<table>
<thead>
<tr>
<th>Title</th>
<th>AMIC-WHO-UNESCO-IPDC Roundtable on Health Education Needs the Media : Singapore, Jun 20-22, 1984 : [project proposals]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1984</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10220/885">http://hdl.handle.net/10220/885</a></td>
</tr>
<tr>
<td>Rights</td>
<td></td>
</tr>
</tbody>
</table>
Project Proposals
WHO-UNESCO-IPDC-AMIC

ROUNDTABLE ON "HEALTH EDUCATION NEEDS THE MEDIA"

JUNE 20 - 22, 1984

PROJECT PROPOSAL FORM

I PROBLEM
State the exact health problem that you wish to tackle.
Explain the rationale for selecting this specific problem and the target groups.

II OBJECTIVES
State both your long-term and short-term objectives. What do you hope to achieve at the end of the project?

III METHODOLOGY
What is the role of media in helping to solve this problem?
State the approach and method(s) you will use to solve the problem.
When would you like to implement the project?

IV INSTITUTIONAL ARRANGEMENTS
Who will be the lead agency in the project? What will their inputs be?

V RESOURCE REQUIREMENTS
Personnel
Who will run the project? Will additional outside expertise be needed in conducting the project? What will their inputs be?
Training
What are the anticipated training needs? Will training expertise be needed from outside?
Materials
What kinds of materials do you anticipate for the project? How will these materials be produced and who will support their production and dissemination?

VI EVALUATION
On what basis do you expect to evaluate the impact of the project?
PROJECT PROPOSAL - MALAYSIA

Members
Mr Ahmad Mustapha Hassan
Mr Santokh Singh Gill
Dr (Mrs) Joginder Singh

Problem
Mortality and morbidity in infants due to diarrhea
Diarrhea is one of the major causes of death in infants.
Contributory factors are:
(1) Poor nutritional status resulting in lowered resistance to diarrhea.
Poor nutritional status due to:
(a) mothers not breastfeeding or not breastfeeding long enough
(b) improper supplementary feeding practices
(c) mothers undernourished and do not produce enough milk
(2) Unhygienic practices of infant feeding exposing to infections
(3) Mothers do not realise diarrhea is a health problem of concern, hence do not manage diarrheal cases

Target
Primary: Pregnant and nursing mothers (rural and urban)
Secondary: Advertising agencies

Objectives
Long term: To reduce infant mortality and morbidity due to diarrhea
Short term: (1) For mothers to take balanced diet during pregnancy and lactation
(2) For mothers to breastfeed their infants for at least six months
(3) For mothers to provide proper supplementary feeding to infants
(4) For mothers to adopt hygienic practices during infant feeding to prevent diarrhea.
(5) For mothers to identify signs and symptoms of diarrhea and take appropriate measures i.e. to provide oral rehydration therapy or take the child to clinic etc.
Methodology

A baseline study will be made to identify current practices in breastfeeding and management of diarrheal diseases. Educational diagnosis will be made, based on the behavioral factors contributing to current practices.

Based on the educational diagnosis a comprehensive educational programme will be developed.

Possible channels used will be a combination of mass media and interpersonal communication by health and extension workers.

Radio

Rural oriented programmes

(1) Interview of doctors
(2) Interview of satisfied mothers
(3) Spot announcements
(4) Women’s programmes

Television

(1) Spot announcements
(2) Filmlets, trailers
(3) Interviews, talk reviews
(4) Inclusion of health information in all women’s, youth and rural programmes

Press

Regular articles
Photo-stories
Editorials
Interviews
Real life stories
Surveys
Slogans
Magazines
Supplementary
Interpersonal

(1) Health workers - individual and group communication in clinics, community setting and during home visiting
(2) Extension workers from other agencies e.g. Home economics - individual and group in community setting
(3) Schoolchildren will be reached through Educational TV and through school curriculum

Institutional arrangements

Ministry of Health will be the lead agency.

Mechanism

Ministry of Health will arrange for a planning meeting with media personnel. Media personnel will be briefed by health personnel and health people will be briefed by media personnel on campaign.

An information resource centre will be developed at Ministry of Health and will be made accessible to media personnel.

Resource Requirements

Personnel

Health education unit of Ministry of Health will run the project, with participation from Radio and TV Malaysia and Bernama.

Training

Health personnel will need to be trained in media utilisation. Health Education Officers and technicians need to be trained in video production.

Materials

(1) Point materials like pamphlets, posters for the use of health workers will be produced by Ministry of Health.
(2) Slides, videotapes, films need to be produced.

Timeframe

Baseline data - 1 month
Preparation - 3 months
Duration of campaign - 6 weeks
Follow-up/ongoing programme

Evaluation - Baseline
- Soon after campaign
- 6 months later
Assistance Needed

Assistance in the production of media material such as slides, video-tapes etc.

(a) Training of Health Education Offices in production of media materials.

(b) Training of Technicians in operation of video cameras etc.

(c) Provision of video-tapes, films, slides and other materials from Asean, relevant to Malaysia problems.
WHO-UNESCO-IPDC-AMIC Roundtable on
"Health Education Needs the Media"
Singapore, June 20-22, 1984

Philippine Proposal

I Problems: Malnutrition as a major health problem has remained as one of
the ten leading causes of morbidity and mortality among the vulnerable age
groups: infants, preschoolers, pregnant and lactating mothers. The most common
form of malnutrition is the protein-calorie malnutrition (PCM) and night blindness/
xerophthalmia anemia, and goitse are the common specific nutritional deficiency
diseases. Identified underlying causes of malnutrition are the following:-
non-availability of food, lack of knowledge about nutritional values of foods, food
preparation, food preservation and handling, family food distribution and socio-
cultural beliefs and practices. These situations are further aggravated by four
socio-economic status, poor environmental sanitation, rapid population growth rate
and high incidence of diarrheal and infectious diseases.
Target groups: mothers, food producer, local officials, school authorities and
Barangay Health Workers because they constitute a chain in the production,
distribution and consumption of food.

II Objectives:

Long-term: to reduce/eradicate malnutrition.
Short-term: - to encourage families to be self-sufficient in food.
- to encourage/promote correct breastfeeding practices.
- to influence behavior of mothers relative to supplementary
  feeding.
- enable Barangay Health Workers to indentify malnutrition
  manage and make referrals on malnutrition.
- to enable local officials to identify land for communal
  farming.
- to encourage school officials to promote gardening and
  local officials to provide incentives and reward for
  successful production. The project hopes to achieve food
  self-sufficiency in the community and develop home technology.
Methodology: The role of media will be to create awareness and stimulate desired action to achieve the objectives.

The approach will be to strengthen the interpersonal activities of the BHWs in the promotion/adoption of some health and nutrition practices with the use of radio and print media. BHWs will facilitate the organization of listening/discussion groups within the target area of 20,000 households in the province of Negros Occidental, Region VI. A "school-on-the-air" will be beamed weekly for a year over a local station. Print material to support the school-on-the-air will be distributed to the households. Listening to the programs will be coordinated by the BHWs and BHS midwives.

Time plan for the project: six months pre-project preparation to include organizing, research and materials development. One year implementation in the selected site covering at least 100,000 population of 20,000 households with 1,000 BHWs.

Institutional Arrangements: MOH - lead agency
NMPC
MEC
NNC

Collaborating agencies

Resource Requirements:

Personnel: Representatives from the Ministry of Health, NMPC, MEC and NNC will form the task force for the project. MOH will provide technical content; NMPC will handle media production.

Staff will consist of:
1. Project Coordinator
1. Co Project Coordinator
2. Provincial Asst. Coordinator
2. Research Assistant
6 Interviewers
2 Consultants
2 Clerical Staff

Training Needs: Training of BHWs to facilitate group discussion/dynamics. Orientation of local media, leaders, PHC committees.

Materials: Leaflets, Posters
Radio programmes, plug
Finances: See attached budget.
Outside funding amounting to US$26,290 is required. The Ministry of Health, the National Media Production Center and other Philippine sources will contribute a counterpart fund of US$14,000. The unit cost per Barangay Health Worker is US$40.29 for a period of 16 months.

VI Evaluation: Behavioral changes as determined by a review of existing records and pre and post-evaluative survey as required.
Estimated Budget:

Staff Honararia

1. Project Coordinator
2. Provincial Coordinator
1. Assistant Coordinator
2. Researchers
6. Interviewers

Total: US$3,000.00

Print Materials

US$2,250.00

Radio Programs (Computed on basis of 5 1/4 half-hour programs)

US$5,400.00

Radio Plugs

US$250.00

Travel

US$1,000.00

Training of 1,000 Barangay Health Workers

US$12,000.00

Contingency Fund

US$2,390.00

Total: US$26,290.00

Counterpart Funds

US$14,000.00

(MOH, NMPC and other sources)

Total Project Cost: US$40,290.00

Unit Cost per BHW: US$40.29
1. Problem

1.1 Cardiovascular disease (including haemic heart-disease, cerebrovascular disease, hypertensive disease) is the health problem accorded highest priority for health education.

The identification of this as the topmost problem is based on:

i) mortality - haemic heart disease is the top killer and together with cerebrovascular and hypertensive disease accounts for 30% of deaths in Singapore.

ii) health service consumption as evidenced by hospital bed days, hospital discharges and outpatient attendances.

1.2 Lifestyle/Behaviour

For purposes of health education, the problem can considered one of harmful lifestyles, requiring change in the following harmful behaviour:

i. smoking

ii. Diet - excessive energy (calories)
    - excessive sugar
    - excessive fat
    - excessive salt
    - insufficient fibre

iii. Sedentary lifestyle/lack of exercise

iv. Lack of relaxation/stress management.

1.3 Target Group

Behaviour is moulded in childhood and reinforced at school, work and by the volumes and attitudes of the family, community and nation. The total population need to adopt
adopt a healthy lifestyle. Thus, the primary target groups to be reached include:

i. schoolchildren  
ii. mothers and child-care givers  
iii. patients  
iv. employees  
v. community gorups

2. Objectives

In view of the nature of the problem, the results will be slow to realise - the full impact will probably only be felt in the next generation.

2.1 Long Term

A reduction in the incidence of cardiovascular disease.

2.2 Short Term

i. A decline in the overall smoking rate;

ii. An increase in proportion of persons
   - having balanced diets (at least 2 servings of food from each of the 3 food groups daily);
   - not adding salt/sauces to their food at the table;
   - not eating deep fried food more than twice a week;
   - having blood cholesterol levels greater than 200mg/ml;
   - being obese.

iii. An increase in the proportion of the population practising stress management;

iv. An increase in the proportion of the population participating in regular exercise/physical fitness programme (½ hour sessions, three times per week)

v. A decline in - the incidence of hypertension;
   - proportion of undetected hypertensives;
   - treatment non-compliance rate;
   - proportion of hypertensives detected and treated late.
3. **Methodology**

The strategy utilises both face to face communication methods as well as the mass media.

The mass media will be used for creating awareness and agenda setting. It will also augment imparting of knowledge and skills required for behaviour change.

The Training and Health Education Department, Ministry of Health will implement the project in collaboration with the SBC in the broadcast media component of the project.

Awareness to this health problem was raised in the 1979 National Health Campaign on "Diseases due to Harmful Lifestyles". It has since been maintained by on-going education mainly using a "harmful behaviour" approach through interpersonal communication and mass media methods.

It is felt, however, that health education on this specific problem needs to be intensified and a more instructional approach applied. The proposal is to concentrate on this topic for the next 5 years beginning this year 1984.

A mass media "campaign" is planned for 1985.

4. **Institutional Arrangements**

The Training and Health Education Department (THE) Ministry of Health will take the lead in the project. It will input the staff and resources for the entire project with the exception of:

i) the broadcast media programmes, productions and air time which will be SBC's inputs; ii) training expertise.

5. **Resource Requirements**

5.1 **Personnel**

Staff of THE will run the project.
5.2 Training

1. The THE staff require training in:
   a. mass communication to enable them to better use the mass media for promoting health;

   b. research and evaluation in mass communication;
   c. video production and scripting;
   d. SBC producers require training for better understanding of problems and interpretation of information of health issues, to encourage more productions and programmes on health.

5.3 Materials

A range of materials, including audio-visual aids including videotape productions, print materials for display and distribution, and radio and television programmes/production.

Except for the radio and television programmes productions which will be the responsibility of SBC, THE will produce and disseminate the materials.

6. Evaluation

Evaluation will be done through pre and post project surveys.

The measure of impact will be the extent to which the objectives have been attained.

*****
PROBLEMS
1. Fragmentation of human and financial resources for health education within health sector.
2. Inadequate collaboration between health and media governmental and non-governmental sectors.
3. Lack of common goal and understanding on the roles of media in promotion of health and nutrition.
4. Inadequate appreciation of the magnitude of resources needed for effective health education on the part of decision makers who control budget, personnel, etc.
5. Existence still of inappropriate health and nutrition practices in Thai villages.

OBJECTIVES
Long Term: Utilization of the media in the promotion of health and nutrition in Thailand.
Short Term:
1. To identify and implement mechanism for promoting collaboration between health and media sectors.
2. To recommend policy framework required for promoting effective health and nutrition communication.
3. To identify roles of various collaborating agencies.
4. To further strengthen steps already under way to rationalize health and nutrition education resources in different agencies and units within them.
5. To motivate policy makers to be more supportive of health and nutrition education.
1. Organise separate one-day workshops for Ministry of Public Health decision makers at the two basic organisational levels, namely:
   (a) the Deputy Permanent Secretary, Director Generals and Deputy Director Generals, and
   (b) Directors of various divisions.
   The purpose is to discuss the fragmentation of health education resources within the Ministry as a prelude to developing more effective collaboration with other agencies especially the media.

2. Organise a workshop for decision makers among the health and media sectors as well as officials from various government and non-government agencies responsible for allocation of resources.

   The purpose is to agree upon the unified goal and needs for combined effort and to gain their support for subsequent collaboration.

   Specific priority health and nutrition problems in Thailand will be presented and potential solutions discussed, emphasising the roles of effective communication in helping the people to solve these problems.

   The present level of health education communication activity will be compared with requirement for an effective national programme.

   At the conclusion of the workshop, the operational level or media producers will be assigned to handle health subjects.

3. The assigned media producers will be oriented in health and trained in message techniques in particular, with the health and nutrition information. Different media producers may be assigned to separately handle production of media for rural and urban population.

   This step may require outside expertise to assist with the training.
Orientation of the same group of media producers on new issues of health and nutrition will be done on a continuous basis, so that different issues in health and nutrition could be disseminated. This will maintain interest of the people in health and nutrition programme.

**RESOURCE REQUIREMENTS**

**Personnel**
Ministry of Public Health

**Training**
Training of media specialist on message techniques. Expertise from outside of the country may be required.

**Materials**
Printings and probably examples of broadcast media will be used for various meetings elaborated under the methodology. Outside funding is required in these productions.

**Evaluation**
1. Number of material produced and disseminated.
2. Random sampling to measure impacts on behavior and practices.

/dy
22.6.84