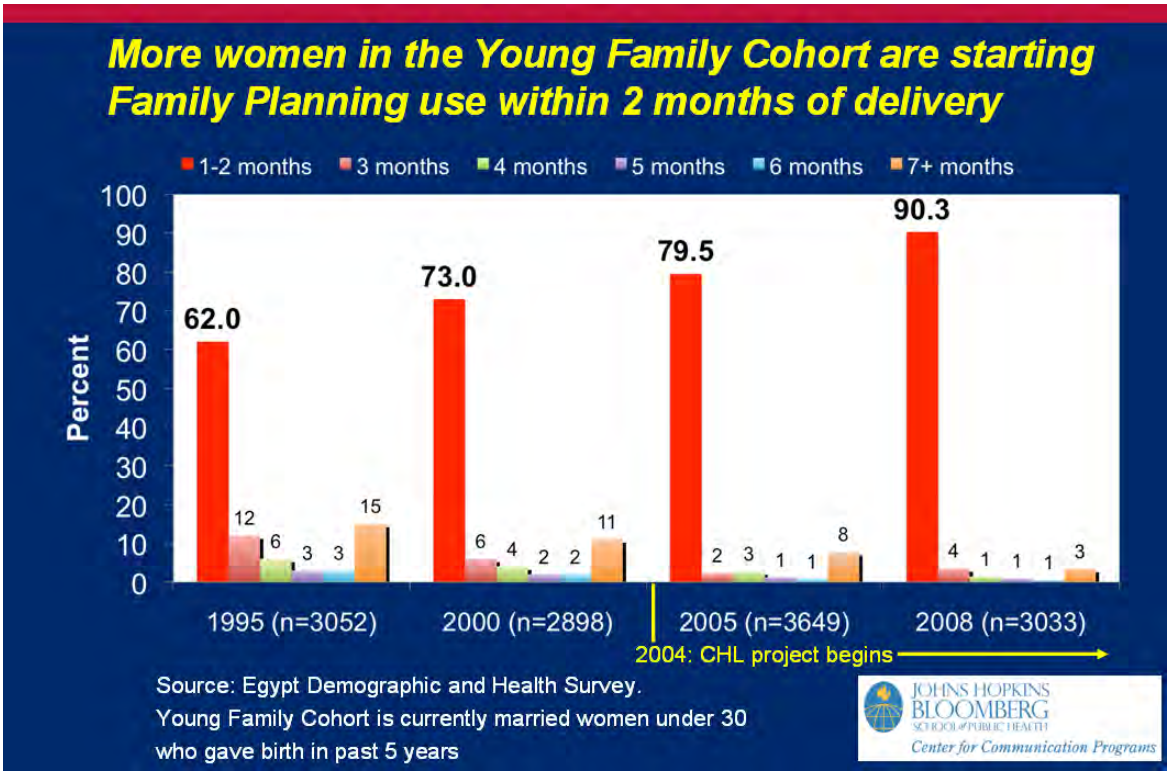
National Outcomes: FP/RH, Maternal and Child Health			
Trends in reproductive health and maternal and child health outcomes in the Young Family Cohort: currently married women of reproductive age (CMWRA) under 30 years old who had a birth in the last five years			
HEALTHY BEHAVIOR	**YEAR MEASURED** **Percent practicing the behavior** Number of respondents		
	2000	**2005**	**2008**
4+ antenatal care visits for most recent birth	**41.4%** 4,302	**62.7%** 5,695	**68.9%** 4,765
Medically assisted delivery	**56.6%** 4,303	**70.1%** 5,670	**75.1%** 4,762
Family planning current use	**57.9%** 4,307	**60.3%** 5,698	**62.5%** 4,765
Use of contraception after the first birth	**55%** 4,237	**68.7%** 5,481	**74.1%** 4,619
Timing of contraceptive use after delivery (2 months after delivery)	**73%** 2,898	**79.5%** 3,649	**90.3%** 3,033
Birth interval 33 months or longer	**42.4%** 2,898	**45.8%** 3,649	**50.5%** 3,033
Source: Egypt Demographic and Health Survey (EDHS) conducted in 2000, 2005, 2008			

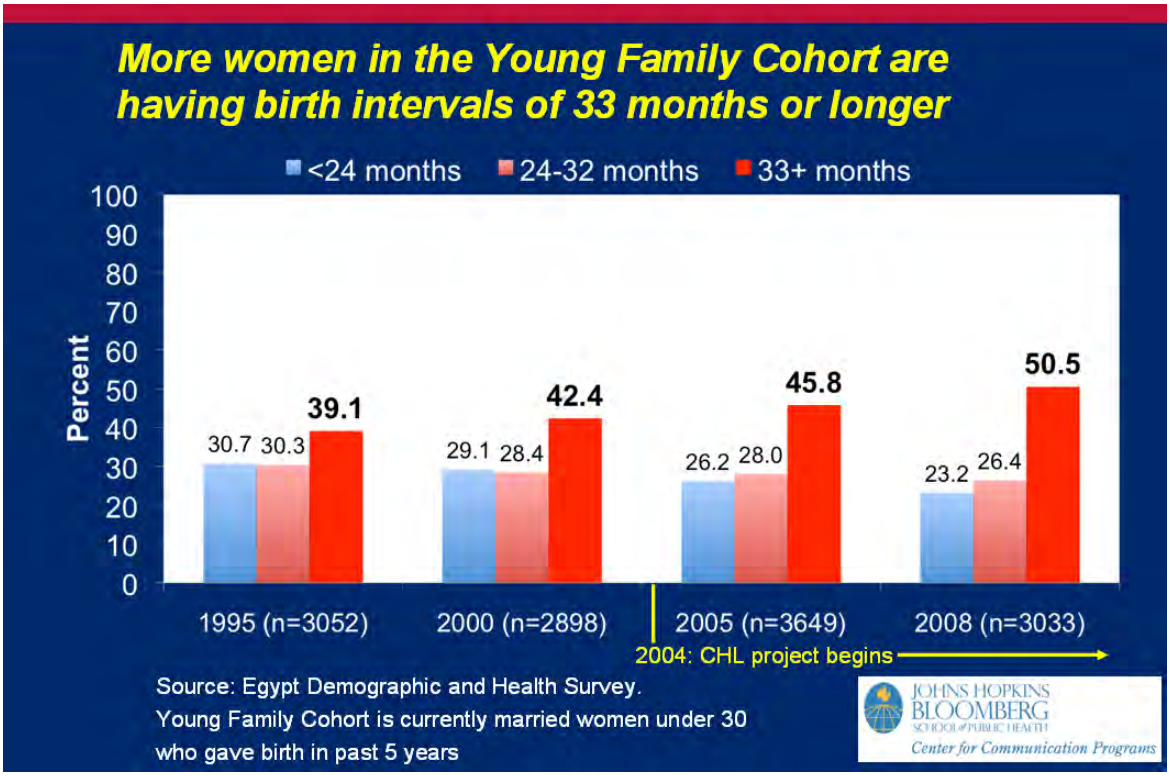
These trends referenced in the table above are elaborated in the following charts.


More women in the Young Family Cohort are having four or more antenatal visits
No visits
1-3 visits
4+ visits
Percent
100
90
80
70
60
50
40
30
20
10
0
56.5
13.4
30.1
41.6
17.4
41.1
25.6
11.7
62.7
23.5
7.6
68.9
1995 (n=4,232)
2000 (n=4,302)
2005 (n=5,695)
2008 (n=4,765)
2004: CHL project begins
Source: Egypt Demographic and Health Survey.
Young Family Cohort is currently married women under 30 who gave birth in past 5 years
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs


More women in the Young Family Cohort are having medically assisted deliveries
Doctor
Trained nurse or midwife
Daya
Relative or other
No one
Percent
100
90
80
70
60
50
40
30
20
10
0
40.1
8.2
47.6
3.5
0.6
56.6
7.6
32.9
2.2
0.7
70.1
5.7
22.4
1.2
0.7
75.1
4.6
19.3
0.6
0.4
1995 (n=4236)
2000 (n=4303)
2005 (n=5670)
2008 (n=4762)
2004: CHL project begins
Source: Egypt Demographic and Health Survey.
Young Family Cohort is currently married women under 30 who gave birth in past 5 years
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs


More women in the Young Family Cohort are initiating Family Planning use after the birth of their first child
Number of children at first use 0 1 2 3 4+ Never used
Percent
100
90
80
70
60
50
40
30
20
10
0
43.8
55.0
68.7
74.1
1 16 6 3 31
0 16 5 3 21
0 12 3 1 15
0 10 2 1 14
1995 (n=4207)
2000 (n=4237)
2005 (n=5481)
2008 (n=4619)
2004: CHL project begins
Source: Egypt Demographic and Health Survey.
Young Family Cohort is currently married women under 30 who gave birth in past 5 years
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs


More women in the Young Family Cohort are starting Family Planning use within 2 months of delivery
1-2 months 3 months 4 months 5 months 6 months 7+ months
Percent
100
90
80
70
60
50
40
30
20
10
0
62.0
73.0
79.5
90.3
12 6 3 3 15
6 4 2 2 11
2 3 1 1 8
4 1 1 1 3
1995 (n=3052)
2000 (n=2898)
2005 (n=3649)
2008 (n=3033)
2004: CHL project begins
Source: Egypt Demographic and Health Survey.
Young Family Cohort is currently married women under 30 who gave birth in past 5 years
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs



Other FP/MCH Activities

Premarital Services

During most of the CHL activity, the MOHP did not offer any regular premarital exam or health service for newlyweds. Typically, the first contact that couples had with health services was when they sought antenatal care for a first pregnancy. Starting in 2010, the MOHP, with support from CHL, began to develop a nationwide Pre-marital Examination and Counseling service that issues a required health certificate for marriage. Although the service was in its early stages at the conclusion of CHL, the service holds great potential as an early contact point to offer newlyweds essential information as they begin their family lives.

CHL assisted the Government of Egypt in establishing premarital health care counseling in public health care facilities to inform engaged couples about premarital medical examinations, immunizations, contraceptive advice and referral, legal requirements, social aspects, and positive husband-wife communication. Under the supervision of Dr. Nasr El-Sayed, First Undersecretary for the Preventive Sector and Primary Care, the Premarital Health Care High Technical Committee requested the technical support of CHL in developing two booklets of guidelines for premarital counseling based on the committee's recommendations, one for engaged couples and the second for service providers, i.e., doctors, nurses and social workers.

The partners implemented trainings-of-trainers (TOTs) preparing doctors to train others in providing premarital services. These services include medical examination and premarital counseling on immunizations, contraceptive advice and referral, legal requirements, social aspects, and marital harmony. The master trainers, many of whom were directors of MCH departments in public hospitals selected by MOHP, selected the governmental and private health

facilities that will provide premarital services. The master trainers provided "step-down" trainings for service-delivery teams in their governorates who will provide the premarital services and will follow up and supervision the service provision. During FY 2010, CHL conducted three TOTs with the MOHP for 97 master trainers from 15 governorates[11]; held TOT workshops for Muslim and Christian marriage registrars from eight governorates[12]; and provided an orientation for 20 Islamic religious leaders from Assiut selected by CARE Egypt. The main objective of these activities was to increase the knowledge and information of the official marriage registrars about the value and importance of the premarital health services in order to promote them among their colleagues and Egyptian families.

Postpartum IUDs

CHL organized capacity-building under the Government of Egypt's integrated campaign to assist doctors and nurses in the promotion of postpartum IUD-insertion services. The postpartum IUD or PPIUD procedure is a long-term method that can be initiated in the delivery room. The campaign's message is that this method, properly inserted, can last continuously and safely for 12 years. A task force with representatives of CHL, USAID's Takamol activity, the MOHP (Population Sector, Curative Care Sector, and Integrated Primary Health Care Service including MCH), the Teaching Hospitals Organization, and the Regional Center for Training in Reproductive Health coordinated implementation and prepare curriculum for training workshops for providers.

In April 2009, CHL signed a memorandum to launch the initiative at Cairo's Galaa Hospital. CHL conducted TOTs for 137 doctors, nurses and the hospital director. A CHL-trained master trainer from Galaa trained 25 doctors and nurses from Beni Suef General Hospital, primary health care units, and El Fashn District Hospital in February 2010. CHL held a workshop September 2010 at Al Galaa's training center for 15 participants from 15 primary health care units in urban Cairo orienting them to the initiative.

In October 2009, CHL extended the PPIUD hospital program to a second hospital, Imbaba General Hospital in Giza's Agouza District and four referring Primary Health Care (PHC) units. With the hospital's director-general, CHL conducted a training-of-trainers workshop with senior Ob./Gyn. physicians and nurses.

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[11] Cairo, Fayoum, Beni Suef, Ismailia, Menoufiya, Minya, Alexandria, Sharkiya, New Valley, Suez, Port Said, Dakahlia, Assiut, Beheira, and Sohag governorates

[12] Cairo, Giza, Qalioubiya, Sixth of October, Helwan, Fayoum, Minya, Assiut and Beni Suef.

Female Genital-Cutting

CHL initiated FGM/C activities in October 2008 as per the FGM/C work plan of CHL. CHL's work was in coordination with the national program to combat FGM/C, led by the National Council on Childhood and Motherhood (NCCM) and the MOHP in cooperation with UNICEF and UNFPA.

CHL was intensively involved in central-level coordination. Most importantly, CHL helped prepare a national anti-FGM/C training curriculum and trainers' guide for physicians and nurses at public health facilities.

A nurse makes a point in opposition to female genital-cutting during the launch of "Doctors Against FGC" in Menoufiya in May 2009. (More about the launch)

At the same time, CHL implemented training and outreach to key front-line stakeholders around the country including doctors, medical students, religious advocates, licensing officials, and village residents.

- From late 2008 through June 2009, CHL held seminars for 3,300 final-year medical students in 12 universities to discourage their involvement in the practice.
- From April 2009 through June 2010, CHL trained 253 doctors from 11 governorates around Egypt to raise awareness among doctors and their communities about the harms of FGM/C under the initiative "Doctors Against FGC." The doctors were prepared to train and raise the awareness of their colleagues in the medical school on the elimination of FGM/C and enforcement of the law on doctors who continue the practice after having been provided the needed knowledge and information related to FGM/C. The doctors also participate in awareness-raising seminars on combating FGM/C at the community level.
- In cooperation with the Ministry of Endowments, CHL gave presentations to Islamic advocates about their role in combating "harmful practices and traditions against girls and women in Egypt" with a special focus on FGM/C and early marriage. With presentations to groups of 150 participants most weeks from mid-December 2009 through July 2010, CHL oriented an estimated 4,900 Islamic advocates in FY 2010.

CHL materials against FGM/C:

- Communication Strategy and Workplan
- Training Curriculum for Doctors Against the Practice of FGM/C

Providing technical assistance via TOTs to partner organizations working against FGM/C, during FY 2010 CHL supported UNICEF in training doctors to discourage FGM/C among their colleagues and in their communities TOT; and assisted three large regional non-governmental organization in outreach to combat FGM/C, Coptic Evangelical Organization for Social Services (CEOSS) in Minya, Better Life Foundation in Minya, and Cairo Family Planning Association. CHL also assisted UNFPA with a workshop for female doctors from Al Azhar University Faculty of Medicine.

RESULTS: B., Communication for Improved Health Behaviors

In cooperation with MOHP, MOFP/NCCM and the National Medical Syndicate, CHL in November 2009 facilitated an agreement by local **medical licensing authorities** under which they will take action steps to **enforce** the prohibition on FGM/C. Those authorities are doctors who serve as governorate-level directors of the MOHP Central Department of Non-Governmental Curative Institutions and Medical Licenses. They enforce medical rules and regulations for private sector healthcare facilities and have the power to close these establishments if violations of MOHP rules are suspected in the clinic or by its owner. The directors agreed to require that any party seeking a license for a clinic or hospital must first **sign a statement pledging that FGM/C will not occur on the premises** and accepting responsibility for any violation. The directors agree on several other action steps including: to raise awareness among doctors and private clinics and hospitals about the new penalties under the FGM/C law and related ministerial decree; and to increase unannounced visits to doctors suspected of performing FGM/C, especially inspections during off hours when illegal practices are often conducted. Within four months, CHL trained licensing officials from every governorate in Egypt in how to train their colleagues in the effective application of the FGM/C law. This included two TOT workshops for 60 governorate-level directors in 2010.

CHL also raised awareness in rural villages through the CHL Community Health Program with Save the Children. More than 100 women in the Arab Women Speak Out program worked as volunteers in Minya, Qena, Fayoum and Dakahliya to raise awareness about the harms of FGM/C. The program informed the women volunteers about the harms of FGM/C, and then prepared them as trainers to equip other volunteers to spread the same awareness messages. The volunteers held AWSO classes to discuss FGM/C with groups of women in Minya, Qena, and Fayoum in FY 2009 expanding to include Dakahliya and Menoufiya in FY 2010, with 6,432 women attending in total.

Infectious Diseases

Viral Hepatitis

Egypt has a hepatitis C prevalence of 14.7 percent, the highest rate in the world, according to the 2008 EDHS. Viral hepatitis is caused by at least five unrelated viruses, all of which attack the cells of the liver. Hepatitis B virus and hepatitis C virus are of particular concern, as both of these can lead to chronic infection and progressive damage to the liver, affecting quality of life and pose a substantial economic hardship.

Celebrity Amr Waked draws a crowd at an information booth, above. A student is vaccinated by a Vacsera employee, below, March 2008.

Hepatitis B has only been included in the childhood vaccination package since the 1990s. As a result, young people of college age have not been vaccinated against it. Medical students, in particular, are at risk of frequent contact with blood-borne disease; therefore CHL selected this group for its first viral hepatitis campaign.

The University Campaign to Control Viral Hepatitis focused on students studying to become doctors. The campaign was designed to increase knowledge and protective behaviors, including uptake of preventative medical services. More specifically, it sought to increase understanding of risk and of preventative behaviors, in both household and health-care settings. Other themes included avoiding stigma for victims of viral hepatitis, to better enable that they receive proper treatment and support. As an immediate action step for students, demand was generated for vaccinations against hepatitis B. Demand and supply were linked by guiding students to discounted vaccinations, and by the promotion of vaccination through mobile phone

Objectives of the hepatitis campaign:
To increase:
- knowledge and dialogue about viral hepatitis along with information-seeking, and preventative behaviors
- HBV vaccination among youth
- knowledge about transmission
- perception of risk
- preventive behaviors in health care settings and in households
- demand for viral hepatitis information through liver centers and hotline
- demand for hygiene in health care settings.

technology, or m-Health.

The University Campaign was implemented in nine public universities in 2008-2009, including Ain Shams, Tanta, Cairo, Alexandria, Menoufiya, Ismailia, Zagazig, Assiut, and Sohag universities. It was part of a national campaign employing radio, print, television, summer camps, employee education, and physicians' training. The national campaign, Stop Viral Hepatitis, was run in coordination with the MOHP under the auspices of the National Committee for Control of Viral Hepatitis, with the support of USAID and its Communication for Healthy Living activity.

A student holds a peer education session on campus.

Engaging Students

The University Campaign engaged student leadership, tapping their social networks and their creative contributions. Student volunteers were trained as peer-educators to inform their classmates and to encourage vaccinations. The use of peer educators built on their existing communication networks with other students, while emphasizing shared motivations. "We were all medical students from all over Egypt facing the same issue and the same time …They were all keen to stop hepatitis in Egypt and raise health awareness in general," said Reem Waziry, a Cairo University medical student and national health policy officer of the Egypt chapter of the International Federation of Medical Student Associations, IFMSA-Egypt.

Student volunteers were trained on leadership, interpersonal communication skills, and peer-to-peer education techniques. The student volunteers staffed information booths on campuses throughout the campaign, where all students were invited to take a quiz to measure their knowledge of viral hepatitis, ask questions, and pick up free informational materials. Students and faculty had the opportunity to participate in activities ranging from the launch event to

Voices from the University Campaign

"Students raise awareness among their colleagues…Students tend to respond more to informal methods of communication which involve interaction with peers. Students are easier to persuade when the person conveying the message is from their same age group."

–Hossam Kamel, President, Cairo University

"When people are talking around college, 'Did you take the hep vaccination or didn't you?' they started to feel the importance of that. If you find a bunch of people doing something, you have to follow. Everyone started feeling it."

–Nihal Abdelazim, medical student, Cairo University Faculty of Medicine

seminars with expert presentations, competitions. Celebrities Youssra and Amr Waked served as opinion leaders at a final event to further catalyze the campus conversation on hepatitis B.

With students leading the events on campus, the campaign's messages spread by word of mouth. Student educators developed methods for their own campuses. The suggestion of a sports event, for instance, became a soccer match in some locations and a marathon at others. Others used YouTube and Facebook to promote the campaign. "It's all about the students' input at the end of the day. The guys all created the campaign in the universities on their own with their own ideas," said Reem Waziry. Students' ideas were incorporated into subsequent stages of the campaign.

Mobile phones and health communication tools

Vaccination is the most reliable method for preventing hepatitis B. The effectiveness of hepatitis B vaccination is 50 percent for the first dose, increasing to 90 percent for the second booster, and 100 percent for the third. The booster shots are given at one and six-month intervals, creating a challenge for the program. To provide the full protective power of vaccinations with boosters, Orascom Telecom donated bulk text messages to inform students of the time and location of the booster vaccination services on campus. IFMSA members used their personal mobile phones to rally interest in campus events.

Targeted private partners

The vaccinations and larger campaign were supported by targeted private sector partners. $483,000 in cash and in-kind donations were generated for the University Campaign. Beyond cash donations, private partners offered their products and services for integrating vaccine supply and demand. Vacsera provided Hepatitis B vaccines and vaccination services to eligible students at a 60 percent discount. To remind them to get follow-up doses, vaccinated students received bulk mobile-phone text messages donated by Orascom Telecom and subsidiary Mobinil. "We used our telecom technology for social development to help the campaign. That's what we want to encourage other corporates to do -- to use their business practices for social development," said Yasmine Negm, corporate social responsibility supervisor of Orascom Telecom Holding. The public-private partnership brought together a range of stakeholders, including the EFG Hermes Foundation, Orascom Telecom, OTV, GlaxoSmithKline pharmaceuticals, Roche pharmaceuticals; the public/private vaccine producer Vacsera; the Egyptian Medical Syndicate; nationwide student groups the Worldwide Health Forum and International Federation of Medical Students Associations; and Egypt's Ministry of Health and Population.

Results

More than 20,000 students chose to receive first-dose vaccinations against hepatitis B from April 2008 to April 2009. Eighty percent (16,000 students) returned for the second dose – an extremely high response rate for a voluntary

University Campaign: Results

Bottom-up policy change
After University Campaign awareness-raising, Ain Shams and Cairo universities made hepatitis B vaccination a graduation requirement.

Message Exposure
2010 Ipsos Omnibus Survey found 73% of respondents had received information about hepatitis B or C, 92 % of them from TV

Private sector activation
2008 campaign leveraged more than 2.6 million Egyptian pounds' ($485,000 equiv.) worth of

vaccination program – and 75 percent (15,000) came back for the final dose. The proven protection of the vaccination should improve health outcome for fully vaccinated students if they are exposed to hepatitis B in clinical or home settings.

Prevention policy

To extend vaccination uptake beyond the initial campaign, the University Campaign promoted innovative policy for mandatory vaccination of students studying to be doctors. The campaign generated support among senior decision makers of participating universities by consulting them about the prevention activities led by their students. The policy was promoted in discussions with senior managements of universities, and prompted by the hosting of the vaccination campaigns held on their campuses. After the campaign's first phase in spring 2008 at Ain Shams University, thanks to the support of the dean of the medical school, Dr. Ahmed Nassar, Ain Shams University decreed that medical students must show proof they received hepatitis B vaccination-3 doses before they can advance to the next academic year or graduate. Other universities took note. After the campaign came to Egypt's largest university, Cairo University, its president, Hossam Kamel, said he believed the university council should enact the same requirement. Kamel said, "I think the most important thing that we can make a decision about is making vaccinations obligatory for students in the medical sector."

Off campus

CHL and its partners in the University Campaign promoted the awareness of hepatitis vaccination to other audiences. Half of new hepatitis cases annually occur within the health care system. CHL supported the Ministry of Health and Population's push for improved infection control in hospital settings by producing a set of five posters on handwashing and other standard infection-control operating procedures for health care workers to control infections distributed to public hospitals throughout Egypt in May 2009. In April 2010, CHL and Vacsera assisted a national cancer NGO in vaccinating about 300 employees of Children's Cancer Hospital Egypt 57357 against hepatitis B; and CHL assisted the National Committee for Control of Viral Hepatitis in organizing annual World Hepatitis Day observances. Egyptian TV continued to air the CHL spot (commercial) on hepatitis C in FY 2010 for free, reaching more than 30 percent of the estimated adult television viewing audience according to PARC media monitoring.

Avian Influenza

Highly pathogenic avian influenza was confirmed to have reached Egypt in February 2006. By then CHL had already laid the groundwork for an effective public health response. CHL had been working with the Ministry of Health and Population since November 2005 to develop a strategy for communications during influenza pandemics. A National Communication Strategy for Avian Influenza was formalized in partnership with UNICEF, FAO and WHO in April 2006. The main public health goals of this effort were to contain the spread of H5N1 in both animal and human populations, to motivate rapid care-seeking by people if infection occurs and to support rapid diagnosis and treatment by health services. Two critical components of the national response were:

- the use of integrated risk communication, featuring mass media, print materials, clinic-based and pharmacy-based communication, community outreach and advocacy; and
- the consistent use of a risk and efficacy behavior change framework that balances emotional and rational response to a health threat.

Animation stills from the second AI spot about preventive behaviors, 2006

The result was a case fatality rate of 38 percent[13] – well below the global rate of about 60 percent[14] and a much smaller outbreak than models would have predicted. Research by the MOHP in cooperation with NAMRU-3 and the CDC concluded that "the lower mortality rate seems to be caused by the large number of infected children who were identified early, received prompt treatment, and had less severe clinical disease."[15]

Interventions After the Outbreak

As a result of pre-outbreak discussions, Egyptian partners had prepared national materials emphasizing awareness of avian influenza and basic protective practices, including personal hygiene and safe preparation of poultry for food. Within hours of the confirmation of cases, all the major state-owned television channels were broadcasting the news to the public as well as airing an informative TV spot showing families how to protect themselves from the deadly virus. PARC media monitoring reported that the TV message reached 82 percent of Egyptian adults, or 34 million people, within a day of its launch. Regional satellite channels donated airtime worth more than $200,000 to run the spots.

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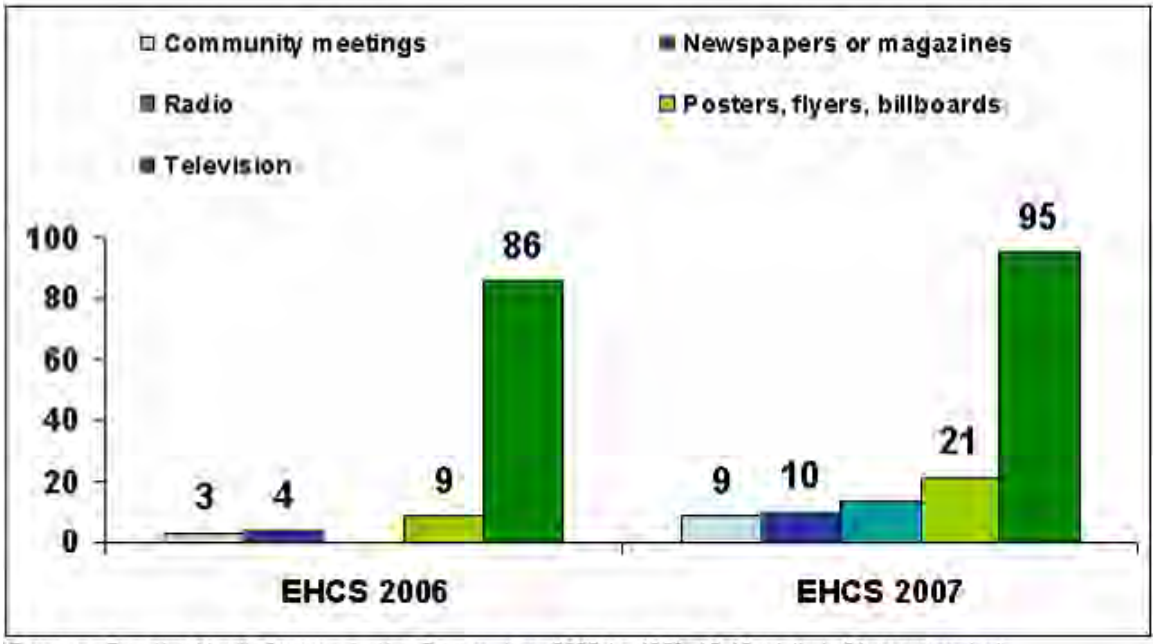
[13] Rate from 2006 to 2009 as cited in "Zoonotic Transmission of Avian Influenza Virus (H5N1), Egypt, 2006-2009," by Amr Kandeel, *et al.*, in *Emerging Infectious Diseases*, Vol. 16, No. 7, July 2010. http://www.cdc.gov/eid/content/16/7/1101.htm.

[14] The rate of A.I. human fatalities worldwide was 63 percent from 2006 to 2009 and 59 percent from 2003 to 2010, according to the WHO Global Alert and Response, cf. http://www.who.int/csr/disease/avian_influenza.

[15] Kandeel, *et al.*

Exposure to Avian Influenza Information by Source



Sources: Egyptian Health Communication Survey, June 2006 (n=4052, 15-49 adults in 21 governorates)
Egyptian Health Communication Survey, Dec 2007 (n=3770, 15-49 adults in 21 governorates)

As the first wave of the outbreak subsided, program attention turned to backyard poultry producers with messages featuring testimonials of producers ("I'm a farmer, I raise chickens and I'm at risk. You could be, too, but you can take action to protect yourself.") and of AI survivors who sought care immediately when they or their children became infected and who survived. Risk-containment messages included information about caging to protect birds, about isolating them from humans and about safe poultry handling.

A health threat like avian or pandemic influenza that persists in the environment and may re-emerge with vigor on a seasonal basis requires a person to act repeatedly in order to maximize protection. Recognizing that protective behavior is conditioned by the social-structural environment, the communication strategy drew on an ecological public health perspective to develop activities and messaging that not only reached the greatest number of Egyptians with messages about protective behavior, but also worked to create supportive and enabling conditions within which behavior can happen.

The government had developed a national Strategic Preparedness Plan for AI, and established a high-level National Committee chaired by the Minister of Health and Population, with relevant national and international partners also represented. At the request of the MOHP, Communication for Health Living (CHL) and other development partners, notably UNICEF, FAO and WHO, developed a national AI Communication Strategy, identifying key audiences and prevention messages.

The creation of a unified approach was made easier by an existing set of partnerships and collaborations at the national, governorate and local levels under the umbrella of the national family health campaign *Sahetak Sarwetak* (Your Health, Your Wealth) and the national

neighborhood pharmacy initiative *Isaal Istashir* (AskConsult). The credibility and trust associated with these "brands" made them appropriate vehicles for dissemination. Messages themselves were bundled under a "One Health Approach," the notion of a set of related behaviors that together constitute a consistent, competent response to the disease: modes of transmission, hygiene practices, safe preparation of poultry for consumption, keeping children safe, safe caging, separation of species, introduction of new stock, human and avian flu symptoms and the need for prompt action, vaccination of poultry, safe slaughtering practices, and reporting of bird deaths.

CHL-produced printed materials, many distributed through pharmacies as at lower left.

With so many audiences, a variety of message formats were needed. These included media spots on prevention, testimonials by survivors, and educational spots for children and parents on hygiene featuring Alam Simsim (Sesame Street) characters. Many types of print materials were produced and distributed through government health units, the AskConsult pharmacy network, hundreds of community outreach workers and NGOs, and the print media. Over 10,000 district and local health providers and over 8,000 MOHP staff received facility-based orientations to avian flu prevention and treatment. Nearly 200,000 community members attended village seminars organized by local health clinics, complemented by meetings with community leaders in 21 governorates. UNICEF implemented a full-scale national outreach campaign through household visitors, or Raedat Refayat, mobilizing governorate-level and community leaders in support of the effort.

Results

Data came from the Egypt Health Communication Survey 2007 (n=3,742) and the Egypt Demographic and Health Survey 2008 (n=10,394). Samples were comparable: adults aged 15-59 in 21 governorates).

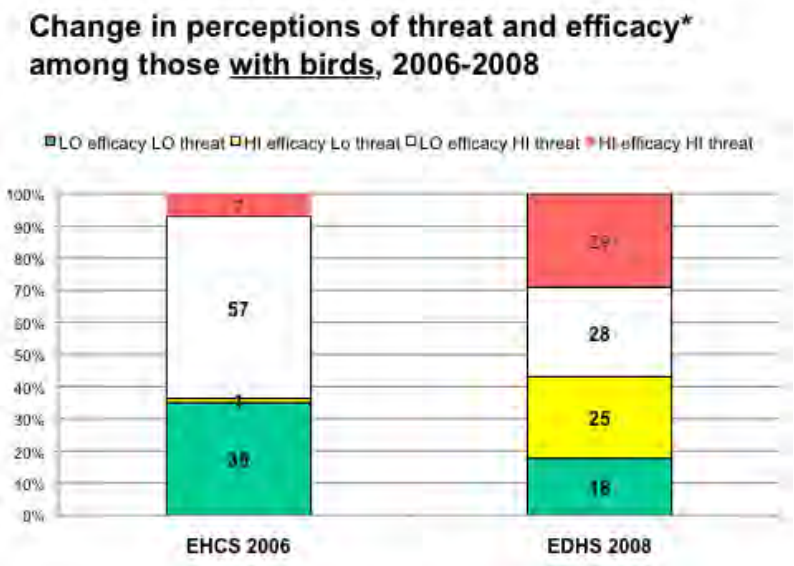
The results for Exposure to AI Messages from the EHCS 2007, shown in the previous section, illustrate not only the high reach for television (95%), but very high rates of exposure for print materials (21%) and community meetings (9%). To have almost one in five respondents report exposure to AI print materials, and one in ten respondents, exposure to AI community meetings is a testament to the full scale national effort of the GOE, USAID and multilateral partners.

Behavioral changes followed exposure. Over a period of two and a half years, keeping poultry in the household has declined steeply. In June 2006, 55 percent of Egyptians said they had birds in the household prior to the February outbreak but—due to efforts by the government to cull flocks suspected of infection and public concern over personal safety—the percent of households with poultry dropped to 17 percent. EDHS 2008 data showed household poultry ownership up slightly to 20 percent.

Among bird owners, containment practices also changed over time. The importance of poultry for income and food means that people try to balance different risk outcomes. Households can be categorized into four groups: those that keep birds uncaged in the family living area (the riskiest practice), those that kept birds caged in the family living area, those that keep birds uncaged outside, and those that kept birds outside and caged (the least risky practice). Keeping birds caged outside has increased since 2006 while keeping birds uncaged outside has declined. Together these changes may reflect efforts to reduce avian transmission by preventing contact between one's own flock and other birds.

Keeping birds uncaged in the living area also declined, but this has been accompanied by a rise in caging within the living area. Together, this small increase in indoor poultry probably reflect efforts to protect birds from contact with other birds, but the rise in indoor caging may also reflect a felt need to keep poultry and family separate.

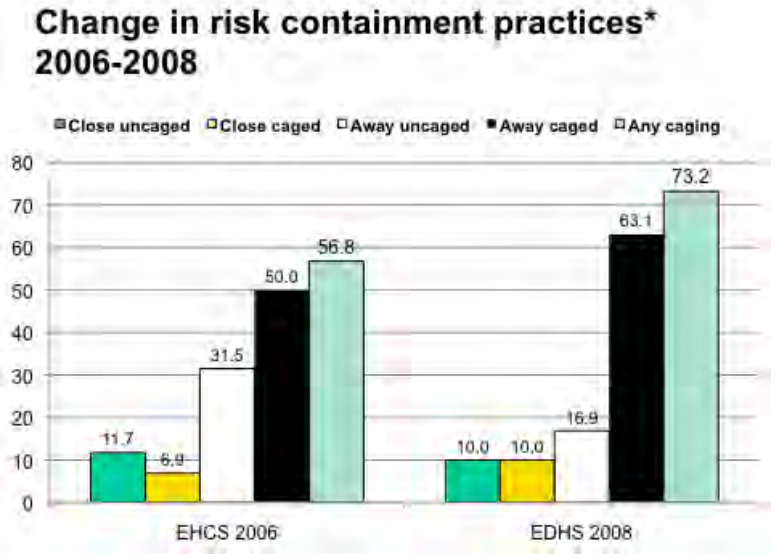
Perceptions of Threat and Efficacy

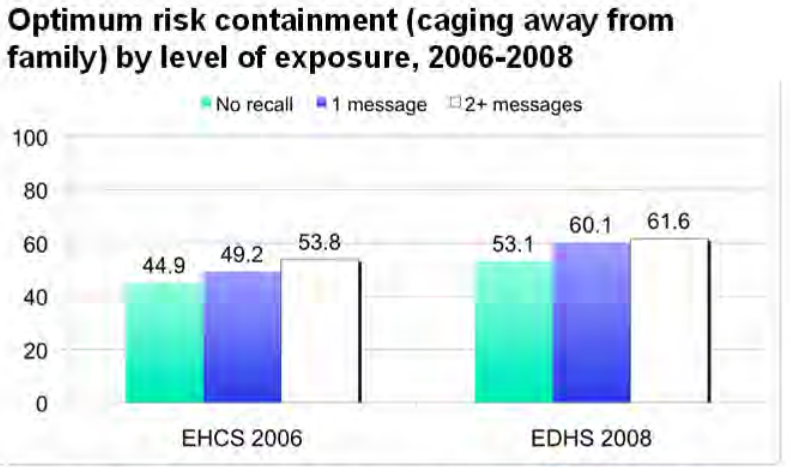


The perceived threat posed by avian flu has been consistently high (around seven on a scale of one to ten) since the initial outbreak in 2006, but perceived efficacy to deal with the threat has increased dramatically. According to theory, people with low levels of perceived threat and efficacy will be unlikely to take protective action, while those with high levels of both perceived threat and efficacy are most likely to act. The figure above shows that the proportion of people in the Low Threat-Low Efficacy category dropped from 35 to 18 percent over time, while the proportion of people in the High Threat-High Efficacy category increased from seven to 29 percent. This reflects a dramatic rise in knowledge of how to protect oneself and one's family from avian flu and the growth of confidence in one's ability to do so. People who reported higher levels of recall of program messages had statistically greater knowledge of protective actions they could take and were significantly more likely to be practicing the best household risk containment practice of caging birds outside.

Risk Containment

Analysis of the EDHS showed that poultry owners who better recalled CHL campaign messages had higher levels of knowledge about protective behaviors. Those with more knowledge also tended to have greater "self-efficacy" or confidence in their ability to protect themselves from infection. And those who recalled program messages and believed they could prevent infection were more likely to take actions that reduced risk at the household level, such as caging their poultry away from the family.





Sources: Egyptian Health Communication Survey, May-June 2006 (n=690 bird owners, 15-59 adults in 21 governorates); Egypt Demographic & Health Survey, March-May 2008 (n=2349 bird owners, 15-59 adults in 21 governorates)

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
Center for Communication Programs

AI as a Special Project

Objectives:

- Improve strategic planning and coordination for AI/PI communication
- Increase support for AI prevention and PI preparedness among policy-makers, planners and agenda-setting agencies (media)
- Increase awareness and behaviors preventing H5N1 infection in birds and exposure among humans
- Among veterinarians, improve management and prevention outcomes of H5N1 transmission in birds
- Among health providers, improve management and treatment of H5N1 transmission and PI preparedness.

In 2008, USAID charged CHL with overseeing health communication related to AI as a special project. CHL continued to air and disseminate materials from the national integrated campaign (media, public relations, outreach, and IEC materials) focusing on backyard breeding regulations, safe slaughtering and consumption, human symptoms, reporting procedures, as well as promotion of the AI hotline. Avian influenza messages were integrated into all CHL outreach activities (home visits, antenatal and nutrition classes, and meetings of AWSO and *Dawar* groups). CHL participated in planning and strategic review through the quarterly meetings of USAID's partnership Strengthening Avian Influenza Detection and Response (SAIDR) which included USAID, Ministry of Agriculture and Land Reclamation units the General Organization for Veterinary Services (GOVS) and the National Laboratory for Veterinary Quality Control on Poultry Production (NLQP), the United Nations Food and Agriculture Organization (FAO), and Stamping Out Pandemic and Avian Influenza (STOP AI).

A domestic poultry breeder asks about avian influenza prevention during a Rapid Response Communication seminar organized by CHL in Kanayat village, Sharkiya, in February 2009.

In January 2008, CHL began coordinating Rapid Response Communication (RRC) visits in collaboration with MALR and MOHP. When poultry are found to be infected in a village, breeders often rush to move their own poultry, thus increasing human-avian contact and increasing the chance of human infection. The RRC procedure was a response to this phenomenon. When poultry infections were confirmed, several trained communication specialists traveled to the site and surrounding villages, mobilizing community leaders and established communication networks, to increase awareness of safe poultry handling and other AI-preventive behaviors. In FY 2009, CHL worked with MALR/GOVS and MOI/SIS to develop cadres in every governorate capable of staging RRC visits: CHL and GOVS' SAIDR team held two TOTs in Cairo for 53 participants from GOVS and SIS from all governorates. The TOT participants then held step-down trainings supervised by GOVS with assistance from SIS (outside of the Implementation Letter).

Objective 1: Improve Strategic Planning and Coordination

- Participation in planning and strategic review through the quarterly meetings of the USAID SAIDR partnership which included USAID, GOVS, NLQP, FAO, and STOP AI.
- SAIDR.org web site: CHL launched the website in July 2008 and updated it with content submitted by partners FAO, MOHP and MALR's units GOVS and NLQP. This included progress reports, public-information materials, case reports of avian influenza infections, quarterly presentations to USAID. The www.saidr.org website became a central repository for information of interest to all stakeholders, including an archive of reports of infections in poultry and humans. During the H1N1 influenza pandemic of 2009, the partners also used the website to share information related to H1N1 including advice to public health officials and public-information materials for consumers. In FY 2010, CHL transitioned control of the website to GOVS.
- Partner Save the Children trained CDA staff and CDA board members in conducting village-mapping exercises in program villages that identified domestic poultry sites and other resources such as clinics and veterinarians.
- CHL cooperated with the USAID activity STOP AI to develop a set of printed materials to increase knowledge among sector-3 (small) farm workers about infection risks and simple biosecurity practices.

CHL Response to Avian Influenza

- Unified approach
- CHL oriented partners that communication to the public in an outbreak should be credible and timely, convey risks, and provide solutions

Key Audiences:
Backyard breeders; households without poultry; health providers and pharmacists; teachers; children

Messages: "One Health Approach"
CHL coordinated partners to tell the public about:

- How avian flu is transmitted
- Hygiene/safe preparation of poultry for eating
- Keeping children safe
- Hygienic practices in breeding and caging
- Symptoms to notice in humans and birds
- Take prompt action at signs of symptoms
- Why and how to get poultry vaccinated
- Safe slaughtering practices
- Why to report poultry outbreaks despite fear of financial loss

CHL activities:

- Co-produced TV spots: Aired on all state-owned TV channels within hours of first H5N1 case Feb. 17, 2006 (reaching 86% of public within 48 hours)
- Coordinated multi-partner AI Communication Committee
- Wrote National AI Communication Strategy
- Produced: Fliers, Q&A book, magazine inserts, fact sheets, posters, field manual, flip chart
- Held media workshops
- Produce and host web site to report cases and coordinate stakeholders

- CHL helped MALR/GOVS' SAIDR Team conduct a TOT for local GOVS veterinarians in Dakahliya Governorate and prepared the team to solo-conduct a TOT in Kafr el Sheikh Governorate in 2010. The vets became master trainers who can train their colleagues in how to raise awareness in communities about best practices in raising poultry.
- CHL with GOVS prepared agricultural extension workers in Sharkiya and Menoufiya to serve as master trainers in interpersonal communication skills. This resulted in the master

trainers training female extension workers to communicate more effectively during home visits with domestic poultry breeders about AI risks and prevention.

Objective 2: Increase Support for AI/PI Preparedness among Policymakers and Media

- Workshops for 29 GOVS governorate-level undersecretaries in dealing with the media (2009). As a result the undersecretaries had a better command of risk-communication principles when they addressed the media during subsequent outbreaks.
- With SIS, USAID, GOVS and MOHP: workshop for 50 journalists and SIS spokespersons on restoring AI alertness (February 2010). This oriented journalists and spokespersons to the need to renew coverage of AI risks to combat complacency in the public.

Objective 3: Increase Awareness and Preventive Behaviors

Residents of Saft el Sharkiya, Minya, enjoy a play about avian flu supported by CHL in January 2009.

- With distribution partners MOHP, SIS, MALR, NGOs, and private sector partners, CHL distributed millions of flyers for household poultry keepers throughout the country. Messages focused on practical household AI prevention practices.
- CHL produced 50,000 posters on identification of AI symptoms in humans and proper case management which were displayed in clinics throughout the country (2008).
- Special flyers for school children on AI prevention were distributed during school seminars conducted by the MOHP cadres through a partnership with the Ministry of Education (2008).
- CHL coordinated with MALR on conducting 100 seminars for villagers in veterinary clinics and 20 orientations for service providers at the governorate level in coordination with CHL (2008).

- CHL and GOVS trained 22 sheikhs from Menoufiya, Qalioubiya and Dakahliya governorates as master trainers on AI detection and response who later trained 229 other religious leaders (May 2009).
- CHL partners staged a theatrical play about AI five times in Qena and 10 times in Minya in August (2008). Conducted 30 AI theater plays in three governorates: Qena, Minya and Fayoum (2009).
- With GOVS, Save the Children and Orascom Telecom, held the "Build Your Own Cage" awareness initiative which used a contest to encourage backyard breeders to cage their poultry according to GOVS-approved specifications; 341 participated. Volunteer outreach workers visited homes to discuss caging

practices and the contest. A judging committee of GOVS central and local representatives visited homes with CHL and Save the Children to select winners and deliver supplemental messages to the entrants observed by relatives and neighbors (2009/2010, Dakahliya, Minya, and Fayoum).

- In collaboration with the STOP AI activity, CHL designed and printed 1,000 copies of a biosecurity poster and 5,000 biosecurity fact sheets on the most important biosecurity practices at poultry farms to protect their farm from avian influenza.
- Via partner CDAs in the Community Health Program: AI awareness competitions/awards ceremonies in grade school; awareness theme at sports tournaments, home visits, community meetings/seminars. (2008-2010).
- Village mapping exercises to identify locations of domestic breeders and other facilities relevant to AI control involving many hundreds of residents (2008-2010).

Objective 4: Provide Job Aids for Service Providers

Objective 4.A.: Provide Job Aids for Veterinarians and MALR

- CHL developed the TOT and job aids for Personal Protective Equipment for cadres in the MALR and the MOHP; and a washable guide to proper use of such equipment for field use (2008).
- CHL, in consultation with SAIDR partners, designed a flipchart on bio-security practices in household poultry-raising and slaughtering (2009). Agricultural extension workers trained by CHL along with Save the Children outreach workers used the flipchart to assist communications with residents during home visits in selected governorates (2010).
- CHL provided fliers and posters to MALR for use in conducting seminars for villagers in veterinary clinics and orientations for service providers at the governorate level (2009).
- Designed, printed and submitted 5,000 copies of the Highly Pathogenic Avian Influenza Standard Operation Field Manual to GOVS. This manual was designed to be used by veterinarians during monitoring visits to poultry farms (2010).
- Finalize and finishing the shooting of training video on biosecurity measures to be used in increasing knowledge of sector-3 farm workers and owners about biosecurity practices on poultry farms. This training video was produced in collaboration with STOP AI and distributed to all SAIDR partners; GOVS began using in seminars and outreach (2010).
- The flipchart produced by CHL and GOVS was used during home visits by veterinary administrative staff and agricultural extension workers (2010).
- Designed posters for service providers about AI case definition and rapid field tests that were printed by GOVS (2010).

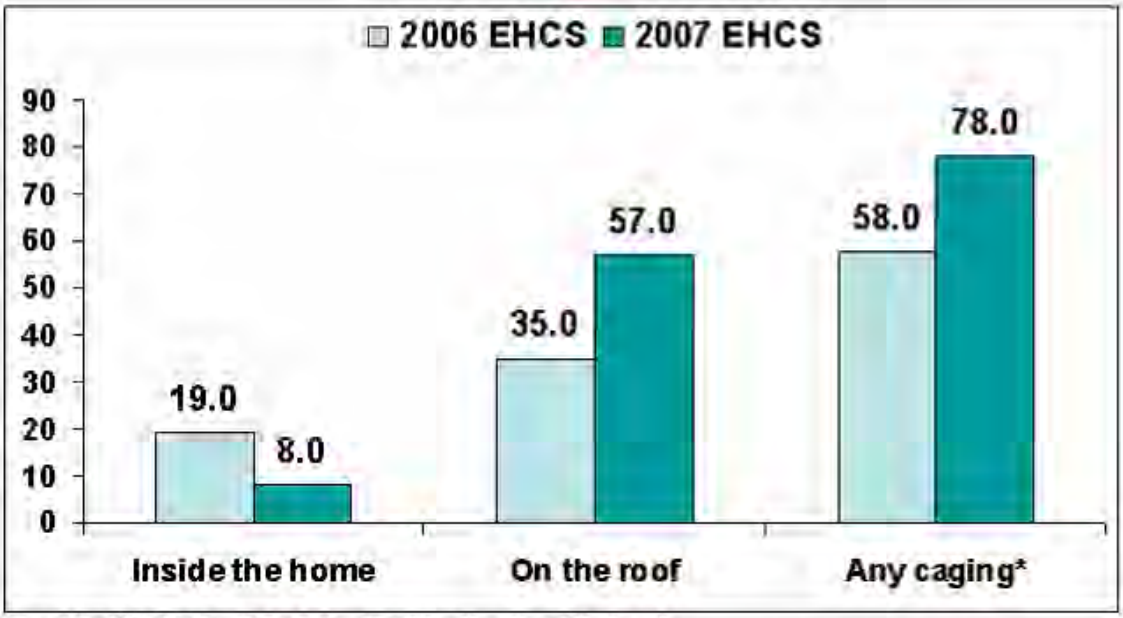
Objective 4.B.: Provide Job Aids for (Human) Service Providers

- Flu prevention posters and fliers distributed to public health facilities nationwide after emergence of Novel H1N1 flu (2009).
- Per MOHP request, CHL produced poster on diagnosing H1N1 cases and suspected cases, delivered to MOHP for distribution to health facilities and publishing in national newspapers; CHL distributed to pharmacists (2010).

Behavior Change

Monitoring behavior change with population-based surveys reveals improvement in protective behavior including caging (See the following tables).

Outcomes: Trends in Caging Practices, 2006 to 2007



•Consistent (all the time) plus intermittent (caging at certain times)
•Sources: Egyptian Health Communication Survey, June 2006 (n=4052, 15-49 adults in 21 governorates)
UNICEF Avian Flu Survey, Feb 2007 (n=4009, 15+ women in 12 governorates)
Egyptian Health Communication Survey, Dec 2007 (n=3770, 15-49 adults in 21 governorates)

Outcomes: Avian Influenza Protective Behaviors

PROTECTIVE BEHAVIOR	YEAR MEASURED Percent practicing the behavior		
	EHCS 2006	EHCS 2007	EDHS 2008
Washed hands with soap and water after preparing poultry	30%	41%	*
Cooked eggs and poultry more thoroughly (until hard)	43%	45%	**
Washed utensils more carefully after preparing poultry	26%	34%	n/a
Poultry breeders reporting any caging	58%	73%	72.4%

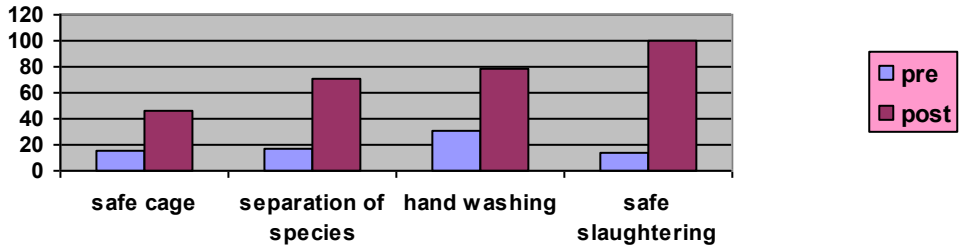
Sources: Egypt Health Communication Surveys conducted in May-July 2006 and December 2007 and Egypt Demographic and Health Survey conducted March-May 2008. EDHS asked about AI knowledge, not actions: *51.2% were aware that washing hands after contact with poultry can prevent transmission of AI virus. **20.7% were aware that not eating undercooked poultry can prevent transmission of AI.

RESULTS: B., Communication for Improved Health Behaviors

Save the Children conducted an assessment in April 2010 in 24 villages in the original program governorates of Minya, Fayoum and Qena to gauge changes in AI-preventive behaviors since the baseline assessment in September 2007. The assessment found that the practice of four preventive behaviors (safe caging, separation of poultry species, handwashing, and safe slaughtering) increased significantly almost across the board (see figure below) with the exception that species-separation decreased significantly in Qena.

Impact of AI Education in Community Health Program, 2007-2010

Percent practicing the protective behavior. Save the Children assessment of 24 villages in Minya, Fayoum, and Qena



H1N1

The global alarm over the outbreak in North America of Novel A/H1N1 flu (hereafter "H1N1") in April 2009 mobilized CHL and its partners in the Government of Egypt to activate a flu prevention and hygiene campaign that had been in preparation as part of CHL's infectious disease work. The strategic plan for H1N1 grew out of a recognition that influenza-like illness and its prevention was a fundamental part of an infectious disease approach. In anticipation of an eventual pandemic, CHL facilitated a pandemic influenza communication strategy in late 2007. CHL had been coordinating with the MOHP since late 2008 in preparing a public communication campaign to encourage personal behaviors that reduce the transmission of contagious seasonal influenza. When alerted of the H1N1 outbreak by the CDC and USAID/Washington during the week of April 27, the MOHP deployed the campaign immediately on television and in print. Additional information was incorporated to address any social distancing concerns related to the novel H1N1 virus, but the key message of the campaign was the promotion of protective behaviors for influenza like illness, and hand hygiene.

Above, CHL information on flu prevention dangles above a supermarket aisle. Below, CHL's Mohamed Kamal Bayoumi displays a kit of flu information for schools at a March 2010 seminar for teachers in Menoufiya (Details).

Like the MOHP response for avian influenza, the full-scale response to H1N1 flu was launched in the first week of the outbreak. In the ensuing five months, CHL and the GOE disseminated an integrated campaign on flu prevention using all available channels to reach the public by television, in public transport, schools and supermarkets, resorts and villages, social clubs and houses of worship.

The Response: Highlights

Drawing on its preparations with CHL, the Government of Egypt knew that its integrated communication campaign would target multiple audiences:

- The general public
- Health providers

- Health facilities administrators and workers
- Pharmacists
- Tourists/people returning from abroad
- Media professionals
- School students
- University students

The GOE knew that the objectives of the response would be to:

- To increase proper behaviors to reduce transmission of diseases, especially colds and flu, through promoting hand-washing, proper coughing/sneezing etiquette, household cleanliness and appropriate, small-scale, social distancing measures.
- Promote the message that healthy habits prevent flu from spreading.
- Increase knowledge about the importance of exerting extra care to protect oneself from becoming infected with H1N1 or any influenza-like illness when going on religious pilgrimages.

In the week of the announcement of the first case in Mexico, the first Egypt flu TV spot aired on 10 Egyptian channels, satellite channels, and closed-circuit TV in the Cairo Metro subway and international airport. The radio spot aired on high-rated Cairo stations. CHL-produced printed materials were ubiquitous, including posters, fliers and mini-fliers. The GOE adapted the characters and displayed them on the sides of public buses. CHL convinced phone service operator Mobinil to send four million SMSs with flu prevention messages.

Amid fears of outbreaks as schools reopened in fall 2009, CHL mass-produced kits of materials and activities for grade schools that were well-received. For the "Back to school campaign," by request of the MOHP and in coordination with UNICEF, CHL designed and produced 53,000 kits and delivered them to the Ministry of Education to be sent to public and private grade schools in Egypt before the start of the school year. Each package (pictured above) contained:

- Five copies each of four posters: Fight influenza and those pictured at right promoting three key behaviors: Cover your cough and sneeze, Wash your hands frequently with soap and water, and Stay home if you have flu symptoms, and consult a doctor.
- Fliers: "How to prevent the spread of flu at the school".
- Teacher's guide with instructions for suggested classroom activities.
- Q&A booklet (two) to school administrators in how to handle flu outbreaks.
- Tucked in the flap of the box, a compact disc containing the video PSA and electronic versions of the printed materials.

The popularity of the school kits prompted interest in a version for universities underwritten by private-sector partners. For public events, CHL reproduced the messages onto a board game, calendar, pencil case, notebook, and mouse pad.

CHL and partners connected the newer concern – pandemic influenza spread between humans – with Egypt's longer-standing concern, avian influenza spread from birds to humans. In cooperation with the MOHP and Ministry of Education, CHL and Save the Children held a series of seminars in FY 2010 to train 251 teachers and supervisors in the governorates of Fayoum, Dakahliya, Minya, and Menoufiya about in raising awareness of behaviors to prevent the spread of H1N1 and avian influenza.

CHL materials against influenza:
- Pandemic Communication Strategy
- Guide: Infection Control in Health Facilities
- Prevention information kits for schools and universities

Results

Although many entities were disseminating information on H1N1, the CHL-produced public-service announcement was dominant on television through frequent airings by the Government and Egypt and free airings by satellite stations. CHL posters were massively distributed through the schools, reproduced by the GOE and posted in government buildings. The 2010 Omnibus Survey by Ipsos MediaCT suggested the campaign was successful in persuading many Egyptians to adopt flu-prevention behaviors. Of a sample of 1,400 respondents 15 and older, 100 percent reported they had seen or heard information about H1N1 influenza in the last year, and 98 percent said they had seen such on television.[16] Eighty percent of respondents said they had seen the (CHL-produced) posters with the three key behaviors (cover your cough, wash your hands, stay home if flu symptoms); and respondents adopted those behaviors. Respondents reported that after seeing H1N1 messages, they more frequently washed their hands (88 percent of respondents), covered their mouths while coughing or sneezing (56 percent), and stayed home when sick (24 percent).

[16] The sample was gender-balanced and from all socioeconomic levels from Cairo, the Nile Delta region, Upper Egypt, and Alexandria. Other sources of H1N1 information were schools (to their children, 59 percent), newspapers and magazines (27 percent), radio (16 percent), and family/friends/neighbors (11 percent).

Tuberculosis

Through its AskConsult network of private pharmacies, in 2006 CHL assisted the GOE to improve case detection for tuberculosis. Estimates were that only 59 percent of tuberculosis cases nationwide were detected, i.e., known to public health authorities. The National Tuberculosis Control Program in Egypt sought to increase detection and refer patients to effective treatment in order to control the spread of the disease. Most of the missing cases do not seek care at governmental health facilities; instead they seek help from private health providers, including pharmacies. CHL therefore collaborated with the national program to disseminate client education materials and to orient pharmacists to identify suspected tuberculosis cases and refer them to the nearest governmental tuberculosis treatment site. The intervention was in line with the global tuberculosis control strategy set by the Stop Tuberculosis Global Partnership to encourage public-private collaboration to increase tuberculosis case detection. CHL also conducted two TOT workshops in collaboration with the national program and WHO-EMRO for advocacy and community mobilization during 2010.

Measles

In 2005, CHL produced a flier (pictured, right) to increase awareness among children and caregivers about the symptoms of measles and steps required to prevent its spread. In 2008, Egyptian schools witnessed a major outbreak of measles: at the request of MOHP, CHL rapidly reprinted the flier and developed a poster version distributed through the CHL Community Health Program and the MOHP.

Flier distributed in schools explains symptoms of measles. *Click to download PDF*

HIV/AIDS

CHL worked from 2004-2007 to increase knowledge of HIV/AIDS transmission paths and sources of voluntary counseling and testing, including a hotline number, among the public -- especially youth. As the demand for information on HIV and other sexually transmitted diseases increased, activities included an assessment of risk factors for disease transmission via blood, and educational outreach on the risk of sharing syringes or reusing them. One of the key aims of the campaign was to promote the telephone "hotline" established by the Ministry of Health

and Population in collaboration with the Ford Foundation.

Health Train Against HIV/AIDS: In an innovative attempt to publicize the cause nationally, MOHP and CHL in 2005 chartered a six-car train to make the trip the length of the country, from Alexandria to Aswan (pictured, previous page). Decorated with promotional messages, the train made nine stops along the way, in eight different governorates. The campaign was targeted primarily at youth. Thirty young men and women boarded the train at each stop to attend information sessions about HIV/AIDS. 250 people participated from eight governorates.

Ismailiya Festival: A three-day festival in 2006 (pictured, right) aimed at empowering youth to increase awareness of HIV/AIDS crowned an array of activities commemorating World AIDS Month in Egypt. The festival was organized by the National AIDS Program (NAP) together with the World AIDS Campaign Task Force in coordination with UNAIDS, CHL and others. 400 people participated from 11 governorates.

Non-Communicable Disease/Healthy Lifestyles

Tobacco

CHL advised the GOE on one of its largest point of sale health communication campaigns: requiring pictorial warning labels on cigarette packets. *Claudia Wiens for CHL*

Egypt has the highest tobacco consumption rate among Arab countries,[17] accompanied by high rates of exposure to secondhand smoke and tobacco-related illness and death,[18] according to the World Health Organization. Although social acceptance of smoking is widespread in Egypt, during CHL's project lifespan, the country saw a surge in initiatives to reduce smoking in public places that could represent a turning point in the social debate. In line with CHL's objective to promote healthy lifestyles, when requested by USAID, CHL supported several of these initiatives.

CHL played a key role in the GOE's implementation of a series of **graphic warning labels** on cigarette packages. The Global Adult Tobacco Survey (GATS) taken in 2009 estimated that 31.7 percent of men and less than 1 percent of women are cigarette smokers.

- CHL advised the GOE, assembled potential images, and pre-tested them with the public to inform the GOE as it selected the first series of images in 2008. CHL provided similar technical assistance for the second set of images in 2010, this time in cooperation with WHO-EMRO. In accordance with the World Health Organization Framework Convention on Tobacco Control, the labels were designed to resist manufacturers' attempts to dilute the

[17] http://www.emro.who.int/tfi/wntd2004/kit-part4.htm
[18] http://whqlibdoc.who.int/emro/2006/WHO_EM_MNH_175_E.pdf#page=14

impact of the warning and to reach those with low literacy. Each label bears the main text (in Arabic) "Warning: Smoking destroys the health and causes death. The harmful effects of smoking affect the smoker and the non-smoker." The first label appeared on cigarette packs in August 2008; the GOE has introduced a new label each six months focusing on a specific health issue, for example highlighting that smoking near a pregnant woman endangers the fetus; that smoking can make the smoker look older or develop gum disease; and that cigarette smoke contains toxins. Two of the labels selected by the Government of Egypt addressed the smoker's risk of respiratory illnesses; two addressed the link between smoking and sexual dysfunction; and two labels addressed the harms of secondhand smoke to children, one of them a reproduction of a CHL anti-smoking poster depicting a family held prisoner to the father's smoking in the house (pictured).

- The labels were soon universally present in retail outlets, street kiosks, and wherever cigarette packets are placed or discarded. The labels represented one of the most pervasive health communication interventions the GOE has undertaken. GATS found that more than 98 percent of male smokers had noticed the warning labels in the past 30 days, and 45 percent had subsequently thought about quitting smoking.[19]

CHL supported national and international bodies involved in tobacco control in Egypt:

- CHL participated in several national anti-smoking **public events** over the life of the activity, providing technical support in planning and assisting with the design and limited production of promotional materials.

- CHL supported partners in the MOHP, WHO, WHO-EMRO, the International Union Against Tuberculosis and Lung Disease, and the World Lung Foundation in the "**Tobacco-Free Cities**" initiative. Starting with Alexandria in 2010 with hopes of expanding to other cities in the future, the initiative was aimed at getting serious about a ban on smoking in public facilities[20] that was on the books since 2007 but rarely enforced, in part because of a lack of inspectors. CHL drafted and helped finalize a strategy for the initiative. CHL trained 17 MOHP personnel from Alexandria and Cairo on secondhand smoke monitoring in cooperation with the MOHP and WHO. Alexandria Governor General Adel Labib officially launched the new phase of enforcement in September 2010 including fines.

CHL also promoted the concept of **smoke-free workplaces** in Egypt through presentations to private-sector employers, civic organizations, and private-sector pharmacists at AskConsult local gatherings. CHL under the AskConsult brand distributed 1 million anti-smoking fliers and more than 125,000 no-smoking stickers for the doorways of private-sector pharmacies: In a representative survey of pharmacists in 2009, two-thirds were displaying the no-smoking sticker in their businesses.

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[19] Global Adult Tobacco Survey in 2009 cited in CDC *Morbidity and Mortality Weekly Report*, May 27, 2011.
[20] Government-owned buildings, educational buildings and sports clubs.

Tobacco-control advocates around Egypt realize that these steps – public communication and advocacy among leaders for policy change, legal and regulatory change, as well as increased taxation, and public communication – all are necessary elements in public health efforts to reduce cardiovascular disease, one of the greatest public health threats in Egypt.

Breast Cancer

Women in Egypt with breast cancer are far more likely to die from the disease (70 percent) than are Western women (20 to 25 percent). As documented in "Breast Cancer in Egypt: Preliminary Situation Analysis with a Focus on Early Detection,"[21] a study prepared through CHL with USAID support, Egypt's mortality rate is high because many cases (60 percent) are diagnosed at a late stage. Data from the population-based cancer registry of Gharbiya shows that only 25 percent of breast cancer patients are diagnosed before the cancer spreads to lymph nodes), compared to 63 percent in the U.S.

More than 7,000 attended the 2009 Egypt Race for the Cure in October, a breakthrough in the Middle East's awareness of breast cancer, which CHL helped to organize and promote with Susan G. Komen for the Cure and the Breast Cancer Foundation of Egypt. *Photos: Claudia Wiens for CHL*

- **Barriers to Early Detection study:** CHL continued its research into why breast cancer is diagnosed late in Egyptian women, driving up the morbidity rate far out of proportion with the low incidence rate. During FY 2010, in consultation with USAID and national partners, CHL gathered and analyzed data for the second phase of the study "Barriers to Early Detection of Breast Cancer in Egypt," interviewing breast cancer patients at cancer treatment centers in Cairo and Alexandria to examine social attitudes and behaviors that impede prevention, diagnosis, and treatment. The data reinforce that women in Egypt wait a long time to consult a doctor, and doctors are slow to recognize breast cancer.

[21] Dr. Marilys Corbex for Johns Hopkins University Center for Communication Programs, with El Zanaty and Associates, 2008-2009. *Link to download*

CHL efforts against breast cancer:
• Press release: Race at Pyramids culminates U.S./Egypt awareness efforts
• Research on factors that delay detection of breast cancer in Egypt: situation analysis quantitative | qualitative
• Brochures on hormonal treatment, surgery, proper nutrition, and lymphadema

- **Awareness:** CHL assisted the Breast Cancer Foundation of Egypt (BCFE) and Susan G. Komen for the Cure in managing and promoting high-profile events in October 2009 for Breast Cancer Awareness Month including the Race for the Cure at the Pyramids of Giza in cooperation with the Women's International Peace Movement and the Regional Center for Women's Health and Development. In addition to key logistical support including obtaining site permission and jumpstarting participant recruitment, CHL provided the full set of materials from sign-up forms to T-shirts that BCFE continued to use in subsequent years' stagings.
- **Patient information:** Building on the partnership forged during the staging of the 2009 Race for the Cure, by request of USAID, CHL helped BCFE in producing informational materials for breast cancer patients. CHL designed and printed two booklets about nutrition and care before and after surgery, and nutrition, and a brochure about chemotherapy.

Health Reform/The Family Doctor

In 2004, the MOHP sought CHL's assistance in addressing low utilization of its Family Health Unit facilities. Working with six selected units in Alexandria, Suez and Menoufiya governorates, CHL initiated a campaign aimed at promoting the concept of the Family Health Model to the general public and community leaders, emphasizing service quality, counseling, patients' rights, and women's services. The campaign aimed to involve service providers in promoting the model and the unit's services. CHL held orientation and training workshops for local MOHP teams to build their capacity to continue the promotional campaign after CHL's involvement in the pilot phase. CHL then conducted promotional activities including seminars in the clinics and other locations, public meetings, and contests at youth centers. As a result, patient utilization of the units improved significantly in Menoufiya and Alexandria and slightly in Suez, according to MOHP figures. As the MOHP took over promotional activities, CHL recommended additional focus on Suez and follow-up monitoring to ensure utilization increased on par with the other sites.

RESULTS AREA C: Capacity-Building and Sustainability

As stated in CHL's Technical Application in 2003, the goal of Results Area C was to build sustainability for health communication in *all* sectors of Egyptian society, throughout the entire system. This meant working with entities in the public or governmental sector, in the private or commercial sector, and with NGOs in civil society to build their capacity to implement health communication activities. In this strategy, capacity encompassed not only increased technical capability but financial viability and institutional capacity.

Yet, one of the most important engines of sustainability is the enduring demand for good health on the part of the *public*. The increased ownership of health by households and communities, the improved social norms, communication networks, and patterns of health-seeking behavior are, themselves, enduring sources of communication for good health. Therefore, CHL directed sustainability actions at building the health competence of individuals, families and communities.

Capacity-building results

- More than 60,000 practitioners trained to carry out health communication activities including 22,000 in maternal and newborn health.
- Strategic partnerships achieved with 27 companies.

See Annex, Key M&E Indicators

The CHL capacity-building and sustainability strategy used four main approaches to strengthen Egypt's capability to conduct and sustain effective health communication:

1. **Training** including formal, applied, and on-the-job, addressing skills for communicating, for designing effective communication campaigns, and for implementing and evaluating them.

2. **Partnerships,** or joint activities, included public-private partnerships, collaborations with multiple private-sector companies, inter-ministerial cooperation, and projects involving entities from multiple sectors. Partnerships aimed at mobilizing increased resources (both financial and technical) toward shared health goals. The types of value that the USAID activity and non-donor agencies brought to various health partnerships are illustrated in the table below:

Value added by USAID activity:	Value added by partners:
Marketing communication	**Established markets**
Behavior change for "bottom of the pyramid"	**Health products and services**
Technical expertise	**Local business relationships**
Government relationships (for private sector), or	**Supply chains**
Private sector relationships (for GOE)	**Market-driven approach**
Convening power	**Technology**

3. **Institutionalization** and the strengthening of systems.

4. Increased capacity at the **household and community level** to achieve and sustain positive health outcomes through improved practices across the domain of health, i.e., improved health competence and the development of self-sustaining community health practices.

In a mature country program such as Egypt's, health communication is increasingly carried out by multiple sectors of society, including government agencies, businesses, and civil society. While CHL sought to strengthen the MOHP/SIS role as the umbrella organization providing policy guidance to the country and communication support to its internal network, CHL's broad approach was to strengthen capacity throughout the system. This meant building competence to conduct health communication in decentralized, distributed bodies of practice, coalitions and alliances that would be sustainable in the face of changes in individual leadership, institutional authority and single-source resource flows.

At the end of the CHL activity, Egypt witnessed multiple players actively engaged in health communication:

- **Government** (public sector) agencies with whom CHL participated directly included the ministries of Health and Population, Information, Agriculture, and Education, in addition to other state agencies like Teaching Hospitals, and Governorate Offices, the National Population Council, National Council for Childhood and Motherhood, and parastatal organizations such as the National Council for Women.

- **The commercial sector** (private sector) engages in health communication at multiple levels: at a strategic level through improved CSR practices, through improved health in the workplace, and through public service programs on the media and in the community. Health communication is conducted by consumer goods manufacturers, food and beverage companies, and pharmaceutical firms, retailers of many types, the banking sector, plus local and regional TV and radio broadcasters, the press, advertising and public relations, as well as business-oriented organizations such as the American Chamber of Commerce in Egypt.

- **Civil society** (NGO sector) participants in health communication include large organizations such as the Red Crescent and Rotary International, societies such as the Breast Cancer Foundation of Egypt, Egyptian Diabetes Association, Egyptian Pediatric Association, Egyptian Liver Care Society, and private universities, as well as international NGOs, NGOs will large national networks (such as Caritas and CEOSS), and small community development associations.

- CHL also facilitated groundbreaking **multi-sectoral** alliances that facilitated government, NGOs and private companies cooperating as peers toward shared goals in health communication.

Efforts by the above players in recent years give hope that one legacy of CHL will be an invigorated arena of health communication in which entities at all levels and from all sectors of Egyptian society feel empowered to participate in and launch health-communication activities.

Following is a summary of major activities by CHL, by sector, that aimed to build capacity for sustainable health communication. Evidence suggesting that Egyptian entities will effectively sustain strategic health communication is also provided. A detailed list of capacity-building events and total trainees is contained in the Annex to this report.

C.1. Public Sector

Training Public-Sector Professionals

CHL trained key specialists and managers from several divisions within the Ministry of Health and Population, and State Information Service as well as, in the latter phases of the activity, the Ministry of Agriculture and Land Reclamation, and Ministry of State for Family and Population. The key skill set that CHL imparted to the GOE was the **strategic planning, implementation, and evaluation of integrated communication programs**. These trainings followed Johns Hopkins' strategic P-Process, from analysis to implementation and continual evaluation for course corrections. These training activities built the capacity of key GOE stakeholders to apply strategic processes to the design of health communication programs so that they are effective, engaging and responsive, techniques that are applicable to all public health topics and to other development topics. They included workshops, mentoring and follow-on consultations in Cairo and focal governorates, and intensive workshops abroad – "Advances in Health Communication and Advocacy" in English at JHU-CCP headquarters in Baltimore and in Arabic at the American University in Beirut. To help SIS prepare to sustain strategic health communications in family planning and population issues after the cessation of USAID funding via Implementation Letters, CHL held a three-day workshop in Port Said on sustainability planning for 28 employees of the State Information Service – central and local-level undersecretaries, general managers, and communication specialists.

CHL also trained GOE counterparts in processes for **involving communities** in health communication planning; and principles and practices of **risk communication** (communication via mass media during public health emergencies).

In addition to training government planners, CHL trained front-line public-sector employees in **interpersonal communication** for outreach to the public in communities and home visits, applicable to all health topics; and CHL trained select cadres to become trainers themselves teaching other professionals the skills of interpersonal communication. These trainings-of-trainers (TOTs) also imparted knowledge of a targeted health area. CHL helped the MOHP Family Planning Sector train its nurses and outreach workers on counseling clients with the CHL-designed Integrated FP and MCH Flipchart. CHL conducted TOTs for doctors and marriage registrars on premarital counseling; for doctors and nurses on counseling on the postpartum IUD insertion; for medical licensing directors about discouraging FGM/C; and for veterinarians about raising avian flu-prevention awareness. As a result, CHL left the GOE with cadres of master trainers who continued to impart skills and knowledge to colleagues after the completion of the ministries' Implementation Letters with USAID.

After the Government of Egypt created a new Ministry of State for Family and Population (MOFP), USAID encouraged CHL to provide technical assistance.

- CHL held workshops in Cairo, Upper Egypt, and Lower Egypt in 2010 to build the capacity of the MOFP's National Population Council offices throughout the country. Approximately 80 personnel were trained in leadership, communication, coordination, supervision and report-writing; another 50 were trained on data collection for client satisfaction.

- CHL helped train the ministry's new "Friends of the Family" community outreach workers, orienting the trainees on the integrated FP/MCH messages and materials used by the MOHP nationwide. As a result, the MOFP requested *Mabrouk!* books and fliers to be used by the Friends of the Family outreach workers, thus ensuring message consistency with the MOHP in the field.

Results of CHL training of public-sector professionals:

CHL staff directly observed improvements in the skills of public-sector partners. These observations were derived during training through pre- and post-tests; and during CHL on-the-job mentoring and follow-up on the partners' implementation of activities. Additionally, for training-of-trainers, CHL accompanied the master trainers during their first step-down trainings. CHL noted:

- improved program management resulting from increased staff skills in strategic planning, design, implementation, monitoring and evaluation.

- increased capacity of Local Information Centers to conduct the planning and implementation of local communication activities such as seminars, public meetings, and interagency meetings.

- improved teamwork in units within the SIS IEC Center in designing and implementing campaigns.

- improved MOHP competency in training sub-coordinators and efficient use of print materials.

- After participating in CHL strategic planning and annual workplans, MOHP sectors began to prepare annual communication plans as standard practice.

Partnerships in the Public Sector

CHL facilitated extensive coordination between MOHP and SIS, formalized in the Executive Steering Committee mechanism described in Institutionalization of Strategic Health Communication Leadership. The MOHP and SIS partnership was initially established in the 1990s in support of the "Gold Star" quality family planning service marketing initiative under USAID's Population Family Planning III and IV projects. Under CHL, the partnership was expanded to include health areas beyond family planning, such as maternal and child health, infectious disease including emerging threats like avian and H1N1 influenza, non-communicable disease and healthy lifestyles.

From the time in late 2005 that avian influenza was perceived as a threat, CHL began partnering with Ministry of Agriculture and Land Reclamation (MALR) to prepare message materials and programs to protect households raising poultry. In addition, CHL organized school youth festivals on AI and hygiene that brought the MOHP into cooperation with the Ministry of Education.

GOE counterparts gave evidence they will sustain the partnership mode after CHL:

- CHL observed greater coordination and collaboration between the SIS and MOHP at the central level, while SIS Local Information Centers cooperated on the local level with MOHP, MOFP, MALR/GOVS, governors' offices, and NGOs, on communication activities related to family planning, reproductive health, avian and pandemic influenza, and water conservation.

- As a result of CHL's March 2010 sustainability workshop for SIS, the SIS initiated outreach partners from the public and private sector to coordinate IEC activities. In one example, the SIS entered a new cooperation with the MOFP and availed its LICs to the MOFP's use: The MOFP reacted eagerly, using LIC "Nile Centers" to conduct meetings and seminars in selected governorates, while also using LICs to host training of National Population Council staff.

Institutionalization and Systems in the Public Sector

Through the CHL activity, the SIS and MOHP institutionalized a process of collaboration on national communication campaigns. The knowledge and experience acquired during that cooperation is the foundation of public-sector sustainability in health communication. The partners started with a creative strategy brief to clearly define the purpose of the activity in line with national health priorities. Following approval of the brief, a team would develop a creative treatment, script or draft text that was submitted both to public pre-testing and expert review before going into design and production.

Production of IEC materials came to be managed by the SISC through a transparent process of outsourcing to private-sector agencies. The effectiveness of communication activities was monitored and evaluated at the level of focus groups with select pre- and post-tests and at the macro level with the periodic national health communication surveys (EHCS) with additional M&E designed to select activities. The practice of these procedures increased the GOE's capacity in conducting health communication that is based on evidence and attuned to audience needs and understandings.

The MOHP and SIS were the CHL project signatories under the USAID GOE bilateral agreement, and these ministries acted as CHL's key counterparts at the central level for national health communication strategy, messaging and implementation. In coordination with the MOHP and MOI/SIS, CHL worked extensively at the governorate and PHC levels, particularly in its focal governorates of Minya, Qena, and Fayoum. At the local level, CHL worked under the auspices of the governor to link the national MOHP and MOI/SIS activities with local activities of the NGOs/CDAs and the private sector. Governorate- and local-level planning sessions were used throughout the CHL program to set local priorities and implementation plans. With CHL's encouragement, MOHP increased sharing of health demographic data with local-level planners

for the use in programming and decision-making. The Ministry of State for Family and Population in 2010 requested that CHL help governorate-level officials to form and implement local strategies for health communication.

Institutionalization of Strategic Health Communication Leadership

At the beginning of the CHL activity in 2004, CHL facilitated the establishment of an Executive Steering Committee (ESC) with representatives from the SIS and multiple sectors within the MOHP to oversee the strategic communication function. That entailed identifying health priorities, developing plans to address them, budgeting, and when appropriate coordinating inter-sectoral activities. Through a decentralized process, the directors and communication coordinators of each sector planned, budgeted and implemented activities. CHL developed Terms of Reference describing the organizational process of the ESC chairperson and coordinators for each sector.

CHL facilitated the convening and documentation of the ESC's regular meetings, usually held quarterly. Midway through CHL (2008), the MOHP assumed those responsibilities under the leadership of First Undersecretary for the Preventive Sector and Primary Care Dr. Nasser El-Sayed, with CHL playing a technical support role. The coordinating role was supported by U.S. funds under the Implementation Letter with the MOHP through FY 2009, but in a promising sign of sustainability, GOE resources assumed the role. In FY 2010, MOHP sectors continued to plan, budget internal resources, and implement communication activities in a decentralized fashion under the overall direction of the First Undersecretary for the Preventive Sector and Primary Care with assistance from CHL upon request. Dr. El-Sayed explored several alternatives for formalizing the function of coordinating, setting priorities and implementing within the MOHP organizational structure. At CHL's end, the MOHP planned to use the Ministry's existing, informally constituted Health Communication Committee as a transitional structure to meet the strategic planning and coordination function for health communication in the Ministry.

Sustaining strategic communication

After participating in CHL, the Government of Egypt demonstrated willingness and ability to independently design and fund communication campaigns on targeted health priorities that reached audiences as large as earlier USAID-funded campaigns had.

- After the campaign with CHL for avian influenza awareness and prevention, the GOE including SIS produced a national campaign on avian flu with TV and radio ads starring singer Shabaan Abdel Rehim achieving reach of 41.6 percent in 2008 and 59 percent in 2009.
- During the MOHP/CHL response to H1N1 influenza in April 2009, MOHP took the initiative to extend CHL-produced materials to additional forums.
- In late 2008, the Ministry of Information including SIS launched a marketing campaign on population issues ("Waqfa Masreya," TV spots backed by printed materials and billboards) independent of USAID. Spots reached 45.8 percent of the adult audience in FY 2010.

Spot reach figures: PARC media monitoring

Strengthening Logistics Systems

Under the CHL activity, the MOHP, SIS and JHU-CCP worked together to develop and produce a comprehensive set of communication materials on all MOHP priority health subjects. There was strong evidence of widespread distribution (See Results Area B, IEC Materials).

Nevertheless gaps were apparent within the MOHP system. Responding to this identified weakness, CHL held a Logistics and Supply Chain workshop to help MOHP sectors review and develop an integrated logistics system for print materials and to develop an integrated system to determine the unit needs according to its volume and capacity of clients in different health activities. Fifteen representatives from the MOHP sectors Population/Family Planning, Maternal/Child Health and Infection Control at the central and governorate levels attended the workshop. It familiarized participants with techniques for forecasting demand, controlling inventory, and procedures for procurement, storage, transportation, display and use. By the completion of the workshop in January 2010, participants understood the components of logistics management, and they drafted Guidelines for Print Materials. Following the workshop, CHL staff and consultants conducted site visits at the governorate, district and PHC levels in two governorates, Beni Suef and Fayoum, to observe implementation practices and offer on-the-job coaching.

Media Materials Database

Printed IEC materials produced through the CHL activity are available to all through the web-based Media Materials Database (www.askconsult.org and www.sehetna.com). The database includes not only SISC/MOHP IEC products but health communication materials produced by other Egyptian organizations and other bodies elsewhere in the Arabic-speaking region. By the end of the CHL activity, the database contained descriptions and, when available, downloadable versions of more than 1,600 printed materials, videos, and other health information media. The database, the first of its kind in the region, is linked from all CHL web sites. It is implemented on open-source software and can be searched in English and Arabic. To foster sustainability, CHL placed the database and all available original documents with the SISC Health Communication Resource Center, providing an update and consultation at CHL's end.

C.2. Private Sector

AskConsult was the component of CHL that engaged the private sector in health communication, but it predated CHL and continues after CHL. AskConsult originated as part of a predecessor USAID/Egypt project, the Private Sector Initiative from 1995 to 2002, which involved privately owned pharmacies in social marketing to grow the demand for family planning. CHL revived the AskConsult brand and broadened its focus from family planning to family health.

- CHL expanded the network of pharmacies participating in AskConsult information campaigns and provided communication training in multiple formats.

- At the same time, the AskConsult activity acted to instill sustainability in the broader private sector by encouraging companies to increase their participation in the practice of strategic health communication. Through AskConsult, CHL formed partnerships with 27 private-sector companies that leveraged more than $7.2 million worth of cash and in-kind contributions in support of USAID health priorities.

- Building on lessons learned in the previous program, CHL designed sustainable follow-on activities with an exit strategy. The exit strategy was based on establishment of a health communication company that would continue and grow the AskConsult legacy in partnership with private-sector businesses. AskConsult for Health LLC, a registered Egyptian not-for-profit corporation, began forming non-USAID-funded health communication partnerships even before the end of the CHL activity.

Strategy: The aim of AskConsult (the CHL component and legacy organization) is "growing the market for health." That means, on one hand, increasing the public's demand for health information and appropriate health products (health-seeking behavior); and on the other hand, increasing the private sector's participation in supplying resources and expertise for the provision of health information and promotion of healthful behavior.

AskConsult TV spots (above) told consumers they could seek credible health information at private-sector pharmacies displaying the AskConsult seal (below), which CHL provided materials and training in person and via the Web (bottom).

Strategically, the AskConsult component of CHL assembled multiple communication channels to create a platform for unified health communication campaigns. Those channels included TV and radio advertising (see Mass Media), the Web, provider- and client-educational materials, sales promotion visits to pharmacies, pharmacist training, and community outreach.

Neighborhood pharmacies: At the end of the chain of mass media and public awareness campaigns, AskConsult built up a nationwide AskConsult network of over 30,000 retail pharmacists from among the 43,000 working pharmacies in Egypt. Because pharmacies are a primary source of health information and products in Egypt, AskConsult sought to build a sustainable capacity in the private pharmacy sector to deliver appropriate health information and products to the Egyptian public.

Pharmacies have long played an important role in USAID's work in the health sector in Egypt. Virtually all pharmacies in Egypt carry contraceptives,[22] and in 2005 they supplied the market with 43 percent of modern contraceptives.[23] Pharmacies are also important suppliers of maternal and child health products, such as pregnancy tests, vitamins, and oral rehydration salts for childhood diarrhea. Other qualities of pharmacies made them an excellent focal point for consumer health communication. With more than 43,000 working pharmacies in Egypt as of 2010,[24] generous opening hours, university-trained pharmacists, the local pharmacy was a neighborhood retailer who had the right skill base and place in the social fabric to respond to increased demand for health information among consumers.

- CHL under the AskConsult brand regularly sent member pharmacies lively printed materials on CHL health and hygiene topics. These included fliers to be placed on countertops for customers to take, posters for display, and fact sheets for the pharmacists to guide them in answering customers' questions. The

Growing the demand for health

Sales rose sharply after AskConsult marketing campaigns promoted these categories of products:

- Progestin-only contraceptive pills: Sales rose from 1.8 million in 2005 to 2.23 million in 2007
- One-month injectable contraceptives: from 130,000 in 2005 to 304,000 in 2007
- Disposable syringes: from 260 million in 2005 to 286 million in 2007
- Zinc supplements: Sales increased from 93,000 in 2007 to 162,000 units to 2008.
- Condoms, disposable syringes, and progestin-only pills: Sales increased at over 50% of pharmacies.
- Combined oral contraceptive pills: Sales increased at 43% of pharmacies.

Sources: 1-4: IMS Health tracking. 5-6: AskConsult Provider Survey 2009

[22] *AskConsult Provider Survey*, 2009: nationally representative survey of 900 pharmacies showed that 99% of pharmacies carried contraceptives.
[23] EDHS 2005.
[24] Egyptian Pharmacists Syndicate estimate provided to CHL. Excludes pharmacies registered but inactive.

materials were linked to a periodic theme also featured in the TV spots; the spots feature the AskConsult logo and encourage viewers to seek more information at pharmacies displaying the logo. That promotion provided an incentive for pharmacies to join the network and post their AskConsult sign in the door. In CHL's 2009 survey of 900 pharmacies, more than half of the visited pharmacies displayed the AskConsult sticker prominently, and nearly all surveyed pharmacists said they had seen at least one AskConsult communication (mass media or printed material). From 2005 to 2010, CHL distributed more than 11.5 million printed materials in ten waves (delivered by AskConsult's partner, the pharmaceutical distributor Hossam Omar Group, or mailed). Those addressed 26 topics including family planning (initiation, specific methods, and special cases), safe pregnancy, newborn care, breastfeeding, smoking, safe injection, HIV/AIDS, avian and pandemic influenza, tuberculosis, hygiene, child diarrhea, and hepatitis. CHL distributed another 125,000 fact sheets for pharmacists on topics including avian influenza, hepatitis, smoking and child diarrhea as discounted inserts in the trade magazine *Pharma Today* in FY 2008 through FY 2010. (Dates and topics are listed in the Annex.)

AskConsult encourages consumers to seek, and helps private-sector health providers give, health information. Messages in printed materials in retail outlets are reinforced with integrated marketing via broadcast, events, Web and other channels.

AskConsult network accomplishments

- Extended message reach through 30,000 privately owned pharmacies.
- Distributed 11.7 million printed materials of health information, 2005-2010.
- Distributed to entire pharmacy market through partnership with United Co. for Pharmacists with its 42 percent market share in pharmaceutical distribution.
- 45 percent of consumers said they patronize an AskConsult pharmacy.
- 69 percent of consumers recognized the AskConsult brand; 66 percent knew AskConsult pharmacists could be consulted on family health.

Sources: 1, 3: United Co. for Pharmacists, Pharmacists Syndicate. 2: CHL records. 4, 5: EHCS 2008

Training Private-Sector Professionals

Strategy: The AskConsult program strengthened the interpersonal communication skills and knowledge of family health topics among private-sector pharmacists and physicians in order to build their capacity to provide accurate health information and appropriate referrals to clients. Guidance in printed materials was reinforced via in-person sessions as program funds permitted and through online education to reach the widest range of professionals.

AskConsult offered selected **classroom-style training** to private-sector pharmacists and physicians in a format designed in cooperation with the USAID activity Takamol. A daylong workshop taught providers how to effectively counsel their clients on family health issues. To increase the professionals' health knowledge, the workshop included sessions on maternal care; and infant and child care including breastfeeding, weaning, nutrition, diarrhea and vaccination. Other topics addressed included blood-borne diseases and safe injection; avian influenza; reproductive health and contraception; and danger signs during pregnancy, after giving birth, and in newborns. Pre- and post-tests showed significantly increased knowledge in the critical health areas, which the program reinforced the printed material mailings.

A pharmacist answers a speaker's question at an AskConsult gathering in Dokki, Giza, in April 2010.

AskConsult held **seminar**-style local gatherings of pharmacists with multiple purposes: to encourage current AskConsult members to seek and share credible health information with pharmacy patrons; to bring new members into the program; and, by involving the local Governor and representatives from the MOHP and SIS in the event, to strengthen the public sector's support and appreciation of the information-sharing role of private-sector pharmacists, and to support the relationship between both sectors. The local gatherings included presentations by representatives of USAID, CHL, MOHP, SIS, and the national and local Pharmacists Syndicate, as well as educational segments arranged by CHL or the national Syndicate on topic such as family planning methods and pandemic influenza. Other segments sought to strengthen pharmacists' business-management skills, addressing topics such as inventory management, computerization, and disposal of expired drugs. The gatherings were supported by private-sector pharmaceutical companies who offset event costs in exchange for display tables and brief presentations.

AskConsult provided a sustainable platform for **online training** and professional news by launching the website www.AskConsult.org in 2008. The AskConsult distance-education program features interactive case studies based on actual scenarios faced by pharmacists and is aimed at improving the capacity of pharmacists to deliver credible, accurate health information. The program has six modules on maternal health, reproductive health, child health, infectious diseases, healthy lifestyles, and chronic diseases.

AskConsult training accomplishments

- 2,266 private-sector providers received classroom-style training (1,633 pharmacists and 633 physicians) from 2005 to 2010.
- Nearly 4,000 pharmacists attended local gatherings with educational sessions in 20 governorates in 2009 and 2010.
- More than 4,000 pharmacists receive email updates as registered users of AskConsult.org.

A pharmacist who completed the AskConsult distance education program receives a certificate from CHL Chief of Party Ron Hess at an AskConsult gathering in Dokki, April 2010.

Partnerships with the Private Sector

CHL's key private-sector sustainability strategy was to engage the commercial sector as an active partner in the national health program. These public-private partnerships provided Egyptian companies with an outlet to demonstrate their corporate social responsibility by participating in the cost of communication campaigns and sharing other assets such as expertise, brand equity, and channels of access to consumers. For example:

Top, the envelope mailed to AskConsult pharmacies containing CHL pandemic flu-prevention printed materials, bottom, funded by and co-branded with Dettol sanitizer.

- CHL's ongoing partnership with Procter & Gamble provided access to customer groups, mothers and babies, who are also target populations for USAID priorities in family planning, reproductive health, maternal and child health. To mention a few of the many joint activities, while CHL aired a spot on feminine hygiene in 2005, P&G underwrote distribution of a related educational booklet; as P&G delivered complimentary diapers and coupons to new mothers, CHL's *Mabrouk!* Booklet was bundled in the gift bag; and P&G sponsored three television shows co-produced with CHL addressing parents of young children (See The *Mabrouk!* Initiative: Edutainment.)

- During the response to pandemic H1N1 influenza in 2009, CHL negotiated for Reckitt Benckiser to underwrite reprinting more than 1 million fliers and posters on flu-preventive

behaviors in exchange for discreet co-branding of the company's sanitizer brand Dettol (pictured).

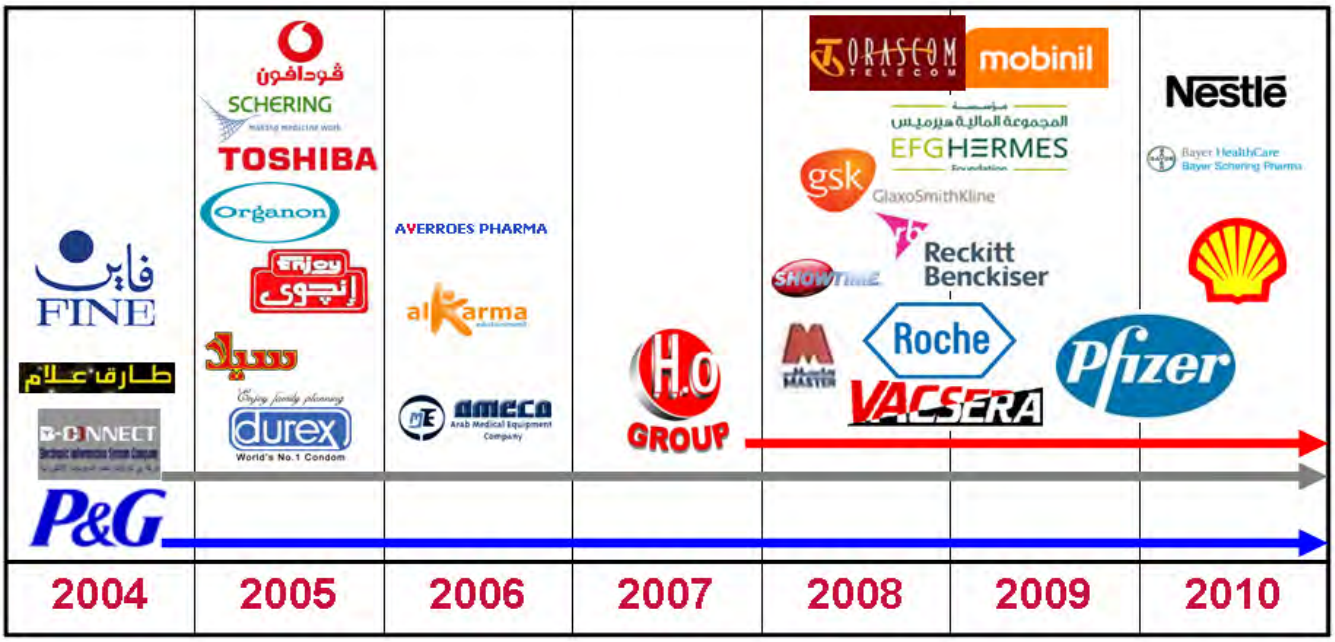
AskConsult campaigns encouraged companies to carry forward this work with their own resources and with other public partners after CHL. CHL partnerships with the private sector are summarized by year and by type in the tables following.

Private-Sector Cooperation with CHL/AskConsult: Description

Name of private-sector partner	Type of company	Cooperation undertaken with CHL
1. Al Karma Edutainment	Media production incl. "Alam Simsim"	1. Granted use of licensed characters for spots and events.
2. Ameco	Medical equipment incl. disposable syringes	2. Corporate sponsorship of materials and samplers
3. Averroes Pharma	Health products including zinc liquid formula	3. Corporate sponsorship of materials and samplers
4. Bayer Schering Pharma (formerly Schering)	Pharmaceutical manufacturer	4. Sponsorship of AskConsult contests 5. Co-presentation of information about family planning methods at pharmacist local gatherings.
5. B-Connect	Pharmacy automation systems	6. Presentations and prizes at AskConsult local gatherings
6. Durex	Health products	7. Sponsorship of AskConsult contests
7. EFG Hermes Foundation	Financial services	8. University Campaign for the Prevention of Viral Hepatitis
8. El Araby Group (Toshiba El Araby)	Consumer electronics	9. Sponsorship of AskConsult contests
9. Enjoy (Nile Company for Food Industries)	Beverages	10. Sponsorship of AskConsult contests
10. Fine Corp.	Health products	11. Co-promotion of reproductive health and feminine hygiene with P&G, including school program, door-to-door program, media spots, and print materials production
11. GlaxoSmithKline	Pharmaceutical manufacturer	12. University Campaign for the Prevention of Viral Hepatitis
12. Hossam Omar Group (United Company for Pharmacists, Middle East for Chemicals)	Egypt's leading pharmaceutical distributor	13. Distribution of AskConsult IEC materials to network of 30,000 pharmacies. 14. Free and discounted articles and fact sheets in *Pharma Today* magazine.
13. Master Rest Stop Management	Highway rest stops	15. Information kiosks on viral hepatitis and healthy lifestyles during the high-traffic summer vacation periods.
14. Mobinil	Mobile phone service	16. Bulk SMS messages for University Campaign for the Prevention of Viral Hepatitis. 17. Bulk SMS messages for H1N1 flu response.
15. Nestlé	Food and health	18. Co-sponsorship of satellite television program with

Name of private-sector partner	Type of company	Cooperation undertaken with CHL
	products	celebrity doctor Mohammed Refaat, "Koll Youm Benakbar" and "Al Ziara" on Al Hayat channel, since 2010.
16. Orascom Telecom	Telecommunications services	19. University Campaign for the Prevention of Viral Hepatitis
17. Organon	Health products	20. Sponsorship of AskConsult contests
18. Pfizer	Pharmaceutical manufacturer	21. Co-presentation of smoking cessation seminars in workplaces and pharmacist local gatherings.
19. Procter & Gamble (P&G)	Health products	22. Postpartum program: delivery of Mabrouk booklet/fliers to 400,000 newly delivered mothers in hospitals 23. Co-sponsorship of satellite television programs "Youm Wara Youm" (Showtime, 2006-2009); and "Koll Youm Benakbar" and "Al Ziara" (Hayat channel, since 2010). 24. Co-promotion of reproductive health and feminine hygiene with Fine Corp., including school program, door-to-door program, media spots, and print materials production 25. Sponsorship of AskConsult contests
20. Reckitt Benckiser	Health products including disinfectant	26. Corporate sponsorship of hygiene and flu-prevention printed materials and television spot
21. Roche	Pharmaceutical manufacturer	27. University Campaign for the Prevention of Viral Hepatitis
22. Shell Egypt	Oil and natural gas	28. Workplace Wellness Program
23. Showtime	Television network	29. Support of satellite television program with celebrity doctor Mohammed Refaat, "Youm Wara Youm," 2006-2009.
24. Sila Oil	Food products	30. Sponsorship of AskConsult contests
25. Tarek Allam Productions	Television program production	31. "Al Afdal" game show
26. Vacsera	Public-private vaccine manufacturer	32. Donations and co-branding, University Campaign for the Prevention of Viral Hepatitis
27. Vodafone	Mobile phone service	33. Sponsorship of AskConsult contest
27 companies total	**16 company types**	**33 activities total**

Partners Giving Cash/In-Kind to CHL/AskConsult Activities by Year



Private-Sector Support for CHL Activities by Year			
Fiscal Year	**Cash**	**In-kind**	**Total**
2004	**$12,945**	**0**	**$12,945**
2005	**$667,413**	**$719,597**	**$1,387,010**
2006	**$927,791**	**$180,090**	**$1,107,881**
2007	**$599,641**	**$126,407**	**$726,048**
2008	**$723,436**	**$185,642**	**$909,078**
2009	**$621,139**	**$386,921**	**$1,008,060**
2010	**$365,510**	**$252,687**	**$618,197**
Q1 2011	**$1,441,840**	**$980**	**$1,442,820**
2004-2011	**$5,359,715**	**$1,852,324**	**$7,212,040**

Source: PPP reports to USAID. Excludes value of donated airtime for spots.

Institutionalization in the Private Sector

AskConsult Legacy Organization

As part of the CHL activity's original technical approach, and in keeping with USAID's proposed exit strategy, CHL established the independent not-for-profit AskConsult for Health organization in 2008. Like the AskConsult activity, the mission of AskConsult for Health LLC (limited liability corporation) is to grow the market for health through strategic partnerships that improve access to critical health information and products that meet the needs of Egyptian

families. The venture's advisory board includes representatives of Pfizer Middle East, the American Chamber of Commerce in Egypt, Microsoft Egypt, and Hossam Omar Group (United Company for Pharmacists). AskConsult for Health is officially affiliated with Johns Hopkins University but financially self-sustaining. Building on the credibility that accrued to the AskConsult name and logo over the course of the CHL activity, AskConsult for Health LLC plans to compete on a private-sector basis to enter contractual partnerships with private-sector firms to help them stage in public health communication activities. In the final year of the CHL activity, AskConsult for Health gave proof of its own sustainability, entering agreements with private-sector firms for health communication activities in Egypt that will continue after the scheduled end of the CHL activity:

- EFG Hermes Foundation: Replicating the model of the University Campaign for the Prevention of Viral Hepatitis at five new universities: Al Azhar-Girls, and Al Azhar-Boys, Minya, Benha, and Mansoura.

- Tetra Pak/Zad: Distribution of informational materials on milk safety, orientation of 2,000 pharmacists as educators.

- Reckitt Benckiser: Distribution of hygiene informational materials via pharmacies.

- MSD (Merck): (Expected) campaign for pediatric hepatitis awareness including educational materials and videos, workshops and seminars.

Additionally, AskConsult for Health is implementing contracts for capacity-building and marketing campaigns in other countries in the Middle East so as to share the Egyptian experience of strategic health communication throughout the region. For example, in 2010, AskConsult experts conducted training workshops for public-health officials in Tunisia on planning tobacco-control communication campaigns and in Abu Dhabi on strategic communication, monitoring and evaluation. At the end of CHL activity, AskConsult for Health began conducting capacity-building workshops in Libya under an agreement with the National Center for Disease Control. In addition to spreading the benefit of the USAID investment, these activities show evidence that the field of strategic health communication is valued among public health professionals in the region.

Workplace Wellness

After partnering with private-sector companies to address the public, CHL through the AskConsult activity worked with companies to address their own workforces. The Workplace Wellness Program embodies sustainability, as AskConsult, in cooperation with CARE Egypt, trained a "health team" of motivated employees to act as health communicators to encourage healthy behavior among their co-workers and their families. Strategically, CHL saw Workplace Wellness as an additional avenue for companies to demonstrate corporate social responsibility with low costs given existing means of communicating with their workforces. Buy-in by management assures that the program will be maintained institutionally after AskConsult's technical assistance ends.

- In 2007, CHL conducted a Family Wellness Day at P&G's Always factory for workers and their families. Activities included presentations on health topics as well as contests and games, and IEC materials were distributed.

- In 2009, Pfizer joined AskConsult in delivering presentations on hygiene and flu prevention to 290 employees in eight businesses with membership in the American Chamber of Commerce in Egypt. Pfizer delivered presentations on smoking-related illnesses to 600 AskConsult pharmacists in local gatherings in 2010.

In 2009 CHL developed the health team model and began working with the major employers El Araby Group (Toshiba El Araby) and Shell Egypt to identify priority health areas:

- In 2010, AskConsult and CARE trained ten employees from multiple Shell Egypt departments to become health communicators. Topics included training methods and evaluation. AskConsult oriented the employees to the health topics of nutrition, smoking cessation, obesity, hypertension, hygiene and exercise, while CARE Egypt gave them an orientation on HIV/AIDS and hepatitis. CHL and Shell wrote articles with local information on those topics shared with all employees through the internal company website. AskConsult later mentored these master trainers as they conducted the first of a series of awareness sessions for co-workers on those health topics. Shell Egypt's medical office planned to maintain a schedule of awareness sessions on other health topics in the following months.

AskConsult's Dr. Hassan El-Sheikh, center, and Shell Egypt Chairman Ahmad Atallah, top row second from left, join Shell Egypt employees who were trained to educate co-workers about priority health topics. *Courtesy CARE Egypt*

- Because El Araby Group's corporate social responsibility includes support to villages that neighbor its factories, CHL in 2010 facilitated community development associations near El Araby's Quesna factory in crafting communication strategies and work plans reflecting local health concerns; and, with CARE, trained the Abou Rakaba CDA in staging health communication campaigns and training others to do so. As a resulting activity, CHL assisted the CDAs in conducting flu-prevention knowledge sessions among representatives of seventeen local schools. CHL also oriented 100 workers in El Araby's Benha factory on how to raise their colleagues' and families' awareness of hygiene and flu-prevention.

C.3. NGO Sector

CHL's work with NGOs focuses on strengthening the capacity of civil society organizations to lead and sustain their own community health programs, making the best use of public and private sector health services in the process. CHL's main civil society partner was Save the Children in the Community Health Program. At the regional and governorate level, CHL worked with NGO coalitions and federations. At the village level, the CHL Community Health Program was led by community development associations or CDAs.

Student organizer Reem Waziry of IFMSA-Egypt

Training NGO Professionals

Strengthening the capacity of CDAs was a cornerstone of the CHL community approach. Capacity-building activities for CDA staff and board members have included workshops on monitoring and evaluation, budget revision, and principles of partnership and networking in their communities to maximize communication and access resources. CHL trained CDA staff to carry out village health assessments, gender-based activities (AWSO and *Dawar*), and to collect, and analyze data to inform program design in accordance with JHU-CCP's "P-Process." In addition, CHL helped CDAs to develop skills in proposal development, financial management and implementation of subgrant activities. Throughout the project, CHL mentored CDAs to ensure successful performance. By the end of the project, CHL observed that several CDAs were successfully applying such proposal development and financial management skills to mobilize resources from new sponsors.

The reach and rapid expansion of the CHL Community Health Program depended upon CDAs partnering with other CDAs for learning – more experienced CDAs teaching newly selected CDAs how to conduct health programs in their villages. CHL based its selection of a focal village on its level of health need and whether it had a functioning clinic and a willing CDA. As Angela Brasington of Save the Children US observed in 2010, "CHL's strategy was one in which individual CDA staff from a novice CDA (newly selected CHL implementing partner) were paired with staff who had carried out the same activities within a veteran CDA's implementation process. After a short introductory workshop usually lasting three days, veteran CDA members worked side-by-side with new CDA members to initiate each component of the Family Health Package in the novice CDA's working area. They carried out jointly planned supportive supervision visits to monitor program roll out and would often be in contact by cell phone. When program activities showed results, they could celebrate together the fruits of their good work. When activities were stalled or not running as planned, staff from both organizations felt invested and could trouble-shoot together."

Another example of how CHL training and support raised an NGO's ability to provide leadership is that of the campus organization the International Federation of Medical Students Associations-Egypt (IFMSA Egypt). In 2008 and 2009, CHL trained members of IFMSA and other student groups as peer communicators in the University Campaign Against Viral Hepatitis. IFMSA leaders' ability to mobilize chapters around the country was a critical factor in the campaign's success, and its members' enthusiasm led them to seek further cooperation with CHL. With the advent of H1N1 flu in mid-2009, IFMSA members volunteered to distribute CHL materials and messages on campuses. In 2010, CHL trained a new cadre of IFMSA members as health communicators increasing classmates' knowledge about H1N1 and smoking in addition to hepatitis. By request, CHL trained another group of IFMSA members as health communicators for the IFMSA's own initiative, "Happy Marriage," inspired by CHL's *Mabrouk!* Initiative and using the same booklet.

NGO Partnerships

In the course of staging campaigns on public health topics, CHL formed fruitful partnerships with many non-governmental organizations. These include cooperation with NGOs that work in community development and relief such as CARE Egypt, Caritas, CEOSS, and the Red Crescent Society; those addressing select health issues such as the Breast Cancer Foundation of Egypt; and those that support and organize medical students and professionals such as the General Pharmacists Syndicate, Medical Syndicate, the Future Pharmacists NGO, World Health Forum, and AIESEC.[25]

Institutionalization and Systems in NGOs

The Community Health Program provided technical assistance to all participating CDAs on institutional development through workshops to review and update CDAs' sustainability plans. The program equipped CDAs with the skills to sustain activities after USAID funding, in areas such as monitoring and evaluation, budgeting, and principles of partnership and networking in their communities to maximize communication and access resources. In addition CDA staff were prepared to carry out village health assessments and leadership activities (AWSO and *Dawar*).

Annual budgets for the Community Health Program showed improved efficiencies and a decrease in the overall costs per village as the program advanced and CDAs gained experience. The average annual cost of implementing community-based activities in a mother-village CDA was reduced from approximately $30,000 in the beginning of the project to roughly $10,000 in the middle and end of the project. Save the Children managed the scale-up of the Community Health Program by enlisting regional or "umbrella" NGOs to assists several local CDAs in implementing the Community Health Program at the village level. Using umbrella NGOs as a bridge between the central implementer and local CDAs allowed for rapid scale-up at lower costs: The umbrella approach enabled CHL to increase the number of villages in one year from 24 to 113 villages.

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[25] The student organization originally known as in French as Association Internationale des Etudiants en Sciences Economiques et Commerciales has since adopted AIESEC as its official name.

Villages themselves mobilized cash and in-kind resources, increasing the sustainability of the program. In many cases, *Dawar* meetings served to organize citizen concerns and provide support for bringing problems to the local government. Villages with *Dawar* groups saw an increase in contributions of community resources, which have been used for a number of improvement projects.

CDAs had multiple external funding sources, as well as internal sources from members' donations that would continue beyond CHL-funded activities. One of the umbrella NGOs, the Women's Alliance in Minya, mentored its local CDAs in accessing non-USAID financial resources. At the end of the CHL activity, the local CDAs successfully applied via the Women's Alliance for funds from CEOSS for a microfinance activity, upgrades to health units in Talla, Saft Sharkia and Saft El-Khamar, and a school dropout-prevention project in four villages.

Replication

The success of the CHL Community Health Program in significantly improving health outcomes, particularly in pregnancy, delivery, and postpartum, has resulted in several organizations adopting its methods or entire model. CHL provided a reference guide for implementation of the model which was adopted by other national NGOs outside of CHL focal areas.

- The National Council on Childhood and Motherhood, Ministry of State for Family and Population, Red Crescent, and Caritas adopted components of the Community Health Program in their own village programs.
- CDAs in areas adjacent to the Community Health Program have requested support from "veteran" CDAs to replicate the model.
- CDAs wove aspects of the Family Health Package (such as key health messages) into their existing non-CHL funded programs.
- By the end of the CHL project, Save the Children was using its own sponsorship fund to implement the program in 75 additional villages in Minya, Assiut, Sohag and Cairo's Manshiyet Nasser.
- UNICEF supported Save the Children in applying the model in 14 more villages in Sohag, Qena, and Assiut.
- AWSO meetings became "self-replicating," with women who attended home meetings volunteering to lead their own groups.

C.4. Multi-Sectoral

For the University Campaign Against Viral Hepatitis, CHL organized a coalition that included USAID, professional association the Egyptian Medical Syndicate, universities, celebrities, public/private Vacsera, the Egyptian Ministry of Health and Population, and private sector firms.

In addition to building capacity directly with the public, private and NGO sectors, CHL sought to bring together representatives of these various sectors to strengthen system-wide capacity to conduct health communication. The initial strategic planning and message development workshops conducted by CHL during the first year of the project provide a good illustration (see Results Area A.) Collectively, these were leadership workshops whose broad goal was to teach principles of strategic planning and apply them to health communication in Egypt. The result was the creation of an enduring network of public, private and NGO partners with a shared frame of reference and vision for health communication in Egypt – partners with whom CHL worked throughout the project.

CHL strengthened this community of health communication practitioners through the use of the USAID Participant Training program. Participant Training was conducted mainly by the Johns Hopkins University Center for Communication Programs through its "Advances in Strategic Health Communication" workshops. Annual Advances workshops in Baltimore were conducted in English; workshops in Lebanon and Egypt were conducted in Arabic. CHL followed the example of USAID, which sponsored participants from USAID and the GOE to attend the training in 2003, including Ms. Kathryn Panther, USAID CHL Team Leader, and coordinators from the SIS, and MOHP sectors of Population/FP, Maternal and Child Health, Infection Control, and Health Reform. These coordinators helped launch and sustain CHL activities and many of them, such as Dr. Nahla Roushdy of the MOHP, remained active leaders in their fields after CHL. The various CHL Participant Trainings are detailed in the Annex under Capacity-Building and Sustainability. Working with the training graduates to implement activities, CHL project staff observed firsthand that the trainings had resulted in an improved ability among

participants to design, plan, implement, and monitor and evaluate effective health communication programs.

Partnerships Across Sectors

CHL's broad approach to sustainability was to strengthen capacity throughout the public, private and NGO system, building distributed bodies of practice, partnerships and alliances that would endure in the face of changes in leadership, institutional authority and single-source resource flows. In short, CHL sought to build decentralized capacity, or competence, to conduct health communication at a system-level.

Certain campaigns and tasks in the CHL lifespan provided opportunities to pull together professionals from multiple sectors to learn and work side-by-side:

- CHL helped to organize the University Campaign Against Viral Hepatitis, which brought together stakeholders from all sectors including for-profit companies in the pharmaceutical and telecom sectors, academia, medical professional associations, government, the public-private vaccine maker Vacsera, and student organizations International Federation of Medical Student Associations-Egypt, Worldwide Health Forum, and AIESEC Egypt.
- Through the website www.saidr.org, CHL created cohesion among stakeholders in the USAID-supported collaborative group Strengthening Avian Influenza Detection and Response (SAIDR), including USAID/Egypt, the Egyptian Ministry of Agriculture and Land Reclamation (MALR), the Egyptian Ministry of Health and Population, and the United Nations Food and Agriculture Organization (FAO), with input from SAIDR-allied organizations UNICEF, the United Nations Development Program, the Egyptian Crescent Society, and Save the Children. CHL helped to foster a multi-party conversation among the group by posting materials and enjoining them in joint web-publishing decisions. By GOVS' request and with the support of USAID and FAO, CHL transition www.saidr.org to its new communications team dedicated to avian influenza. CHL passed along the management of the website to GOVS in late 2010, with training and a technical consultation. GOVS continued to update the website's database of outbreaks in 2011 after CHL's conclusion. Whether the website will continue to act as a multi-sectoral forum will depend upon the Ministry's desire to use web-based communication tools to exchange information with its future stakeholders in avian influenza detection and response.

- CHL and Save the Children observed that CDAs in the Community Health Program developed a close working relationship with the governmental primary health care unit. Volunteers supported growth monitoring sessions and antenatal care for pregnant women, facilitated group counseling sessions for clients in the health unit with assistance from its staff. Health unit staff engaged with the CDA by participating in Village Health Committee and *Dawar* meetings. The outcome of this increased interaction between the Health Unit and the community was an increase in the villagers' demand for Health Unit FP/MCH services, as evidenced by Community Health Program M&E data.

- AskConsult local gatherings brought together private-sector pharmacists, governmental officials, and the Egyptian Pharmacists Syndicate professional association, with occasional guest speakers from academic or pharmaceutical companies. Governors and MOHP officials

who spoke at the events said the gatherings had given them a greater appreciation for the role of the private sector; many governorate officials and syndicate representatives lent their political support and endorsement to the AskConsult communication program after participating in local gatherings.

- CHL brokered the unprecedented step of the GOE entering into a large-scale partnership with private-sector firms to produce kits for schools promoting H1N1-preventive behaviors.

Household and Community Health Capacity

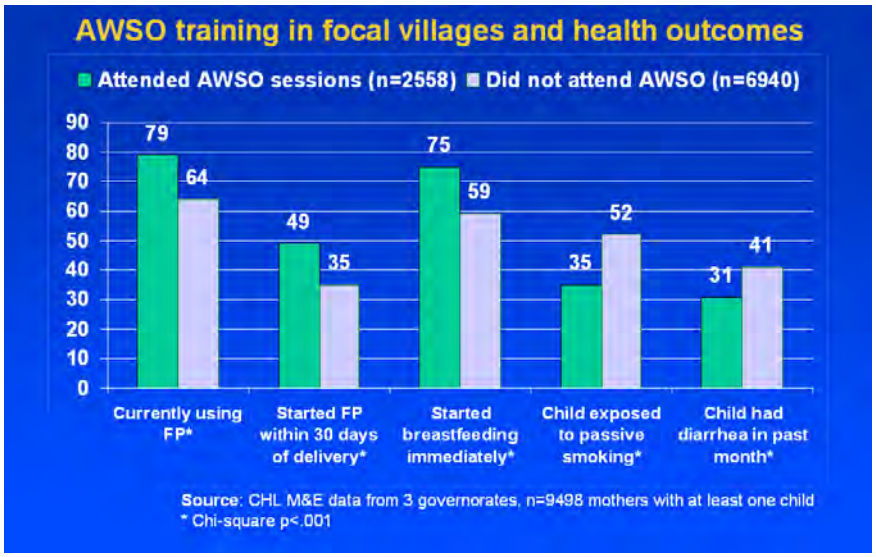
Enduring public demand for health information and services is an important engine of sustainability for improved health outcomes. Social and behavior change communication plays a key role in affecting this dimension of public health. Thus, the CHL program sought to improve health competence and efficacy among individuals, households and communities so that positive behaviors would grow and endure through supportive social norms and networks of communication. Research suggests the growth of such positive trends:

- The national EDHS trends of 2000, 2005 and 2008 cited in the Results Area B section of this report show significant positive advances in health behaviors for the key *Mabrouk!* FP/MCH indicators. Much of this advance is a secular trend, meaning precisely that the behavior is robust and increasing in the population, thus providing an example of enduring and growing demand. CHL's strategic approach was to identify the margins of uptake for various behaviors, and accelerate demand through communication. The Propensity-Score analysis (Impact of Communication on Maternal/Child Health and Family Planning Behavior) provides evidence at a national level for the impact of communication on those behaviors of interest, specifically antenatal care, medically assisted delivery, family planning use after the first child, timing of family planning use after delivery, and birth interval.

- One of the key positive trends in family planning that signals a changing attitude among the demographically important young generation is that of family planning use after the first child. This is a social and normative factor, not a supply-driven factor, with positive long-term behavioral and demographic consequences. Increasing family planning use after the first child was supported explicitly by CHL and its antecedent USAID family planning communication programs in which many CHL team members played an assistance role.

- Secondary analyses of EDHS and EHCS studies have shown many differences in generational health competence, or the practice of comparable sets of health behaviors between younger and older age cohorts. Such generational effects, in cases where the health issue is not overtly supply-dependent (e.g., increase use of ultrasound) provide examples of enduring and increasing positive practices and norms. Such norms are affected by communication. For example, secondary analysis of the EHCS of December 2007 show that generations under forty years of age use more hygienic practices than those over 40. Again, while this reflects an overall societal trend, communication plays a role in accelerating uptake of such positive behaviors. Improved hand hygiene was a particular focus of CHL messaging in the wake of the AI outbreak in Egypt and continued through the H1N1 campaigns. Results are not available for improved flu prevention hygiene practices.

- CHL communication interventions at the community level affected local health practices that were adopted and sustained for the CHL program period following the interventions. For example, mothers attending Arab Women Speak Out, a women's empowerment program focused on addressing normative issues, were more likely than non-attendees to exhibit healthy behaviors. M&E data showed that more AWSO attendees than non-attendees used FP methods currently, started using family planning within 30 days of delivery, and started breastfeeding very soon after birth. In addition, the children of women who attended AWSO were less likely to have been exposed to secondhand smoke or to have had diarrhea than the children of women who did not attend AWSO sessions. (See chart.)



- In the nutrition component of the CHL Community Health Program, village children were weighed at intervals long after the CDA-led nutritional rehabilitation sessions ceased, that is, at intervals of one year, one and a half years, and two years, where possible. Despite new entrants into the eligible age cohort within the community, malnutrition among of village children remained much lower than during the initial village weighing sessions, suggesting an enduring affect of the positive nutritional practices at the community level.

LESSONS LEARNED

Social and Behavior Change Communication Approaches

The CHL project afforded the opportunity to learn from many communication approaches.

The **cross-cutting approach,** supported by USAID/Egypt in the design of the Communication for Healthy Living activity, succeeded in its broad goals of achieving positive outcomes across health sectors and in strengthening capacity for health communication throughout the system. Cross-cutting communication resulted in:

- a high-level of support for health communication among health leaders, improving the enabling environment; evidenced by the MOHP treating communication as a key strategic intervention in all sectors, but particularly when faced with the emerging health threats of AI and H1N1 and entrenched challenges, like tobacco control.

- the development of a critical mass of health communication capacity among practitioners across health sectors; evidenced by health sector coordinators of the MOHP setting priorities, designing messages and interventions, and implementing extensive programs in FP/RH, MCH, Infectious Disease, and Healthy Lifestyles; also evidenced by the effective use of community communication approaches by NGOs and CDAs in the community, and by the support of health communication by the private sector (broadcasters, pharmaceutical companies, and household goods manufacturers, etc.).

- increased program coordination across health departments; evidenced by joint planning and implementation to achieve program synergies (examples include integrated FP/MCH Mabrouk! Initiative, integrated FP/MCH materials; development and implementation of the post-partum protocol as well as design of the MOHP pre-marital service).

- rapid program response to emerging health threats; as evidenced by CHL's early response to both AI and H1N1 threats, having communication campaigns in place before either virus reached Egypt.

- economies of scale in the production and distribution of communication materials; evidenced by the unified approach to development of material under the MOHP, production of the GOE materials through the SIS and the NGO and private sector materials through the CHL technical assistance project and, finally, the distribution of a consistent set of materials through multiple channels in the MOHP and SIS, as well as through the NGOs, including in university campaigns, and the private sector pharmacies and doctors.

- a widened ownership of health communication among public, private and NGO sector partners throughout the system, improving sustainability; evidenced by the increased number of private and civil society partners participating in health communication activities, where at one time, the GOE ministries were among the sole participants; also evidenced by the increased GOE support for such participation by the private sector (e.g., Reckitt Benckiser, Merck) and civil society (e.g., National Committee for the Control of Viral Hepatitis).

The **Life Stage Approach** provided an excellent foundation upon which to build a cross-cutting communication program. It anchored CHL program design in the recognition that many health issues are integrated at the household level and that the household is a primary producer of health. It also provided an underpinning for audience segmentation as well as for the design and implementation of an integrated health program, with distinct topical health messages delivered under a unified theme: "Sahetak Tharwetak," or "Your Health is Your Wealth." The life stage approach was particularly useful in facilitating the design of integrated programs for young married couples and their children. By extension, reproductive health programs for unmarried youth can be well positioned in the current cultural context as 'threshold' programs linked conceptually to future family life. CHL took this approach on a small scale with its work with the IFMSA university students' "Happy Marriage" activity, but lessons from JHU-CCP's extensive work on such Youth and Reproductive Health programs in Jordan could be scaled up in Egypt. The Life Stage Approach also has the scope to encompass many new health areas not addressed by CHL, such as non-communicable disease for aging populations, with their interrelated lifestyle risk-factors. Despite vertical health service delivery systems, funding streams, and reporting requirements, integrated health approaches can remain a key to successful communication programs.

CHL's **multi-sectoral, partnership** approach to promote health was innovative in its scale and application. The partnership approach, involving stakeholders from the public sector, business community and civil society organizations ensured increased ownership of the health agenda by multiple partners, resulting in a distribution of capacity within society as a whole and the strengthened sustainability of health communication efforts. Specifics will be discussed in the sections below.

Public Sector

Egypt has reached an advanced stage of contraceptive adoption and family planning has become a well-established norm, with more than 80 percent of married women of reproductive age having used contraception (EDHS 2008). Robinson and Zanaty (2006) identify a three-fold approach to closing the remaining demand gaps in such a mature market:

1. encouraging young, low-parity couples to delay childbirth and increase birth-spacing (emerging prospects);
2. encouraging existing users who have achieved their desired family size to maintain contraceptive use and reduce discontinuation (retaining customers); and
3. encouraging adoption among rural or poor urban non-users (challenged, or under-served groups).

The lesson learned from CHL is that these three approaches were important for the program and will remain important for the future. CHL focused on all three areas, with emphasis on increasing family planning and birth spacing among low parity couples nationwide. CHL recognized that a national-level "best buy," defined by WHO to be the health intervention that is most cost-effective, feasible and culturally acceptable would be obtained by increasing FP use among parity one couples (55 percent of the Young Family Cohort in 2000 to 74 percent in 2008). While CHL supported couples who wished to delay their first birth (<1 percent in 2000) by providing appropriate information on suitable methods and the medical acceptability of contraception before childbirth (see client-support IEC materials), this cohort and issue needs

additional support from within the medical community, and may be advanced through Egypt's newly established pre-marital health services in the future.

In response to approach #3 in the strategy above, CHL also focused on under-served groups through its community program. Such focused community health programs, supported by the local health clinic and civil society, should remain a key element of the national health communication strategy. Such programs extend and deepen the reach of the national program amongst the most challenged and vulnerable groups in the population. The positive lesson with respect to Family Planning and Maternal and Child Health is that low cost community based interventions can achieve health outcomes significantly higher than those of the surrounding reference population. (See comparison of community results with Upper Egypt population indicators in Results Area B of this report.) Scale-up for increased reach is the challenge faced by such community-based interventions. CHL/Save successfully used umbrella NGOs to activate wider networks of CDAs, and this methodology could be developed further by future programs.

A major challenge remaining for the family planning program is to retain its clients by reducing use failure and discontinuation due to side effects and health concerns.[26] CHL assisted the MOHP to produce counseling support materials and trained providers in their use, but was not involved directly in counseling training for family planning unit staff. The Takamol service delivery project worked specifically with counseling coupled with service quality improvement, and can provide valuable lessons for national scale-up of such programs. If there is an initiative to improve service quality of PHCs in the future, perhaps linked to the MOHP accreditation program, communication can play a decisive role in driving demand for the improved quality services. The last time a large-scale quality service improvement program and marketing campaign was conducted in Egypt under USAID's Population/Family Planning III and IV projects, contraceptive prevalence increased almost eight percentage points in five years, from 47.9 percent in 1995 to 56.1 percent in 2000 (EDHS).

- The important role of coordinating strategic health communication was managed during the CHL project by the Executive Steering Committee at the departmental undersecretary level. This was an MOHP choice, and embodied the view that communication strategy-setting, decision-making, and planning should reside with the health sectors leaders responsible for delivering services and managing budgets for each sector. At the completion of the CHL project this coordinating role remains, as it did under the ESC, with the office of the MOHP First Undersecretary and his various health sectors, thus adopting a decentralized approach to communication planning, budgeting and implementation under the overarching guidance of his office. It is important that the Ministry sustain the key function of strategic planning and coordination through this de facto Health Communication Committee, even as the organizational, workforce and budgetary issues of establishing another formal institutional structure, like a formal Health Communication Unit, are being resolved.

- Broadcast media should also remain an essential component of integrated health communication programs for the foreseeable future, due to their low cost of reaching large

[26] Ann Way, "Contraceptive Use Dynamics in Egypt: An In-Depth Analysis," 2000 (Unpublished).

populations and effectiveness in conveying a wide range of vital information. But the explosive growth in satellite viewership accompanied by channel proliferation has resulted in significant audience fragmentation. These conditions make it difficult for any advertiser (or PSA producer) on a fixed budget to reach the audience share available in the past. Despite the declining audiences, the USAID program, using all communication channels, continues to reach a very significant portion of the population with health messages.

- Programs should continue to use the entire range of media and approaches to reach people. Examples include the use of m-Health in university campaigns for viral hepatitis, health warnings on cigarette packages, hand and cough hygiene messages in the schools, government buildings and ports, and maternal/child health messages in hospital delivery programs, and on popular TV shows, linked to Facebook. In addition, people should be reached through the retail pharmacies in every town, as well as through communities and at service delivery points throughout the country.

- The results of CHL's work with avian and pandemic influenza are instructive to other programs. One of the implications of this work is that programs designed to reduce risk behaviors need to take the changing context of the disease outbreak into account and ensure that people receive the kind of information they need to make informed decisions, and in a form that acknowledges changing decision dynamics. In Egypt, the drop in the case fatality rate could not have been achieved without a communication program to create awareness of risk, educate about solutions and strengthen and maintain confidence in the ability to prevent infection in the first place and respond quickly if infection occurs. From the standpoint of public health planning, the results showed the value of a cross-cutting program that by its breadth could anticipate emerging health issues and address them with existing networks of outreach workers and NGOs that are primed to spread vital health information rapidly.

Private Sector

CHL created a wide variety of alliances to engage the private-sector companies in the advancement of public health goals. CHL based such partnerships on areas of shared strategic interest between the development program and commercial partners.

- For businesses, partnerships with the not-for-profit sector may be strategically important to build the social equity of their brand, open new market segments (often at the 'bottom of the pyramid'), build valuable relationships with key stakeholders, and provide new knowledge on social and behavior change.

- For the not-for-profit sector, partnerships with the commercial sector add value not only because they leverage financial resources, but because they may bring skills, technologies, a new knowledge base, and an expanded communication network.

- Mutually beneficial partnerships build long-term relationships that provide access to future opportunities for cooperation with the same company or other members of the business community.

- CHL engaged a wide range of partners, not just those associated with the field of health. By involving food, telecommunications, CHL partnerships underscored that healthy behavior is a shared value of an entire society and its businesses.

- One of the ways CHL developed partnerships was through participation in the American Chamber of Commerce Egypt (AmCham), where CHL was a long-term member of the Chamber's Corporate Social Responsibility (CSR) Committee and more recently, the Health Committee. CHL joined with AmCham to organize the December 2007 conference "CSR: Engagement for a Better Future" in Cairo: With attendance by more than 700 business leaders, the conference helped hasten the adoption by the Egyptian private sector of then-emerging notions that corporate entities should seek opportunities to participate in activities related to the well-being of the general public.

NGO Sector

As noted in Results Area C, Sustainability, NGO Sector, the experience of the Community Health Program revealed powerful cost efficiencies. The approach proved to be a highly cost-effective way to achieve positive health outcomes among disadvantaged, vulnerable groups in rural communities.

Of 26 direct-subgrantee CDAs implementing locally in Upper Egypt, Save the Children US selected three representative CDAs for an assessment in 2010. Save the Children US' Angela Brasington interviewed CDA representatives and their counterparts in the community. The assessment yielded promising signs for sustainability:

- **Organizational growth:** CDAs reported their membership numbers had increased while working with CHL, in one case doubling. "People want to be part of the CDA when they see that it is doing good work," one CDA representative commented.

- **Programming growth:** CDAs reported significant growth in the number and size of projects they manage. They remarked that skills they learned during CHL made this possible – particularly proposal development and financial management. They also consistently reported an increased spirit of community participation in their villages.

- **Sustainability:** The three sampled CDAs all had ongoing programs that would continue beyond CHL-funded activities. They had multiple external funding sources, as well as internal sources from members' donations. They had woven aspects of the Family Health Package model (key health messages, for example) into their existing non-CHL funded programs. Two of the three CDAs said they would use their general funds (members' contributions, for example) to continue support of health education and home counseling by volunteers. They also planned to continue *Dawar* meetings, although they reported these would likely take place quarterly instead of monthly. They saw *Dawar* as a relatively easy way to bring the community together to learn about/ be in touch with their concerns, to provide useful information, and to develop solutions to ongoing and newly emerging village problems.

- **Leadership:** Veteran CDAs that had mentored new CDAs remarked that the experience of working to build the capacity of another CDA had been rewarding on many levels. They had formed working relationships and even submitted proposals together. The veteran CDAs said that being put in a leadership role also forced them to examine more closely their mission and vision and to articulate that clearly for themselves, and so they would be a better role model for the CDA they were mentoring.

- **Village Councils**: Village councils acknowledged the role of CDAs in health advocacy. The village councils were strengthened through their participation in CHL programs. In particular, village council members noted that *Dawar* meetings served an important purpose by allowing participants to have a voice (particular with public sector staff from health, education). One council member noted that he felt some of the pressure he felt to solve pressing community problems had been eased by the existence of a forum that have the explicit purpose of generating discussion and solutions to health and other social problems. Future community programs should ensure that AWSO women's groups are equally connected to local governance processes as were the *Dawar*s, which are male-dominated even though women often attend.

- ***Dawar***: CDAs strongly appreciated this intervention. Since the cost was low and the format simple, many CDAs planned to continue facilitating periodic meetings because it raised community issues in a constructive way. Those interviewed mentioned that *Dawar* helped bring the community together, established 'integrity' of the community, helped those who would not otherwise interact with public officials feel free to share their opinions, as well as to have a voice and be informed (due to presence of officials at meetings). The purpose of the *Dawar* was to use a traditional community forum for discussion and decision-making to address new community issues. However, as pointed out in the "Gender Assessment of the USAID Egypt Health Program" (2010), the *Dawar* and AWSO approaches may have unwittingly perpetuated gender barriers. Though women did participate in *Dawar* (1,398 women to 9,888 men, as cited in the gender assessment report), it was predominantly a male forum. CHL did observe that men of different ages (including youth) and socio-economic status participated in CDA-led "Health" *Dawar*s, thus widening community involvement beyond the traditional kin- and elder-based power lines of customary *Dawar*s. This wider involvement helped to close "power gaps" in the community, thus mobilizing greater social capital. In future programs, this example should be applied to women in *Dawar*, significantly increasing their level participation so that this traditional forum can continue to play a vital role in community decision-making -- with an equitable representation of women. Or it should ensure that *Dawar* be a men's educational group, and develop another forum for community decision-making that ensures that all voices of the community are represented and heard.

- **Arab Women Speak Out:** AWSO was designed to empower women to take greater control of their health as well as to participate more actively in other domains of civic life. Anecdotally, CHL collected multiple accounts of cases in which both occurred. Interviewees said that women are much more involved, politically and socially, as a result of participation in AWSO. CDA representatives cited as evidence the increased demand for national identification cards and increased participation in CDA activities such as women becoming active CDA members and board members. CDAs noted that AWSO has also generated more demand for their micro-credit programs. One CDA noted that 15 women had applied for and

received loans to start small businesses after their involvement in AWSO sessions. While AWSO provided a positive forum for focusing on health and specific civic issues, the "Gender Assessment of the USAID Egypt Health Program" (2010) suggests that it could go further to address women's strategic interests and the bases of gender power imbalances, rather than focusing narrowly on their practical needs. CHL believes that, in the new Egyptian environment, AWSO could play such a strategic role in expanding women's civic participation and accelerating social change, even as it continues to serve as of forum for advancing their practical needs.

- **Health communication:** At the end of the CHL Community Health Program, health communication was built into the CDAs' ongoing health planning at all levels. Although the number of community health volunteers decreased, at CHL's end CDA-supported volunteers were still actively providing health counseling that was valued in the community.

- **Demand for health**: Villagers became accustomed to the CDA having a role in promoting and maintaining health in the village. Catalyzing support for use of existing services is one of their key roles. As an example, during a *Dawar* meeting in which the importance of delivering with a medically trained attendant was being discussed, participants discussed that a barrier to use of hospital–based services was lack of reliable transportation. The district's ambulance was not maintained because funding was insufficient. Two CDAs in the catchment area of the health unit agreed to contribute 5,000 Egyptian pounds each (equivalent to $830 U.S.) towards repair and upkeep of the ambulance. In exchange, the doctor agreed to reduce the fee for delivery from 36 Egyptian pounds (about $6) to 22 Egyptian pounds (about $3.75) for every woman who presented a referral letter from the CDA.

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Communication for Healthy Living

FINAL REPORT ANNEX

Egypt 2003-2010

HEALTH COMMUNICATION PARTNERSHIP
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs
Save the Children

Annex to the Final Report of USAID/Egypt's Communication for Healthy Living activity, October 2003-December 2010, implemented by the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs with Save the Children US in the Health Communication Partnership; in collaboration with the Egyptian Ministry of Health and Population, Ministry of Information/SIS IEC Center, and the Ministry of Agriculture and Land Reclamation/General Organization for Veterinary Services. USAID Project Number 263-0287.05

Contents of the Annex

MONITORING AND EVALUATION 5

Key M&E Indicators, 2004-2010 5
Technical Application, 2003 8
CHL Quarterly and Annual Progress Reports 8
Implementation Letter Close-Out Reports 8
Community Health Program 9
Focal Villages in the CHL Community Health Program 9
Cost Analysis of NERP in Three Representative Villages: Tables 14
Research and Studies 32
USAID Reports and Assessments 35
Key Contacts 36

MATERIALS PRODUCTION, LIFE OF ACTIVITY 37

HEALTH COMMUNICATION STRATEGIES 37
PROTOCOLS AND TRAINING CURRICULA 37
TELEVISION SPOTS AIRED DURING THE CHL ACTIVITY, 2004-2010 38
Family Planning, Reproductive Health, Maternal and Child Health, Family Health 38
Infectious Disease Control and Hygiene 40
AskConsult (Isaal Istashir) Spots 42
Avian and Pandemic Influenza 43

SHORT FILMS PRODUCED BY THE CHL ACTIVITY, 2006-2010 46
PRINTED MATERIALS PRODUCED BY THE CHL ACTIVITY, 2004-2010 48
Family Planning, Reproductive Health, Maternal and Child Health 48
Infectious Disease Control and Hygiene 56
Avian Influenza 59
Pandemic Influenza 61
Healthy Lifestyles 63
Female Genital Mutilation/Cutting 64
Breast Cancer 64

PRINTED MATERIALS DISTRIBUTED BY CHL TO PARTNERS, 2004-2010 66
PRINTED MATERIALS DISTRIBUTED TO ASKCONSULT PHARMACIES, 2005-2010 105
ONLINE HEALTH INFORMATION ACTIVITIES, 2005-2010 107

CAPACITY-BUILDING AND SUSTAINABILITY ACTIVITIES 110

CHL TRAINING WORKSHOPS AND EVENTS, 2003-2010 110
ASKCONSULT CLASSROOM TRAINING COURSES, 2005-2010 116
ASKCONSULT LOCAL GATHERINGS, 2009-2010 120

LIST OF ABBREVIATIONS AND TERMS

AI	avian influenza
Antenatal	during pregnancy
AWSO	Arab Women Speak Out component of Community Health Program
Capacity-building	improving a partner's ability to sustain an activity long-term including human-resource, organizational and institutional development
CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
CDA	community development association; often refers to a local organization
CEOSS	Coptic Evangelical Organization for Social Services
CHL	Communication for Healthy Living
CSI	USAID Clinical Services Improvement project
CSIA	Clinical Services Improvement Association, an activity of CSI
ECHS	Egypt Health Communication Survey
EDHS	Egypt Demographic and Health Survey
ESDF	Egyptian Swiss Development Fund
E3OP	USAID Egyptian Environmental Education and Outreach Program
FAO	United Nations Food and Agriculture Organization
FGM/C	female genital mutilation/female genital cutting
FP	family planning
FY	fiscal year
GOE	Government of Egypt
GOVS	General Organization for Veterinary Services in MALR
HM/HC	Healthy Mother, Healthy Child (sector in MOHP)
IDSR	Infectious Disease Surveillance and Response (sector in MOHP)
IFMSA	International Federation of Medical Students Association
IEC	Information, Education and Communication
IL	Implementation Letter (funding agreement) between USAID and MOHP or SIS
IMS	IMS Health Inc., formerly Intercontinental Marketing Services
LAM	lactational amenorrhea method of family planning
LE	Egyptian pounds
LIC	Local Information Center (SIS unit)
MALR	Egypt Ministry of Agriculture and Land Reclamation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MIS	management information system
MOE	Ministry of Education
MOHP	Ministry of Health and Population
MOI	Ministry of Information
MOFP	Ministry of State for Family and Population
M&E	monitoring and evaluation
NAMRU-3	U.S. Naval Medical Research Unit No. 3
NCCM	National Council on Childhood and Motherhood
Neo-natal	first four weeks of life
NERP	Nutrition Education and Rehabilitation Program
NGO	non-governmental organization; often refers to a regional or national organization
OP	Operational Plan
Outreach	activity imparting knowledge to members of the public
PARC	Pan Arab Research Center
PHC	primary health care unit
Postpartum	after delivery
PPE	personal protective equipment
PPIUD	postpartum intrauterine contraceptive device

P&G	Procter & Gamble
RCT	Regional Center for Training in Family Planning and Reproductive Health
RH	reproductive health
SAIDR	USAID Strengthening Avian Influenza Detection and Response collaboration
Save	Save the Children US field offices in Egypt
SIS	State Information Service within the Ministry of Information
SISC	SIS-IEC Center, or SIS Center
STOP AI	USAID Stamping Out Pandemic and Avian Influenza
TA	technical assistance
Takamol	USAID Integrated Reproductive Health Services Project
TOT	training of trainers
Training	activity imparting knowledge to partners and specialists
UCP	United Company for Pharmacists, part of Hossam Omar Group
UNFPA	United Nations Population Fund
UNV	United Nations Volunteers Program
USAID	United States Agency for International Development
WHO-EMRO	World Health Organization Regional Office for the Eastern Mediterranean

On the cover: Main photo: A mother and child participating in the Community Health Program. Bottom row from left; a bride takes a piece of the group cake during a mass wedding in the *Mabrouk!* Initiative; newlywed couple discusses the *Mabrouk!* Booklet; peer counseling in the University Campaign for the Prevention of Viral Hepatitis; flu-prevention materials in schools.

Key M&E Indicators, 2004-2010

Important outputs of the Communication for Healthy Living activity by fiscal year (FY)
The target, or goal determined in discussion with USAID, is followed by the level actually achieved.
Data with target and actual is from CHL "Targets and Achievements" results reporting to USAID (named PRG in 2004, Output Summary in 2006, and Operational Plan (OP) in 2007-2010). With USAID's introduction of the OP Framework in 2006/2007, some indicators were dropped, and others were added. Thus, targets were not set for all indicators in all years, and actual figure is from CHL annual progress report to USAID. Original data sources are listed in Comments column. With the cessation of the Implementation Letters with the Government of Egypt, actual figures no longer reflected USAID-funded GOE output but only CHL activity output.

Indicator	Year	Target	Actual	=met target +exceeded - below	Comments
I. Mass Media **A. People reached through activity-supported TV or radio with CHL health messages** (all).	FY 2004	20 million	28 million	+	**Definition:** Number of television viewers who saw the most-watched CHL spot that year. Cumulative figure not available because some viewers watched in more than one year. Estimated total is conservative. **Notes:** 2004-2008 included airtime bought by CHL and donated by SIS. 2009-2010: Airtime bought by CHL (AskConsult) I.A. 2007-2008: Avian influenza spots. 2009: H1N1. **Data source:** PARC media monitoring. **Trend:** Growth of satellite viewership affected reach of CHL spots which were primarily on terrestrial TV. * No target because indicator was initiated with the 2006/2007 Operational Plan (OP)
	FY 2005	20 million	32 million	+	
	FY 2006	20 million	35.5 million	+	
	FY 2007	28 million	34 million	+	
	FY 2008	28 million	34.3 million	+	
	FY 2009	31.2 million	34.8 million	+	
	FY 2010	31.2 million	18.46 million	-	
	Estimated total		**>35.5 million viewers**		
B. Number of people who have seen or heard a USG-Supported FP/RH Message. (TV/radio spots)	FY 2004	Not active*	25 million		
	FY 2005		32 million		
	FY 2006		27.3 million		
	FY 2007	28.2 million	32.5 million	+	
	FY 2008	25.2 million	29.86 million	+	
	FY 2009	26 million	28.62 million	+	
	FY 2010	26 million	18.46 million	-	
	Cumulative		**>32.5 million viewers**		

Indicator	Year	Target	Actual	=met target +exceeded - below	Comments
II. Outreach **A. People reached through interpersonal/ outreach communications with CHL health messages** (all).	FY 2004	10,000	20,000	+	**Examples:** Home visits, community meetings, seminars, youth contests, classes, discussions. **Data sources:** Quarterly reports from Save the Children; quarterly reports to CHL from MOHP and SIS during Implementation Letters through 2009; CHL staff (for outreach by CHL). **No target because the indicator was dropped with the initiation of the Operational Plans (OP)
	FY 2005	40,000	241,000	+	
	FY 2006	40,000	293,635	+	
	FY 2007	Dropped during OP**	330,000		
	FY 2008		247,000		
	FY 2009		222,319		
	FY 2010	200,000	266,956	+	
	Cumulative		**1.6 million people**		
B. Number of USG-Assisted Service Delivery Points Providing FP Information or Services	FY 2004	Not active*	4,000		**Definition:** 1. MOHP facilities providing FP counseling/services under Implementation Letter with USAID through 2009; plus 2. AskConsult pharmacies providing FP information/services **Data sources:** 1. Egypt Service Provision Assessment Survey verifies number of clinics; MOHP reported to CHL provision was occurring; CHL spot checks and visits. 2. CHL/UCP distribution records; AskConsult Provider Survey 2009 * No target because indicator was added for the 2006/2007 Operational Plan (OP). ***No target set.
	FY 2005		18,000		
	FY 2006		19,000		
	FY 2007	19,000	20,000	+	
	FY 2008	19,000	20,000	+	
	FY 2009	***	20,382		
	FY 2010	15,000	15,382	=	
	Cumulative		**20,382 facilities**		
C. Number of Children Reached by USG-Supported Nutrition Programs	FY 2004	Not active*	480		**Definition:** Children weighed age 6 to 24 months. Some weighed in more than one cycle. Cumulative figure is unique children (no double-couting). **Data sources:** Save the Children Growth Monitoring Program in Save/CHL M&E system incl. end-of-project verification in 2010/2011; and Save quarterly/annual reports to CHL. * No target because indicator was initiated with the 2006/2007 Operational Plan (OP).
	FY 2005		3,421		
	FY 2006		24,914		
	FY 2007	16,000	16,000	=	
	FY 2008	16,000	16,768	=	
	FY 2009	16,000	10,913	-	
	FY 2010	16,000	21,021	+	
	Cumulative		**54,419 children**		

Indicator	Year	Target	Actual	=met target +exceeded - below	Comments
III. Training **A. Practitioners trained to carry out health communication activities (all).**	FY 2004	200	1,000	+	**Examples:** Workshops, orientations, training days. **Data sources:** Quarterly reports from Save the Children; quarterly reports to CHL from MOHP and SIS during Implementation Letters through 2009; CHL staff (for training by CHL). **No target because the indicator was dropped with the initiation of the Operational Plan (OP) Framework
	FY 2005	800	4,300	+	
	FY 2006	800	27,095	+	
	FY 2007	Dropped during OP**	10,000		
	FY 2008		6,362		
	FY 2009		4,525		
	FY 2010	2,000	7,215	+	
	Cumulative		**>60,500 people trained**		
B. Number of People Trained in Maternal/Newborn Health through USG-Supported Programs	FY 2004	Not active*	30		* No target because indicator was initiated with the 2006/2007 Operational Plan (OP) Framework
	FY 2005		189		
	FY 2006		6,963		
	FY 2007	1,400	1,940	+	
	FY 2008	1,400	5,255	+	
	FY 2009	4,950	6,835	+	
	FY 2010	350	817	+	
	Cumulative		**22,029 people trained**		
IV. Partnerships A. Strategic partnerships and alliances achieved.	FY 2004	2	6	+	**Definition:** Number of agreements with private-sector partners to jointly support health communication activities including public-private partnerships and media co-productions. **Data sources:** CHL correspondence, press releases **No target because the indicator was dropped with the initiation of the Operational Plans (OP)
	FY 2005	4	5	+	
	FY 2006	4	5	+	
	FY 2007	Dropped during OP**	2		
	FY 2008		7		
	FY 2009		3		
	FY 2010	4	5	+	
	Cumulative		**33 partnerships**		

Technical Application, 2003

Original technical application, 2003 (download)

CHL Quarterly and Annual Progress Reports

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- FY 2004 Q1 Quarterly Report
- FY 2004 Q2 Quarterly Report
- FY 2004 Q3 Quarterly Report
- FY 2004 Annual Report
- FY 2005 Q1 Quarterly Report
- FY 2005 Q2 Quarterly Report
- FY 2005 Q3 Quarterly Report
- FY 2005 Annual Report
- FY 2006 Q1 Quarterly Report
- FY 2006 Q2 Quarterly Report
- FY 2006 Q3 Quarterly Report
- FY 2006 Annual Report
- FY 2007 Q1 Quarterly Report
- FY 2007 Q2 Quarterly Report
- FY 2007 Q3 Quarterly Report
- FY 2007 Annual Report
- FY 2008 Q1 Quarterly Report
- FY 2008 Q2 Quarterly Report
- FY 2008 Q3 Quarterly Report
- FY 2008 Annual Report
- FY 2009 Q1 Quarterly Report
- FY 2009 Q2 Quarterly Report
- FY 2009 Q3 Quarterly Report
- FY 2009 Annual Report
- FY 2010 Q1 Quarterly Report
- FY 2010 Q2 Quarterly Report
- FY 2010 Q3 Quarterly Report
- FY 2010 Annual Report

Implementation Letter Close-Out Reports

- Activity Close-out Report for Implementation Letter #1: State Information Service
- Activity Close-out Report for Implementation Letter #2: Ministry of Health and Population

Community Health Program

Focal Villages in the CHL Community Health Program

Village	District	CDA	Operated until	Components Implemented										
				Newlywed Visits	Arab Women Speak Out	Dawar	Antenatal Care	Post-partum	Health Unit Board	Early Child Nutrition	Activities in # of Schools	Theatre Plays	Avian Flu	H1N1
Minya Governorate														
El-Ismailia	Minya		2010	√	√	√	√	√		√	3		√	√
Zohrah	Minya	√	2010	√	√	√	√		√	√	3	√	√	√
El-Borgayah	Minya		2010	√	√	√	√	√		√	3		√	√
Bany Ahmed	Minya		2009	√	√	√	√	√			3		√	
Nazlet Hussein	Minya	√	2010	√	√	√	√	√	√	√	3		√	√
Reeda	Minya	√	2010	√	√	√	√	√	√	√	3		√	√
Saft El-Sharkiya	Minya	√	2010	√	√	√	√	√	√	√	3	√	√	√
Behdal	Minya		2010	√	√	√	√	√		√	3		√	√
Talah	Minya		2010	√	√	√	√	√		√	3	√	√	√
Koloba	Malawi	√	2010	√	√	√	√	√	√	√	3		√	√
Manshiyet El-Maghalqiyah	Malawi	√	2010	√	√	√	√	√	√	√	3		√	√
Demsheer	Minya		2010	√	√	√	√	√		√	3		√	√
Monshaet El-Dahab El-Qebleyah	Minya		2009	√	√	√	√	√			3		√	
Tahnasha	Minya		2010	√	√	√	√	√		√	3		√	√
Saft El-Khemar El-Asleyah	Minya	√	2010	√	√	√	√	√	√	√	3	√	√	√
Tookh El-Kheil	Minya		2009	√	√	√	√	√			3		√	
Monshaa Sawada	Minya		2009	√	√	√	√	√			3		√	
El-Dawadia	Minya		2010	√	√	√	√	√		√	3		√	√
Damarees	Minya		2010	√	√	√	√	√		√	3		√	√

Village	District	CDA	Operated until	Components Implemented										
				Newlywed Visits	Arab Women Speak Out	Dawar	Antenatal Care	Post-partum	Health Unit Board	Early Child Nutrition	Activities in # of Schools	Theatre Plays	Avian Flu	H1N1
Nazlet El-Areen	Minya		2010	√	√	√	√	√		√	3		√	√
Zawiyet Sultan	Minya		2010	√	√	√	√	√		√	3		√	√
Nazlet Farag Allah Matta	Minya		2009	√	√	√	√	√			3		√	
Sawadah	Minya		2009	√	√	√	√	√			3		√	
Azaka	Minya		2010	√	√	√	√	√		√	3		√	√
Bani Mahdy	Minya		2010	√	√	√	√	√		√	3		√	√
Shalaby	Minya		2010	√	√	√	√	√		√	3		√	√
Qena Governorate														
El-Deirb	Naga Hammadi	√	2010	√	√	√	√	√	√	√	3		√	√
Hew	Naga Hammadi	√	2010	√	√	√	√	√	√	√	3		√	√
El-Hagan	Qena	√	2010	√	√	√	√	√	√	√	3		√	√
El-Gabalaw	Qena	√	2010	√	√	√	√	√	√	√	3		√	√
Baraka	Naga Hammadi	√	2010	√	√	√	√	√	√	√	3		√	√
El-Selmeyah El-Hayet	Naga Hammadi		2010	√	√	√	√	√		√	3		√	√
El-Gebil	Qena	√	2010	√	√	√	√	√	√	√	3		√	√
El-Teweerat	Qena		2010	√	√	√	√	√		√	3		√	√
El-Ma'nnah	Qena		2010	√	√	√	√	√		√	3		√	√
Dandarah	Qena	√	2010	√	√	√	√	√	√	√	3		√	√
El-Deer	Qena		2010	√	√	√	√	√		√	3		√	√
El-Rahmania	Naga Hammadi		2010	√	√	√	√	√		√	3		√	√
Bahgoura	Naga Hammadi	√	2010	√	√	√	√	√		√	3		√	√
El-Taramsa	Qena		2010	√	√	√	√	√		√	3		√	√
El-Kenawia	Naga Hammadi		2010	√	√	√	√	√		√	3		√	√
Abnoud	Qena		2010	√	√	√	√	√		√	3		√	√
El-Ashraf El-Kebly	Qena		2010	√	√	√	√	√		√	3		√	√

Village	District	CDA	Operated until	Components Implemented										
				Newlywed Visits	Arab Women Speak Out	Dawar	Antenatal Care	Post-partum	Health Unit Board	Early Child Nutrition	Activities in # of Schools	Theatre Plays	Avian Flu	H1N1
El-Ashraf El-Gharby	Qena		2010	√	√	√	√	√		√	3		√	√
El-Salhia	Qena	√	2010	√	√	√	√	√		√	3		√	√
Hay Seedy Abd El-Reheem	Qena		2009	√	√	√	√	√		√	3		√	√
Awlad Amro	Qena		2009	√	√	√	√	√	√	√	3		√	√
Abu Amoory	Qena		2009	√	√	√	√	√	√	√	3		√	√
El-Gabal	Qena		2010	√	√	√	√	√	√	√	3		√	√
Hay Safina	Qena		2009	√	√	√	√	√		√	3		√	√
Medina Al-Omal	Qena		2009	√	√	√	√	√		√	3		√	√
Fayoum Governorate														
El-Sellin	Senouris		2009	√	√	√	√	√		√	3		√	√
El-Helfaia	Senouris		2009	√	√	√	√	√		√	3		√	√
Monshaa Tantawi	Senouris		2009	√	√	√	√	√		√	3		√	√
Monshaa Bani Etman	Senouris		2009	√	√	√	√	√		√	3		√	√
Ali Saleh	Senouris		2009	√	√	√	√	√		√	3		√	√
El-Saadeia	Senouris		2009	√	√	√	√	√		√	3		√	√
Kafr Amira	Tamya		2009	√	√	√	√	√		√	3		√	√
El-Komy	Tamya		2009	√	√	√	√	√		√	3		√	√
Forkos	Tamya		2009	√	√	√	√	√		√	3		√	√
Monshaa El-Gamel	Tamya		2009	√	√	√	√	√		√	3		√	√
Kafr Mahfouz	Senouris		2009	√	√	√	√	√		√	3		√	√
Fanous	Senouris		2009	√	√	√	√	√		√	3		√	√
Dar Ramad	Senouris		2009	√	√	√	√	√		√	3		√	√
El-Ardy	Senouris		2009	√	√	√	√	√		√	3		√	√
Kohafa	Tamya		2009	√	√	√	√	√		√	3		√	√

Village	District	CDA	Operated until	Components Implemented										
				Newlywed Visits	Arab Women Speak Out	Dawar	Antenatal Care	Post-partum	Health Unit Board	Early Child Nutrition	Activities in # of Schools	Theatre Plays	Avian Flu	H1N1
El-Sheikh Hassan	Tamya		2009	√	√	√	√	√		√	3		√	√
El-Barodia	Tamya		2009	√	√	√	√	√		√	3		√	√
El-Sofy	Tamya		2009	√	√	√	√	√		√	3		√	√
Kasr Rashwan	Tameya	√	2010	√	√	√	√	√	√	√	3	√	√	√
El-Fahmia	Tameya		2010	√	√	√	√	√	√	√	3	√	√	√
Dar El-Salam	Tameya		2010	√	√	√	√	√		√	3	√	√	√
Sersena	Tameya		2010	√	√	√	√	√		√	3	√	√	√
Abu Taleb	Tameya		2010	√	√	√	√	√		√	3	√	√	√
El-Rowda	Tameya		2010	√	√	√	√	√		√	3	√	√	√
El-Azizia	Tameya		2010	√	√	√	√	√		√	3	√	√	√
Kafr Fezara	Senouris	√	2010	√	√	√	√	√	√	√	3	√	√	√
Nakalifa	Senouris	√	2010	√	√	√	√	√	√	√	3	√	√	√
Gebala	Senouris		2010	√	√	√	√	√		√	3	√	√	√
El-Tawfikiya	Senouris	√	2010	√	√	√	√	√	√	√	3	√	√	√
Ebheet	Senouris	√	2010	√	√	√	√	√	√	√	3	√	√	√
Tersa	Senouris	√	2010	√	√	√	√	√		√	3	√	√	√
Dawar Gabala	Senouris		2010	√	√	√	√	√		√	3	√	√	√
Beiahmo	Senouris		2010	√	√	√	√	√	√	√	3	√	√	√
Al-Gomhorreya	Senouris	√	2010	√	√	√	√	√		√	3	√	√	√
Al-Kaaby	Senouris		2010	√	√	√	√	√		√	3	√	√	√
Monsha Senouris	Senouris		2010	√	√	√	√	√		√	3	√	√	√
Sanhor El-Keblia	Senouris	√	2010	√	√	√	√	√	√	√	3	√	√	√
Garafs	Senouris		2010	√	√	√	√	√		√	3	√	√	√
Menoufiya Governorate														
Tablouha	Tala	√	2010	√	√	√	√	√		√	2	√	√	√
Kafr Betebs	Tala		2010	√	√	√	√	√		√	2	√	√	√

Village	District	CDA	Operated until	Components Implemented										
				Newlywed Visits	Arab Women Speak Out	Dawar	Antenatal Care	Post-partum	Health Unit Board	Early Child Nutrition	Activities in # of Schools	Theatre Plays	Avian Flu	H1N1
Zennara	Tala		2010	√	√	√	√	√		√	2	√	√	√
Kafr Rabie	Tala		2010	√	√	√	√	√		√	2	√	√	√
Kafr Tablouha	Tala		2010	√	√	√	√	√		√	2	√	√	√
Kafr El-Sokkaria	Tala		2009	√	√	√	√	√		√	1	√	√	√
Shoubra Balola	Menouf		2009	√	√	√	√	√		√	1	√	√	√
El-Hamoul	Menouf		2010	√	√	√	√	√		√	2	√	√	√
El-Cerwehit	Menouf		2010	√	√	√	√	√		√	2	√	√	√
Sers Ellian	Sers Ellian	√	2010	√	√	√	√	√		√	2	√	√	√
Toukh Dalka	Menouf		2010	√	√	√	√	√		√	2	√	√	√
Babel, Kafr Hamam	Menouf		2010	√	√	√	√	√		√	2	√	√	√
Dakahliya Governorate														
Meet Gharita	Senbellawin	√	2010	√	√	√	√	√		√	2	√	√	√
Tamad El-Hagar	Senbellawin		2010	√	√	√	√	√		√	3	√	√	√
El-Hasaina	Senbellawin		2010	√	√	√	√	√		√	3	√	√	√
Meet Ghorab	Senbellawin		2009	√	√	√	√	√		√	1	√	√	√
Shoubra kebala	Senbellawin		2009	√	√	√	√	√		√	2	√	√	√
Mahalla Demna	Mansoura		2010	√	√	√	√	√		√	3	√	√	√
Meet Khamis	Mansoura		2009	√	√	√	√	√		√	1	√	√	√
Meet Mazzah	Mansoura		2010	√	√	√	√	√			3	√	√	√
Awesh El-Hagar	Mansoura		2010	√	√	√	√	√		√	1	√	√	√
Salaka	Mansoura		2010	√	√	√	√	√		√	1	√	√	√
Moniah Sandoub	Mansoura		2010	√	√	√	√	√		√	1	√	√	√
Bark El-Ezz	Mansoura		2010	√	√	√	√	√		√	1	√	√	√
Gedida El-Hala	Mansoura		2010	√	√	√	√	√		√	1	√	√	√
El-Khiaria	Mansoura		2009	√	√	√	√	√		√	3	√	√	√
Nekeita	Mansoura		2009	√	√	√	√	√		√	1	√	√	√

Cost Analysis of NERP in Three Representative Villages: Tables

Analysis by consultant Paul Hutchinson, Ph.D., Assistant Professor, Department of International Health and Development, School of Public Health and Tropical Medicine, Tulane University; with the Communication for Healthy Living activity

Three villages were selected for the costing component of the study: Berka, Tawfikiya, and Saft ElSharkiya. These villages were chosen based on two criteria: (1) they implemented the full program cycle, including at least four growth monitoring sessions, and (2) they represented villages with differing levels of baseline malnutrition prevalence. Characteristics of these villages are shown in Table 1.

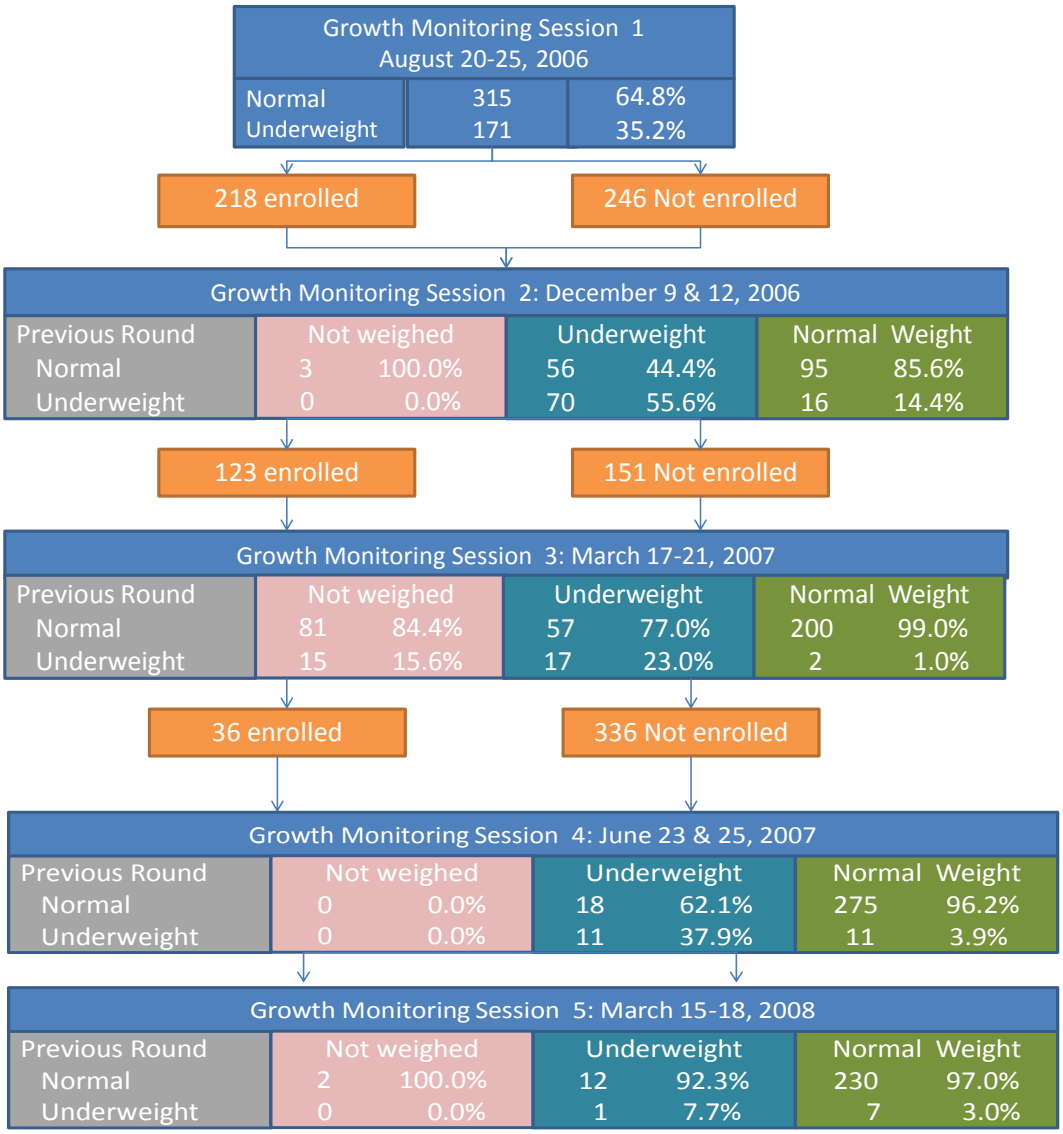
Table 1. Villages and Characteristics

Characteristic	Berka	Saft El Sharkiya	Tawfikiya	Total
Village population				
Governorate	Qena	Minya	Fayoum	
Baseline malnutrition prevalence	31.9%	28.3%	13.8%	19.5%

Decision Analysis

As an example of how the samples changed across time from one growth monitoring session to the next, following is a flowchart for Berka village depicting entry/exit/enrollment for children throughout the full course of the program.

Figure 1.Enrollments and Nutritional Status by Growth Monitoring Session



Cost Analysis

For each village, this analysis calculated two types of unit costs: (1) the cost per child weighed and (2) the cost per beneficiary. The former group includes in the denominator all of the children in a village who by age are eligible for the program, but may not be enrolled because they are of adequate nutritional status. The latter group includes in the denominator only that subset of

village children aged 6-24 months whose nutritional status indicates that they are moderately or severely malnourished (< -2 Standard Deviation (SD) below reference median weight for age) nd who are subsequently enrolled in the educational program. In addition, we calculated the total costs per village for the program.

Overall, the cost per child weighed averaged approximately 43 LE (Egyptian pounds) (US$8 equivalent). This cost was lowest in Tawfikiya (23 LE /US$4) and highest in Saft El Sharkiya (68 LE / US$12). The average cost per beneficiary across the three villages was approximately 194 LE (US$34). The average cost per beneficiary was lowest in Berka (107 LE / US$19) largely because the village had a higher malnutrition prevalence and therefore a greater number of enrolled mothers/children. The average cost per beneficiary was highest in Saft El Sharkiya (270 LE / US$47), though it was roughly comparable to that estimated in Tawfikiya (252 LE / US$44). The overall costs per village were highest in Saft El Sharkiya – 42,899 LE – double that in Berka (20,029 LE) and triple that in Tawfikiya (13,598 LE).

Table 2. Summary of Costs, Costs per Child Weighed, and Cost per Beneficiary

	Berka		Saft El Sharkiya		Tawfikiya		Weighted Average	
	Cost (LE)	%	Cost (LE)	%	Cost (LE)	%	Cost (LE)	%
Identification of Intervention Sites	1,000	5.0%	1,000	2.3%	1,000	7.4%	1,000	3.9%
Identify CDA & Volunteers	350	1.7%	350	0.8%	350	2.6%	350	1.4%
Capacity Building of Volunteers	4,370	21.8%	7,900	18.4%	4,370	32.1%	5,602	21.6%
1st GMP (0 months)	6,652	33.2%	17,179	40.0%	4,831	35.5%	9,735	37.6%
2nd GMP (2 months)	5,201	26.0%	8,471	19.7%	2,293	16.9%	5,397	20.8%
3rd GMP (4 months)	1,785	8.9%	7,131	16.6%	519	3.8%	3,240	12.5%
4th GMP (6 months)	339	1.7%	520	1.2%	0	0.0%	292	1.1%
5th GMP (12 months)	332	1.7%	348	0.8%	235	1.7%	306	1.2%
6th GMP (18 months)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Cost Per Village	20,029	100.0%	42,899	100.0%	13,598	100.0%	25,921	100.0%
Number of Children Weighed	586		628		585		600	
Cost (LE)/ Child Weighed	34		68		23		43	
Cost (US$)/Child Weighed †	$6		$12		$4		$8	
Beneficiaries	187		159		54		133	
Cost (LE) /Beneficiary	107		270		252		194	
Cost (US$)/Beneficiary	$19		$47		$44		$34	

†US$1 = 5.693 LE

Cost-Effectiveness

In the full sample of project areas, the baseline prevalence of malnutrition was 19.5%. This varied from a low of 13.8% in Tawfikiya to a high of 31.9% in Berka.[1] The enrollment rate – defined as the number of underweight children (<-2SD of standardized weight) at the first GMS who were enrolled in NERP divided by the total number underweight children at the first GMS – was 79.9%, ranging from 66.7% in Tawfikiya to 100.0% in Berka.

Table 3. Distribution of Outcomes for Enrolled Children

	Berka		Saft El Sharkiya		Tawfikiya		Total	
	N	Pct	N	Pct	N	Pct	N	Pct
Number in GMP	586		628		585		20,849	
Baseline prevalence		31.9%		28.3%		13.8%		19.5%
Normal	399		450		504		16,785	
Underweight	187		178		81		4,064	
Enrolled	187		159		54		3,249	
Enrollment rate		100.0%		89.3%		66.7%		79.9%
Status								
Graduates	164	87.7%	126	79.2%	37	68.5%	2,544	78.3%
Still Enrolled	18	9.6%	22	13.8%	12	22.2%	416	12.8%
Waste	2	1.1%	2	1.3%	3	5.6%	78	2.4%
Dropouts	3	1.6%	9	5.7%	2	3.7%	211	6.5%
Total	187	100.0%	159	100.0%	54	100.0%	3,249	100.0%

When our estimates of effectiveness are linked to the per-beneficiary costs, we find an overall cost-effectiveness ratio of $45.20 per case of malnutrition averted. This ranges from $19.66 in Berka to $58.71 in Tawfikiya. The principal reason for the difference between the two villages is in the precipitous decline in malnutrition in Berka, 28 percentage points, relative to Tawfikiya, only 6.3 percentage points. Scenario 2 does not have present dramatically different estimates of the overall costs per case of malnutrition averted. In that case, the cost per case of malnutrition averted is approximately $48.60.

[1] Note that the prevalence rates in the project documentation do not correspond to that calculated in the raw data. Further, the calculations made by Save the Children make use of the standard international gender-specific reference cases. Malnutrition prevalence calculated here is likely an underestimate of the true malnutrition prevalence.

Table 4. Estimates of Effectiveness and Cost-Effectiveness†				
	Berka	Saft El Sharkiya	Tawfikiya	Total
Baseline prevalence	31.9%	28.3%	13.8%	19.5%
Endline prevalence:				
Scenario 1:All graduates stay normal weight; all non-enrolled underweights stay uw; all drop-outs, non-enrollees, wastes stay underweight	**3.9%** (-28.0%)	**8.3%** (-20.0%)	**7.5%** (-6.3%)	**7.3%** (-12.2%)
Cost per case of malnutrition averted (LE)	111.9	325.8	334.2	257.3
Cost per case of malnutrition averted ($)	**$19.66**	**$57.23**	**$58.71**	**$45.20**
Scenario 2: 7% of graduates reconvert to underweight; all non-enrolled underweights stay underweight; all drop-outs, non-enrollees, wastes stay underweight	**5.9%** (-26.0%)	**9.7%** (-18.6%)	**8.0%** (-5.8%)	**8.1%** (-11.4%)
Cost per case of malnutrition averted (LE)	120.4	350.4	359.4	276.7
Cost per case of malnutrition averted ($)	**$21.14**	**$ 61.54**	**$ 63.13**	**$48.60**

†Numbers in parentheses represent the percentage point decrease in malnutrition prevalence from baseline to endline.

Figure 2. Baseline and Endline Malnutrition Prevalence, by Village

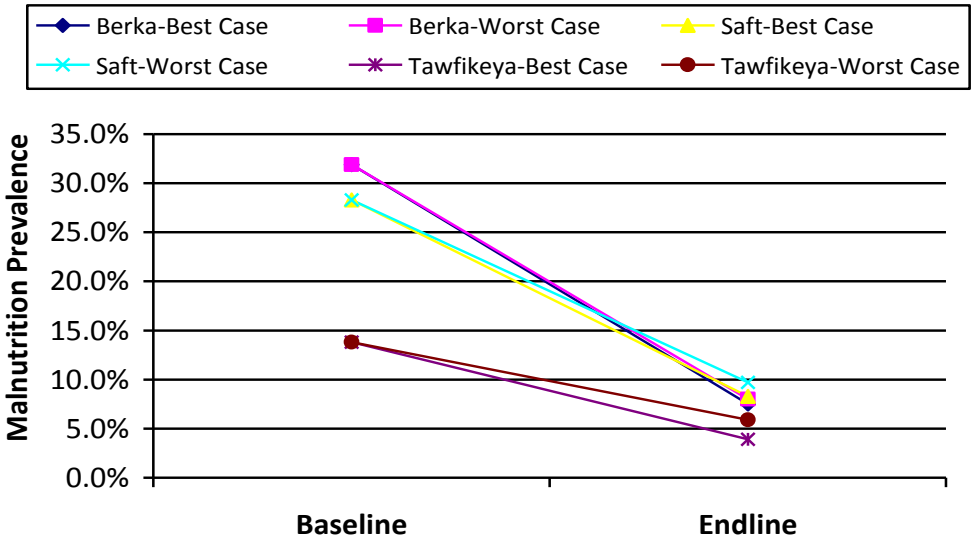


Table 2.a. Costs, Costs per Child Weighed, and Cost per Beneficiary: Berka village

Berka village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Identification of Intervention Sites					
Select governorate	1		-		
Select village	1		-		
Conduct village profile	1		1000	1000	**1000**
Identify CDA & Volunteers					
Conduct CDA Organizational Assessment	1		150	150	
Conduct Health Unit Assessment	1		200	200	
Select CDA	1		-	-	**350**
Capacity Building of Volunteers					
Conduct trainings of women volunteers on AWSO	1		1000	1000	
Identify 10 volunteers to work in the NERP	1		170	170	
Train volunteers on how to manage NERP classes as well as CHL messages	1		3200	3200	**4370**
Field Implementation of NERP					
0 Month- First GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		50	50	
Volunteers verify children names and addresses through home visits	10	10 volunteers	75	750	

Berka village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Announcement of the Growth monitoring session	1		-		
Growth Monitoring Session 1 for 484child		484 children			
* Volunteers and nurses incentives	1		530		
* Forms	1		50		
* Scale	1		0		
* Biscuits for children	1		121		
* Stool analysis and deworming	0		185		
Total				886	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **218 c**hildren (24 days total)		24 days in 2 months			
* Place to hold classes (detergents, fuel, utensils)	1		200		
* Trainer fee	1		1620		
* Food for children (food –transportation)	1		3096		
Total				4916	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	138 children	50	50	**6652**
2 Month- Two GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		0	0	
Volunteers verify children names and addresses through home visits	10	10 volunteers	750	750	
Announcement of the Growth monitoring session	-				
Growth Monitoring Session 2 for 240 children		240 children			
* Volunteers and nurses incentives	1		494		
* Forms	1		47		
* Biscuits for children	1		113		
* Stool analysis and deworming	0		172		
Total				825	

Berka village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **123**children (86 3rd month and 25 4th month) for 24 feeding days + 24 days home visits)		24 days			
* Place to hold classes (detergents, fuel, utensils)	1	?			
* Trainer fee	1	?			
* Food for children (food –transportation)	1	?			
Total				3576	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	83 children	50	50	**5201**
4 months - Growth Monitoring Session 3					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1	7 volunteers	0	0	
Volunteers verify children names and addresses through home visits	3	7 volunteers	75	525	
Growth Monitoring Session 3 for 372 children					
* Volunteers and nurses incentives	1		501		
* Forms	1		0		
* Biscuits for children	1		113		
* Stool analysis and deworming	1		175		
Total	?			838	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to 36 children (37 5th month and 32 6th month 3rd month and 25 4th month) for 24 feeding days + 24 days home visits)					
* Place to hold classes (detergents, fuel, utensils)	1	?			
* Trainer fee	1	?		?	
* Food for children (food –transportation)	1	?			
Total				897	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	?	36 children	50	50	**1785**
6 months - Growth Monitoring Session 4					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2				

Berka village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Volunteers verify children names and addresses through home visits	3	3 volunteers			
Announcement of the Growth monitoring session	1				
Growth Monitoring Session 4 for 315 children					
* Volunteers and nurses incentives	1		203		
* Forms	1		0		
* Biscuits for children	1		113		
* Stool analysis and deworming	1		71		
Total				339	**339**
Growth Monitoring Session 5 after 6 months of end of intervention					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		0	0	
Growth Monitoring Session 5 for 252children					
* Volunteers and nurses incentives	1		199		
* Forms	1		0		
* Biscuits for children	1		113		
* Stool analysis and deworming	1		69		
Total				332	**332**
Growth Monitoring Session 6 after one year (18 months of end of intervention)					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		0	0	
Growth Monitoring Session 6 for 250 children					
* Volunteers and nurses incentives	0	0	0	0	
* Forms	0	0	0	0	
* Biscuits for children	0	0	0	0	
* Stool analysis and deworming	0	0	0	0	

Berka village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Total	0	0	0	0	**0**

1 USD = 5.69300 EGP

Village Total **20029**

Cost Per Beneficiary **107.1 LE**

Cost Per Beneficiary **$ 18.81**

Table 2.b. Costs, Costs per Child Weighed, and Cost per Beneficiary: Saft El Sharkiya village

Saft el Sharkiya village Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Identification of Intervention Sites					
Select governorate	1		-		
Select village	1		-		
Conduct village profile	1		-		**1000**
Identify CDA & Volunteers					
Conduct CDA Organizational Assessment	1		150	150	
Conduct Health Unit Assessment	1		200	200	
Select CDA	1		-	-	**350**
Capacity Building of Volunteers					
Conduct trainings of women volunteers on AWSO	1		1800	1800	
Identify 10 volunteers to work in the NERP	1		50	50	
Train volunteers on how to manage NERP classes as well as CHL messages	1		6050	6050	**7900**
Field Implementation of NERP					
0 Month- First GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1	1	50	50	
Volunteers verify children names and addresses through home visits	12	12 volunteers	75	900	
Announcement of the Growth monitoring session	1		-		
Growth Monitoring Session 1 for **381**child		381 children			
* Volunteers and nurses incentives	1		550		
* Forms	1		100		
* Scale	1		250		
* Biscuits for children	1		95		
* Stool analysis and deworming	0		550		
Total				1545	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **240 c**hildren (24 days total)		24 days in 2 months			
* Place to hold classes (detergents, fuel, utensils)	1		5288		

Saft el Sharkiya village Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
* Trainer fee	1		3056		
* Food for children (food – transportation)	1		6240		
Total				14584	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	150 children	100	100	**17179**
2 Month- Two GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		50	50	
Volunteers verify children names and addresses through home visits	3	3 volunteers	120	360	
Announcement of the Growth monitoring session	-				
Growth Monitoring Session 2 for **368** children		368 children			
* Volunteers and nurses incentives	1	?			
* Forms	1	?			
* Biscuits for children	1	?			
* Stool analysis and deworming	0	?	0		
Total	?	?		1542	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **111** children (86 3rd month and 25 4th month) for 24 feeding days + 24 days home visits)		24 days			
* Place to hold classes (detergents, fuel, utensils)	1	?			
* Trainer fee	1	?			
* Food for children (food – transportation)	1	?		6344	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	86 children	175	175	**8471**
4 months - Growth Monitoring Session 3					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		0	0	

Saft el Sharkiya village Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Volunteers verify children names and addresses through home visits	3	3 volunteers	120	360	
Growth Monitoring Session 2 for 405 children					
* Volunteers and nurses incentives	1	?			
* Forms	1	?			
* Biscuits for children	1	?			
* Stool analysis and deworming	1	?			
Total	?	?		1551	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to 69 children (37 5th month and 32 6th month 3rd month and 25 4th month) for 24 feeding days + 24 days home visits)		69 children			
* Place to hold classes (detergents, fuel, utensils)	1	?			
* Trainer fee	1	?			
* Food for children (food –transportation)	1	?		5060	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	?	37 children	520	520	**7131**
6 months - Growth Monitoring Session 4					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		0	0	
Growth Monitoring Session 4 for 320 children					
* Volunteers and nurses incentives			0	?	
* Forms			0	?	
* Biscuits for children			0	?	
* Stool analysis and deworming			0		
Total				520	**520**

Saft el Sharkiya village Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Growth Monitoring Session 5 after 6 months of end of intervention					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records			0	0	
Volunteers verify children names and addresses through home visits		0	0	0	
Announcement of the Growth monitoring session			0	0	
Growth Monitoring Session 5 for 152children					
* Volunteers and nurses incentives			0	?	
* Forms			0	?	
* Biscuits for children			0	?	
* Stool analysis and deworming			0		
Total			?	348	**348**
Growth Monitoring Session 6 after one year (18 months of end of intervention)					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		50	0	
Growth Monitoring Session 6 for 250 children					
* Volunteers and nurses incentives	1		130		
* Forms	1		10		
* Biscuits for children	1		20		
* Stool analysis and deworming	1		0		
Total	1				**0**
Grand Total					**42899**
		Cost Per Beneficiary		**269.8**	**LE**
		1 USD = 5.69300 EGP			
		Cost Per Beneficiary		**$ 47.39**	**USD**

Table 2.c. Costs, Costs per Child Weighed, and Cost per Beneficiary: Tawfikiya village

Tawfikiya village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Identification of Intervention Sites					
Select governorate	1		-		
Select village	1		-		
Conduct village profile	1		1000	1000	**1000**
Identify CDA & Volunteers					
Conduct CDA Organizational Assessment	1		150	150	
Conduct Health Unit Assessment	1		200	200	
Select CDA	1		-	-	**350**
Capacity Building of Volunteers					
Conduct trainings of women volunteers on AWSO	1		1000	1000	
Identify 10 volunteers to work in the NERP	1		170	170	
Train volunteers on how to manage NERP classes as well as CHL messages	1		3200	3200	**4370**
Field Implementation of NERP					
0 Month- First GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		0	0	
Volunteers verify children names and addresses through home visits	10	10 volunteers	75	750	
Announcement of the Growth monitoring session	1		-		
Growth Monitoring Session 1 for **247**child		247 children	827		
* Volunteers and nurses incentives	1		530		
* Forms	1		50		
* Scale	1		0		
* Biscuits for children	1		62		
* Stool analysis and deworming	0		185		
Total				827	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **62 c**hildren (24 days		24 days in 2 months			

Tawfikiya village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
total)					
* Place to hold classes (detergents, fuel, utensils)	1		150		
* Trainer fee	1		1020		
* Food for children (food –transportation)	1		1224		
Total				2394	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	43	20	860	**4831**
2 Month- Two GMP					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		50	50	
Volunteers verify children names and addresses through home visits	6	6 volunteers	450	450	
Announcement of the Growth monitoring session	-				
Growth Monitoring Session 2 for **231** children		231 children			
* Volunteers and nurses incentives	1		200		
* Forms	1		42.5		
* Biscuits for children	1		40		
* Stool analysis and deworming	0		0		
Total				823	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to **20** children (16 3rd month and 4 4th month) for 24 feeding days + 24 days home visits)		24 days			
* Place to hold classes (detergents, fuel, utensils)	1				
* Trainer fee	1				
* Food for children (food –transportation)	1			950	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	1	20 children	20	20	**2293**
4 months - Growth Monitoring Session 3					

Tawfikiya village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	1		0	0	
Volunteers verify children names and addresses through home visits	6	6 volunteers	75	450	
Growth Monitoring Session 2 for 236 children					
* Volunteers and nurses incentives	1		333		
* Forms	1		31		
* Biscuits for children	1		39		
* Stool analysis and deworming	1		116		
Total				519	
Recruitment of women, with malnourished kids in nutrition classes Conduct Child Nutrition Program Session with up to 69 children (37 5th month and 32 6th month 3rd month and 25 4th month) for 24 feeding days + 24 days home visits)			CHL says 2920 not 3860		
* Place to hold classes (detergents, fuel, utensils)	1		0		
* Trainer fee	1		0	0	
* Food for children (food –transportation)	1		0	0	
Weighing children after one month (either graduate or reenter Implementation of nutrition classes:	?		NOT listed for CHL	0	**519**
6 months - Growth Monitoring Session 4					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		0	0	
Growth Monitoring Session 4 for 236 children					
* Volunteers and nurses incentives	0	0	0	0	
* Forms	0	0	0	0	
* Biscuits for children	0	0	0	0	
* Stool analysis and deworming	0	0	0	0	
Total				0	**0**
Growth Monitoring Session 5 after 6 months of end of intervention					

Tawfikiya village: Activity Line Item	No of times activity	Units	Cost per each (LE)	Total Cost	Subtotal
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2		0	0	
Volunteers verify children names and addresses through home visits	3	3 volunteers	0	0	
Announcement of the Growth monitoring session	1		0	0	
Growth Monitoring Session 5 for 101children					
* Volunteers and nurses incentives	1		151		
* Forms	1		14		
* Biscuits for children	1		18		
* Stool analysis and deworming	1		53		
Total				235	**235**
Growth Monitoring Session 6 after one year (18 months of end of intervention)					
Volunteers identify children (6-24 months) through the Primary Health Care Unit records	2				
Volunteers verify children names and addresses through home visits	3	3 volunteers			
Announcement of the Growth monitoring session	1				
Growth Monitoring Session 6 for 250 children					
* Volunteers and nurses incentives	1		0		
* Forms	1		0		
* Biscuits for children	1		0		
* Stool analysis and deworming	1		0		
Total					**0**
Grand Total					**13598**
		Cost Per Beneficiary		**251.8**	**LE**
		1 USD = 5.69300 EGP			
		Cost Per Beneficiary		**$ 44.23**	**USD**

Research and Studies

CHL interventions were guided by data from evidence-based research data. The following were the major research reports overseen by CHL with funding and oversight by the U.S. Agency for International Development in Egypt in cooperation with the Egyptian government.

Egypt Health Communication Survey (EHCS), 2005, by El-Zanaty and Associates. Survey conducted by CHL under the auspices of the State Information Service/IEC Center. The survey was conducted in 21 governorates. To ensure comparability with data from the Egypt Demographic and Health Survey (EDHS), the sampling frame is based on the one used for the EDHS. The 2005 EHCS involved two types of questionnaires; a household questionnaire and an individual questionnaire. Survey results indicated that 1,505 households were successfully interviewed. Individual interviews were completed with 1,407 ever-married women (15-49 years), 1,256 husbands, and 1,618 never married youth (15-24 years). The questionnaires measured respondents' recall of health communication messages, knowledge and practices in areas related to reproductive health and family planning, some infectious diseases, healthy lifestyles and passive smoking. *Link to download main report (2 MB)*

Egypt Health Communication Survey (EHCS), (July) 2006, El-Zanaty and Associates. Same as above. Survey results indicated that 1,494 households were successfully interviewed. Individual interviews were completed with 1,320 ever married women (15-49 years old), 1,211 husbands, and 1,473 never married youth (15-24 years). The survey questionnaires measured respondents' recall of health communication messages, knowledge and practices in areas related to exposure to media channels and avian flu campaigns, knowledge including the mode of transmission of the avian flu virus, reporting avian flu cases as well as exposure to health messages. *Link to download main report*

Egypt Health Communication Survey (EHCS) 2007/2008 (conducted December 2007, published 2008), El-Zanaty and Associates. Same as above. Individual interviews were completed by 1,229 of ever-married women (15-49 years), 1,107 husbands and 1,141 never-married youth (15-24 years). Designed to provide information about health knowledge, attitudes, practices and behaviors, including intensive questions related to exposure to Avian Flu massages. Other health areas included infectious diseases, passive smoking and healthy life style, reproductive health and family planning, female circumcision, as well as early detection of breast cancer. *Link to download main report*

Minya Village Health Survey (MVHS) 2004. Conducted under the auspices of the Ministry of Health and Population and funded by USAID as part of the multi-year impact evaluation of CHL. Villages included in the survey were Zohra, Saft El Khamar El Sharkia, Nazlet Hussein and Toukh El-Khail in Minya district, and Monshaat El-Maghalka, Koloba and Ebshedat in Malawi district. This survey was a panel study involving a baseline and more than one round of follow-up interviews with respondents in selected village. MVHS 2004 was considered a baseline survey. The aim of the survey was to provide data that could be used to inform the design of the CHL program, and that could serve as a baseline for the CHL program. Indicators derived from this survey were compared with those from subsequent survey waves to assess the reach and impact of the program. This survey involved two types of questionnaires; a household

questionnaire and an individual questionnaire. Survey results indicated 2,298 households were successfully contacted. Individual interviews were completed with 2,240 ever married women (15-49 years) In addition, 1,857 husbands were successfully interviewed and About 2,000 never married youth (15-24 years). The survey focused on respondents' knowledge and practices in areas related contraceptive knowledge and use, fertility preferences and attitudes about family planning, pregnancy and breastfeeding, immunization and child health, knowledge of some infectious diseases; HIV/AIDS, hepatitis C and safe injection, healthy lifestyles and passive smoking, leadership information and support for health improvement and female circumcision. *Link to download main report (1 MB)*

Minya Village Health Survey (MVHS) 2005, El-Zanaty and Associates. MVHS 2005 was the second round of a panel study conducted in CHL focal villages in Upper Egypt. Questionnaires were carried out with the same respondents who were interviewed in the baseline. The aim of the panel study was to monitor implementation of the Communication for Healthy Living (CHL) activity and to provide data that can be used to modify (if needed) the design of the CHL activity in the focal areas. In addition to the seven villages included in the survey (Zohra, Saft El Khamar El Sharkia, Nazlet Hussein and Toukh El-Khail in Minya district, and Monshaat El-Maghalka, Koloba and Ebshedat in Malawi district), two control villages (Toukh El-Khail and Ebshedat in the Malawi district of Minya governorate (which did not receive the community-based component of CHL) were also surveyed. The study included interviews with 2,073 ever married women (15-49 years), 1891 husbands, and 1716 never married youth (15-24 years) in 2,168 households. The survey focused on respondents' knowledge and practices in the same health areas included in MHVS 2004 being contraceptive knowledge and use, fertility preferences and attitudes about family planning, pregnancy and breastfeeding, immunization and child health, knowledge of some infectious diseases; HIV/AIDS, hepatitis C and safe injection, healthy lifestyles and passive smoking, leadership information and support for health improvement and female circumcision. *Link to download main report (1 MB)*

Fayoum Village Health Survey (FVHS) 2005, El-Zanaty and Associates. Conducted in three villages at Fayoum governorate as a baseline to assess the reach and impact of the CHL program activities on the family members, provide estimates for key indicators that will assist the technical staff at the CHL activity to design new communication strategies and activities for improving the health status of Egyptians. These villages are; Tawfikiya, Tersa and Kasr Rashwan. The study included interviews with 945 ever married women (15-49 years), 792 husbands, and 890 never married youth (15-24 years). The survey focused on respondents' knowledge and practices in the same health areas included in MHVS 2004 and 2005; contraceptive knowledge and use, fertility preferences and attitudes about family planning, pregnancy and breastfeeding, immunization and child health, knowledge of some infectious diseases; HIV/AIDS, hepatitis c and safe injection, healthy lifestyles and passive smoking, leadership information and support for health improvement and female circumcision. *Link to download main report (1 MB)*

Minya and Fayoum Village Health Survey (M&FVHS) 2007-2008. This village health survey presented the last round of a panel study with respondents in the selected Minya treatment villages and Fayoum villages. A Baseline survey was conducted in Minya villages in 2004 and in 2005 the first round of follow up survey was carried out including interview all respondents that were interviewed in the baseline then in 2007/2008 the second round was carried out. As for

Fayoum a baseline survey was carried out in 2005 and in 2007/2008. This study included seven villages in Minya (five of the treatment area and two control), and three villages in Fayoum which are two of the target areas for the CHL activity. For Minya, a total of 2,238 households were interviewed. The study included interviews with 2444 ever married women (15-49 years), 1,927 husbands, and 869 never married male youth and 415 never married female youth. As for Fayoum a total of 944 households were completed, 1056 5women, 897 husbands, 475 never married male youth and 181 never married female youth. This follow-up survey focuses almost on the same areas that were of interest in the baseline which are; respondents' knowledge and practices in areas related to family planning/reproductive health, healthy lifestyles, healthy mother/healthy child, and infectious diseases. In addition, avian flu was added to the survey questionnaire as one the main contemporary issues of concern. *Link to download report*

Breast Cancer in Egypt: Preliminary Situation Analysis with a Focus on Early Detection, by Dr. Marilys Corbex for Johns Hopkins University Center for Communication Programs, with El Zanaty and Associates, 2008-2009. Estimated the disease burden, incidence, mortality, age groups at risk and other epidemiological aspect of breast cancer in Egypt; evaluated the magnitude of late presentation/late diagnosis problems in Egypt in light of the ongoing actions for prevention and early detection existent in Egypt and accordingly make recommendations for further action. Includes results of the *Barriers to Early Detection and Diagnosis in Egypt* study with the Breast Cancer Foundation of Egypt, which sought to assess which obstacles to early diagnosis of breast cancer (BC) are more significant for women in Egypt. 204 breast cancer female patients were recruited at the National Cancer Institute and the BCFE office in Cairo, as soon as possible after diagnosis and not more than one year after diagnosis. They were interviewed regarding their medical and personal journey as well as socio-cultural aspects. All the questions related to knowledge and awareness of BC aimed at measuring patients' understanding before the disease. The results of this study suggested that delay between the onset of BC signs and symptoms and the first visit to a doctor is primarily due to women's lack of awareness while the delay between first visit to a doctor and effective diagnosis and treatment appear to be primarily linked to first line doctor's awareness. *Link to download full report*

Report on the Quantitative Research on the Factors Affecting Delay to Breast Cancer Detection, Diagnosis and Treatment, Dr. Marilys Corbex for Johns Hopkins University Center for Communication Programs, 2009-2010. The objective of this study was to explore in a more comprehensive way the barriers to early diagnosis and treatment existing in Egypt, including regions out of Cairo. For this study 394 patients were interviewed about their medical and personal journey through the disease, from first symptoms to beginning of treatment, according to a 230 questions questionnaire. Patients were recruited at cancer treatment centers in Cairo (N=238), Alexandria (N=96), Tanta (N=41) and Aswan (N=19). In parallel a qualitative study was conducted on a sub-sample of 15 patients (see below). *Link to download full report*

Report on the Qualitative Research on the Factors Affecting Delay to Breast Cancer Detection and Treatment and the Quality of Care and Support, Joanne McEwan for Johns Hopkins University Center for Communication Programs, 2009-2010. This study explores the complexities of women's journeys through breast cancer from initial discovery of symptoms to treatment. The principle question is to understand the causes of delay of women through qualitative methods and analysis and hence most women in the study presented some form of delay. In addition the patients' quality of life since diagnosis was explored. Fifteen symptomatic

breast cancer patients were interviewed in total. Twelve of them were recruited from the baseline quantitative study. This study explored breast cancer women's trajectories in delay and quality of care and support. Among topics covered were health literacy, psycho-emotional issues and coping strategies, socio-cultural influences and structural forces like health system, medical competency, and health system navigation issues. *Link to download full report*

AskConsult Providers Survey Report, 2009, Louise Kemprecos. Evaluating the effectiveness of activities which are aimed at improving the credibility of pharmacists as the source of accurate health information, reducing the costs of pharmacy management, and increasing sales of products in promoted categories. A total of 900 Ask, Consult pharmacists throughout Egypt were interviewed in May 2009. An 85-element face-to-face questionnaire covering the topics related to credibility (e.g., exposure among pharmacists to Ask, Consult communications, attitude towards quality of printed materials, and use of printed materials); reduced costs (readiness to adopt pharmacy automation); and increased sales (increased sales of products in promoted categories). *Link to download full report (3 MB)*

IMS Health Inc. (IMS) Pharmaceutical Index, 2003-2010. Sales data for pharmaceuticals and other health products sold as pharmacies. Used to gauge availability and cost of family-planning methods; and demand for selected products including tracking effect of communication campaigns. *Download spreadsheet (362 KB)*

USAID Reports and Assessments

USAID-produced reports and assessments of the activity

USAID Mid-Term Evaluation (Draft), 2009

Audit, USAID Regional Inspector General, 2010

Key Contacts

Organization	Contact Person	Title
MOHP	Dr. Nasser El-Sayed	First Undersecretary for the Preventive Sector and Primary Care
MOHP	Dr. Amr Kandil	Undersecretary / Central Directorate for Preventive Affairs
MOHP	Dr. Khaled Nasr	Healthy Mother/Healthy Child Program Executive Director, PHC Undersecretary
MOHP	Dr. Sahar El-Sonbaty	Head of Population and Family Planning Sector
MOHP	Dr. Mohamed Mehrez Mostafa	Manager of Tobacco Control Administration
SIS	General Adel Abd el Aleem	Undersecretary and Executive Director / SIS/IEC Center
MALR	Dr. Amira Kamal Abd El Nabi	Project Manager /SAIDR / General Organization for Veterinary Services
Save the Children (Minya)	Dr. Siham Yassin	Health Projects Manager
El-Zanaty and Associates	Dr. Fatma H. El-Zanaty	Director
Integrated Reproductive Health Services Project (Takamol)	Mr. Mohamed Abou Nar	Chief of Party
Health Systems 20/20	Dr. Nadwa Rafeh	Chief of Party
Viral Hepatitis Committee	Prof. Manal Hamdy El-Sayed	Professor of Pediatrics
International Federation of Medical Students Associations (IFMSA)	Ms. Reem Waziry	National Public Health Officer
IFMSA	Ms. Nihal Abdelazim	Vice President of External Affairs
Alam Simsim	Mr. Amr Koura	CEO
UNAIDS	Ms. Wessam El Beih	Country Officer
WHO	Dr. Fatimah M.S. El-Awa	Regional Adviser, Tobacco Free Initiative

MATERIALS PRODUCTION, LIFE OF ACTIVITY

Health Communication Strategies

Written by CHL in cooperation with MOHP and SIS except where noted. Click title to download.

CHL Family Health Messages

The Egypt "AskConsult" Project for Family Health: Strategy

Avian Influenza Communication Strategy and Plan *With MALR*

Pandemic Influenza Communication Strategy

Hepatitis B and C Communication Strategy and Plan

Service Marketing Campaign for Family Health Units (Example, Suez Governorate)

Breast Cancer Communication Strategy and Plan

Strategy and Workplan: Female Genital Cutting Communication

Tobacco-Free Cities Strategy *With MOHP, WHO and international anti-tobacco groups*

Protocols and Training Curricula

Written by CHL in cooperation with MOHP except where noted. Click to download.

Raedat Refayat Training Manual (Arabic) *With MOHP, Save the Children and UNICEF*

Protocol: Postpartum Care Program (English)

Community Health Program Guide (English) (Arabic) *With Save the Children*

Arab Women Speak Out: Self-Empowerment and Family Planning Training Manual (English) (Arabic) *Bushra Jabre, Johns Hopkins University Center for Communication Programs*

Training Curriculum for Doctors Against the Practice of FGM *With MOHP, NCCM, others.*

Training Curriculum for Medical Professionals: Premarital Health Care Program

Training of Trainers in Use of the Counseling Flipchart for Integrated FP/RH/MCH Services

Training of Trainers in Communication Skills / Avian Influenza *With MALR*

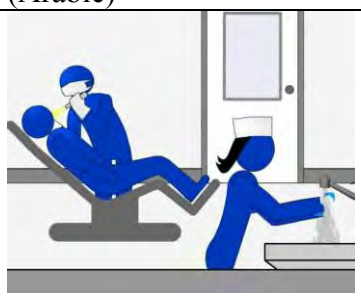
Guide to Infection Control in Health Facilities *View online* or *download PDF* *(1 MB)*

Television Spots Aired During the CHL Activity, 2004-2010

Title / Fiscal year / Script excerpt or description	Image / link to view
Family Planning, Reproductive Health, Maternal and Child Health, Family Health **TV spots in the "Sahetak Sarwetak" (Your Health is Your Wealth) campaign**	
Family Planning after the First Child Spot (Birth Spacing) **Produced:** 2004 - Congratulations... it's your first child, so you must give yourself a chance to raise him in good circumstances. - It's advisable to space from three to five years at least. - You should visit the doctor within 40 days after delivery to choose a suitable family planning method.	 View spot on YouTube (Arabic with English subtitles)
Family Planning after Delivery (Before 40th day) **Produced:** 2004 - I have brought something for you - Do you use family planning contraceptives? - Of course, and I asked the physician about the method that suits me. - But you have to wait till you pass 40 days. - No, that's wrong: I have to start using the method before the 40th day after delivery.	 View spot on YouTube (Arabic)
Your Health Is Your Wealth -- Signature Spot **Produced:** 2005 The spot shows a mother giving her son and her daughter-in-law advice on their wedding day. She tells them they should take care of their health and that of their children; emphasizing that health is wealth. Script excerpt: - Congratulations… The new life you're going to begin to live healthy and wealthy – plan it well. - Every age has its requirements for good care. - A piece of wisdom I learned over the years, nothing is more valuable than health.	 "Your Health is Your Wealth" Signature Spot (60-second version) | (30-second version) (Arabic with English subtitles)

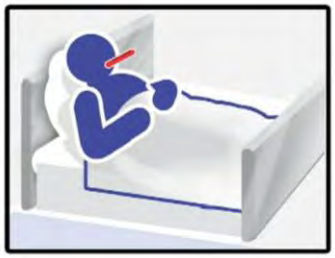
Title / Fiscal year / Script excerpt or description	Image / link to view
Breastfeeding **Produced:** 2005 - Congratulations... you must breastfeed your baby the colostrum milk within an hour after delivery. - Breastfeeding is very important for your baby to strengthen his immunity and protect him against several diseases. - You must breastfeed your baby continuously during the first 6 months, then you can supplement some simple foods.	 Download spot as wmv file
Secondhand Smoke **Produced:** 2005 Spot shows a family watching the television. The father is smoking; his daughter is coughing. The mother takes the child to a doctor who tells her that the girl is not healthy. The reason is passive smoking. The doctor explains that passive smoking is not only a health risk to the actual smokers but can also be dangerous to a baby in its mother's womb.	 Download as wmv file (Arabic with English subtitles)
Family Doctor **Produced:** 2005 The spot highlights the services offered at family doctor project clinics; e.g. inoculation of children against diseases and all-family health care. It also shows the orderliness and cleanliness of such clinics. Family doctor clinics are present nationwide.	 View spot on YouTube (Arabic with English subtitles)
Antenatal Care **Produced:** 2006 - Are you happy that you will be a father? - Sure, my dear. So from now we have to plan for visiting the health unit – at least five visits to follow your health and your baby's. - We also have to prepare for the delivery.	 View spot on YouTube (Arabic)

Title / Fiscal year / Script excerpt or description	Image / link to view
Postpartum Follow-Up Care **Produced:** 2006 - During the 40 days you have to notice the following signs if they happen come to us urgently: -Bleeding, severe headache; if the baby refused breastfeeding two consecutive times; if the color of the baby's skin turned blue or yellow. - We have to do the thyroid gland test for the baby within three to seven days of birth.	 View spot on YouTube (Arabic)
Diarrhea/Child Health Management **Produced:** 2007 Promotes zinc use, endorsed by WHO and MOHP.	 View spot on YouTube (Arabic)
Infectious Disease Control and Hygiene	
Safe Injection (1) **Produced:** 2005 SIS spot on proper disposal of disposable hypodermic syringes. The spot shows a nurse at a house giving an injection to a child and then disposing of the syringe. She is then seen advising members of the family not to use a syringe twice in order to avoid blood-borne diseases including hepatitis C.	 View spot on YouTube (Arabic)
Feminine Hygiene **Produced:** 2005 as part of AskConsult campaign wave one. **Message:** It is more healthful to use sanitary napkins during menstrual period than traditional methods. "During your cycle you must take good care of yourself. "If your sanitary method isn't 100% guaranteed, it could harm you. "The best method is the sanitary pads because your hand is the first to touch it."	 View spot on YouTube (Arabic with English subtitles)

Title / Fiscal year / Script excerpt or description	Image / link to view
Handwashing/Alam Simsim (1) **Produced:** 2006 The spot uses the popular characters from the Egyptian version of Sesame Street, *Alam Simsim*, promote the importance of proper and regular handwashing. Branded as part of the AskConsult campaign.	 View spot on YouTube (Arabic)
Handwashing/Alam Simsim (2) **Produced:** 2006 (Alternate version.) The spot uses the popular characters from the Egyptian version of Sesame Street, *Alam Simsim*, promote the importance of proper and regular handwashing. Branded as part of the AskConsult campaign.	 View spot on YouTube (Arabic)
HIV/AIDS Hotline and Testing **Produced:** 2006 Spot discussed modes of transmission of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and promoted the Ministry of Health and Population's voluntary testing centers and information hotline. Tagline is branded to AskConsult.	 View spot on YouTube (Arabic)
Protect Yourself and Your Family from Hepatitis C **Produced:** 2008 The spot discusses modes of transmission of viral hepatitis C and preventive behaviors, and it promotes the viral hepatitis hotline.	 View spot on YouTube (Arabic)

Title / Fiscal year / Script excerpt or description	Image / link to view
AskConsult (Isaal Istashir) Spots	
AskConsult Signature Spot **Produced:** 2005 Intended to reposition "Ask, Consult" as a family health brand, not just family planning. "Today this sign has developed offering a wider variety of services. Not just on family planning. "It will provide information services for the health of the whole family. "Such as Mother and child care, precautions against infectious, no smoking, and extra attention to cleanliness."	 View spot on YouTube (Arabic with English subtitles)
AskConsult Contest Spot **Produced:** 2005 "Now, there's a big contest offering lots of prizes. "Follow the contest in the daily papers, answer the questions and submit them at the nearest pharmacy posting the sing. "You could win an investment certificate worth 500 pounds. "The more entries you submit, the more you can win."	 View spot on YouTube (Arabic with English subtitles)
Progestin-Only Pills, Urban **Produced:** 2005 **Message:** These pills prevent pregnancy during breastfeeding without any affect on breast feeding. Shows urban characters. "Today, for every lactating mother there's special family method. "The pills prevent pregnancy during the lactating period without affecting breastfeeding. "So you can guarantee the healthy growth of your child."	 View spot on YouTube (Arabic with English audiences)
Progestin-Only Pills, Rural **Produced:** 2005 **Message:** These pills prevent pregnancy during breastfeeding without any affect on breast feeding. Shows rural characters. "For every lactating mother there're birth control pills especially for this period. "These pills are used as temporary method to prevent pregnancy during lactating period. "When you stop taking them, you can get pregnant right away."	 View spot on YouTube (Arabic with English subtitles)

Title / Fiscal year / Script excerpt or description	Image / link to view
One-Month Injectable Contraception, Urban **Produced:** 2005 **Message:** The monthly injectable contraceptive is effective and safe; you can use it for birth spacing; and when you stop using it you can get pregnant shortly after that. Shows urban characters. "The monthly injectable is safe and does not affect menstrual cycle. "Quick returns to fertility when you stop injections. "The injections should be taken once every month. Exactly on the same day."	 View spot on YouTube (Arabic with English subtitles)
One-Month Injectable Contraception, Rural **Produced:** 2005 **Message:** The monthly injectable contraceptive is effective and safe; you can use it for birth spacing; and when you stop using it you can get pregnant shortly after that. Shows rural characters. "Monthly injection is a new family planning method. It's effective and safe. "It's one injection on the same day of every month. "When you stop them, you can get pregnant easily."	 View spot on YouTube (Arabic with English subtitles)
Safe Injection (2) **Produced:** 2005 AskConsult spot on proper disposal of disposable hypodermic syringes. "The syringe must be sealed to remain sterilized. "Importantly, you must use a new syringe each time, and then throw it away. "Neither you nor anyone else must use it again because it causes infections."	 View spot on YouTube (Arabic with English subtitles)
Avian and Pandemic Influenza	
Avian Influenza Tips for Homes with Poultry **Produced:** 2006 **Description:** TV spot gives information about the avian flu for those who deal directly with live birds: Modes of transmission, prevention, hygiene, identification, containment of disease, and notification. "Infected birds face sudden death or show symptoms such as weakness, fever, diarrhea, loss of appetite as well as ruffled feathers,You must place infected birds immediately in a plastic bag and wear gloves or a plastic bag over your hands,You must notify authorities immediately if you suspect that you have infected birds.	 Download wmv file (Arabic)

Title / Fiscal year / Script excerpt or description	Image / link to view
Avian Influenza Tips for Homes Without Poultry **Produced:** 2006 **Description:** TV spot gives information about the avian flu for the public: "What is avian flu? How can I protect myself from infection? What should I do if I want to eat poultry?" Covers modes of transmission, keeping children and family members away from birds, prevention, caging, protective gear, disposal of birds, reporting.	 Download wmv file (Arabic)
Human Symptoms and Action **Produced:** 2006 This spot focuses on human symptoms and action: preventive behaviors, symptoms, what to do in cases of suspected infection. It also promotes the Government of Egypt's toll-free telephone hotline for information on AI and reporting of suspected cases.	 View on YouTube (Arabic)
Prevent New Avian Influenza Cases **Produced:** 2006 CHL collaborated with the well-known children's television characters from the Egyptian version of Sesame Street, *Alam Simsim,* to produce two public service announcements on AI, showing protective measures for handling birds, and messages on keeping poultry away from children and family residence areas. The spots highlight the importance of keeping children away from poultry and proper hygienic practices.	 View one on YouTube (Arabic)
Interview with a Survivor of AI **Produced:** 2007 This documentary-style spot is an interview with a woman who had AI, and survived it. She highlights the modes of transmission and prevention of AI among breeders.	 View spot on YouTube (Arabic)

Title / Fiscal year / Script excerpt or description	Image / link to view
Profile of a Household Poultry Breeder with Correct Practices **Produced:** 2007 This documentary-style spot highlights the proper breeding practices that reduce the risk of avian influenza and protect the health of breeders and their flocks.	 View spot on YouTube (Arabic)
Safe Preparation of Poultry for Consumption **Produced:** 2007 This documentary-style spot promotes the consumption of properly cooked poultry. It also addresses the importance of washing poultry properly and cooking it at a high temperature in order to protect our health and our children's health. It also suggests that it is preferable to buy frozen poultry that is available in the markets, as it is from a well-known and safe source, and is just as nutritious.	 View spot on YouTube (Arabic)
Testimonial from Mother: "Quick Action Saves Lives" **Produced:** 2007 This documentary-style spot emphasizes that "prompt detection and medical treatment [of avian influenza] can save lives." It also emphasizes proper timely referral of suspected cases to appropriate facilities. The aim of the spot is to increase communication between health provider and client regarding AI prevention, and to increase proper service-seeking behaviors.	 View spot on YouTube (Arabic)
Protect Yourself Against the Flu **Produced:** 2009 **Description:** The spot highlights the important steps to prevent the spread of influenza.	 View spot on YouTube (Arabic with English subtitles)

Short Films Produced by the CHL Activity, 2006-2010

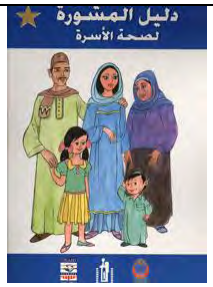
Title / Script excerpt or description	Image / link to view
AI Training Video **Produced:** 2006 **Description:** At the request of the MOHP and Ministry of Agriculture and Land Reclamation, CHL produced this training video for government avian influenza clean-up teams who responded in areas where birds were found infected with AI. Includes demonstrations of clean-up procedures and personal and public safety and hygiene precautions.	 *Not available online*
Your Health Is Your Wealth **Produced:** 2007 **Description:** Too many children were dying in Saft el Sharkia, where, as in many rural villages in Egypt, expecting parents were unaware of the importance of getting checkups during pregnancy and giving birth in a medical facility. This documentary describes how the Communication for Healthy Living activity increased residents' "health competence" by reaching them at key points in their lives to encourage healthy behaviors under the theme "Your Health Is Your Wealth."	 Your Health is Your Wealth (English)
Arab Women Speak Out: Um Hashem's Story **Produced:** 2010 **Description:** Their daughter was 16 years old when her father said she would quit school and marry a suitor in their rural village in Egypt. But, encouraged by the women's empowerment program Arab Women Speak Out (AWSO), Um Hashem persuaded her husband that early marriage and stopping education would be harfmul to their daughter. This is one in a series of video self-portraits of women who have improved their lives with the encouragement of AWSO women's discussions groups.	 View on YouTube (Arabic with English subtitles)
Arab Women Speak Out: Nagla's Story **Produced:** 2010 **Description:** Nagla and her two friends became the first women in their village to open a business after receiving encouragement from the Arab Women Speak Out (AWSO) women's empowerment program. Part of a series of video self-portraits of women who have improved their lives with the encouragement of AWSO women's discussion groups.	 View on YouTube (Arabic with English subtitles)

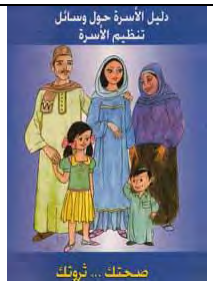
Title / Script excerpt or description	Image / link to view
<u>AI Bio-security Video 2010</u> **Produced:** 2010 **Description:** This training video for workers at poultry farms highlights ways to: - Improve bio-security measures at sector 2 and 3 farms - Reduce and prevent the spread of AI at farms - Show low cost ways/options of improving bio-security - Highlight the important role that sector 1 farms play in controlling AI, influencing and guiding sector 2 and 3 farms - Empower Sector 1 farms to take part in AI response	 *Not available online.*

Printed Materials Produced by the CHL Activity, 2004-2010

Selected. Click hyperlink to view description and download PDF version from CHL online Media Materials Database.

Cover image	Click hyperlink to view description and download PDF
Family Planning, Reproductive Health, Maternal and Child Health	
	Database reference number: 166 **Title:** Birth Spacing 3-5 Years for the Health of the Mother and the Child **First printed:** 2004 **Type:** Poster
	Database reference number: 387 **Title:** Mabrouk (Congratulations -- Family Health and its Happiness **First printed:** 2004 **Type:** Booklet
	Reference no.: 1000 **Title:** Congratulations…. Your First Newborn **First printed:** 2005 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	**Reference no.:** 20 **Title:** Counseling Guide for Family Health **First printed:** 2005 **Type:** Flip chart
	Reference no.: 993 **Title:** Breastfeeding and its Benefits **First printed:** 2005 **Type:** Flier
	Reference no.: 987 **Title:** Danger Signs During Postpartum and Danger Signs for the Newborn **First printed:** 2005 **Type:** Flier
	Reference no.: 983 **Title:** Danger Signs that May Happen During Pregnancy or Delivery **First printed:** 2005 **Type:** Flier
	Reference no.: 981 **Title:** Family Health Clinic **First printed:** 2005 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	**Reference no.:** 1004 **Title:** Guide to Family Planning Methods **First printed:** 2005 **Type:** Booklet
	Reference no.: 979 **Title:** How to Take Care of Yourself During Menstruation **First printed:** 2005 **Type:** Flier
	Reference no.: 980 **Title:** Basic Information about Women's Health **First printed:** 2005 **Type:** Flier
	Reference no.: 1057 **Title:** Adolescence **First printed:** 2006 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1053 **Title:** Congratulations… First Baby **First printed:** 2006 **Type:** Flier
	Reference no.: 1052 **Title:** Birth Spacing 3-5 Years **First printed:** 2006 **Type:** Flier
	Reference no.: 1059 **Title:** Breastfeeding **First printed:** 2006 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1055 **Title:** Condom **First printed:** 2006 **Type:** Flier
	Reference no.: 1061 **Title:** Family Planning: Injectables **First printed:** 2006 **Type:** Flier
	Reference no.: 1056 **Title:** IUD **First printed:** 2006 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1058 **Title:** Oral Contraceptive Method **First printed:** 2006 **Type:** Flier
	Reference no.: 1060 **Title:** Subcutaneous Implant **First printed:** 2006 **Type:** Flier
	Reference no.: 1054 **Title:** Reproductive Health Services **First printed:** 2006 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1062 **Title:** Safe Pregnancy **First printed:** 2006 **Type:** Flier
	Reference no.: 1063 **Title:** Child Diarrhea **First printed:** 2006 **Type:** Flier
	Title: The Role of Communication in Addressing Population Growth: English | Arabic **First printed:** 2006 **Type:** Booklet
	Reference no.: 1111 **Title:** Safe Pregnancy **First printed:** 2008 **Type:** Fact sheet

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1109 **Title:** LAM (Breastfeeding) **First printed:** 2009 **Type:** Fact sheet
	Reference no.: 1113 **Title:** Role of Communication in Addressing Population Problems (Arabic) **First printed:** 2009 **Type:** Booklet
	Reference no.: 54 **Title:** Counseling Guide for Breastfeeding **First printed:** 2010 **Type:** Flip chart
	Reference no.: 1076 **Title:** Postpartum IUD **First printed:** 2010 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Title: Premarital Counseling and Examination **First printed:** 2010 **Type:** Flier
	Title: Premarital Counseling Client Flow **First printed:** 2010 **Type:** Poster
>*More Maternal and Child Health Materials*	
Infectious Disease Control and Hygiene	
	Reference no.: 1001 **Title**: Safe Injection **First printed:** 2005 **Type**: Flier
	Reference no.: 1003 **Title:** Safe Injections **First printed:** 2005 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1008 **Title:** Prevention Against Measles **First printed:** 2005 **Type:** Flier
	Reference no.: 1100 **Title:** Measles and German Measles **First printed:** 2008 **Type:** Flier
	Reference no.: 1002 **Title:** Together … Against HIV/AIDS **First printed:** 2005 **Type:** Flier >*More AIDS Materials*

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1009 **Title:** Tuberculosis is a Treatable Disease **First printed:** 2005 **Type:** Flier
	Reference no.: 1013 **Title:** Importance of Handwashing and Hygiene **First printed:** 2006 **Type:** Flier
	Reference no.: 1012 **Title:** Safe Water Storage **First printed:** 2006 **Type:** Flier
	Reference no.: 1082 **Title:** Viral Hepatitis B and C (Fact Sheet) **First printed:** 2007 **Type:** Fact sheet

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1112 **Title:** Importance of Handwashing and Hygiene **First printed:** 2008 **Type:** Fact sheet
	Reference no.: 1099 **Title:** Viral Hepatitis B and C **First printed:** 2008 **Type:** Flier >*More Hepatitis Materials*
Avian Influenza	
	Reference no.: 1010 **Title:** Avian Influenza Tips on H5N1 **First printed:** 2006 **Type:** Flier
	Reference no.: 1011 **Title:** Avian Influenza: Dealing with Live Birds (Tips for Breeding Poultry at Home) **First printed:** 2006 **Type:** Flier

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1064 **Title:** Avian Influenza Q&A **First printed:** 2006 **Type:** Booklet
	Reference no.: 1075 **Title:** AI is a Disease that Can Be Controlled **First printed:** 2007 **Type:** Flier
	Reference no.: 1080 **Title:** Safe Management of Poultry **First printed:** 2007 **Type:** Flier
	Reference no.: 1083 **Title:** Safe Management Poultry (Poster) **First printed:** 2007 **Type:** Poster
	Title: Avian Influenza (Fact Sheet #1) **First printed:** 2007 **Type:** Fact sheet

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1081 **Title:** Tips About Avian Influenza (Fact Sheet #2) **First printed:** 2007 **Type:** Fact sheet
	Reference no.: 1084 **Title:** Avian Flu Human Symptoms in Action **First printed:** 2007 **Type:** Poster
	Reference no.: 1101 **Title:** Avian Influenza Personal Protective Equipment Kit **First printed:** 2008 **Type:** Flier >*More Avian Influenza Materials*
Pandemic Influenza	
	Reference no.: 370 **Title:** Seasonal Flu **First printed:** 2009 **Type:** Calendar

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 230 **Title:** Fight Flu **First printed:** 2009 **Type:** Poster
	Reference no.: 1104 **Title:** How to Protect Yourself and Family from Flu A/H1N1 Infection **First printed:** 2009 **Type:** Mini-flier
	Reference no.: 1102 **Title:** How to Protect Yourself and Family from Flu A/H1N1 Infection **First printed:** 2009 **Type:** Flier
	Reference no.: 103 **Title:** Q&A About A/H1N1 Flu **First printed:** 2009 **Type:** Booklet
	Reference no.: 371 **Title:** Fight Flu **First printed:** 2010 **Type:** Calendar >*More H1N1 materials*

Cover image	Click hyperlink to view description and download PDF
Healthy Lifestyles	
	Reference no.: 1076 **Title:** New Generation – Girls (Anti-Smoking) **First printed:** 2007 **Type:** Flier
	Reference no.: 1077 **Title:** New Generation (Anti-Smoking) **First printed:** 2007 **Type:** Flier
	Reference no.: 1110 **Title:** Dangers of Smoking **First printed:** 2009 **Type:** Flier >*More Anti-Tobacco Materials*

Cover image	Click hyperlink to view description and download PDF
	Reference no.: 1074 **Title:** Proper Nutrition **First printed:** 2007 **Type:** Flier
Female Genital Mutilation/Cutting	
	Reference no.: 1097 **Title:** Criminalizing FGM – Why? **First printed:** 2008 **Type:** Booklet
	Reference no.: 229 **Title:** Criminalizing FGM **Printed:** 2010 **Type:** Poster >*More Anti-FGM/C Materials*
Breast Cancer	
	Title: Proper Nutrition During Breast Cancer Treatment **First printed:** 2010 **Type:** Brochure

Cover image	Click hyperlink to view description and download PDF
	Title: Hormonal Treatment of Breast Cancer **First printed:** 2010 **Type:** Flier
	Title: Surgical Treatment of Breast Cancer **First printed:** 2010 **Type:** Flier

Printed Materials Distributed by CHL to Partners, 2004-2010

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
2004-2010	**ALL**		**12,677,475**		**774,891**		**679,095**		**437,924**		**430,923**
02/12/04	Catalyst										
11/14/04	MOHP/POP					Mabrouk	25				
11/22/04	Catalyst							Cartoons on FP	200		
11/22/04	Catalyst							Enhancing girls' education	200		
11/22/04	Catalyst							Spousal communication	200		
11/22/04	Catalyst							Family Planning	200		
12/09/04	USAID							Birth Spacing 3-5 Years	1		
12/09/04	USAID							FP after 1st child	1		
12/09/04	USAID							Counseling	1		
01/06/05	USAID					HIV/AIDS Insert	5				
02/16/05	Clinical Svces. Improvement			FP after 1st child	150	Mabrouk	150	FP after 1st child	150	FP and Family Health flipchart	150
02/16/05	CSI							Cartoons on FP	150		
02/16/05	CSI							Enhancing girls' education	150		
02/16/05	CSI							Spousal Communication	150		
02/16/05	CSI							Family Planning	150		
02/16/05	CSI							Spacing 3-5 years	150		
03/20/05	MOHP/HMHC					Mabrouk book	500				
04/20/05	MOHP/IDSR					Mabrouk book	100				
05/10/05	Catalyst							FP after 1st child	2		
05/10/05	Catalyst							Spacing 3-5 years	2		
05/10/05	Catalyst							Breastfeeding	2		
05/10/05	Catalyst							Smoking Prevention	2		
05/12/05	CEOSS	Danger signs for antenatal	1,500	Breastfeeding	400	Mabrouk	1,500	FP after 1st child	20		
05/12/05	CEOSS	Danger signs postpartum	1,500	FP after 1st baby	500			Breastfeeding	20		
05/12/05	CEOSS	Measles	1,500					Spacing 3-5 years	20		
05/16/05	Catalyst										

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
05/16/05	USAID									AC Promotional Packages	3
05/24/05	Catalyst					Mabrouk with frames	250				
05/24/05	Catalyst					Mabrouk without f.	250				
10/11/05	Population Council	Danger signs for antenatal	22	FP after 1st baby	22	Mabrouk	22			Counseling flipchart	22
10/11/05	Pop. Council	Danger signs postpartum	22	Breastfeeding	22	Breastfeeding	22				
10/11/05	Pop. Council	Measles	22	Dangerous signs	22						
10/11/05	Pop. Council	HIV/AIDS	22								
10/11/05	Pop. Council	Safe Injection	22								
11/28/05	Catalyst							Breastfeeding	68		
11/28/05	Catalyst							Spacing 3-5 years	68		
11/28/05	Catalyst							FP after 1st child	68		
11/28/05	Pop. Council	Danger signs for antenatal	150	FP after 1st baby	150	Mabrouk with frames	150	Breastfeeding	5		
11/28/05	Pop. Council	Danger signs postpartum	150	Breastfeeding	150			Spacing 3-5 years	5		
11/28/05	Pop. Council							FP after 1st child	5		
12/09/05	Save Minya	Danger signs for antenatal	6,000	Breastfeeding	1,500	Mabrouk with frames	1,600	FP after 1st child	300	FP and Family Health flipchart	500
12/09/05	Save Minya	Danger signs postpartum	6,000	FP after 1st child	1,000	Mabrouk without f.	1,100	Breastfeeding	300		
12/09/05	Save Minya	Measles	6,000			Breastfeeding	1,000	Spacing 3-5 years	300		
12/09/05	Save Minya							Cartoons on FP	300		
12/09/05	Save Minya							Enhancing girls' education	200		
01/03/06	CSI	Avian flu Households	100							MCH flipchart	5
01/03/06	CSI	Avian flu with Poultry	100								
01/04/06	Arabic Assn. for Cultural Develop.							Smoking Prevention	15	Sticker No Smoking	100
01/06/06	Pop. Council	3-5 years spacing	5,000	Breastfeeding	300						
01/29/06	MOHP/IDSR	Avian flu Consumer	10,000								
01/29/06	SISC	Avian flu Consumer	2,000								
02/23/06	MOHP/POP									MCH flipchart	100
02/23/06	UNICEF									MCH flipchart	100
03/16/06	Save Minya	Avian flu Households	6,000								
03/16/06	Save Minya	Avian flu with Poultry	6,000								
03/16/06	Save Minya	Handwashing for children	2,000								
03/16/06	Save Minya	Handwashing for caregivers	2,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
03/20/06	Alam Simsim	Handwashing for children	2,000								
03/20/06	Alam Simsim	Handwashing for caregivers	2,000								
03/20/06	NAMRU 3	Handwashing for children	1,000								
03/20/06	NAMRU 3	Handwashing for caregivers	1,000								
03/20/06	NAMRU 3	Handwashing fact sheet	20								
03/20/06	Pop. Council			FP after 1st child	1,000						
03/30/06	AMIDEAST	Avian flu Households	125								
03/30/06	AMIDEAST	Avian flu with Poultry	125								
03/30/06	BLESS	Avian flu Households	22,000								
03/30/06	BLESS	Avian flu with Poultry	6,000								
03/30/06	CARE Egypt	Avian flu Households	600								
03/30/06	CARE	Avian flu with Poultry	600								
03/30/06	Care with Love	Avian flu Households	250								
03/30/06	Care with Love	Avian flu with Poultry	50								
03/30/06	Catholic Relief Svces.	Avian flu Households	5,000								
03/30/06	CRS	Avian flu with Poultry	2,000								
03/30/06	Save Cairo	Avian flu Households	20,000								
03/30/06	Save Cairo	Avian flu with Poultry	5,000								
03/30/06	Save Cairo	Handwashing for children	15,000								
03/30/06	Save Cairo	Handwashing for caregivers	15,000								
03/30/06	Sawiris Foundation	Avian flu Households	1,000								
03/30/06	Sawiris Foundation	Avian flu with Poultry	500								
03/30/06	Tadamun	Avian flu Households	12,000								
03/30/06	Tadamun	Avian flu with Poultry	1,000								
03/30/06	Women's Health Improvement	Avian flu Households	13,000								
03/30/06	Women's Health Improvement	Avian flu with Poultry	3,000								
03/30/06	USAID									MOHP Magazines	30
04/01/06	Pop. Council					Mabrouk	1,000				
04/01/06	Save Minya	Danger signs for antenatal	2,000	Breastfeeding	2,000	Mabrouk with frames	3,000	FP after 1st child	300	MCH flipchart	490

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
04/01/06	Save Minya	Danger signs postpartum	2,000	FP after 1st child	2,000	Mabrouk without f.	2,000	Breastfeeding	300	FP and Family Health flipchart	100
04/01/06	Save Minya							Spacing 3-5 years	300		
04/01/06	Save Minya							Cartoons on FP	300		
04/01/06	Save Minya							Enhancing girls' education	300		
04/10/06	P&G	Safe Injection	40,000			Mabrouk with frames	40,000				
04/10/06	P&G	Danger signs for antenatal	40,000								
04/10/06	P&G	Danger signs postpartum	40,000								
04/10/06	P&G	Mabrouk 1st child	40,000								
04/10/06	P&G	3-5 years spacing	40,000								
04/10/06	P&G	Breastfeeding	40,000								
04/12/06	Save Minya							Handwashing for children	275		
04/12/06	Save Minya							Avian flu Households	275		
04/12/06	Save Minya							Avian flu with Poultry	275		
04/12/06	Save Minya							Smoking Prevention	275		
04/18/06	Pop. Council			FP after 1st child	1,000					MCH flipchart	50
04/27/06	Min. of Ag.	Avian flu with Poultry	3,000								
04/27/06	Min. of Ag.	Avian flu Households	3,000								
04/27/06	Min. of Ag.							Avian flu Households	200		
04/27/06	Min. of Ag.							Avian flu with Poultry	200		
04/27/06	MOHP	Avian flu with Poultry	3,000								
04/27/06	MOHP	Avian flu Households	3,000								
04/27/06	MOHP							Avian flu Households	200		
04/27/06	MOHP							Avian flu with Poultry	200		
05/01/06	Pop. Council							Spacing 3-5 years	20		
05/01/06	Pop. Council							FP after 1st child	20		
05/14/06	UNICEF	Avian flu with Poultry	2,000								
05/14/06	UNICEF	Avian flu Households	2,000								
05/14/06	P&G	New Generation-Girls (Anti-Smoking)	100								
05/14/06	P&G	New Generation (Anti-Smoking	100								
05/14/06	P&G	Danger signs for antenatal	100								
05/14/06	P&G	Danger signs postpartum	100								
05/14/06	P&G	TB	100								
05/14/06	P&G	Measles	100								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
05/14/06	P&G	Avian flu with Poultry	100								
05/14/06	P&G	Avian flu Households	100								
05/14/06	P&G	AI is a disease that can be controlled	100								
05/14/06	P&G	Safe Injection	100								
05/14/06	P&G	Handwashing for caregivers	100								
05/14/06	P&G	Handwashing for children	100								
05/14/06	P&G	HIV/AIDS	100								
05/14/06	P&G	3-5 years spacing	100								
05/14/06	P&G	Subcutaneous Implant	100								
05/14/06	P&G	Oral Contraceptive Method	100								
05/14/06	P&G	Child Diarrhea	100								
05/14/06	P&G	Safe Pregnancy	100								
05/14/06	P&G	RH Services	100								
05/14/06	P&G	Mabrouk 1st child	100								
05/14/06	P&G	Condom	100								
05/14/06	P&G	Breastfeeding	100								
05/14/06	P&G	FP Injectables	100								
06/02/06	MOHP/IDSR	Avian flu Consumer	10,000								
06/03/06	Alam Simsim	Handwashing for children	2,000								
06/03/06	Alam Simsim	Handwashing for caregivers	2,000								
06/04/06	WHO	Avian flu with Poultry	1,000					Avian flu Households	100		
06/04/06	WHO	Avian flu Households	1,000					Avian flu with Poultry	100		
06/04/06	WHO	HIV/AIDS	500								
06/04/06	WHO	Danger signs for antenatal	500								
06/04/06	WHO	Danger signs postpartum	500								
06/04/06	WHO	Handwashing for children	500								
06/04/06	WHO	Handwashing for caregivers	500								
06/09/06	UNICEF	HIV/AIDS	1,000								
06/09/06	UNICEF	Handwashing for children	1,000								
06/09/06	UNICEF	Safe Injection	10								
06/11/06	Save Minya	Avian flu with Poultry	6,000					Avian flu Households	200		
06/11/06	Save Minya	Avian flu Households	6,000					Avian flu with Poultry	200		
06/11/06	Save Minya	Handwashing for children	2,000					Handwashing for children	50		
06/11/06	Save Minya	Handwashing for caregivers	2,000					Handwashing for caregivers	50		
06/18/06	MOHP/IDSR					Avian Infl. Q&A	25,000				
06/18/06	Pop. Council			Breastfeeding	1,000						

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
06/18/06	UNICEF					Avian Infl. Q&A	500				
06/20/06	MOHP/IDSR					Avian Infl. Q&A	25,000				
06/20/06	MOHP/POP	FP Injectables	500	Condom	500	Mabrouk without f.	200	FP after 1st child	15		
06/20/06	MOHP/POP	Mabrouk 1st child	500	Adolescence	500			Spacing 3-5 years	10		
06/20/06	MOHP/POP	Subcutaneous Implant	500	FP after 1st child	500			Breastfeeding	15		
06/20/06	MOHP/POP	3-5 years spacing	500					Smoking Prevention	10		
06/20/06	MOHP/POP	Danger signs for antenatal	500								
06/20/06	MOHP/POP	Danger signs postpartum	500								
06/20/06	MOHP/POP	Avian flu with Poultry	500								
06/20/06	MOHP/POP	Avian flu Households	500								
06/20/06	MOHP/POP	RH Services	500								
06/20/06	MOHP/POP	IUD	500								
06/20/06	MOHP/POP	Oral Contraceptive Method	500								
06/26/06	P&G	Safe Injection	27,000			Mabrouk with frames	27,000				
06/26/06	P&G	Danger signs for antenatal	27,000								
06/26/06	P&G	Danger signs postpartum	27,000								
06/26/06	P&G	Mabrouk 1st child	27,000								
06/26/06	P&G	3-5 years spacing	27,000								
06/26/06	P&G	Breastfeeding	27,000								
06/28/06	NAMRU 3	Handwashing for children	3,000					Handwashing for children	300		
07/02/06	USAID	Danger signs for antenatal	50	FP after 1st baby	50	Mabrouk	100				
07/02/06	USAID	Danger signs postpartum	50	Breastfeeding	50						
07/02/06	USAID	Safe Injection	50								
07/02/06	USAID	HIV/AIDS	50								
07/02/06	USAID	Measles	50								
07/03/06	CSI									MCH flipchart	100
07/11/06	Takamol	Danger signs for antenatal	1,000			Mabrouk	1,000	FP after 1st child	3	Integ. flipchart for counseling	5
07/11/06	Takamol	Danger signs postpartum	1,000					Spacing 3-5 years	3	CD with all IEC Materials	1
07/11/06	Takamol	Child Diarrhea	1,000					Breastfeeding	3		
07/11/06	Takamol	Breastfeeding	1,000								
07/11/06	Takamol	TB	1,000								
07/11/06	Takamol	Avian flu with Poultry	1,000								
07/11/06	Takamol	Avian flu Households	1,000								
07/11/06	Takamol	Measles	1,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
07/11/06	Takamol	Handwashing for children	1,000								
07/11/06	Takamol	Handwashing for caregivers	1,000								
07/11/06	Takamol	Safe Injection	1,000								
07/11/06	Takamol	HIV/AIDS	1,000								
07/11/06	Takamol	3-5 years spacing	1,000								
07/11/06	Takamol	Subcutaneous Implant	1,000								
07/11/06	Takamol	FP Injectables	1,000								
07/11/06	Takamol	Safe Pregnancy	1,000								
07/11/06	Takamol	IUD	1,000								
07/11/06	Takamol	RH Services	1,000								
07/11/06	Takamol	Mabrouk 1st child	1,000								
07/11/06	Takamol	Condom	1,000								
07/11/06	Takamol	Feminine Hygiene	1,000								
07/12/06	Takamol	Danger signs for antenatal	40	Dangerous signs	40	Mabrouk	40				
07/12/06	Takamol	Danger signs postpartum	40	Condom	40	Avian Infl. Q&A	40				
07/12/06	Takamol	Child Diarrhea	40	Adolescence	40						
07/12/06	Takamol	Breastfeeding	40	Family Health Clinic	40						
07/12/06	Takamol	TB	40								
07/12/06	Takamol	Avian flu with Poultry	40								
07/12/06	Takamol	Avian flu Households	40								
07/12/06	Takamol	Measles	40								
07/12/06	Takamol	Handwashing for children	40								
07/12/06	Takamol	Handwashing for caregivers	40								
07/12/06	Takamol	Safe Injection	40								
07/12/06	Takamol	HIV/AIDS	40								
07/12/06	Takamol	3-5 years spacing	40								
07/12/06	Takamol	Subcutaneous Implant	40								
07/12/06	Takamol	FP Injectables	40								
07/12/06	Takamol	Safe Pregnancy	40								
07/12/06	Takamol	IUD	40								
07/12/06	Takamol	RH Services	40								
07/12/06	Takamol	Mabrouk 1st child	40								
07/12/06	Takamol	Condom	40								
07/12/06	Takamol	Feminine Hygiene	40							MCH flipchart	30
08/16/06	Takamol									IEC Package	30
08/24/06	Medtec	Handwashing for children	164,000								
08/24/06	Medtec	Handwashing for caregivers	164,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/13/06	Save Minya	HIV/AIDS	2,000	Breastfeeding	1,000	Mabrouk with frames	840	Handwashing for children	500	Integ. Flipchart for counseling	250
09/13/06	Save Minya	Danger signs for antenatal	8,000	FP after 1st child	1,000			Handwashing for caregivers	500		
09/13/06	Save Minya	Danger signs postpartum	8,000	Adolescence	3,000			Avian flu Households	1,000		
09/13/06	Save Minya	Handwashing for children	1,000					Avian flu with Poultry	1,000		
09/13/06	Save Minya	Handwashing for caregivers	1,000					Spacing 3-5 years	20		
09/13/06	Save Minya	Avian flu with Poultry	10,000					FP after 1st child	10		
09/13/06	Save Minya	Avian flu Households	10,000					Breastfeeding	15		
09/13/06	Save Minya							Smoking Prevention	40		
09/18/06	Pop. Council	Avian flu with Poultry	1,000								
09/18/06	Pop. Council	Avian flu Households	1,000								
09/18/06	Pop. Council	3-5 years spacing	1,000								
09/18/06	Pop. Council	Breastfeeding	1,000								
09/19/06	Orman School	Safe Injection	3,000	Adolescence	3,000	Avian Infl. Q&A	5	Smoking Prevention	5		
09/19/06	Orman School	HIV/AIDS	3,000	HIV/AIDS	5	HIV/AIDS Insert	5	Avian flu Households	5		
09/19/06	Orman School	TB	3,000					Handwashing for children	5		
09/19/06	Orman School	Handwashing for children	50					Handwashing for caregivers	5		
09/19/06	Orman School	Handwashing for caregivers	50					Cartoons on FP	5		
09/19/06	Orman School	Avian flu Households	3,000								
09/19/06	Orman School	Feminine Hygiene	165								
10/08/06	CARE Egypt	HIV/AIDS	50			HIV/AIDS Insert	50				
10/09/06	Menoufiya Univ.	Avian flu with Poultry	1,500								
10/09/06	Menoufiya Univ.	Avian flu Households	1,500								
10/27/06	P&G	Safe Injection	60,000			Mabrouk with frames	60,000				
10/27/06	P&G	Danger signs for antenatal	60,000								
10/27/06	P&G	Danger signs postpartum	60,000								
10/27/06	P&G	Mabrouk 1st child	60,000								
10/27/06	P&G	3-5 years spacing	60,000								
10/27/06	P&G	Breastfeeding	60,000								
11/06/06	MOHP/IDSR					Avian Infl. Q&A	10,000				
11/27/06	UNAIDS	HIV/AIDS	25,000							T-Shirts	350
11/27/06	UNAIDS	HIV/AIDS WICIDA	18,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/28/06	CSIA	Breastfeeding	1,000	FP after 1st child	1,000	Mabrouk	1,000	Handwashing for children	5		
11/28/06	CSIA	3-5 years spacing	1,000					Handwashing for caregivers	5		
11/28/06	CSIA	Danger signs for antenatal	1,000					Avian flu Households	5		
11/28/06	CSIA	Danger signs postpartum	1,000					Avian flu with Poultry	5		
11/28/06	CSIA	Measles	1,000					FP after 1st child	5		
11/28/06	CSIA	Child Diarrhea	1,000					Spacing 3-5 years	5		
11/28/06	CSIA	Handwashing for children	1,000					Breastfeeding	5		
11/28/06	CSIA	Handwashing for caregivers	1,000					Smoking Prevention	5		
11/28/06	CSIA	Avian flu with Poultry	1,000								
11/28/06	CSIA	Avian flu Households	1,000								
11/28/06	CSIA	Safe Injection	1,000								
11/28/06	CSIA	HIV/AIDS	1,000								
11/28/06	CSIA	TB	1,000								
11/28/06	MOHP/POP	Breastfeeding	50	Breastfeeding	50	Mabrouk	50	Handwashing for children	5	MCH flipchart	50
11/28/06	MOHP/POP	Safe Pregnancy	50	Adolescence	50			Handwashing for caregivers	5		
11/28/06	MOHP/POP	3-5 years spacing	50	HIV/AIDS	50			Avian flu Households	5		
11/28/06	MOHP/POP	Mabrouk 1st child	50					Avian flu with Poultry	5		
11/28/06	MOHP/POP	Danger signs for antenatal	50					FP after 1st child	5		
11/28/06	MOHP/POP	Danger signs postpartum	50					Spacing 3-5 years	5		
11/28/06	MOHP/POP	Measles	50					Breastfeeding	5		
11/28/06	MOHP/POP	Child Diarrhea	50					Smoking Prevention	5		
11/28/06	MOHP/POP	Handwashing for children	50								
11/28/06	MOHP/POP	Handwashing for caregivers	50								
11/28/06	MOHP/POP	Avian flu with Poultry	50								
11/28/06	MOHP/POP	Avian flu Households	50								
11/28/06	MOHP/POP	Safe Injection	50								
11/28/06	MOHP/POP	HIV/AIDS	50								
11/28/06	MOHP/POP	TB	50								
12/03/06	Save Cairo	Avian flu Households	8,000					Avian flu Households	1		
12/03/06	Save Cairo	Avian flu with Poultry	2,000					Avian flu with Poultry	1		
12/03/06	Save Cairo	Handwashing for children	200								
12/03/06	Save Cairo	Handwashing for caregivers	200								
12/09/06	UNFPA					Mabrouk with frames	200				
12/13/06	MOHP/POP	Safe Pilgrimage	100,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
12/14/06	UNAIDS									T-Shirt	2,000
12/21/06	Takamol	Danger signs for antenatal	50			Mabrouk	50			Integ. flipchart for counseling	50
12/21/06	Takamol	Danger signs postpartum	50								
12/21/06	Takamol	Child Diarrhea	50								
12/21/06	Takamol	Breastfeeding	50								
12/21/06	Takamol	TB	50								
12/21/06	Takamol	Avian flu with Poultry	50								
12/21/06	Takamol	Avian flu Households	50								
12/21/06	Takamol	Measles	50								
12/21/06	Takamol	Handwashing for children	50								
12/21/06	Takamol	Handwashing for caregivers	50								
12/21/06	Takamol	Safe Injection	50								
12/21/06	Takamol	HIV/AIDS	50								
12/21/06	Takamol	3-5 years spacing	50								
12/21/06	Takamol	Subcutaneous Implant	50								
12/21/06	Takamol	FP Injectables	50								
12/21/06	Takamol	Safe Pregnancy	50								
12/21/06	Takamol	IUD	50								
12/21/06	Takamol	RH Services	50								
12/21/06	Takamol	Mabrouk 1st child	50								
12/21/06	Takamol	Condom	50								
12/21/06	Takamol	Feminine Hygiene	50								
02/15/07	Pop. Council	3-5 years spacing	1,000								
02/15/07	Pop. Council	Danger signs for antenatal	1,000								
02/15/07	Pop. Council	Breastfeeding	1,000								
02/25/07	Takamol	Danger signs for antenatal	1,000	Dangerous signs	1,000	Mabrouk	1,000				
02/25/07	Takamol	Danger signs postpartum	1,000	Adolescence	500						
02/25/07	Takamol	Breastfeeding	1,000								
02/25/07	Takamol	TB	1,000								
02/25/07	Takamol	Avian flu with Poultry	1,000								
02/25/07	Takamol	Avian flu Households	1,000								
02/25/07	Takamol	Measles	1,000								
02/25/07	Takamol	Handwashing for children	1,000								
02/25/07	Takamol	Handwashing for caregivers	1,000								
02/25/07	Takamol	Safe Injection	1,000								
02/25/07	Takamol	HIV/AIDS	1,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
02/25/07	Takamol	3-5 years spacing	1,000								
02/25/07	Takamol	Subcutaneous Implant	1,000								
02/25/07	Takamol	FP Injectables	1,000								
02/25/07	Takamol	Safe Pregnancy	1,000								
02/25/07	Takamol	IUD	1,000								
02/25/07	Takamol	RH Services	1,000								
02/25/07	Takamol	Mabrouk 1st child	1,000								
02/25/07	Takamol	Condom	1,000								
02/25/07	Takamol	Feminine Hygiene	500								
02/25/07	Takamol	New Generation-Girls	1,000								
02/25/07	Takamol	New Generation	1,000								
03/04/07	Min. of Ag.	Avian flu with Poultry	100,000					Avian flu Households	100		
03/04/07	Min. of Ag.	Avian flu Households	30,000					Avian flu with Poultry	100		
03/04/07	Min. of Ag.	AI Alam Simsim	1,000								
03/04/07	Save Minya	3-5 years spacing	3,000			Mabrouk	3,000	Avian flu with Poultry	2,000		
03/04/07	Save Minya	Mabrouk 1st child	3,000					FP after 1st child	250		
03/04/07	Save Minya	Danger signs for antenatal	3,000					Spacing 3-5 years	150		
03/04/07	Save Minya	Danger signs postpartum	3,000					Breastfeeding	250		
03/04/07	Save Minya	Safe Injection	3,000								
03/04/07	Save Minya	Breastfeeding	3,000								
03/04/07	Save Minya	Handwashing for children	150								
03/04/07	Save Minya	Avian flu with Poultry	15,000								
03/04/07	Save Minya	Avian flu Households	15,000								
03/13/07	Takamol	Avian flu with Poultry	3,000					FP after 1st child	150		
03/13/07	Takamol	Avian flu Households	3,000					Spacing 3-5 years	150		
03/13/07	Takamol	AI is a disease that can be controlled	2,000					Breastfeeding	150		
03/13/07	Takamol							Smoking Prevention	10		
03/13/07	Takamol							Avian flu Households	150		
03/13/07	Takamol							Avian flu with Poultry	50		
03/29/07	IFMSA	Safe Injection	1,000					Avian flu Households	20		
03/29/07	IFMSA	HIV/AIDS	1,000					Avian flu with Poultry	20		
03/29/07	IFMSA	Breastfeeding	1,000					Breastfeeding	20		
03/29/07	IFMSA	New Generation-Girls	1,000					FP after 1st child	20		
03/29/07	IFMSA	New Generation	1,000								
03/29/07	IFMSA	Avian flu with Poultry	1,000								
03/29/07	IFMSA	Avian flu Households	1,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
04/04/07	Red Crescent	Avian flu with Poultry	3,000								
04/04/07	Red Crescent	Avian flu Households	3,000								
04/04/07	Red Crescent	Measles	1,500								
06/13/07	USAID	Avian flu Households	120,000								
06/28/07	E3OP	New Generation	500								
06/28/07	E3OP	New Generation-Girls	500								
06/28/07	E3OP	Measles	500								
06/28/07	E3OP	TB	500								
06/28/07	E3OP	Avian flu with Poultry	500								
06/28/07	E3OP	Avian flu Households	500								
06/28/07	E3OP	Handwashing for caregivers	50								
06/28/07	E3OP	Handwashing for children	50								
06/28/07	E3OP	Good Nutrition	500								
11/04/07	P&G	Safe Injection	45,000			Mabrouk with frames	45,000				
11/04/07	P&G	Danger signs for antenatal	45,000								
11/04/07	P&G	Danger signs postpartum	45,000								
11/04/07	P&G	Mabrouk 1st child	45,000								
11/04/07	P&G	3-5 years spacing	45,000								
11/04/07	P&G	Breastfeeding	45,000								
11/04/07	Takamol							Family Planning free choice 50x70	1000		
11/04/07	Takamol							Family Planning wall chart 70x100	100		
11/04/07	Takamol							AI, A3 Size	1,200		
11/15/07	ESDF	Avian flu Households	6,000	Safe Mgmt of Poultry	6,000			Avian Flu human symptoms in action	6,000		
11/15/07	ESDF	AI is a disease that can be controlled	6,000					Avian flu Households	200		
11/15/07	ESDF	Good Nutrition	10,000					Safe Mgmt of Poultry	6,000		
11/15/07	ESDF	Handwashing for caregivers	10,000								
11/15/07	ESDF	Viral Hepatitis	7,500								
11/26/07	RCT/Ain Shams Univ.	3-5 years spacing	500			Mabrouk	100	Breastfeeding	2		
11/26/07	RCT	Subcutaneous Implant	500					Smoking Prevention			
11/26/07	RCT	Safe Injection	500					Spacing 3-5 years	2		
11/26/07	RCT	IUD	500					FP after 1st child	2		
11/26/07	RCT	RH Services	500								
11/26/07	RCT	Oral Contraceptive Method	500								
11/26/07	RCT	Mabrouk 1st child	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/26/07	RCT	Condom	500								
11/26/07	RCT	Danger signs for antenatal	500								
11/26/07	RCT	Danger signs postpartum	500								
11/26/07	RCT	Breastfeeding	500					Breastfeeding			
12/04/07	Save Minya	AI Alam Simsim	600					Family Planning Methods	50		
12/04/07	Save Minya	Subcutaneous Implant	1,000					Family Planning Wall Chat	50		
12/04/07	Save Minya	FP Injectables	1,000					Family Planning Mustafa Hussein	24		
12/04/07	Save Minya	IUD	1,000								
12/04/07	Save Minya	RH Services	1,000								
12/04/07	Save Minya	Condom	1,000								
12/12/07	El-Zanaty and Assocs.					Mabrouk	40				
12/26/07	Save Minya	Safe Injection	5,000	Safe Mgmt of Poultry	5,000	Mabrouk	5,000	Safe Mgmt of Poultry	400		
12/26/07	Save Minya	Danger signs for antenatal	5,000								
12/26/07	Save Minya	Danger signs postpartum	5,000								
12/26/07	Save Minya	Mabrouk 1st child	5,000								
12/26/07	Save Minya	3-5 years spacing	5,000								
12/26/07	Save Minya	Breastfeeding	5,000								
01/21/08	SISC Minya	Safe Injection	150	Safe Mgmt of Poultry	3,000	Mabrouk with frames	150	Safe Mgmt of Poultry	200		
01/21/08	SISC Minya	Danger signs for antenatal	150								
01/21/08	SISC Minya	Danger signs postpartum	150								
01/21/08	SISC Minya	Mabrouk 1st child	150								
01/21/08	SISC Minya	3-5 years spacing	150								
01/21/08	SISC Minya	Breastfeeding	150								
01/21/08	SISC Minya	Safe Injection	400								
01/21/08	SISC Minya	Handwashing for caregivers	500								
01/21/08	SISC Minya	Viral Hepatitis	3,000								
01/21/08	SISC Minya	New Generation-Girls	500								
01/21/08	SISC Minya	AI is a disease that can be controlled	500								
01/28/08	P&G	Safe Injection	30,000			Mabrouk with frames	30,000				
01/28/08	P&G	Danger signs for antenatal	30,000								
01/28/08	P&G	Danger signs postpartum	30,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
01/28/08	P&G	Mabrouk 1st child	30,000								
01/28/08	P&G	3-5 years spacing	30,000								
01/28/08	P&G	Breastfeeding	30,000								
02/25/08	IFMSA	New Generation-Girls	1,500								
02/25/08	IFMSA	New Generation	1,500								
03/04/08	Min. of Ag.			Safe Mgmt of Poultry	250,000						
03/05/08	MOHP/IDSR	Avian flu Households	250,000	Safe Mgmt of Poultry	49,500						
03/06/08	El-Zanaty Associates	Viral Hepatitis	10,000								
03/11/08	Menoufiya Health Directorate	Avian flu Households	5,000	Safe Mgmt of Poultry	5,000			Avian Flu human symptoms in Action	900		
03/11/08	Menoufiya Health Dir.							Safe Mgmt of Poultry	20		
03/11/08	Menoufiya Health Dir.							Avian flu with Poultry	20		
03/11/08	Pop. Council	Breastfeeding	3,000								
03/11/08	World Health Forum	Hepatitis B and C	100,000					Viral Hepatitis	2,000	Pocket Calendar	100,000
03/11/08	WHF							Protect yourself against Viral Hepatitis	2,000	Stickers Hepatitis B and C	1,000
03/11/08	WHF									T-Shirts	500
03/11/08	WHF									Caps	500
03/11/08	WHF										
03/16/08	WHF	Viral Hepatitis Q&A	20,000								
03/19/08	Vacsera									T-Shirts	25
03/19/08	Vacsera									Caps	25
04/01/08	Ain Shams University									Coupon for Viral Hepatitis	4,000
04/14/08	P&G	Danger signs for antenatal	38,000			Mabrouk with frames	38,000				
04/14/08	P&G	Danger signs postpartum	38,000								
04/14/08	P&G	Mabrouk 1st child	38,000								
04/14/08	P&G	3-5 years spacing	38,000								
04/14/08	P&G	Breastfeeding	38,000								
04/23/08	MOHP/MCH	LAM	20,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
04/23/08	SIS Sharkia	Avian flu Households	3,000	Safe Mgmt of Poultry	6,000			Avian Flu human symptoms in Action	5,000		
04/23/08	SIS Sharkia	Subcutaneous Implant	4,000					Safe Mgmt of Poultry	250		
04/29/08	Takamol	FP Injectables	4,000	Safe Mgmt of Poultry	10,000	Mabrouk with frames	5,000	Avian Flu human symptoms in Action	5,000		
04/29/08	Takamol	Oral Contraceptive Method	4,000					Breastfeeding	73		
04/29/08	Takamol	IUD	4,000					FP after 1st child	25		
04/29/08	Takamol	RH Services	4,000					Our Mission is to serve you	90		
04/29/08	Takamol	Mabrouk 1st child	4,000					Smoking Prevention	25		
04/29/08	Takamol	Condom	4,000					Spacing 3-5 years	30		
04/29/08	Takamol	LAM	10,000								
04/29/08	Takamol	New Generation-Girls	6,000								
04/29/08	Takamol	New Generation	6,000								
04/29/08	Takamol	Handwashing for caregivers	6,000								
04/29/08	Takamol	Good Nutrition	4,000								
04/29/08	Takamol	AI is a disease that can be controlled	4,000								
04/29/08	Takamol	Hepatitis B and C	10,000								
04/29/08	Takamol	Danger signs for antenatal	5,000								
04/29/08	Takamol	Danger signs postpartum	5,000								
04/29/08	Takamol	Mabrouk 1st child	5,000								
04/29/08	Takamol	3-5 years spacing	5,000								
04/29/08	Takamol	Breastfeeding	5,000								
04/30/08	The Egyptian Scouts	Subcutaneous Implant	1,000								
04/30/08	Scouts	FP Injectables	1,000								
04/30/08	Scouts	Oral Contraceptive Method	1,000								
04/30/08	Scouts	IUD	1,000								
04/30/08	Scouts	RH Services	1,000								
04/30/08	Scouts	Mabrouk 1st child	1,000								
04/30/08	Scouts	Condom	1,000								
05/05/08	E3OP	Handwashing for caregivers	500	Safe Mgmt of Poultry	500			Safe Mgmt of Poultry	10		
05/05/08	E3OP	AI is a disease that can be controlled	500					Avian Flu human symptoms in Action	10		
05/05/08	E3OP	Good Nutrition	1,000								
05/05/08	E3OP	New Generation-Girls	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
05/05/08	E3OP	New Generation	500								
05/05/08	MOHP/MCH	LAM	5,000								
05/08/08	MOHP/POP	LAM	20,000								
06/02/08	National Pop. Council	Danger signs for antenatal	3,000			Mabrouk	3,000				
06/02/08	NPC	Danger signs postpartum	3,000								
06/02/08	NPC	Mabrouk 1st child	3,000								
06/02/08	NPC	3-5 years spacing	3,000								
06/02/08	NPC	Breastfeeding	3,000								
06/02/08	NPC	Safe Injection	3,000								
06/05/08	MOHP/POP	Pop and FP Sector	4,800	Breastfeeding	3,000						
06/29/08	Int. Pop. Council	Breastfeeding fact sheet	1,000								
07/13/08	P&G	Safe Injection	17,000			Mabrouk with frames	17,000				
07/13/08	P&G	Danger signs for antenatal	17,000								
07/13/08	P&G	Danger signs postpartum	17,000								
07/13/08	P&G	Mabrouk 1st child	17,000								
07/13/08	P&G	3-5 years spacing	17,000								
07/13/08	P&G	Breastfeeding	17,000								
09/13/08	MOHP/IDSR					Infection Control Policies	2,000				
10/15/08	El Galaa Hosp.	3-5 years spacing	30			Mabrouk with frames	30				
10/15/08	El Galaa Hosp.	Danger signs for antenatal	30								
10/15/08	El Galaa Hosp.	Danger signs postpartum	30								
10/15/08	El Galaa Hosp.	Safe Injection	30								
10/15/08	El Galaa Hosp.	Breastfeeding	30								
10/19/08	Save Minya	Danger signs for antenatal	10,000			Mabrouk	1,000	FP after 1st child	1,000		
10/19/08	Save Minya	Danger signs postpartum	10,000					Breastfeeding	500		
10/19/08	Save Minya	Breastfeeding (LAM)	20,000						500		
10/19/08	Save Minya		20,000								
10/19/08	Save Minya	Viral Hepatitis	40,000								
10/19/08	Save Minya	Handwashing for children	20,000								
10/20/08	MOHP/IDSR			PPE Kit for Male	3,000	Avian Infl. Q&A	3,000				
10/20/08	MOHP/IDSR			PPE Kit for Female	3,000						
10/30/08	B-Connect	Viral Hepatitis	500								
10/30/08	B-Connect	Al Alam Simsim	500								
10/30/08	B-Connect	Avian flu with Poultry	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
10/30/08	B-Connect	Breastfeeding	500								
10/30/08	B-Connect	Handwashing for caregivers	500								
10/30/08	B-Connect	Safe Injection	500								
10/30/08	B-Connect	Safe Injection fact sheet	100								
10/30/08	B-Connect	Safe Pregnancy	100								
10/30/08	B-Connect	Avian Flu	100								
10/30/08	B-Connect	Handwashing	100								
10/30/08	B-Connect	Oral Contraceptive Method	500								
10/30/08	B-Connect	FP Injectables	500								
10/30/08	B-Connect	Subcutaneous Implant	500								
10/30/08	UNV Office	Viral Hepatitis	5,000								
10/30/08	UNV Office	Lists of Liver Centers	3,000								
11/03/08	UNICEF					Avian Infl. Q&A	1,500				
11/19/08	MOHP/IDSR	Measles	1,000,000							T-Shirts	100
11/19/08	MOHP/IDSR									Measles Calendar	50,000
11/20/08	Ain Shams Un.	Measles	40,000					Hepatitis C	200	Hepatitis calendar	12,000
11/20/08	Ain Shams Un.									T-Shirts	10
11/20/08	Azhar Univ.	Measles	36,000					Hepatitis C	200	Hepatitis calendar	12,000
11/20/08	Azhar Univ.									T-Shirts	10
11/20/08	Kasr Aini Hosp.	Measles	40,000					Hepatitis C	200	Hepatitis calendar	12,000
11/20/08	Kasr Aini Hosp.									T-Shirts	10
11/21/08	SIS Alexandria	Measles	120,000							T-Shirts	10
11/21/08	SIS Assiut	Measles	30,000							T-Shirts	10
11/21/08	SIS Fayoum	Measles	30,000							T-Shirts	10
11/21/08	SIS Minya	Measles	30,000							T-Shirts	10
11/21/08	SIS Sohag	Measles	30,000							T-Shirts	10
11/21/08	Sohag Univ.	Measles	40,000							Measles Calendar	12,000
11/21/08	Sohag Univ.									T-Shirts	10
11/21/08	Sohag Univ.									Banners	5
11/22/08	Alex. Univ.	Measles	40,000							Measles Calendar	12,000
11/22/08	Alex. Univ.									T-Shirts	10
11/22/08	Alex. Univ.									Banners	5
11/22/08	MOHP/IDSR									Banners	5

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/22/08	SIS Cairo	Measles	80,000								
11/22/08	SIS Tanta	Measles	30,000							T-Shirts	10
11/22/08	Tanta Univ.	Measles	40,000							Measles Calendar	12,000
11/22/08	Tanta Univ.									T-Shirts	10
11/22/08	Tanta Univ.									Banners	5
11/23/08	Benha Univ.	Measles	40,000							Measles Calendar	12,000
11/23/08	Benha Univ.									T-Shirts	10
11/23/08	Benha Univ.									Banners	5
11/23/08	Menoufiya Univ.	Measles	40,000							Measles Calendar	12,000
11/23/08	Menoufiya Univ.									T-Shirts	10
11/23/08	Menoufiya Univ.									Banners	5
11/23/08	SIS Dakahliya	Measles	30,000							T-Shirts	10
11/23/08	SIS Zagazig	Measles	30,000							T-Shirts	10
11/24/08	Ismailia Univ.	Measles	40,000							Measles Calendar	12,000
11/24/08	Ismailia Univ.									T-Shirts	10
11/24/08	MOHP/IDSR									T-Shirts	950
11/24/08	SISC Cairo	Measles	70,000								
11/24/08	SISC Ismailia	Measles	20,000							T-Shirts	10
11/26/08	MOHP/IDSR									T-Shirts	700
11/26/08	SISC Menoufiya	Measles	30,000							T-Shirts	10
12/02/08	Free Village Model Project					Criminalizing FGM (Arabic)	4,000				
12/02/08	Free Village Model Project					Criminalizing FGM (English)	4,000				
12/02/08	Free Village Model Project					FGM in the context of Islam (Arabic)	4,000				
12/02/08	Free Village Model Project					FGM in the context of Islam (English)	4,000				
12/02/08	UN Volunteers	Hepatitis B and C	500	PPE Kit	500	Mabrouk	20	Avian flu Households	20		
12/02/08	UNV Program	Avian flu with Poultry	500					Avian Flu human symptoms in Action	20		
12/02/08	UNV Program	Measles	500								
12/02/08	UNV Program	Breastfeeding	500								
12/02/08	UNV Program	Handwashing for caregivers	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
12/02/08	UNV Program	Al Alam Simsim	500								
12/02/08	UNV Program	RH Services	500								
01/11/09	Takamol	Breastfeeding (LAM)	15,000			Criminalizing FGM (Arabic)	400	Smoking Prevention	10		
01/11/09	Takamol	RH Services	6,000			Criminalizing FGM (English)	400	Contraceptive methods	15		
01/11/09	Takamol	Subcutaneous Implant	4,000			Mabrouk	1,000				
01/11/09	Takamol	FP Injectables	4,000								
01/11/09	Takamol	Oral Contraceptive Method	5,000								
01/11/09	Takamol	IUD	4,000								
01/11/09	Takamol	Condom	4,000								
01/15/09	Fayoum Egypt Financial Services Project	RH Services	10	Safe Mgmt of Poultry	10	Spacing	10				
01/15/09	Fayoum EFS Project	Mabrouk 1st child	10			Breastfeeding	10				
01/15/09	Fayoum EFS	FP Injectables	10			Family Planning Benefits	10				
01/15/09	Fayoum EFS	Oral Contraceptive Method	10			Avian Infl. Q&A	10				
01/15/09	Fayoum EFS	Subcutaneous Implant	10			Mabrouk	10				
01/15/09	Fayoum EFS	Condom	10								
01/15/09	Fayoum EFS	IUD	10								
01/15/09	Fayoum EFS	Avian flu with Poultry	10								
01/15/09	Fayoum EFS	Measles	10								
01/15/09	Fayoum EFS	Hepatitis B and C	10								
01/19/09	Save Minya	RH Services	10,000	Safe Mgmt of Poultry	30,000	Spacing	1,000	Avian Flu human symptoms in Action	2,000		
01/19/09	Save Minya	Mabrouk 1st child	10,000			Breastfeeding	1,000				
01/19/09	Save Minya	FP Injectables	10,000			Family Planning Benefits	1,000				
01/19/09	Save Minya	Oral Contraceptive Method	10,000			Avian Infl. Q&A	1,000				
01/19/09	Save Minya	Subcutaneous Implant	10,000			Mabrouk	1,000				
01/19/09	Save Minya	Condom	10,000								
01/19/09	Save Minya	IUD	10,000								
01/19/09	Save Minya	Avian flu with Poultry	30,000								
01/19/09	Save Minya	Measles	30,000								
01/19/09	Save Minya	Hepatitis B and C	30,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
01/26/09	Min. of Ag.			PPE Kit for Male	5,000						
01/26/09	Min. of Ag.			PPE Kit for Female	5,000						
01/27/09	Takamol							Spacing 3-5 years	25		
01/27/09	Takamol							Our Mission is to serve you	25		
01/27/09	Takamol							Breastfeeding	25		
01/27/09	Takamol							FP after 1st child	25		
01/27/09	Takamol							Smoking Prevention	15		
	AskConsult	Avian flu Households	400,000								
	AskConsult	Avian flu with Poultry	400,000								
02/08/09	Regional Federation of NGOs-Sharkia	Avian flu with Poultry	10,000	Safe Mgmt of Poultry	10,000			Avian Flu human symptoms in Action	1,000		
02/08/09	Reg'l Fedn. of NGOs-Sharkia	Al Alam Simsim	10,000								
02/10/09	MOHP/IC					Infection Control Policies	6,000				
02/17/09	Animal Health Research Institute			PPE Kit for Male	5,000	Avian Infl. Q&A	10,000				
02/17/09	AHRI			PPE Kit for Female	5,000						
02/17/09	FAO			PPE Kit for Male	750	Avian Infl. Q&A	1,500				
02/17/09	FAO			PPE Kit for Female	750						
02/19/09	NCCM					Criminalizing FGM (Arabic)	500				
02/19/09	NCCM					FGM in the context of Islam (Arabic)	500				
02/23/09	GOVS/SAIDR			P-Process (E)	200						
02/26/09	Azhar Univ.	Hepatitis B and C	20,000					Viral Hepatitis	100		
03/02/09	P&G	Danger signs for antenatal	30,000			Mabrouk with frames	30,000				
03/02/09	P&G	Danger signs postpartum	30,000								
03/02/09	P&G	Mabrouk 1st child	30,000								
03/02/09	P&G	3-5 years spacing	30,000								
03/02/09	P&G	Breastfeeding	30,000								
03/03/09	MOHP/IDSR					Avian Infl. Q&A	35,000				
03/03/09	Save Minya					Raedat Refayat Guide	400				
03/10/09	Fayoum Governor	Danger signs for antenatal	350			Mabrouk with frames	350				
03/10/09	Fayoum Governor	Danger signs postpartum	350								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
03/10/09	Fayoum Governor	Mabrouk 1st child	350								
03/10/09	Fayoum Governor	3-5 years spacing	350								
03/10/09	Fayoum Governor	Breastfeeding	350								
03/10/09	Fayoum Governor	Hepatitis B and C	10,000								
03/12/09	Medical Syndicate	Hepatitis B and C	8,750			Infection Control Policies	8,750			Hepatitis calendar	43,750
03/12/09	Medical Syndicate	Viral Hepatitis fact sheet	8,750							Hepatitis coupon	43,750
03/21/09	Local Reproductive Health and AIDS Officer	Danger signs for antenatal	280			Mabrouk with frames	280				
03/21/09	Local RH and AIDS Officer	Danger signs postpartum	280								
03/21/09	Local RH and AIDS Officer	Mabrouk 1st child	280								
03/21/09	Local RH and AIDS Officer	3-5 years spacing	280								
03/21/09	Local RH and AIDS Officer	Breastfeeding	280								
03/21/09	Local RH and AIDS Officer	HIV/AIDS	1,000								
03/22/09	MOHP/IDSR					Infection Control Policies	30,000				
03/24/09	NCCM					Criminalizing FGM (Arabic)	8,000				
04/01/09	Medical Syndicate - Mansoura	Viral Hepatitis	250			Viral Hepatitis	250			Calendar-Liver Center list	250
04/01/09	Medical Syndicate - Mansoura					Infection Control Policies	250			Coupon-Viral Hepatitis Vaccination	250
04/06/09	Fayoum Gov.	Danger signs for antenatal	500								
04/06/09	Fayoum Gov.	Danger signs postpartum	500								
04/06/09	Fayoum Gov.	Mabrouk 1st child	500								
04/06/09	Fayoum Gov.	3-5 years spacing	500								
04/06/09	Fayoum Gov.	Breastfeeding	500								
04/06/09	Fayoum Gov.	Viral Hepatitis	500								
04/06/09	Fayoum Gov.	New Generation-Girls	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
04/06/09	Fayoum Gov.	Breastfeeding	500								
04/06/09	Fayoum Gov.	Condom	500								
04/06/09	Fayoum Gov.	Subcutaneous Implant	500								
04/06/09	Fayoum Gov.	FP Injectables	500								
04/06/09	Fayoum Gov.	Oral Contraceptive Method	500								
04/06/09	Fayoum Gov.	Anti-smoking	500								
04/26/09	P&G	Safe Injection	29,000			Mabrouk with frames	29,000				
04/26/09	P&G	Danger signs for antenatal	29,000								
04/26/09	P&G	Danger signs postpartum	29,000								
04/26/09	P&G	Mabrouk 1st child	29,000								
04/26/09	P&G	3-5 years spacing	29,000								
04/26/09	P&G	Breastfeeding	29,000								
05/02/09	MOH/IDSR	Fight Flu	150,000					Fight Flu	20,000		
05/02/09	MOH/IDSR	Fight Flu-Mini Flyer	175,000								
05/10/09	El-Araby Group	Fight Flu	6,000								
05/10/09	El-Araby Group	Fight Flu-Mini Flyer	8,000					Fight Flu	200		
05/10/09	Helwan Univ.	Fight Flu	4,500					Fight Flu	50		
05/10/09	Al Azhar Univ.	Fight Flu	10,000								
05/10/09	Save Minya	Fight Flu	20,000					Fight Flu	500		
05/10/09	Save Minya	Fight Flu-Mini Flyer	20,000								
05/11/09	CARE	Fight Flu	1,500					Fight Flu	250		
05/11/09	CARE	Fight Flu-Mini Flyer	4,000								
05/12/09	CARE	Fight Flu	6,000					Fight Flu	1,000		
05/12/09	CARE	Fight Flu-Mini Flyer	8,000								
05/12/09	Takamol	Fight Flu	10,000					Fight Flu	500		
05/12/09	Takamol	Fight Flu-Mini Flyer	10,000								
05/12/09	Orman School	Fight Flu	6,000					Fight Flu	250		
05/12/09	Orman School	Fight Flu-Mini Flyer	4,000								
05/12/09	Orman School	New Generation-Girls	3,000								
05/12/09	Orman School	New Generation	3,000								
05/12/09	Orman School	Handwashing for caregivers	3,000								
05/13/09	MOH/IDSR							Fight Flu	260,000		
05/13/09	MOH/Pop.							Fight Flu	10,000		
05/28/09	CARE	Fight Flu	2,000					Fight Flu	500		
05/28/09	CARE	Fight Flu-Mini Flyer	2,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
05/31/09	Save Fayoum	3-5 years spacing	2,000	Safe Mgmt of Poultry	1,200	FGM in the context of Islam (Arabic)	200	FP after 1st child	10		
05/31/09	Save Fayoum	Breastfeeding	2,000					Breastfeeding	10		
05/31/09	Save Fayoum	Fight Flu	3,000					Fight Flu	10		
05/31/09	Save Fayoum	AI is a disease that can be controlled	2,000								
05/31/09	Takamol	Subcutaneous Implant	10,000								
05/31/09	Takamol	FP Injectables	10,000								
05/31/09	Takamol	Oral Contraceptive Method	10,000								
05/31/09	Takamol	Breastfeeding (LAM)	10,000								
05/31/09	Takamol	Condom	10,000								
05/31/09	Takamol	IUD	10,000								
05/31/09	Takamol	3-5 years spacing	10,000								
05/31/09	Takamol	Mabrouk 1st child	10,000								
06/01/09	Al Darb El Ahmar Project	Fight Flu	3,000	Safe Mgmt of Poultry	4,000	Criminalizing FGM (Arabic)	500	Fight Flu	1,000		
06/01/09	Darb El Ahmar	Fight Flu-Mini Flyer	4,000			Avian Infl. Q&A	500	Fight Flu	40		
06/01/09	Darb El Ahmar	Avian flu Households	4,000								
06/01/09	Darb El Ahmar	AI is a disease that can be controlled	4,000								
06/01/09	Darb El Ahmar	Handwashing for caregivers	2,000								
06/01/09	Darb El Ahmar	New Generation-Girls	2,000								
06/01/09	Darb El Ahmar	New Generation	2,000								
06/01/09	Darb El Ahmar	Good Nutrition	2,000								
06/01/09	Darb El Ahmar	Dangers of Smoking	4,000								
06/08/09	Save Fayoum	Fight Flu	3,000	Safe Mgmt of Poultry	3,000			Fight Flu	200		
06/08/09	Save Fayoum	AI is a disease that can be controlled	2,000					FP after 1st child	10		
06/08/09	Save Fayoum	FP Injectables	3,000					Breastfeeding	10		
06/08/09	Save Fayoum	Condom	3,000					Fight Flu	50		
06/08/09	Save Fayoum	Subcutaneous Implant	3,000								
06/08/09	Save Fayoum	Oral Contraceptive Method	3,000								
06/08/09	Save Fayoum	Breastfeeding (LAM)	3,000								
06/08/09	Save Fayoum	IUD	3,000								
06/08/09	Save Fayoum	3-5 years spacing	3,000								
06/08/09	Save Fayoum	Mabrouk 1st child	3,000								
06/08/09	Save Fayoum	Dangers of Smoking	4,000								
06/14/09	Save Minya							Fight Flu	1,500		

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
06/17/09	MOH/Pop.	Oral Contraceptive Method	2,000								
06/17/09	MOH/Pop.	IUD	2,000								
06/17/09	MOH/Pop.	Breastfeeding	2,000								
06/17/09	MOH/Pop.	Condom	2,000								
06/17/09	MOH/Pop.	3-5 years spacing	2,000								
06/17/09	MOH/Pop.	FP Injectables	2,000								
06/17/09	MOH/Pop.	Subcutaneous Implant	2,000								
06/17/09	MOH/Pop.	Mabrouk 1st child	2,000								
06/17/09	MOH/Pop.	Fight Flu	3,000								
06/17/09	Shell Egypt	Fight Flu	2,000					Fight Flu	20		
06/17/09	Shell Egypt	Fight Flu-Mini Flyer	1,000								
06/19/09	Takamol							Breastfeeding	20		
06/19/09	Takamol							Smoking Prevention	20		
06/19/09	Takamol							FP after 1st child	20		
06/19/09	Takamol							Spacing 3-5 years	20		
06/19/09	Takamol							Integrated Services for Family Health	20		
06/19/09	Takamol							Breastfeeding	20		
06/19/09	Takamol							Smoking Prevention	20		
06/19/09	Takamol							FP after 1st child	20		
06/19/09	Takamol							Spacing 3-5 years	20		
06/19/09	Takamol							Integrated Services for Family Health	20		
06/16/09	World Health Forum	Fight Flu	9,000					Fight Flu	400		
06/16/09	WHF	Fight Flu-Mini Flyer	4,000								
06/17/09	IFMSA-Fayoum	AI is a disease that can be controlled	2,000					Fight Flu	200		
06/17/09	IFMSA-Fayoum	Avian flu with Poultry	2,000					Avian Flu human symptoms in Action	200		
06/17/09	IFMSA-Fayoum	Handwashing for caregivers	2,000								
06/17/09	IFMSA-Fayoum	Handwashing for children	2,000								
06/17/09	IFMSA-Fayoum	Good Nutrition	2,000								
06/21/09	RotarAct	Fight Flu	3,000								
06/28/09	MOH/Pop.							Fight Flu	500		
07/19/09	CDA Menoufiya	Avian flu Households	50,000	Safe Mgmt of Poultry	25,000			Avian Flu human symptoms in Action	2,000		

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
07/19/09	CDA Menoufiya	AI is a disease that can be controlled	4,000					Fight Flu	1,000		
07/19/09	CDA Menoufiya	Fight Flu	15,000					Viral Hepatitis	30		
07/19/09	CDA Menoufiya	Fight Flu-Mini Flyer	4,000								
07/20/09	Summer camps	Viral Hepatitis	4,000							Hepatitis calendar	2,000
07/20/09	Summer camps	Fight Flu	3,000							MOHP Magazines	160
07/20/09	Summer camps	Fight Flu-Mini Flyer	4,000								
07/21/09	Save Minya	Danger signs for antenatal	2,000	Role of Media in dealing with population problem	1,300	Mabrouk with frames	2,000	Enhancing girls' education	200	Protect yourself from Flu 2009 Calendar	10,000
07/21/09	Save Minya	Danger signs postpartum	2,000	Your Health is your Wealth A.	2,000	Criminalizing FGM (English)	200	Cartoons on FP	200	FP and Family Health flipchart	120
07/21/09	Save Minya	Mabrouk 1st child	2,000	PPE Kit for Male	2,100	Avian Infl. Q&A	200	Family Health Clinic	200	MCH flipchart	30
07/21/09	Save Minya	3-5 years spacing	2,000	PPE Kit for Female	2,100	Contraceptive Method Technology	400	Breastfeeding	850		
07/21/09	Save Minya	Breastfeeding	2,000	Safe Mgmt of Poultry	38,750			FP after 1st child	1,000		
07/21/09	Save Minya	Measles	10,000					Spacing 3-5 years	1,000		
07/21/09	Save Minya	Avian flu Households	50,000					Avian Flu human symptoms in Action	40,000		
07/21/09	Save Minya	Safe Injection	2,000					Fight Flu	1,200		
07/21/09	Save Minya	Subcutaneous Implant	10,000					Fight Flu	500		
07/21/09	Save Minya	FP Injectables	8,000					Integrated Services for Family Health	500		
07/21/09	Save Minya	Oral Contraceptive Method	8,000					Smoking Prevention	500		
07/21/09	Save Minya	Child Diarrhea	14,000								
07/21/09	Save Minya	IUD	10,000								
07/21/09	Save Minya	Mabrouk 1st child	10,000								
07/21/09	Save Minya	Condom	8,000								
07/21/09	Save Minya	TB	10,000								
07/21/09	Save Minya	Breastfeeding (LAM)	2,000								
07/21/09	Save Minya	Breastfeeding	10,000								
07/21/09	Save Minya	Good Nutrition	18,000								
07/21/09	Save Minya	New Generation-Girls	8,000								
07/21/09	Save Minya	New Generation	8,000								
07/21/09	Save Minya	Hepatitis B and C	20,000								
07/21/09	Save Minya	Tobacco	6,500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
07/21/09	Save Minya	Fight Flu	16,000								
07/21/09	Save Minya	Fight Flu-Mini Flyer	35,000								
07/21/09	Save Minya	Viral Hepatitis	20,000								
07/22/09	MOHP/POP	IUD Referral Card	5,500								
07/22/09	MOHP/POP	IUD Follow-up Card	5,500								
07/27/09	Wedad Pharmacy	Hepatitis B and C	500	Safe Mgmt of Poultry	500	Mabrouk with frames	250				
07/27/09	Wedad Pharm.	Breastfeeding	500								
07/27/09	Wedad Pharm.	Mabrouk 1st child	500								
07/27/09	Wedad Pharm.	Oral Contraceptive Method	500								
07/27/09	Wedad Pharm.	Good Nutrition	500								
07/27/09	Wedad Pharm.	Tobacco	500								
07/27/09	Wedad Pharm.	New Generation	500								
07/27/09	Wedad Pharm.	Danger signs for antenatal	250								
07/27/09	Wedad Pharm.	Danger signs postpartum	250								
07/27/09	Wedad Pharm.	Mabrouk 1st child	250								
07/27/09	Wedad Pharm.	3-5 years spacing	250								
07/27/09	Wedad Pharm.	Breastfeeding	250								
07/30/09	Save Dakahliya	Avian Flu Households	50,000	Safe Mgmt of Poultry	30,000	Mabrouk with frames	200	Avian Flu human symptoms in Action	4,000		
07/30/09	Save Dakahliya	AI is a disease that can be controlled	4,000					Fight Flu	1,200		
07/30/09	Save Dakahliya	Fight Flu	20,000					Safe Mgmt of Poultry	10,000		
07/30/09	Save Dakahliya	Fight Flu-Mini Flyer	4,000					How to make safe cage	300		
07/30/09	Save Dakahliya	How to make safe cage	3,000								
07/30/09	Save Dakahliya	Danger signs for antenatal	200								
07/30/09	Save Dakahliya	Danger signs postpartum	200								
07/30/09	Save Dakahliya	LAM fact sheet	4,000								
07/30/09	Save Dakahliya	Mabrouk 1st child	200								
07/30/09	Save Dakahliya	3-5 years spacing	200								
07/30/09	Save Dakahliya	Breastfeeding	200								
08/03/09	Save Dakahliya	How to make safe cage	6,000					How to make safe cage	800		
08/17/09	Takamol	Danger signs for antenatal	600			Mabrouk with frames	600				
08/17/09	Takamol	Danger signs postpartum	600								
8/17/09	Takamol	Mabrouk 1st child	600								
08/17/09	Takamol	3-5 years spacing	600								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
08/17/09	Takamol	Breastfeeding	600								
08/17/09	Takamol	3-5 years spacing	4,000								
08/17/09	Takamol	Subcutaneous Implant	3,000								
08/17/09	Takamol	FP Injectables	3,000								
08/17/09	Takamol	Oral Contraceptive Method	3,000								
08/17/09	Takamol	IUD	4,000								
08/17/09	Takamol	Mabrouk 1st child	5,000								
08/17/09	Takamol	Condom	7,000								
08/17/09	Takamol	Breastfeeding	3,000								
08/17/09	Takamol	Good Nutrition	10,000								
08/17/09	Takamol	Fight Flu	20,000								
08/17/09	Takamol	Fight Flu-Mini Flyer	8,000								
08/17/09	Takamol	Child Diarrhea	10,000								
08/19/09	Montadayat El-Nahda Al-Seheya	Fight Flu	10,000					Fight Flu	100		
08/19/09	Montadayat El-Nahda Al-Seheya	Fight Flu-Mini Flyer	2,000								
08/23/09	MOH/IDSR	Fight Flu	100,000			Q&A about Flu (H1N1)	10,000				
08/23/09	MOH/IDSR	Fight Flu-Mini Flyer	200,000								
08/24/09	Takamol							Breastfeeding	31		
08/24/09	Takamol							Smoking Prevention	40		
08/24/09	Takamol							FP after 1st child	40		
08/24/09	Takamol							Spacing 3-5 years	40		
08/24/09	Takamol							Integrated Services for Family Health	40		
08/25/09	Population Council	LAM	20,000					Spacing 3-5 years	50		
08/25/09	Pop. Council	3-5 years spacing	5,000								
08/25/09	Pop. Council	LAM fact sheet	2,000								
08/25/09	Allianz	Fight Flu	2,000					Fight Flu	200		
08/30/09	El-Araby Group	Fight Flu	4,000	Safe Mgmt of Poultry	10,000			Fight Flu	100	T-Shirts	70
08/30/09	El-Araby Group									Soccer balls	6
09/03/09	Ihab Pharmacy	New Generation	50								
09/03/09	Ihab Pharmacy	Hepatitis B and C	50								
09/03/09	Ihab Pharmacy	Fight Flu	50								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/03/09	Hussein Pharmacy	Handwashing for children	50								
09/03/09	Hussein Pharm	New Generation-Girls	50								
09/03/09	Hussein Pharm	New Generation	50								
09/03/09	Hussein Pharm	Good Nutrition	50								
09/03/09	Hussein Pharm	Tobacco	50								
09/03/09	Hussein Pharm	Hepatitis B and C	50								
09/03/09	Hussein Pharm	Fight Flu	50								
09/03/09	Hisham Pharmacy	Danger signs for antenatal	50	Safe Mgmt of Poultry	50						
09/03/09	Hisham Pharm	Danger signs postpartum	50								
09/03/09	Hisham Pharm	Avian flu Households	50								
09/03/09	Hisham Pharm	Avian flu with Poultry	50								
09/03/09	Hisham Pharm	Handwashing for caregivers	50								
09/03/09	Hisham Pharm	Handwashing for children	50								
09/03/09	Hisham Pharm	3-5 years spacing	50								
09/03/09	Hisham Pharm	Subcutaneous Implant	50								
09/03/09	Hisham Pharm	FP Injectables	50								
09/03/09	Hisham Pharm	Oral Contraceptive Method	50								
09/03/09	Hisham Pharm	Child Diarrhea	50								
09/03/09	Hisham Pharm	IUD	50								
09/03/09	Hisham Pharm	Mabrouk 1st child	50								
09/03/09	Hisham Pharm	Condom	50								
09/03/09	Hisham Pharm	TB	50								
09/03/09	Hisham Pharm	Breastfeeding (LAM)	50								
09/03/09	Hisham Pharm	AI is a disease that can be controlled	50								
09/03/09	Hisham Pharm	Good Nutrition	50								
09/03/09	Hisham Pharm	New Generation-Girls	50								
09/03/09	Hisham Pharm	New Generation	50								
09/03/09	Hisham Pharm	Hepatitis B and C	50								
09/03/09	Hisham Pharm	Tobacco	50								
09/03/09	Hisham Pharm	Fight Flu	50								
09/03/09	Hisham Pharm	Fight Flu-Mini Flyer	50								
09/03/09	Ain Shams Pharm	Danger signs for antenatal	50	Safe Mgmt of Poultry	50						
09/03/09	Ain Shams Pharm	Danger signs postpartum	50								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/03/09	Ain Shams Pharm	Avian flu Households	50								
09/03/09	Ain Shams Pharm	Avian flu with Poultry	50								
09/03/09	Ain Shams Pharm	Handwashing for caregivers	50								
09/03/09	Ain Shams Pharm	Handwashing for children	50								
09/03/09	Ain Shams Pharm	3-5 years spacing	50								
09/03/09	Ain Shams Pharm	Subcutaneous Implant	50								
09/03/09	Ain Shams Pharm	FP Injectables	50								
09/03/09	Ain Shams Pharm	Oral Contraceptive Method	50								
09/03/09	Ain Shams Pharm	Child Diarrhea	50								
09/03/09	Ain Shams Pharm	IUD	50								
09/03/09	Ain Shams Pharm	Mabrouk 1st child	50								
09/03/09	Ain Shams Pharm	Condom	50								
09/03/09	Ain Shams Pharm	TB	50								
09/03/09	Ain Shams Pharm	Breastfeeding (LAM)	50								
09/03/09	Ain Shams Pharm	AI is a disease that can be controlled	50								
09/03/09	Ain Shams Pharm	Good Nutrition	50								
09/03/09	Ain Shams Pharm	New Generation-Girls	50								
09/03/09	Ain Shams Pharm	New Generation	50								
09/03/09	Ain Shams Pharm	Hepatitis B and C	50								
09/03/09	Ain Shams Pharm	Tobacco	50								
09/03/09	Ain Shams Pharm	Fight Flu	50								
09/03/09	Ain Shams Pharm	Fight Flu-Mini Flyer	50								
09/03/09	Ekram Pharm	Danger signs for antenatal	50	Safe Mgmt of Poultry	50						

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/03/09	Ekram Pharm	Danger signs postpartum	50								
09/03/09	Ekram Pharm	Avian flu Households	50								
09/03/09	Ekram Pharm	Avian flu with Poultry	50								
09/03/09	Ekram Pharm	Handwashing for caregivers	50								
09/03/09	Ekram Pharm	Handwashing for children	50								
09/03/09	Ekram Pharm	3-5 years spacing	50								
09/03/09	Ekram Pharm	Subcutaneous Implant	50								
09/03/09	Ekram Pharm	FP Injectables	50								
09/03/09	Ekram Pharm	Oral Contraceptive Method	50								
09/03/09	Ekram Pharm	Child Diarrhea	50								
09/03/09	Ekram Pharm	IUD	50								
09/03/09	Ekram Pharm	Mabrouk 1st child	50								
09/03/09	Ekram Pharm	Condom	50								
09/03/09	Ekram Pharm	TB	50								
09/03/09	Ekram Pharm	Breastfeeding (LAM)	50								
09/03/09	Ekram Pharm	AI is a disease that can be controlled	50								
09/03/09	Ekram Pharm	Good Nutrition	50								
09/03/09	Ekram Pharm	New Generation-Girls	50								
09/03/09	Ekram Pharm	New Generation	50								
09/03/09	Ekram Pharm	Hepatitis B and C	50								
09/03/09	Ekram Pharm	Tobacco	50								
09/03/09	Ekram Pharm	Fight Flu	50								
09/03/09	Ekram Pharm	Fight Flu-Mini Flyer	50								
09/07/09	USAID					Q&A about Flu (H1N1)	2,000				
09/13/09	IFMSA-Cairo	Fight Flu	12,000					Fight Flu	2,000		
09/13/09	CDA Mansoura							How to make safe cage	300		
09/13/09	CDA Fayoum							How to make safe cage	300		
09/13/09	Save Minya							How to make safe cage	300		
09/14/09	El-Araby Group	Fight Flu	6,000								
09/14/09	El-Araby Group	Fight Flu-Mini Flyer	4,000								
09/17/09	MOI									School kits	30,000
09/27/09	MOH/IDSR									School kits	36

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/27/09	RotarAct									School kits	220
09/28/09	Takamol	Subcutaneous Implant	15,000								
09/28/09	Takamol	FP Injectables	15,000								
09/28/09	Takamol	Oral Contraceptive Method	15,000								
09/28/09	Takamol	IUD	15,000								
09/28/09	Takamol	Condom	15,000								
09/28/09	Takamol	Danger signs for antenatal	15,000								
09/28/09	Takamol	Danger signs postpartum	15,000								
09/28/09	Takamol	3-5 years spacing	15,000								
10/05/09	RotarAct	Fight Flu	300								
10/05/09	Sahar Mohammed Pharmacy	Fight Flu	500			Q&A about Flu (H1N1)	20	Fight Flu	10		
10/07/09	Egyptian Assoc. for FP	Fight Flu	1,000							Flu school kits	5
10/08/09	Regional Union of NGOs	Fight Flu	2,000							Flu school kits	1
10/08/09	Orascom	Fight Flu	1,000								
10/08/09	MOH/IDSR									Flu school kits	30
10/08/09	CARE	Fight Flu	3,000					Fight Flu	100	Flu school kits	10
10/08/09	CARE	Fight Flu-Mini Flyer	1,000					Safe Mgmt of Poultry	200		
10/08/09	P&G	Danger signs for antenatal	30,000			Mabrouk with frames	30,000				
10/08/09	P&G	Danger signs postpartum	30,000								
10/08/09	P&G	Mabrouk 1st child	30,000								
10/08/09	P&G	3-5 years spacing	30,000								
10/08/09	P&G	Breastfeeding	30,000								
10/13/09	SIS	Fight Flu	3,000			Fight Flu	200			Flu school kits	10
10/15/09	El-Araby Group	Fight Flu	3,000			Fight Flu	100			Flu school kits	5
10/15/09	El-Araby Group	Fight Flu-Mini Flyer	1,000								
10/18/09	Breast Cancer Foundation	Breast Cancer	9,000							Breast Cancer Roll-up	5
10/18/09	Breast Cancer Foundation	Lymphadema	9,000								
10/19/09	Rotary Alex.	Dangers of Smoking	6,000							Fight Flu Roll-up	1
10/19/09	Rotary Alex.	Fight Flu	3,000	Safe Mgmt of Poultry	3,000						
10/19/09	Rotary Alex.	Fight Flu-Mini Flyer	6,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
10/18/09	Sustainable Health Development Team Assn.	Fight Flu	500			Fight Flu	200	Fight Flu	10		
10/18/09	El Kanah School	Dangers of Smoking	500			Fight Flu	200			Flu school kits	1
10/19/09	Rotary									Flu school kits	49
10/20/09	Health Association	Fight Flu	7,000					Fight Flu	10		
10/22/09	El-Araby Group	Fight Flu	2,000	Safe Mgmt of Poultry	700						
10/22/09	El-Araby Group	Avian flu Households	1,000								
10/25/09	CARE									Flu school kits	30
10/25/09	Carrefour							Fight Flu	10	Fight Flu big dangler	110
10/25/09	Carrefour									Fight Flu small dangler	25
10/25/09	Mansour									Flu dangler sm.	550
10/27/09	Supermarket Abou Zekry									Flu dangler, large	100
10/27/09	Supermarket Ragab Sons									Flu dangler lg.	400
10/27/09	Supermarket Al Mahmal									Flu dangler lg.	50
10/27/09	Spinney's									Flu dangler lg.	50
10/28/09	USAID Education Reform activity									Flu school kits	16
10/28/09	USAID TILO activity									Flu school kits	15
11/15/09	Friends of the Oncology Institute	Hepatitis B and C	2,000					Hepatitis C	200		
12/16/09	MOH									H1N1 Calendar	6,000
12/21/09	Dar El Malak Church							H1N1	60		
12/21/09	St. Mark Church							H1N1	100		
12/22/09	Sustainable Health Development							H1N1	1,500		

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
01/21/10	Takamol	Subcutaneous Implant	6,000					Smoking Prevention	10		
01/21/10	Takamol	FP Injectables	6,000					Spacing 3-5 years	10		
01/21/10	Takamol	Oral Contraceptive Method	6,000					FP after 1st child	10		
02/14/10	P&G	Danger signs for antenatal	25,000			Mabrouk with frames	25,000				
02/14/10	P&G	Danger signs postpartum	25,000								
02/14/10	P&G	Mabrouk 1st child	25,000								
02/14/10	P&G	3-5 years spacing	25,000								
02/14/10	P&G	Breastfeeding	25,000								
01/21/10	Takamol	Safe Pregnancy	6,000					Breastfeeding	10		
01/21/10	Takamol	IUD	6,000								
01/21/10	Takamol	Condom	6,000								
01/21/10	Takamol	Reproductive Health for All	6,000								
01/21/10	Takamol	LAM	6,000								
02/04/10	Cairo North Project	Hepatitis B and C	50,000					Hepatitis C	500	Hepatitis C Folder	1,000
02/08/10	Population Council	LAM	6,000								
02/08/10	Population Council	3-5 years spacing	4,000								
02/11/10	Takamol							Smoking Prevention	19		
02/11/10	Takamol							Spacing 3-5 years	15		
02/11/10	Takamol							Breastfeeding	20		
02/11/10	Takamol							FP after 1st child	20		
02/11/10	Takamol							Integrated Services for Family Health	20		
03/16/10	Alex. Health Directorate	Subcutaneous Implant	1,500			Q&A about Flu (H1N1)	2,000			H1N1 Calendar	500
03/16/10	Alex. Health Dir.	FP Injectables	1,500							Mug	10
03/16/10	Alex. Health Dir.	Oral Contraceptive Method	1,500								
03/16/10	Alex. Health Dir.	IUD	1,500								
03/16/10	Alex. Health Dir.	Reproductive Health for All	1,500								
03/16/10	Alex. Health Dir.	Condom	1,500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
03/16/10	Alex. Health Dir.	H1N1	1,500								
03/16/10	Alex. Health Dir.	Danger signs for antenatal	150								
03/16/10	Alex. Health Dir.	Danger signs postpartum	150								
03/16/10	Alex. Health Dir.	Mabrouk 1st child	150								
03/16/10	Alex. Health Dir.	3-5 years spacing	150								
03/16/10	Alex. Health Dir.	Breastfeeding	150								
03/23/10	Save Minya	Danger signs for antenatal	1,650								
03/23/10	Save Minya	Danger signs postpartum	1,650								
03/23/10	Save Minya	Mabrouk 1st child	1,650								
03/23/10	Save Minya	3-5 years spacing	1,650								
03/23/10	Save Minya	Breastfeeding	1,650								
05/09/10	P&G	Danger signs for antenatal	25,000			Mabrouk with frames	25,000				
05/09/10	P&G	Danger signs postpartum	25,000								
05/09/10	P&G	Mabrouk 1st child	25,000								
05/09/10	P&G	3-5 years spacing	25,000								
05/09/10	P&G	Breastfeeding	25,000								
06/15/10	IFMSA-Cairo	Danger signs for antenatal	600								
06/15/10	IFMSA-Cairo	Danger signs postpartum	600								
06/15/10	IFMSA-Cairo	Mabrouk 1st child	600								
06/15/10	IFMSA-Cairo	3-5 years spacing	600								
06/15/10	IFMSA-Cairo	Breastfeeding	600								
06/16/10	Save	Danger signs for antenatal	2,700								
06/16/10	Save	Danger signs postpartum	2,700								
06/16/10	Save	Mabrouk 1st child	2,700								
06/16/10	Save	3-5 years spacing	2,700								
06/16/10	Save	Breastfeeding	2,700								
07/11/10	Women's Intl. Peace Movement	New Generation-Girls	1,000							Anti-smoking T-shirts	20
07/11/10	WIPM	New Generation	1,000							Anti-smoking caps	20

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
07/11/10	WIPM	Tobacco	1,000							Anti-smoking flags	200
07/11/10	WIPM	Dangers of Smoking	30							Anti-smoking bags	200
07/11/10	WIPM									Anti-smoking doorknob hanger	600
07/11/10	WIPM									Anti-smoking dangler	2,000
07/12/10	MOH/Tobacco Control									Anti-smoking T-shirts	70
07/12/10	MOH/Tobacco									Caps	70
07/12/10	MOH/Tobacco									Flags	1,700
07/12/10	MOH/Tobacco									Bags	500
07/12/10	MOH/Tobacco									Doorknob hanger	3,400
07/12/10	MOH/Tobacco									Dangler	6,000
07/17/10	SIS	Danger signs for antenatal	5,000								
07/17/10	SIS	Danger signs postpartum	5,000			Mabrouk with frames	5,000				
07/17/10	SIS	Mabrouk 1st child	5,000								
07/17/10	SIS	3-5 years spacing	5,000								
07/17/10	SIS	Breastfeeding	5,000								
07/19/10	Population Council	LAM	30,000	LAM	10,000						
07/19/10	Pop. Council	3-5 years spacing	30,000								
07/20/10	Takamol									Eligibility Wheel for Contraceptive	300
07/20/10	USAID									Eligibility Wheel for Contraceptive	25
07/20/10	MOH/Pop.									Eligibility Wheel for Contraceptive	1,500
09/26/10	MOH/Pop.									Eligibility Wheel for Contraceptive	2,000
09/26/10	MOH/MCH	Danger signs for antenatal	500,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
09/26/10	MOH/MCH	Danger signs postpartum	500,000								
09/26/10	MOH/MCH	LAM	500,000								
09/27/10	Breast Cancer Foundation of Egypt			Hormonal treatment of breast cancer	10,000	Surgical treatment of breast cancer	10,000				
09/27/10	Breast Cancer Foundation of Egypt					Healthy food during treatment of breast cancer	5,000				
09/27/10	P&G	Danger signs for antenatal	5,100			Mabrouk with frames	5,100				
09/27/10	P&G	Danger signs postpartum	5,100								
09/27/10	P&G	Mabrouk 1st child	5,100								
09/27/10	P&G	3-5 years spacing	5,100								
09/27/10	P&G	Breastfeeding	5,100								
09/28/10	MOH/Pop.									Eligibility Wheel for Contraceptive	2,000
10/03/10	Pharma Today	Subcutaneous Implant	20,000	LAM	20,000						
10/03/10	Pharma Today	FP Injectables	20,000								
10/03/10	Pharma Today	Oral Contraceptive Method	20,000								
10/03/10	Pharma Today	IUD	20,000								
10/03/10	Pharma Today	Mabrouk 1st child	20,000								
10/03/10	Pharma Today	Condom	20,000								
10/28/10	STOP AI					Biosecurity	1			DVD Biosecurity	2
10/28/10	STOP AI									Biosecurity training film Ar.	10
10/28/10	STOP AI									Biosecurity training film En.	5
11/09/10	Save Minya	Avian flu Households	90,000	Safe Mgmt of Poultry	20,000			Avian Flu human symptoms in Action	1,000		
11/09/10	Save Minya	Handwashing for caregivers	5,000					FP after 1st child	50		
11/09/10	Save Minya	Handwashing for children	11,000								
11/09/10	Save Minya	AI is a disease that can be controlled	2,500								
11/09/10	Save Minya	Child Diarrhea	2,000								
11/09/10	Save Minya	Mabrouk 1st child	5,000								
11/09/10	Save Minya	LAM	5,000								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/09/10	Save Minya	Good Nutrition	5,000								
11/09/10	Save Qena	Avian flu Households	90,000	Safe Mgmt of Poultry	20,000			Avian Flu human symptoms in Action	1,000		
11/09/10	Save Qena	Handwashing for caregivers	5,000					FP after 1st child	50		
11/09/10	Save Qena	Handwashing for children	11,000								
11/09/10	Save Qena	AI is a disease that can be controlled	2,000								
11/09/10	Save Qena	Child Diarrhea	2,000								
11/09/10	Save Qena	Mabrouk 1st child	5,000								
11/09/10	Save Qena	LAM	5,000								
11/09/10	Save Qena	Good Nutrition	5,000								
11/09/10	Save Menoufiya	Avian flu Households	130,000	Safe Mgmt of Poultry	23,500			Avian Flu human symptoms in Action	1,000		
11/09/10	Save Menoufiya	Handwashing for caregivers	5,000					FP after 1st child	50		
11/09/10	Save Menoufiya	Handwashing for children	22,000								
11/09/10	Save Menoufiya	AI is a disease that can be controlled	2,500								
11/09/10	Save Menoufiya	Child Diarrhea	2,000								
11/09/10	Save Menoufiya	Mabrouk 1st child	5,000								
11/09/10	Save Menoufiya	LAM	5,000								
11/09/10	Save Menoufiya	Good Nutrition	5,000								
11/09/10	Save Sharkiya	Avian flu Households	99,500	Safe Mgmt of Poultry	20,000	Mabrouk with frames	500	Avian Flu human symptoms in Action	500	Safe Breeding of Poultry flipchart	150
11/09/10	Save Sharkiya	Handwashing for caregivers	4,500								
11/09/10	Save Sharkiya	Handwashing for children	10,000								
11/09/10	Save Sharkiya	AI is a disease that can be controlled	2,000								
11/09/10	Save Sharkiya	Danger signs for antenatal	500								
11/09/10	Save Sharkiya	Danger signs postpartum	500								
11/09/10	Save Sharkiya	Mabrouk 1st child	500								
11/09/10	Save Sharkiya	3-5 years spacing	500								
11/09/10	Save Sharkiya	Breastfeeding	500								

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/09/10	Save Alex.	Avian flu Households	68,000	Safe Mgmt of Poultry	22,000			Avian Flu human symptoms in Action	500		
11/09/10	Save Alex.	Handwashing for caregivers	5,000								
11/09/10	Save Alex.	AI is a disease that can be controlled	5,000								
11/09/10	Save Fayoum	Avian flu Households	90,000	Safe Mgmt of Poultry	20,000	Mabrouk with frames	500	Avian Flu human symptoms in Action	1,000		
11/09/10	Save Fayoum	Handwashing for caregivers	5,000					FP after 1st child	50		
11/09/10	Save Fayoum	Handwashing for children	11,000								
11/09/10	Save Fayoum	AI is a disease that can be controlled	2,500								
11/09/10	Save Fayoum	Danger signs for antenatal	500								
11/09/10	Save Fayoum	Danger signs postpartum	500								
11/09/10	Save Fayoum	Mabrouk 1st child	500								
11/09/10	Save Fayoum	3-5 years spacing	500								
11/09/10	Save Fayoum	Breastfeeding	500								
11/09/10	Save Fayoum	Child Diarrhea	2,000								
11/09/10	Save Fayoum	Mabrouk 1st child	5,000								
11/09/10	Save Fayoum	LAM	5,000								
11/09/10	Save Fayoum	Good Nutrition	5,000								
11/09/10	Save Dakahliya	Avian flu Households	13,000	Safe Mgmt of Poultry	23,000			Avian Flu human symptoms in Action	1,000		
11/09/10	Save Dakahliya	Handwashing for caregivers	5,000					FP after 1st child	50		
11/09/10	Save Dakahliya	Handwashing for children	11,000								
11/09/10	Save Dakahliya	AI is a disease that can be controlled	2,000								
11/09/10	Save Dakahliya	Child Diarrhea	2,000								
11/09/10	Save Dakahliya	Mabrouk 1st child	5,000								
11/09/10	Save Dakahliya	LAM	5,000								
11/09/10	Save Dakahliya	Good Nutrition	5,000								
11/22/10	Save Assiut					Social Health Education Manual	1,000				
11/29/10	MOH/MCH							Premarital Client Follow	1,000		
11/29/10	GOVS	Avian flu with Poultry	18,000	Safe Mgmt of Poultry	25,000						

Date	Recipient	Flyer	Qty	Brochure	Qty	Booklet / Insert	Qty	Posters	Qty	Other	Qty
11/29/10	GOVS			PPE Kit	7,750						
11/30/10	MOH/MCH	Premarital	1,000,000					Premarital w	500		
11/30/10	MOH/MCH							Premarital w Double Face	500		
12/02/10	MOH/MCH							Breastfeeding	2,500		
12/02/10	MOH/MCH							FP after 1st child	500		
12/02/10	MOH/MCH							Breastfeeding	450		
12/02/10	MOH/MCH							FP after 1st child	500		
12/09/10	MOH/Pop.							FP after 1st child	300		
12/09/10	MOH/Pop.							Our Mission is to serve you	260		
12/09/10	MOH/Pop.							Integrated Services for Family Health	450		
12/22/10	MOFP	Danger signs for antenatal	10,000			Mabrouk with frames	10,000				
12/22/10	MOFP	Danger signs postpartum	10,000								
12/22/10	MOFP	Mabrouk 1st child	10,000								
12/22/10	MOFP	3-5 years spacing	10,000								
12/22/10	MOFP	Breastfeeding	10,000								
12/22/10	MOH/IDSR							Avian Flu human symptoms in Action	4,000		
2004-2010	**TOTAL**		**12,677,475**		**774,891**		**679,095**		**437,924**		**430,923**
			fliers		**brochures**		**booklets**		**posters**		**other**

Grand total **15,000,308 printed materials distributed by CHL to partners.** Excludes printing by GOE

Printed Materials Distributed to AskConsult Pharmacies, 2005-2010

CHL campaigns via the AskConsult network of neighborhood pharmacies

Date distributed	Topic	Fliers for consumers	Fact sheets for providers	Posters	Stickers
Feb. 2005	AskConsult rebranding: family health		14,000		
Feb. 2005	Progestin-only pills	Not avail.	14,000		
Feb. 2005	AC logo (small)				14,000
Feb. 2005	AC logo (large)				14,000
Feb. 2005	No smoking				14,000
Aug. 2005	Safe injection	200,000	12,500		
Aug. 2005	Women's health	200,000	12,500		
Aug. 2005	HIV/AIDS	100,000			
Aug. 2005	Newsletter		12,000		
March 2006	Tuberculosis	144,000	15,000		
March 2006	Avian influenza: Dealing with live birds	400,000	7,500	15,000	
March 2006	Avian influenza: Infection and protection	400,000	7,500	15,000	
March 2006	Waterborne diseases/handwashing	190,000	15,000		
March 2006	Safe water	190,000	15,000		
March 2006	Avian influenza Q&A booklet		15,000		
March 2006	Newsletter: Avian flu, TB, hygiene		15,000		
Aug. 2006	Childhood diarrhea and zinc	270,000	16,000		
Aug. 2006	Safe pregnancy	270,000	16,000		
Aug. 2006	Waterborne diseases	Not avail.			
Aug. 2006	Safe water	Not avail.			
Aug. 2006	Newsletter: Feminine hygiene, Hep C, safe injection		16,000		
Aug. 2006	AC logo small				6,000
Aug. 2006	AC logo large				6,000
Oct. 2007	Avian influenza	500,000	30,000	30,000	
Oct. 2007	Viral hepatitis	1,000,000	30,000		
Oct. 2007	AskConsult rebranding		30,000		
Oct. 2007	Non-smoking				60,000
Oct. 2007	Avian influenza (in Pharma Today)		20,000		
Oct. 2007	Viral hepatitis (in Pharma Today)		20,000		
Oct. 2008	Dangers of Smoking	1,000,000	30,000		60,000
Oct. 2008	Viral hepatitis	1,000,000	30,000	30,000	
Oct. 2008	AC brochure		30,000		
Oct. 2008	Antismoking (in Pharma Today)		20,000		
Oct. 2008	Viral hepatitis (in Pharma Today)		20,000		
Oct. 2008	AskConsult rebranding (in Pharma Today)		20,000		
May 2009	Fight Flu, Fight Germs	1,000,000	30,000	30,000	

Date distributed	Topic	Fliers for consumers	Fact sheets for providers	Posters	Stickers
May 2009	AC brochure		30,000		
Oct. 2009	Fight flu, fight germs (with Reckitt Benckiser (RB))	1,000,000	22,000	22,000	
Oct. 2009	Fight Flu, Fight Germs (with RB in Pharma Today)		27,000		
Sept. 2010	Mabrouk! The first baby	300,000		6000	
Sept. 2010	3-month injectable contraceptives	300,000			
Sept. 2010	Combined oral contraceptives	300,000			
Sept. 2010	Condom	300,000			
Sept. 2010	Breastfeeding	300,000	6,000		
Sept. 2010	IUDs	300,000			
Sept. 2010	Special cases for family planning methods		6,000		
Sept. 2010	Diarrhea (in Pharma Today)		27,000		
Dec. 2010	Fight Flu, Fight Germs	500,000	30,000	30,000	
Dec. 2010	Childhood diarrhea and zinc	500,000	30,000		
Dec. 2010	AskConsult brochure (membership)		30,000		
2005-2010	**TOTAL**	**10,664,000**	**721,000**	**178,000**	**174,000**
		fliers for consumers	**fact sheets for providers**	**posters**	**stickers**
	Grand total	**All printed materials**			**11,737,000**

Printed materials distributed to pharmacies in envelopes, except items marked Pharma Today were printed in that magazine

Online Health Information Activities, 2005-2010

Listed below are web sites launched and supported by the Communication for Healthy Living (CHL) activity from May 2005 to December 2010.

Web site name / Language	**Date initiated**	**Audience/ Primary Users**	**Purpose**	**Promotion**	**Accomplishments**	**Sustainability**
Communication for Healthy Living: **Media Materials Database** www.healthcom-egypt.info Arabic	May 2005	Health-care professionals	To provide web location for Media Materials Database: searchable Arabic/English repository of health communication materials from Egypt and the region. Includes early SIS campaigns, current USAID and GOE productions, some audio/video. Recent materials available in PDF.	Directly to professionals during trainings and outreach in 2005-2006	▪ Database enlarged to include all available materials since 1979. Database holds 1,633 items.	▪ Handed over to SIS Q4 FY 2010. ▪ Accessible via sehetna.com.eg, askconsult.org and saidr.org
SAIDR (Strengthening Avian Influenza Detection and Response) www.saidr.org English language used on website, as in meetings of the SAIDR collaboration; some Arabic materials	July 2008	GOE health professionals. Official agencies in SAIDR partnership (MOHP, MALR, FAO, USAID) plus allies (UNICEF, UNDP, Red Crescent, Save the Children)	To facilitate information-sharing among agencies working on AI in Egypt including surveillance reports, outbreak mapping, current presentations, procedures/guidelines, partner profiles.	Directly in regular SAIDR partnership meetings with counterparts from other agencies; mass emails.	▪ Automated case reporting and archiving via Google spreadsheets. ▪ MALR, FAO and USAID said website was valuable resource for following partners' activities	Handed over to GOVS in December 2011 with training in web publishing and design, transfer of data and URL, and technical assistance visit to help installation.

Web site name / Language	Date initiated	Audience/ Primary Users	Purpose	Promotion	Accomplishments	Sustainability
AskConsult pharmacists site www.askconsult.org Arabic	October 2008	Health care providers: Primarily pharmacists.	To help health care providers better inform their clients and act as providers of credible health information. Provides online training courses on six topics. Functions: ▪ News articles about the pharmaceutical industry, public health, regulations, Pharmacists Syndicate. ▪ Downloadable printed materials and videos. ▪ List of online resources. ▪ Advice on automating pharmacy processes.	Promoted to pharmacists via the AskConsult program's: ▪ TV spots ▪ waves of print materials Oct. 2008-Dec. 2010 ▪ monthly local gatherings April 2009-Aug. 2010 ▪ *Pharma Today* articles in 2009 and 2010. Promoted to already-registered users via: ▪ biweekly mass mails about content and benefits ▪ postal mailing	▪ Active interest among providers: More than 4,000 registered users. One in 4 AskConsult pharmacists interested in for online training. ▪ Redesign completed February 2010 incl. function for re-ordering print materials. ▪ Activated content-sharing with UCP incl. new pharmaceutical alerts	▪ Handed over to legacy organization AskConsult for Health LLC after training. ▪ Promotion continues after CHL activity via Dr. Mohamed Refaat television shows. ▪ Approved content-sharing with Pharma Today magazine.

Web site name / Language	Date initiated	Audience/ Primary Users	Purpose	Promotion	Accomplishments	Sustainability
Sehetna (Our Health) www.sehetna.com (Arabic language)	April 2006 by JHU-CCP/ Jordan and USAID/ Jordan	Current global version: Arabic speakers internationally Original Jordan version had avg. 65,000 visitors/month. (cf. Alexa.com), significant use outside Jordan: 27% from Saudi Arabia; 10% Egypt; 9% Algeria; + UAE.	Provide articles and tools on health needs of life stages.	▪ CHL promoted Sehetna in outreach and broadcast segments 2008-2010. ▪ Promotion on Mideast-wide satellite (Refaat shows) continues in 2011	▪ Redesigned May 2010	▪ JHU-CCP/Jordan will update after CHL. ▪ JHU-CCP/Jordan plans new interactive elements.
Sehetna Egypt www.sehetna.com.eg Arabic	May 2010	Consumers in Egypt: mothers, fathers, newly married couples, youths, and other individuals who choose health care for themselves and their families.	To provide articles and interactive events that help families stay healthy.	▪ Promotion on Dr. Mohammed Refaat satellite shows continues in 2011	▪ Launched May 2010 ▪ CHL published 650 articles published in Q1-4 2010 ▪ **Hard launch in Q4 2010;** co-promotion with CHL-co-produced program on Hayat satellite TV.	▪ CHL legacy organization AskConsult trained, adding content in early 2011. ▪ New content from global site will appear on .eg site

CAPACITY-BUILDING AND SUSTAINABILITY ACTIVITIES

CHL Training Workshops and Events, 2003-2010

FY 2003

Workshop	Date	Place	No. of Participants
Observation Study Tour	June	Baltimore	**5**
Strategic Planning Workshop More information	October	Alexandria	**57**

FY 2004

Workshop	Date	Place	No. of Participants
TOT on Strategic Health Communication (Dr. Alfred Yassa)	February	Cairo	**42**
Arab Women Speak Out (AWSO) Training	March	Minya	
Family Health Step-down Workshop	March	Minya	
Alumni Meeting	March	Cairo	
Arabic Advances in Development Communication	May	Lebanon	**13:** (9) Males + (4) Females
Advances in Health Communication and Advocacy	June	Baltimore	**4** Females
Local Planning Workshop	June	Fayoum	**53**
Messages and Material Development Workshop	June	Cairo	**20**
"Mabrouk: Newlywed Program" Workshop for Maa'zouns and Priests	July	Minya	
Year 2 Workplan Development Workshop	July	Alexandria	**18**
Preparation Meeting for the Group Wedding Event	August	Minya	**10**
Mass Wedding Celebration	September	Minya	**300**
Media Group Workshop (In collaboration with SIS)	December	Cairo	**40**

FY 2005

Workshop	Date	Place	No. of Participants
Retreat for CHL Staff	February	Ain Sokhna	**19**
Marketing Health Services (PHR)	February	Alexandria	
CHL Qena Launch	March	Qena	**60**
TB Advocacy, Communication and Social Mobilization Consultant Workshop (JHU in coordination with Stop TB Partnership)	April	Cairo	
Leadership In Health Communication (Bill and Melinda Gates Institute)	April	Cairo	**30**
CHL Orientation Seminar (In coordination with Fayoum Governor)	May	Fayoum	**30**
Al-Afdal Show (Tarek Allam)	May	Fayoum	
Al-Afdal Show (Tarek Allam)	June	Menoufiya	
Arabic Advances in Development Communication	June	Lebanon	**12:** (8) Males + (4) Females
Al-Afdal Show (Tarek Allam)	July	Suez	
Al-Afdal Show (Tarek Allam)	August	Cairo	
Seminar on "Strategic Health Communication: Theory, Practice and Measurement" (in collaboration with the American University in Cairo)	September	Cairo	
Reception in honor of Dr. Jane Bertrand	September	Cairo	

Workshop	Date	Place	No. of Participants
Youth Festival Against HIV	December	Cairo - Aswan	
Health Community Celebration (In coordination with Minya Governor)	December	Minya	**250**

FY 2006

Workshop	Date	Place	No. of Participants
SIS Orientation on Avian Flu	February	Cairo	
Qena "Sahetak Ya Captain" Life Event (in the presence of US Ambassador)	April	Qena	
Media Workshop on AI for Journalists	May	Cairo	
2nd International Conference on Health, Environment and Development	November	Alexandria	
Maa'zouns Workshop	November	Cairo	

FY 2007

Workshop	Date	Place	No. of Participants
Community Health Program Workshop (for NGOs)	January	Cairo	**75**
Media Group (FH messages) (In coordination with Takamol activity and SIS)	January	Cairo	
AI Media workshop	February	Cairo	
JHU and Takamol MOU with Bibliotheca Alexandrina Depository	February	Alexandria	
Retreat for CHL Staff	February	Alexandria	**20**
Press Conference and Reception for Captain Ossama Khalil	March	Cairo	
AI Training for Raedat Refayat	March-April	Ismailia, Sharkia, Beni Suef, Giza	**600**
TOT Premarital Counseling and Examination for Service Providers	April	Cairo	**19**
Leadership in Strategic Health Communication ***(Participant Training)***	June	Baltimore	**3**: (1) Male + (2) Female
Advances in Strategic Health Communication – Special Focus on Avian influenza (In collaboration with the American University in Cairo) ***(Participant Training)***	July	Alexandria	**17**: (8) Males + (9) Females
Workshop on Raising Capacity of Scouts to Develop and Implement "AI Free-Village Initiative" Communication Plan	July	Fayoum	
Workshop on Raising Capacity of Scouts to Develop and Implement "AI Free-Village Initiative" Communication Plan	July	Minya	
One-day Meeting on "Breast Cancer Communication Strategy and Plan"	July	Cairo	**18**
Health Messages for Illiteracy Classes	August	Cairo	**25**
Health and Environment Festival for Youth	November	Fayoum	
ITI 5th International Conference on Information and Communication Technology	December	Cairo	

FY 2008

Workshop	Date	Place	No. of Participants
Arabic Advances in Development Communication ***(Participant Training)***	January	Lebanon	**6**: (3) Males + (3) Females
TOT Workshop on AI Personal Protective Equipment and Decontamination Kits for *Veterinary Doctors*	January	Cairo	
TOT Workshop on AI Personal Protective Equipment and Decontamination Kits for *MOHP Doctors*	January	Cairo	
TOT Workshop on AI Personal Protective Equipment and Decontamination Kits for *Veterinary Doctors*	February	Cairo	
Advances In Community Participation for Better Health ***(Participant Training)***	February	Fayoum	**18**: (9) Males + (9) Females
Leadership in Strategic Health Communication	April	Hotel	**26**
World Hepatitis Day	May	Cairo	
TOT on Health Communication - Special Focus on AI (in coordination with MALR)	May	Cairo	**18**
Improvement Collaborative Training (with SAVE and MCH**)**	May	Cairo	
Advances in Strategic Health Communication – Special Focus on AI	June	Alexandria	**19**
Leadership in Strategic Health Communication ***(Participant Training)***	June	Baltimore	**4**: (2) Males + (2) Females
Research Dissemination Seminar at USAID H/Q	June	Cairo	
TOT Integrated Flip Chart for Nurses	June	Cairo	**26**
Tajikistan AI Study Tour to Egypt (in coordination with UNICEF)	June	Cairo	**8**
TOT Workshop: Strategic Health Communication for MALR	July	Cairo	
TOT Workshop: Bio-security and Use IEC materials	July	Cairo	**25**
TOT Workshop: Bio-security and Use IEC materials	July	Cairo	**25**
TOT Workshop: Premarital Counseling and Examination	August	Cairo	**26**
TOT Workshop: Premarital Counseling and Examination	October	Cairo	**32**
Seminar on "Principles and Best Practices in Outbreak Communication" at the US Embassy	October	Cairo	
Volunteers Workshop for Tobacco Cessation and Viral Hepatitis Campaign	October	Cairo	**71**
Visit of Mayor Sheila Dixon (Mayor of Baltimore)	October	Cairo	
PPIUD Orientation Workshop	November	Minya	**30**
"Sahetak Tharwetak" Festival for Schools	November	Alexandria	
Vietnam OST visit to Egypt	November	Cairo	**5:** (2) Males + (3) Females
The 3rd International Conference on Health, Environment and Development	November	Alexandria	
TB Advocacy, Communication and Social Mobilization Consultant Workshop (JHU in coordination with Stop TB Partnership and TB Institute)	November	Cairo	
TOT – IPC – Hepatitis Service Providers Workshop	December	Cairo	
Awareness Seminars about FGM/C for final year medical students in Six Universities	October – December	Ain Shams, Assiut, Mansoura, Menoufiya, Sohag, and Tanta	

FY 2009

Workshop	Date	Place	No. of Participants
Arabic Advances in Development Communication ***(Participant Training)***	January	Lebanon	**5**: (3) Males + (2) Females
PPIUD Orientation Workshop for *physicians*	January	Minya	**30**
PPIUD Orientation Workshop for *physicians*	February	Fayoum	**24**
PPIUD Orientation Workshop for *physicians*	February	Qalioubiya	**27**
Workshop for Alumni of "Health Communication Trainings"	February	Cairo	**36**
Breast Cancer Roundtable with Leading Experts during Mrs. Lieberman's Visit	February	Cairo	
AI Rapid Response Communication Seminar	February	Sharkia	
AI TOT on Communication and Training Skills for Dakahliya Gov. Veterinary Doctors (with SAIDR)	March	Cairo	
International Executive Media Training Workshop ***(Participant Training)***	March	Lebanon	**3**: (2) Males + (1) Females
Strategic Planning Workshop	March	Fayoum	**25**
Development of Theatre Plays for Culture Houses	April	Cairo	**19**
The 1st National Festival for Children Arts	April	Fayoum	
Orientation Workshop "Doctors against Female Genital Cutting"	April	Tanta	**24**
Orientation Workshop on Post Partum Mabrouk Initiative for *Physicians*	April	Cairo	
Orientation Workshop on Post Partum Mabrouk Initiative for *Nurses*	May	Cairo	
AI TOT for Religious Leaders	May	Cairo	
Conference for "Doctors against Female Genital Cutting" (in coordination with the Ministry of State for Family and Population)	May	Menoufiya	
Orientation Workshop "Doctors against Female Genital Cutting"	May	Menoufiya	**26**
Orientation Workshop "Doctors against Female Genital Cutting"	May	Fayoum	**21**
Orientation Workshop "Doctors against Female Genital Cutting"	May	Aswan	**21**
TOT for *physicians* on Post Partum Mabrouk Initiative	May	Cairo	
Stepdown Workshop for *Doctors* on Post Partum Mabrouk Initiative	May	Cairo	
TOT for *Nurses* on Post Partum Mabrouk Initiative	May	Cairo	
Stepdown Workshop for *Nurses* on Post Partum Mabrouk Initiative	May	Cairo	
Workshop for Veterinary Spokespersons on "How to Deal with Media" (with SAIDR)	June	Alexandria	
Leadership in Strategic Health Communication (Arabic)	June	Alexandria	**22**
Leadership in Strategic Health Communication ***(Participant Training)***	June	Baltimore	**4**: (1) Male + (3) Females
Fayoum Implementation Plan Workshop	June	Fayoum	**29**
TOT for *physicians* on Post Partum Mabrouk Initiative	June	Cairo	
Stepdown Workshop for *Doctors* on Post Partum Mabrouk Initiative	June	Cairo	
Stepdown Workshop for *Doctors* on Post Partum Mabrouk Initiative	June	Cairo	
Stepdown Workshop for *Nurses* on Post Partum Mabrouk Initiative	June	Cairo	
Stepdown Workshop for *Nurses* on Post Partum Mabrouk Initiative	June	Cairo	

Workshop	Date	Place	No. of Participants
Stepdown Workshop for *Nurses* on Post Partum Mabrouk Initiative	July	Cairo	
Stepdown Workshop for *Doctors* on Post Partum Mabrouk Initiative	July	Cairo	
Premarital Counseling and Examination (in coordination with CARE)	July	Assiut	**29**
Premarital Counseling and Examination (in coordination with CARE)	July	Minya	**30**
Premarital Counseling and Examination (in coordination with CARE)	July	Sohag	**30**
TOT "Doctors against Female Genital Cutting"	July	Cairo	**31**
AI Workshop on Communication and Training Skills for Agricultural Extension Workers in Sharkia and Menoufiya (with SAIDR)	July	Cairo	
AI TOT Workshop for Rapid Communication Response (RRC) for SIS and GOVS (with SAIDR)	August	Cairo	
AH1N1 Seminar with the Schools Managers at Abu Rakaba village (in collaboration with Toshiba Al Araby)	October	Menoufiya	
Seminar to present H1N1 School Package to Schools Managers and teachers at the Rotary Club	October	Cairo	
"Breaking the Silence " Breast Cancer Awareness Event (with USAID and Susan Komen For the Cure)	October	Alexandria	
1st Egypt Race for the Cure Against Breast Cancer (with Susan Komen For the Cure and Breast Cancer Foundation of Egypt)	October	Alexandria	
TOT Premarital Counseling and Examination	October	Cairo	**18**
TOT Premarital Counseling and Examination	November	Cairo	**22**
TOT Premarital Counseling and Examination	November	Cairo	**27**
Workshop for Doctors for Validation of FGC Law	November	Cairo	**37**
"Build Your Own Cage" Ceremony	November	Minya	
"Build Your Own Cage" Ceremony	November	Fayoum	
"Build Your Own Cage" Ceremony	November	Dakahliya	
Workshop on Viral Hepatitis and interpersonal communication for Doctors, Nurses and Field Promoters (in collaboration with Sawiris Foundation)	November	Cairo	**33**
Advances in Strategic Health Communication – Special Focus on Family Health	December	Alexandria	**24**
First Regional Forum on Population Growth Control Issues of North and Middle Upper Egypt	December	Fayoum	
Evaluation Team Field Visit	December	Fayoum	

FY 2010

Workshop	Date	Place	No. of Participants
AI Build Your Own Cage Initiative Evaluation Workshop	January	Cairo	
Participated in Cairo International Book Fair with a booth for AH1N1	January	Cairo	
Workshop for Doctors for Validation of FGC Law (For Medical License Supervisors from Lower Egypt)	January	Alexandria	**29**
Maa'zouns Orientation Workshop on Premarital Counseling and Examination (with SIS)	January	Cairo	
IEC Materials Supply Chain Management Workshop	January	Ain Sokhna	**15**

Workshop	Date	Place	No. of Participants
(in coordination with MOH and SISC)			
Sehetna SharePoint Training (in coordination with JHU Jordan)	January	Cairo	
AI Media Workshop for Journalists and Media Specialists (with SIS)	February	Cairo	
Workshop for Doctors for Validation of FGC Law (For Medical License Supervisors from Upper Egypt)	February	Minya	**27**
4 Seminars on AH1N1 for Environmental Education and Population School Supervisors at CHL/Save the Children focal villages	March	Fayoum Dakahliya Minya Menoufiya	
SISC Sustainability Plan Workshop	March	Port Said	**27**
TOT on Health Messages of H1N1, Hepatitis and Anti-tobacco for IFMSA Egypt	March	Cairo	
Workshop for Doctors for Validation of FGC Law (For Medical License Supervisors from Lower Egypt) (in coordination with CARE)	March	Assiut	**25**
TOT on Leadership, Health Communication, Supervision, and Report Writing (Arabic) For NPC	March	Cairo	
TOT Premarital Counseling and Examination for Religious Leaders (with CARE)	April	Assiut	
AI TOT on Communication and Training Skills for Kafr El Sheikh Gov., Veterinary Doctors (with SAIDR)	April	Cairo	
Workshop for Doctors for Validation of FGC Law (For Medical Licensed Supervisors from Lower Egypt) (with NCCM, MOFP, MOH)	April	Beni Suef	**25**
Workshop for Doctors for Validation of FGC Law (For Medical Licensed Supervisors from Lower Egypt) (with NCCM, MOFP, MOH)	April	Sohag	**25**
Workshop for Doctors for Validation of FGC Law (For Medical Licensed Supervisors from Lower Egypt) (with NCCM, MOFP, MOH)	May	Luxor	**25**
Leadership in Strategic Health Communication (Arabic) ***(Participant Training)***	May	Alexandria	**16**: (7) Males + (9) Females
TOT on Leadership, Health Communication, Supervision, and Report Writing (Arabic) For NPC	May	Minya	
TOT on Leadership, Health Communication, Supervision, and Report Writing (Arabic) For NPC	June	Ismailia	
Leadership in Strategic Health Communication ***(Participant Training)***	June	Baltimore	**3**: (1) Male + (2) Females
Mabrouk Premarital Initiative for Maa'zouns and Priests (with SIS)	June	Minya	**29**
TOT Health Communication for Friends of the Family (With MOFP and NPC)	July	Cairo	
Advances in Strategic Health Communication – Special Focus on AI	July	Alexandria	**24**: (13) Males + (11) Females
TOT Workplace Wellness on peer education, interpersonal communication, health topics incl. HIV, hepatitis, nutrition, smoking, fitness, cardiovascular (with CARE Egypt for Shell Egypt)	September	Cairo	**9:** (4) Males and (5) Females
TB Advocacy, Communication and Social Mobilization Consultant Workshop (JHU in coordination with Stop TB Partnership and TB Institute)	October	Cairo	
Training on updating www.SAIDR.org incl. web-publishing overview and technical training in Dreamweaver, Google Docs (for MALR/GOVS)	November	Cairo	**6:** (2) Males + (4) Females

AskConsult Classroom Training Courses, 2005-2010

No.	Date	Governorate	All trainees	All males	All females	Pharmacists	Male pharmacists	Female pharmacists	Physicians	Male physicians	Female physicians	Pharmacists or Physicians	
1	11 November 2005	Fayoum	**38**			**38**						Pharm.	
2	13 November 2005	Cairo	**25**			**25**						Pharm.	
3	18 November 2005	Minya	**37**			**37**						Pharm.	
4	20 November 2005	Giza	**37**			**37**						Pharm.	
5	25 November 2005	Cairo	**33**			**33**						Pharm.	
6	29 November 2005	Alexandria	**22**			**22**						Pharm.	
7	1 December 2005	Giza	**32**			**32**						Pharm.	
8	2 December 2005	Cairo	**32**			**32**						Pharm.	
9	4 December 2005	Alexandria	**30**			**30**						Pharm.	
10	8 December 2005	Giza	**32**			**32**						Pharm.	
11	9 December 2005	Minya	**43**			**43**						Pharm.	
12	16 December 2005	Alexandria	**28**			**28**						Pharm.	
13	18 December 2005	Cairo	**39**			**39**						Pharm.	
14	22 December 2005	Giza	**33**			**33**						Pharm.	
15	25 December 2005	Fayoum	**56**			**56**						Pharm.	
16	30 December 2005	Alexandria	**33**			**33**						Pharm.	
17	20 January 2006	Qena	**45**			**45**						Pharm.	
18	22 January 2006	Luxor	**57**			**57**						Pharm.	
19	27 January 2006	Aswan	**19**			**19**						Pharm.	

No.	Date	Governorate	All trainees	All males	All females	Pharmacists	Male pharmacists	Female pharmacists	Physicians	Male physicians	Female physicians	Pharmacists or Physicians	
20	29 January 2006	Qena	**46**			**46**						Pharm.	
21	27 May 2005	Minya	**59**			**59**						Pharm.	
22	20 May 2005	Cairo	**21**			**21**						Pharm.	
23	17 September 2006	Beni Suef	**38**			**38**						Pharm.	*
24	15 September 2006	Giza	**50**			**50**						Pharm.	*
25	22 September 2006	Ismailia	**47**			**47**						Pharm.	*
26	17 June 2007	Sharkiya	**39**			**39**						Pharm.	*
27	24 June 2007	Qalioubiya	**28**			**28**						Pharm.	*
28	10 June 2007	Giza	**40**			**40**						Pharm.	*
29	10 June 2007	Beni Suef	**24**			**24**						Pharm.	*
30	24 August 2007	Beni Suef	**26**						**26**			Phys.	*
31	31 August 2007	Giza	**31**						**31**			Phys.	*
32	7 September 2007	Sharkiya	**40**						**40**			Phys.	*
33	9 September 2007	Ismailia	**23**						**23**			Phys.	*
34	1 February 2008	Sharkiya	**37**			**37**						Pharm.	*
35	7 February 2008	Luxor	**32**			**32**						Pharm.	*
36	8 February 2008	Luxor	**42**						**42**			Phys.	*
37	15 February 2008	Sharkiya	**42**						**42**			Phys.	*
38	14 March 2008	Kafr El Sheikh	**40**						**40**			Phys.	*
39	28 March 2008	Qena	**22**						**22**			Phys.	*
40	27 March 2008	Qena	**27**			**27**						Pharm.	*

No.	Date	Governorate	All trainees	All males	All females	Pharmacists	Male pharmacists	Female pharmacists	Physicians	Male physicians	Female physicians	Pharmacists or Physicians	
41	4 April 2008	Kafr El Sheikh	**24**			**24**						Pharm.	*
42	26 June 2008	Aswan	**24**			**24**						Pharm.	*
43	26 June 2008	Dakahliya	**28**			**28**						Pharm.	*
44	27 June 2008	Aswan	**21**						**21**			Phys.	*
45	27 June 2008	Dakahliya	**35**						**35**			Phys.	*
46	6 February 2009	Luxor	**30**						**30**			Phys.	*
47	7 February 2009	Luxor	**39**			**39**						Pharm.	*
46	30 July 2009	Aswan	**15**						**15**			Phys.	*
47	31 July 2009	Aswan	**33**			**33**						Pharm.	*
48	21 January 2010	Qena	**25**						**25**			Phys.	*
47	22 January 2010	Qena	**30**			**30**						Pharm.	*
48	23 January 2010	Aswan	**21**						**21**			Phys.	*
49	24 January 2010	Aswan	**40**			**40**						Pharm.	*
50	28 May 2010	Cairo	**19**	11	8				**19**	11	8	Phys.	
51	30 May 2010	Cairo	**35**	21	14	**35**	21	14				Pharm.	
52	11 June 2010	Fayoum	**43**	31	12				**43**	31	12	Phys.	
53	13 June 2010	Fayoum	**62**	35	27	**62**	35	27				Pharm.	
54	18 June 2010	Dakahliya	**47**	13	34				**47**	13	34	Phys.	
55	20 June 2010	Dakahliya	**40**	20	20	**40**	20	20				Pharm.	
56	2 July 2010	Gharbia	**48**	20	28				**48**	20	28	Phys.	
57	4 July 2010	Gharbiya	**46**	7	39	**46**	7	39				Pharm.	
58	9 July 2010	Sharkiya	**34**	14	20				**34**	14	20	Phys.	
59	11 July 2010	Sharkiya	**34**	7	17	**34**	7	27				Pharm.	
60	23 July 2010	Suez	**29**	7	21				**29**	8	21	Phys.	

No.	Date	Governorate	All trainees	All males	All females	Pharmacists	Male pharmacists	Female pharmacists	Physicians	Male physicians	Female physicians	Pharmacists or Physicians	
61	25 July 2010	Suez	**39**	13	26	**39**	13	26				Pharm.	
TOTAL		16	**2,266**	199	266	**1633**	103	153	**633**	97	123		
No.	**Date**	**Governorate**	**All trainees**	**All males**	**All females**	**Pharmacists**	Male pharmacists	Female pharmacists	**Physicians**	Male physicians	Female physicians	**Provider type**	
***Conducted jointly with USAID Takamol activity**													

AskConsult Local Gatherings, 2009-2010

Governorate	Date	Venue	Number of Pharmacists	Number of female pharmacists	Number of male pharmacists	New registrants
1. Fayoum	March 8, 2009	Nadi El Moalemeen-Fayoum	214	103	111	143
2. Dakahliya	March 29, 2009	Marshal Hotel-Mansoura	244	138	106	208
3. Sharkiya	April 26, 2009	Police Club-Zagazig	221	135	86	115
4. Cairo (1 of 3)	May 17, 2009	Dar El Defaa El Gawy- Cairo	190	87	103	73
5. Gharbiya	May 31, 2009	Conference Center-Tanta University-Tanta	326	182	144	107
6. Alexandria	June 14, 2009	Ramada Hotel-Alex	182	118	64	62
7. Suez	July 12, 2009	Nady El Tagdeef-Suez	124	73	51	68
8. Behera	July 27, 2009	Social Club-Damanhour	159	93	66	93
9. Damietta	August 17, 2009	Nady El Hekma-Ra's El Br	152	81	71	108
10. Menoufiya	October 26, 2009	Vinecia Village	290	150	140	154
11. Cairo (Event 2)	March 18, 2010	Sofitel Hotel	163	71	92	20
12. Giza	April 8, 2010	Safir El Dokki	80	37	43	52
13. Luxor	April 27, 2010	Sonesta Hotel	198	103	95	130
14. Qena	April 29, 2010	Girls Club	95	49	46	60

Governorate	Date	Venue	Number of Pharmacists	Number of female pharmacists	Number of male pharmacists	New registrants
15. Qalioubiya	May 16, 2010	Police Club- Banha	162	75	87	84
16. Ismailia	May 23, 2010	Mercure Hotel	172	115	57	92
17. Hurghada	June 6, 2010	Roma Hotel	137	74	63	75
18. Assiut	June 25, 2010	Assiut University Hotel	210	100	110	125
19.Minya	June 27, 2010	Horus hotel	165	92	73	112
20 Cairo (Event 3)	July 18, 2010	Dar El Defaa El Gawy- Cairo	158	104	54	79
21. Kafr El Sheikh	August 1, 2010	Youth Club- Athlete Hotel	132	67	65	68
22. Port Said	August 8, 2010	Helnan Hotel	160	128	32	123
			Number of Pharmacists	**Female pharmacists**	**Male pharmacists**	**New registrants**
TOTAL			**3,934**	**2,175**	**1,759**	**2,151**
			Average of 180 pharmacists per event	**55 percent females**	**45 percent males**	**55 percent of attendees**

The Final Report of USAID/Egypt's Communication for Healthy Living project was written by Ron Hess, Daniel Lynx Bernard, Dr. Douglas Storey, Dominique Meekers, Dr. Tawhida Khalil, Marwa Kamel, Kelly Keisling, Mohammed Kamal Bayoumi, Dr. Samir Al-Alfy, Heather L. Sanders, and Hussam Rajab. Information was contributed by Dr. Hassan El-Sheikh, Louise Kemprecos, Dr. Paul Hutchinson, Yvette Bahr, Diana Boeke, Omaima AbdelAkher, Amr Thakeb, Dr. Mohamed Farid, Asmaa Shokry, Dr. Marian Nassef, Mohammed Shaker, and Dr. Hassan El-Gebaly. Editor: Daniel Lynx Bernard. This report is dedicated to CHL advisor Dr. Moushira El Shafei, 1940-2010.