



From
the People of Japan



Review of Behavioral Outcomes of Avian Influenza Community Education Program

**Ministry of Health and Population
in collaboration with
UNICEF**

The MOHP – Raedat / UNICEF Avian Influenza Program Goal

Undertake community behavioral change intervention to improve the knowledge and change AI critical practices in rural areas of 17 governorates.

What Results Are Aimed for Change?

Based on 2006/2007 MOHP / UNICEF Pilot in 7 Governorates and Baseline Research of January 2007:

- At least 80% of the households visited have the correct preventive knowledge of AI.

- 70% do each of the 3 critical practices.
 - ✓ Hand washing after handling poultry
 - ✓ Separate poultry from living areas
 - ✓ Keep children away from poultry

- MOHP have an institutionalized supervision system that supports AI containment program

MOHP- RR / UNICEF AI Program Components July 2007 – December 2008

1. Capacity building of
Raedat and Supervisors

3. Community Awareness
Campaign

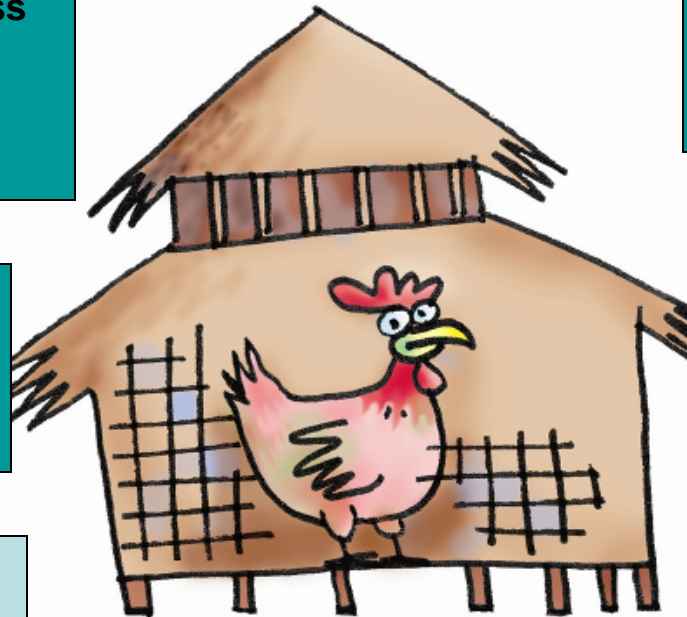
2. Monitoring and Supervision

4. Education Materials

5. House to House Education

6. School Program

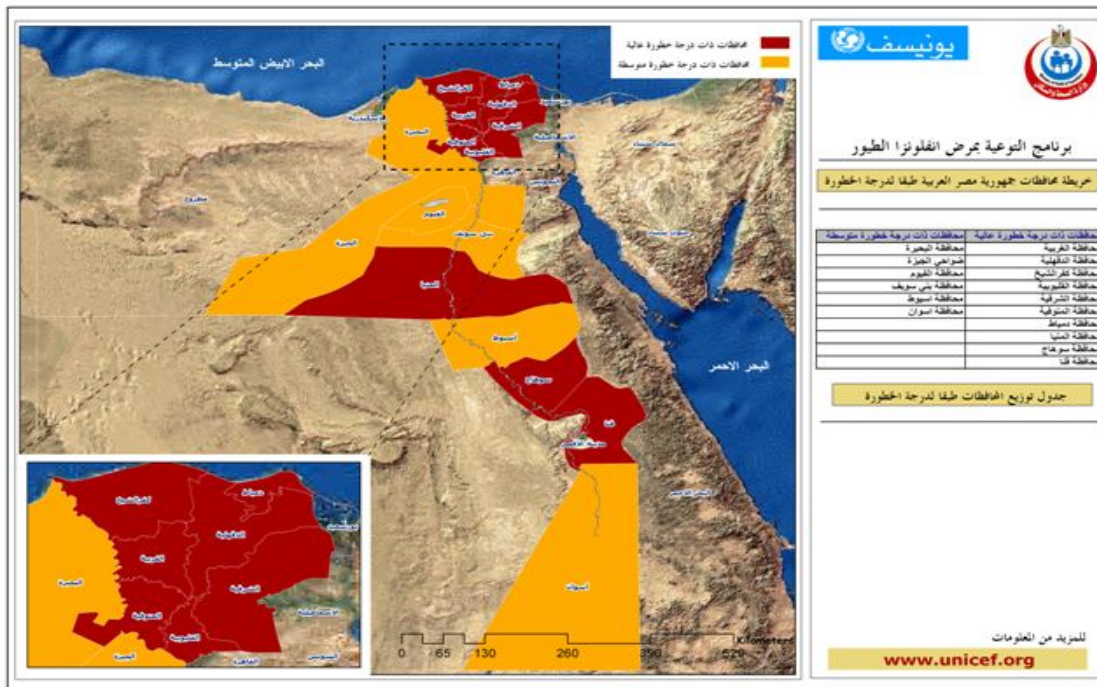
7. Policy Advocacy



Who Are We Targeting?

Communities with a focus on women and children (especially breeders) in the rural areas of the 17 governorates.

Where is the Intervention Taking Place?



DELTA	UPPER EGYPT
1. Gharbeya	9. Rural Giza
2. Dakahleya	10. Fayoum
3. Kafr El Sheikh	11. Beni Sweif
4. Qaluobeya	12. Menya
5. Sharkia	13. Assuit
6. Menoufeya	14. Sohag
7. Damietta	15. Qena
8. Behaira	16. Luxor
	17. Aswan

Cairo, Alexandria and Frontiers are excluded

Preparation and Taking Off: August 2007 – February 2008

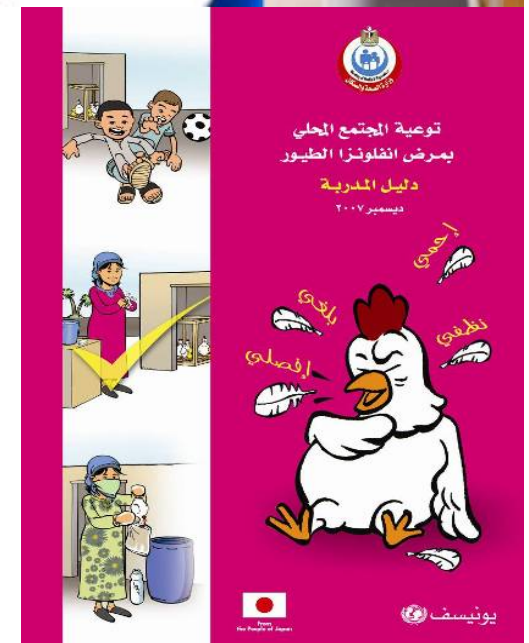
1. Policy networking on governorate level among key stakeholders
2. Capacity Building
3. Supervision system development and training
4. Materials development and village mapping

1. Capacity Building

A. Training: A cascading program

- Training covers technical, communication and performance skills.
- Total Number trained 10,877
- Different levels (TOT,
- Different cadres (New and continuing RR, supervisors, MIS)

B. On the Job training: the supportive guidance



2. Message Refinement and Audience Segmentation

- Development and review of educational materials
 - For RR: Training manuals, flip chart, card
 - For RR supervisors: training manuals and Records
 - For Health unites: posters, flyers
 - For the communities: Street walls, banners, mobile educational cars with plasma screen.
 - Educational video
- Pre-testing
- Distribution plan
- Baseline of practices and village mapping for families segmentation (breeders, non breeders) and tailoring the message

3. Monitoring and Supervision System

- System developed was based on the existing structure and on the vision and recommendations of MOHP senior managers and supervisors.
- Central level, governorate level, district level & Khat supervisors.
- An index developed to measure performance, efficiency and achievement.



The Actual Start:

4. Community Awareness Campaign



**210 Walls &
2753 Street
Banners**



420 hours
Awareness Road shows

Print material
Distribution
13,000 Posters
150,000 flyers



5. House to House Behavior Change Component



- Mapping of breeding practices within targeted villages: **4,893,818 household.**

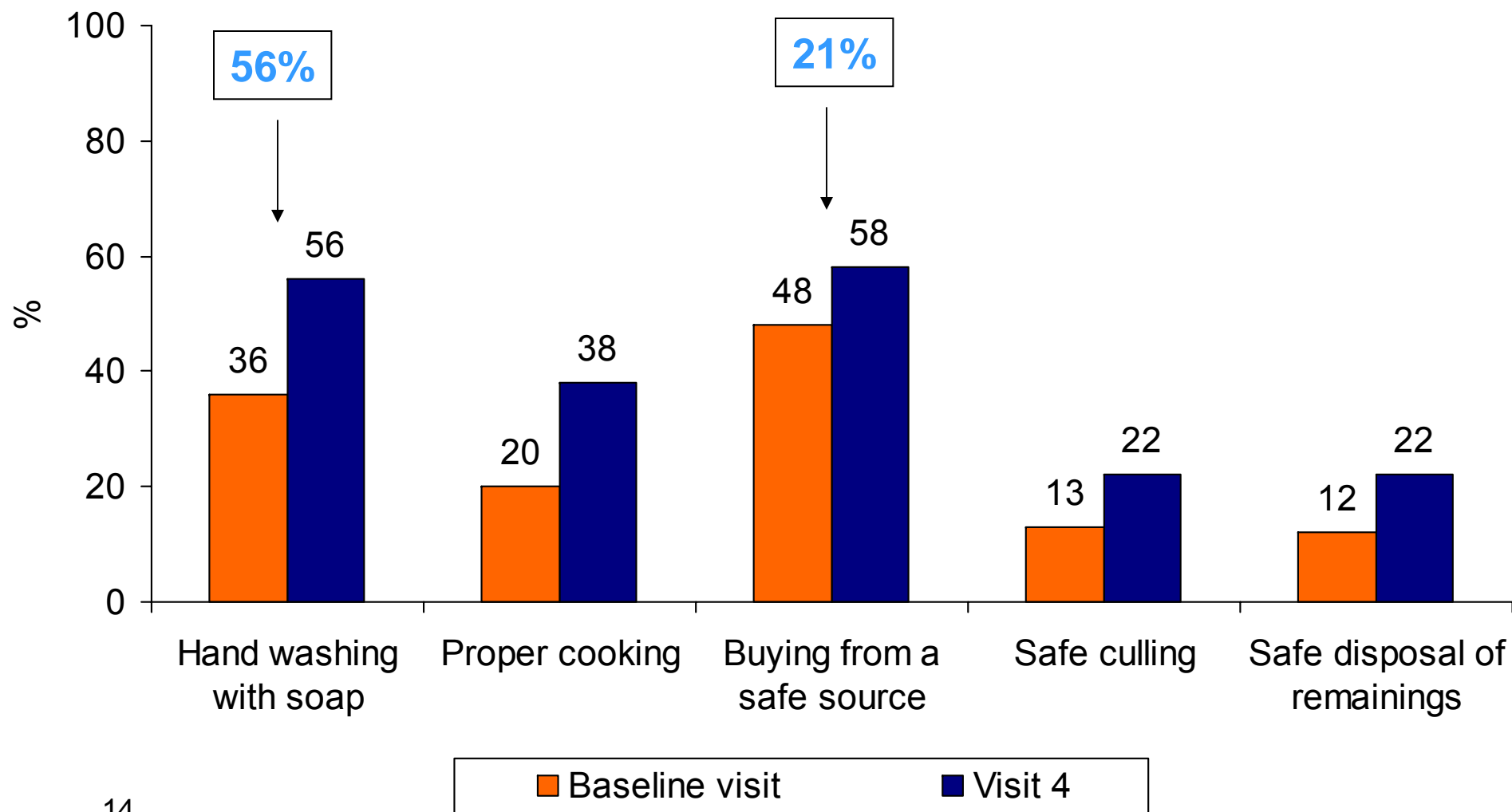
- Each RR would conduct house visits within her geographic distribution with a maximum of 600 families per RR.

- Prepare a monthly report regarding the practices of those families based on the RR records.



- **Today** all breeding families have been visited at least four times in all 17 governorates. **82% are breeders.**

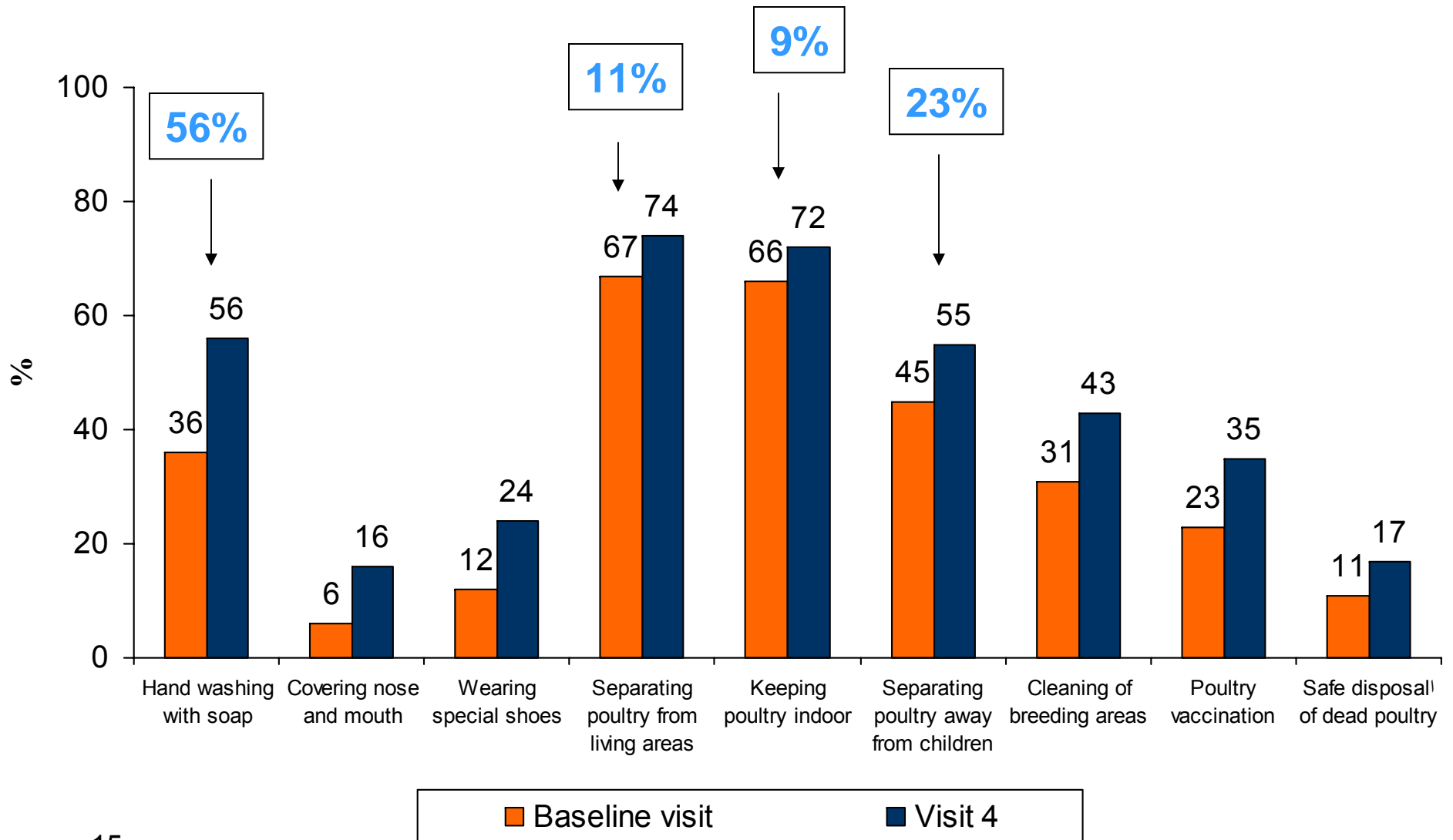
Observed and Reported Change in General Practices (17 governorates)



14

Source: RR monthly records for visited families in the 17 governorate

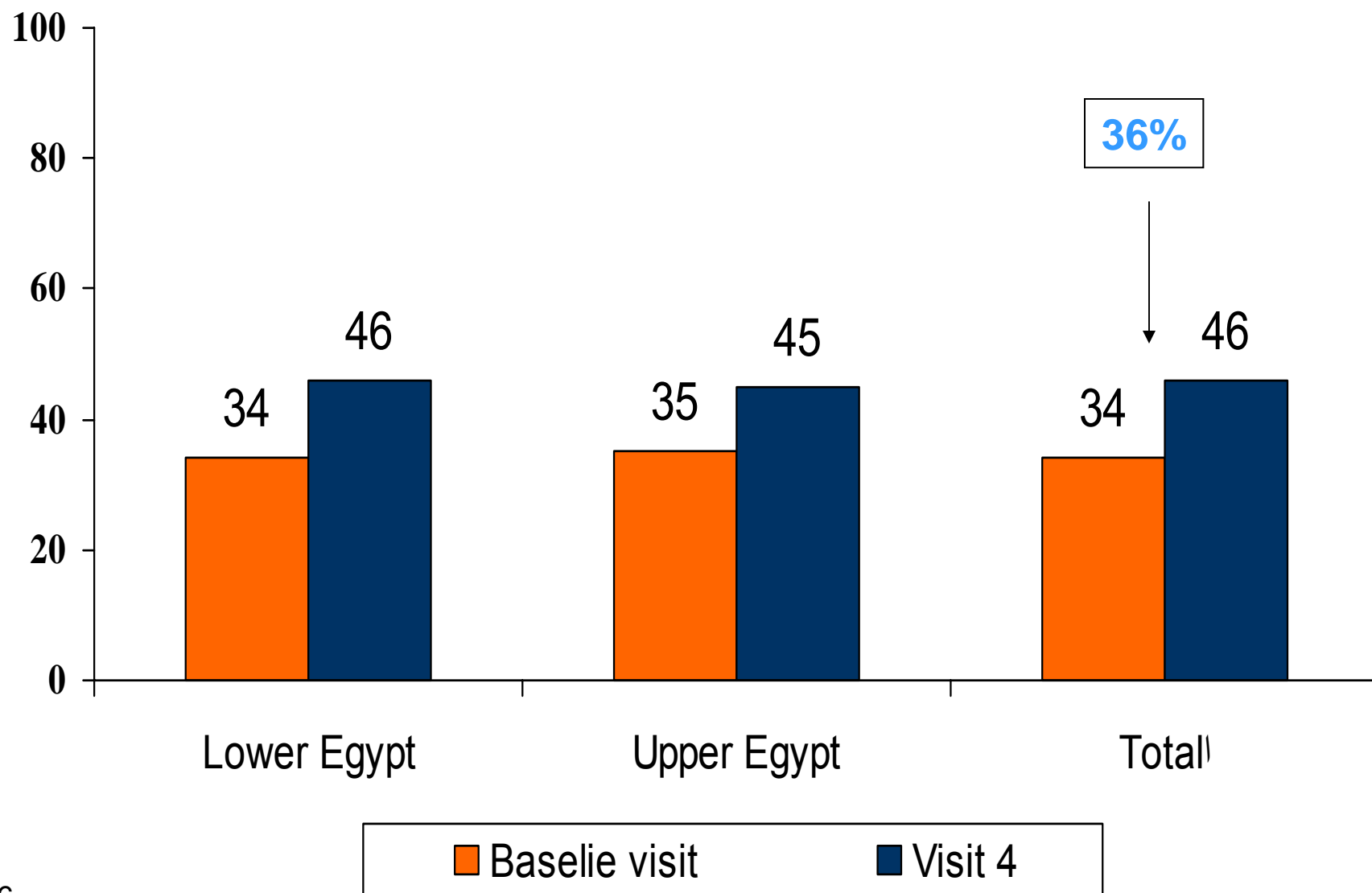
Observed and Reported Change in Breeding Practices (17 Governorates)



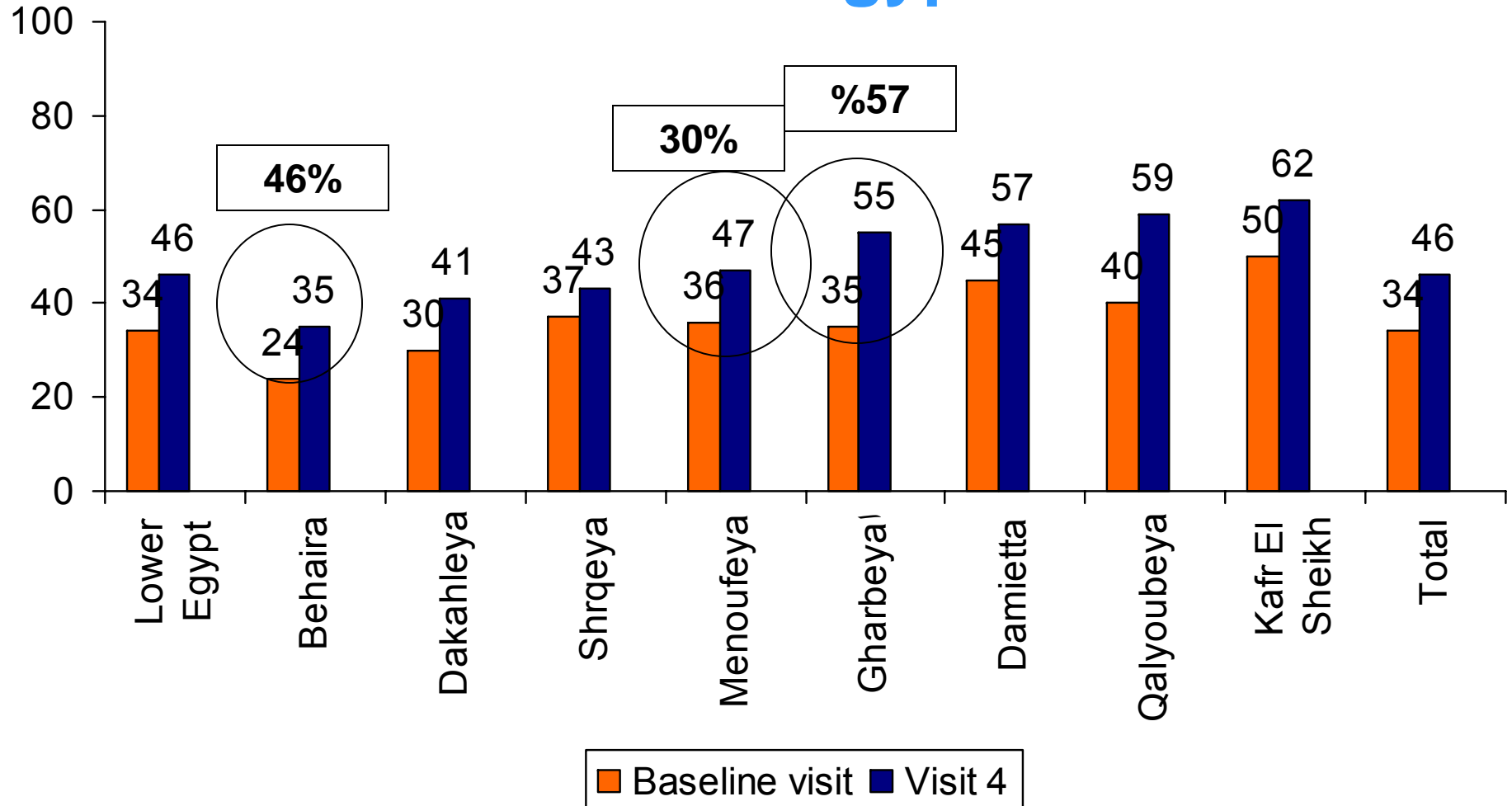
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Source: RR monthly records for visited families in the 17 governorate

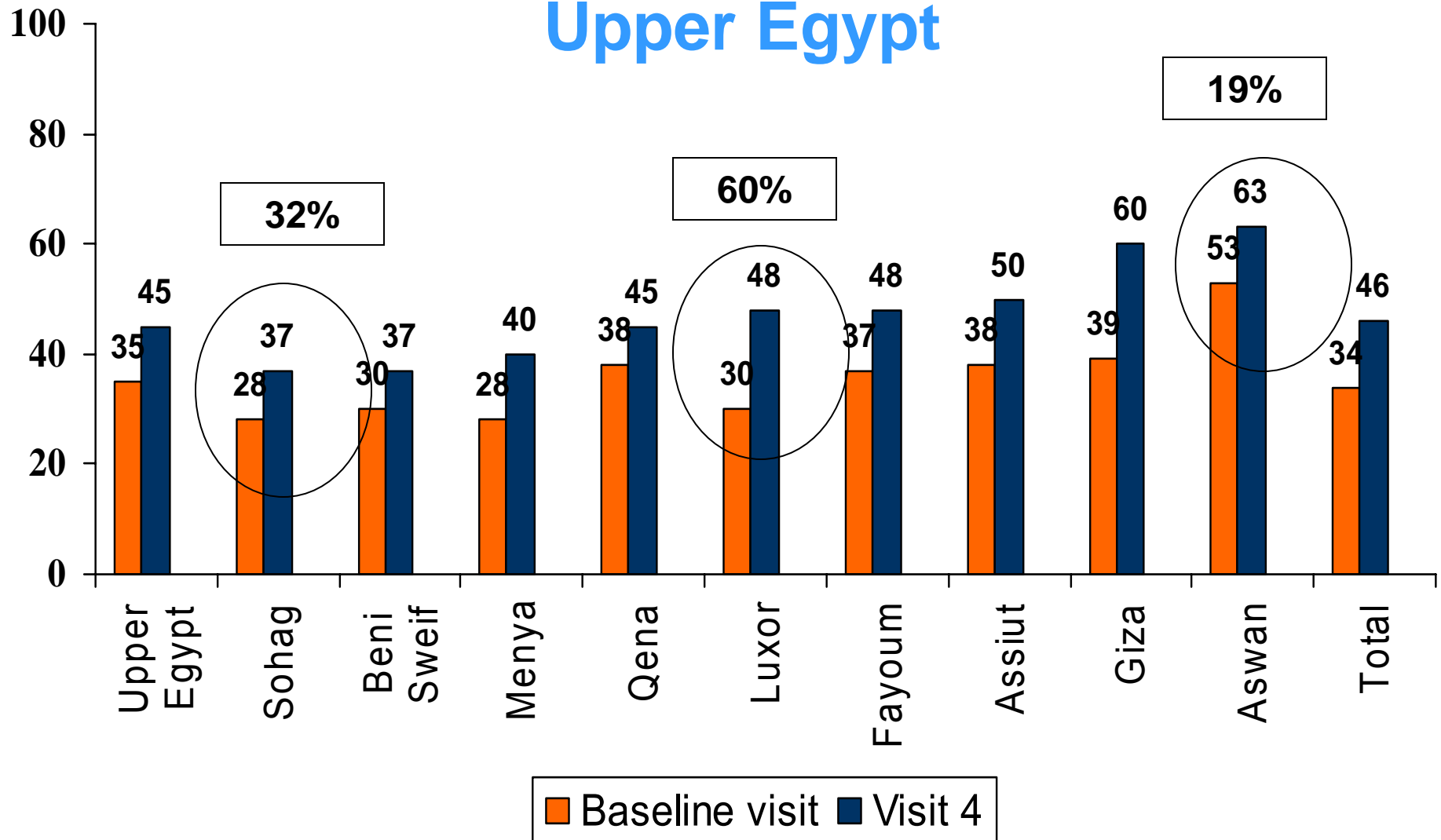
Percentage Increase in all 14 Promoted Practices of Visited Families



Percentage Increase in all 14 Promoted Practices of Visited Families in Lower Egypt



Percentage Increase in all 14 Promoted Practices of Visited Families in Upper Egypt



However

- Not all districts were covered with the same intensity of activities given:
 - Number
 - Distribution
 - Varying performance levels .

Immediate Outcomes

- Designed strategies are working on a large scale and can be nationalized.
- The MOHP community outreach system at various management teams, supervisors and can deliver and achieve, but with certain re-adjustment and support.
- Large interventions can be undertaken but when well planned, effectively synchronized in the implementation and closely monitored and evaluated.

The Larger Lessons Learned

- The intervention has clearly averted many possible infections.
- Practices are changing but more time is needed.
- Human capacities of community outreach workers are progressively improving but the process needs to be sustained.
- Some practices are hard to follow so they need to be periodically reviewed.

Priorities in the Next Phase

July – December, 2008

- Adjusting the community education program based on supervision and behavioral data.
- Assessment and integration of supervision system into MOHP on-going Raedat program.
- Widening partnership: launching the national school program with Egyptian Red Crescent and Ministry of Education.
- Sustaining funds.

Moving Forward and Maximizing the Benefit

- More Raedat in areas understaffed.
- Motivation scheme for Raedat.
- Unified messages promoted by all parties on the community level.
- Role of other parties (local administrating, local councils....etc.)

Project Team

MOHP

- Dr. Nasr El Sayed
- Dr. Amr Kandeel
- Dr. Abdel Nasser
Abdel Ghaffar
- Dr. Amal Zaki
- RR supervisors:
central, governorate
and districts.
- 10,000 Raedat.

UNICEF

- Sahar Hegazi, Ph.D
- Maha El Rabbat, Ph.D
- Khaled Darwish, M.D
- Heba Abdel Hady, M.A
- Samar Ibrahim

Thank You