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Health Messenger

FINAL SPONSORS REPORT

December 2007

Health Messenger Issue 28

on the subject of

AVIAN INFLUENZA

Reference:

Project Dates: July to December, 2006

Project Description:

Development and distribution of Health Messenger issue 28 on **Avian Influenza**.

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Activity Summary of Issue 28

Editorial Committee (EC) established with USAID/URC, MoH, NCDM, MAFF, WHO, FAO, UNICEF, AED, US CDC and PSP editorial team	10 Jul. 06
Contacting and meeting with members of EC	14-25 Jul. 06
Writing, editing and agreement with authors	17 Jul-23 Aug. 06
Field Visits Mongkol Borey District, Banteuy Meanchey Province	01-02 Aug. 06
Battambang PHD	03-04 Aug. 06
All articles sent to EC for review	24 Aug. 06
Final review received from EC	04 Sept. 06
Translation completed and reviewed	10 Sept. 06
Design, layout and illustration completed	25 Sept. 06
Issue 28 to print	20 Sept. 06
Received from printers	10 Oct. – 01 Nov. 06
Packaging	11 – 25 Oct. 06
Distribution completed	24 Oct.06
Monitoring of distribution and evaluation of magazine	13 – 30 Nov.06

Details of Activities for Publication Process

1. Collecting information

In July, various meetings were held with experts in the Avian Influenza field to collect information. Libraries and internet sites were accessed. There was no problem accessing information.

2. Identifying partners, editorial committee and guest writers

Contacts with various partners were made under the advice of MoH, MAFF, NCDM, USAID, WHO, UNICEF and FAO. An editorial committee was established with key partners:

Dep. Of Communicable Disease Control, MOH	Dr. Sok Touch Dr. Ly Sovann	National Animal Health, Production Investigation Centre, MAFF	Dr. Sorn San
NCDM	Mr. Ross Sovann	USAID	Mr. Jonathan Ross Dr. Chak Chantha Dr. Nop Sotheara
WHO	Dr. Megge Miller	UNICEF	Mr. Heng Santepheap
FAO	Dr. Friedrike Mayen	AED	Ms Angelique Smit
US CDC	Dr. William Brady	PSP	Lao Chantha and Tammy Loverdos

Meetings were held with all members of the editorial committee, where the contents of this issue were discussed and agreed upon. Editorial committee members all agreed to contribute articles and to review the final text in English and Khmer.

The following table of articles and contributors was agreed by EC members and guest writers.

	Topic	Authors
	Editorial	Signed by Dr. Sok Touch, Dr. Sorn San and H.E. Dr. Nhim Vanda
1	Introduction – Early Detection, Early response MoH Rapid Response Teams	MoH and Health Messenger
2	The basics of influenza - Influenza in humans – the flu - Avian influenza – bird flu - Avian influenza in humans - Pandemic influenza	Health Messenger, MoH, WHO, MAFF, NCDM
3	Current situation of AI in Cambodia	Health Messenger, MoH, WHO, MAFF
4	National Comprehensive Avian and Human Influenza Plan	Health Messenger, MoH, MAFF, NCDM, USAID, WHO, UNICEF, FAO, US CDC, AED
5	Prevention of AI in animals	Health Messenger, MAFF, UNICEF, FAO, AED
6	Prevention of AI in humans	Health Messenger, MoH, USAID, WHO, NCDM, AED, US CDC, UNICEF
7	Infection control	Health Messenger, MoH, USAID, WHO, US CDC
8	Case management of AI in humans	Health Messenger, MoH, USAID, WHO
9	Influenza pandemic preparedness	Health Messenger, MoH, MAFF, NCDM, USAID, WHO, FAO, UNICEF, AED, US CDC

The publication received valuable and important support from all members of the Editorial Committee (EC). Technical advice and guidance was given to the PSP editorial team on some very complicated issues, such as the quarantine duration. The publication was therefore done in total co-operation and agreement with these stakeholders.

The members of EC provided general information, helped to write some of the articles, reviewed all text in English and Khmer and checked the consistency of terminology in both languages. Their participation ensured the information was correct and updated, in line with the policies and strategies of the Royal Government. The editorial was signed by Dr. Sok Touch, Dr. Sorn San and H.E. Dr. Nhim Vanda.

The writing and editing process started in mid July 2006. Articles were reviewed by EC for corrections, comments and suggestions. The final draft of all articles was submitted to EC by late August 2006. Final editing and modifications with EC were completed by early September 2006.

3. Field Visits

The EC recommended that the PSP editorial team should visit some backyard and semi-commercial chicken/duck farms in Mongkol District, Banteuy Meanchey province, and the Battambang PHD.

The field visit in Mongkol Borey District took place from 01st to 02nd August and the Battambang PHD on the 03rd August. The PSP team received full support from the district and PHD.

Photographs were taken and information was collected through interviews with village animal health workers, farmers, FAO animal health trainers and deputy chief of technical bureau of Battambang PHD.

4. Translation

The English text was translated to Khmer by early September. The entire Khmer text was reviewed by PSP editorial team, MoH, MAFF and NCDM. The review was completed on 10th September. Some terminology was modified to keep consistent with that used by the MoH, MAFF and NCDM.

5. Illustration and Layout

Layout started in early September. PSP worked closely with a freelance desk-top-publisher in order to complete layout by 25th September.

6. Printing

Printing started on 25th September. PSP closely followed-up and monitored the process in order to ensure quality of the printing and that the printing deadlines were met. 39,400 copies were ordered. A first delivery from the printer was made on 10th October, with subsequent batches arriving in up until 01st November, when all copies had been delivered.

7. Distribution

The distribution process of Health Messenger issue 28 on Avian Influenza, including pre-packaging and delivery, started on October 13, 2006 and finished on October 24, 2006.

PSP cooperated closely with distribution counterparts at all Provincial/Municipal Health Departments, Operational Districts, Regional Training Centres, and National Hospitals. One copy of Health Messenger was individually packed for each health staff member at every health facility based upon the number of health staff recorded in the PSP's database. PSP undertook the following methods to ensure successful distribution.

1- Delivery Form:

- A form that is sent with Health Messenger to each PHD/MHD, RTC, and NH. The representative signs the form and returns it to PSP. This shows PSP that the magazine has been successfully delivered to each Health centre. (Please see the Delivery Form attached B).

2- Distribution Table:

- A table was sent with Health Messenger to all PHDs/MHDs, ODs, RTCs, and NHs. On receiving this table, the counterpart reports the number of health staff within that facility and signs the table to show:
 - that facility received Health Messenger
 - the update number of staff is correct.

Completed forms are returned to the PHD/MHD. When the PHD/MHD counterpart has collected all forms from all ODs, they return the forms to PSP. The forms are analysed to check

- 1- the distribution rate
- 2- the number of staff of each facility in order to update PSP database.

After sending the health messenger, PSP followed-up the delivery of the magazine from PHD to OD and to Health Centre through telephone communication.

The distribution to Stung Treng PHD and RTC is sponsored by VSO Cambodia.

The breakdown of the total number of copies distributed is shown in the table below:

N°	Province/City	# of copies	N°	Province/City	# of copies
1	Banteay Meanchey	891	13	Oddar Meanchey	211
2	Battambang	1,327	14	Pailin	110
3	Kompong Chhnang	542	15	Phnom Penh	585
4	Kompong Speu	681	16	Preah Vihear	197
5	Kompong Thom	661	17	Prey Veng	987
6	Kampot	580	18	Pursat	525
7	Kandal	1,316	19	Rattanakiri	244
8	Kep	73	20	Siem Reap	590
9	Kompong Cham	1,591	21	Sihanoukville	282
10	Koh Kong	161	22	Svay Rieng	482
11	Kratie	348	23	Takeo	804
12	Mondulkiri	134	24	Stung Treng	227
Subtotal					13,549
RTCs					
1	RTC Battambang	305	4	TSMC Phnom Penh	726
2	RTC Kampot	297	5	RTC Stung Treng	186
3	RTC Kg. Cham	319			
Subtotal					1,833
National Hospitals					
1	Kantha Bopha I	196	4	PBN Sihanouk	517
2	National Paediatric	252	5	Preah Kossomak	379
3	Preah Ang Duong	150	6	Calmette	400
Subtotal					1,894
MoH and NGOs Partners					93
Sponsors					
N	Distributing	To whom	# of copies		
1	WHO	Medicam distribution	1,000		
2	USAID / URC	USAID, AI partner referral hospitals	40		
3	CARE	See Care distribution list copied below	9880		
4	NCDM	HE Nhim Vanda	100		
5	PM's Office	PM	10		
6	MAFF	Offices	10		
7	Concern	Partners and staff in Pursat, Siem Reap, Kompong Cham and Kompong Chhnang	187		
8	Concern	Chicken raising groups in target areas	1,000		
9	UNICEF & AED	Community Theatre	1,187		
10	UNICEF & AED	Community Theatre	813		
11	AED	AED	100		
12	UNICEF	Library & provincial offices	50		
13	FAO	Animal health workers	6,000		
Subtotal					20,377

Total Distribution	<u>37,746</u>
Additional distribution to URC	<u>242</u>
PSP sales/subscriptions	<u>859</u>
Total number of copies printed	<u>39,400</u>
Balance (PSP stock)	<u>553</u>

Monitoring and Evaluation

Between the 13th and 30th November 2006, routine monitoring visits were conducted to make an evaluation of the effectiveness of distribution and the value of the magazine.

The monitoring and evaluation was undertaken with the following objectives:

- I. To assess the effectiveness of the distribution
- II. To assess the readers' attitude and satisfaction/interest in the topics
- III. To assess the usefulness of the magazine
- IV. To collect feedback and comments

1. Methodologies and Process

PSP conducted standard monitoring and evaluation through visits to health facilities in a number of provinces. These included Kratie, Ratanakiri, Stung Treng and RTC Stung Treng, Battambang, RTC Battambang, Siem Reap, and Kampong Thom. These provinces were selected due to the slow return of the distribution form from issue 27 and we wanted to ensure that Health Messenger was reaching the readers in these areas. During the visits, PSP team interviews health staff by using a semi-structured interview technique, and a specially designed “monitoring checklist” is completed during each interview.

2. Key results

I. Distribution Rate

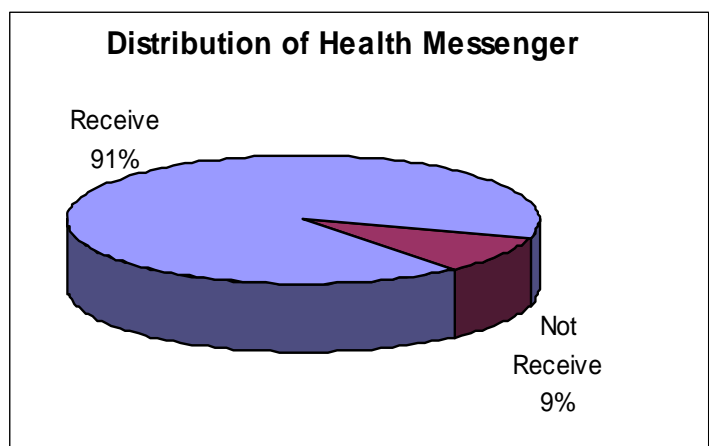
There are two ways in assessing the distribution rate.

Firstly, we reviewed the delivery forms returned to PSP after each distribution. For Issue 28, all the delivery forms (24 provinces, 5 RTCs and the 6 national hospitals) were completed and returned to PSP office.

Secondly, we conducted a visit to selected health facilities and interviewed health staff.

Based on our interview, we have found that 91% of respondents had received the magazine, while 22 health staff (9%) in some RHs/HCs across different provinces had not received this issue of the magazine. Some of these health staff believed that they were on leave when the magazine was being distributed, while others informed us they were in the PHD or Phnom Penh attending a training workshop or a meeting.

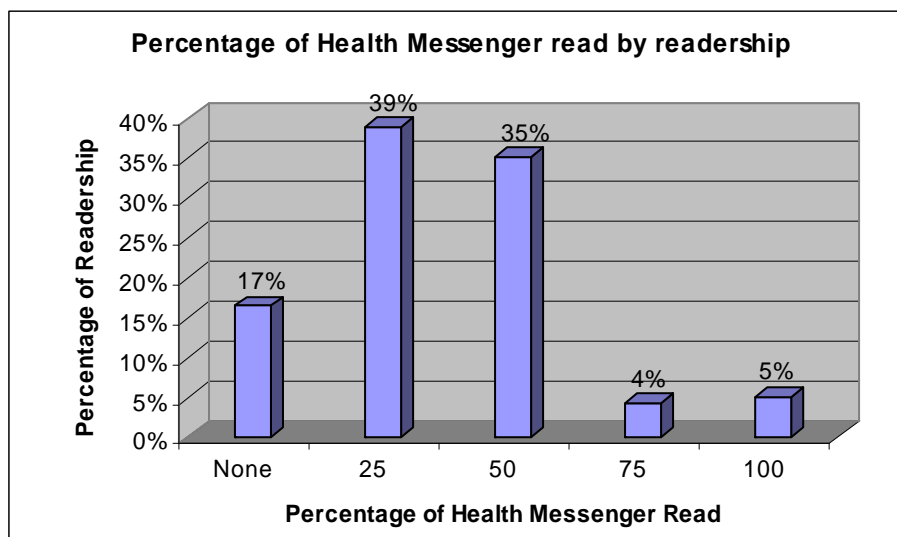
In response, PSP spoke with the counterparts who were responsible for the distribution of Health Messenger at the health facilities where there were distribution problems, and found that it while some staff were absent during distribution, their magazines would still be available at the Health Centre. They assured PSP that although distribution is sometimes late, all health staff would usually receive their copy of the magazine.



II. Reading attitude and interest of readers

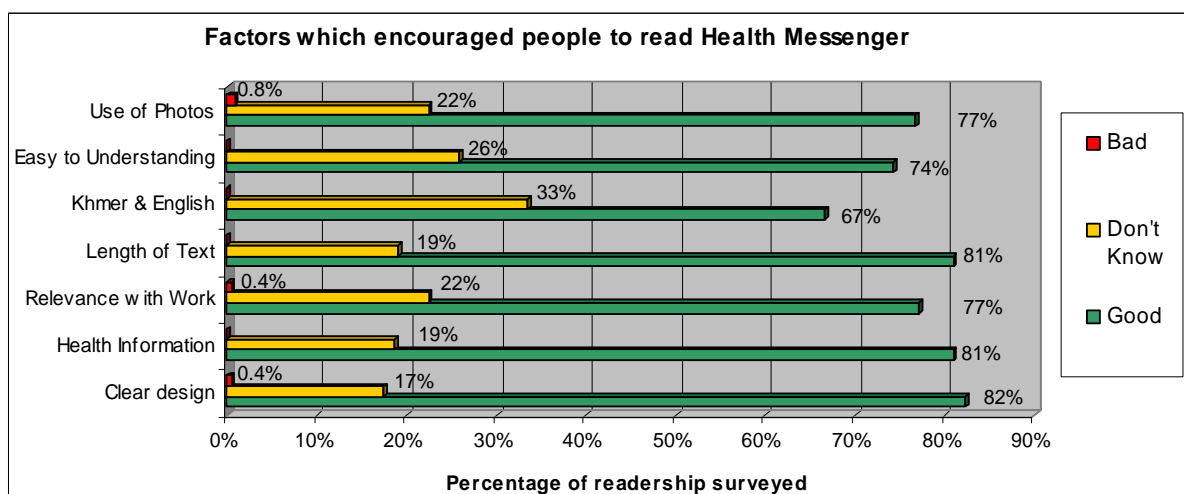
Reading attitude of readers:

The chart below gives a breakdown of the response to the question “How much of the magazine issue 28 was read?” 83% of respondents claimed to have read a certain amount of the magazine, leaving 17% of the reader who had not yet managed to read any of the magazine. Statistically, the average reader read 40% of the magazine.

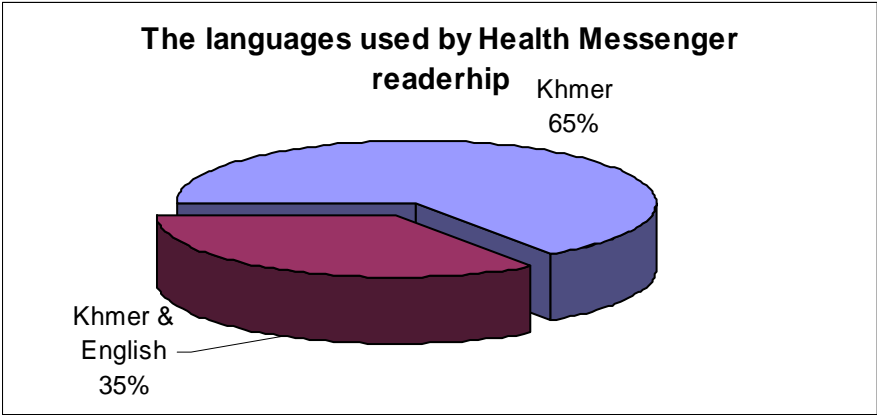


Factors encouraging reading

The people interviewed were asked to grade a selection of the magazine’s key attributes as either good, bad or don’t know (in cases where they were uncertain). The factors that were most praised the readers were the clear Health Messenger design, the length of text and relevant health information contained within the Avian Influenza issue. They reported that these factors influenced their desires to read Health Messenger. A large number of respondents also mentioned the Health Messenger was easy to understand and provided them with updated information regarding Avian Influenza disease.

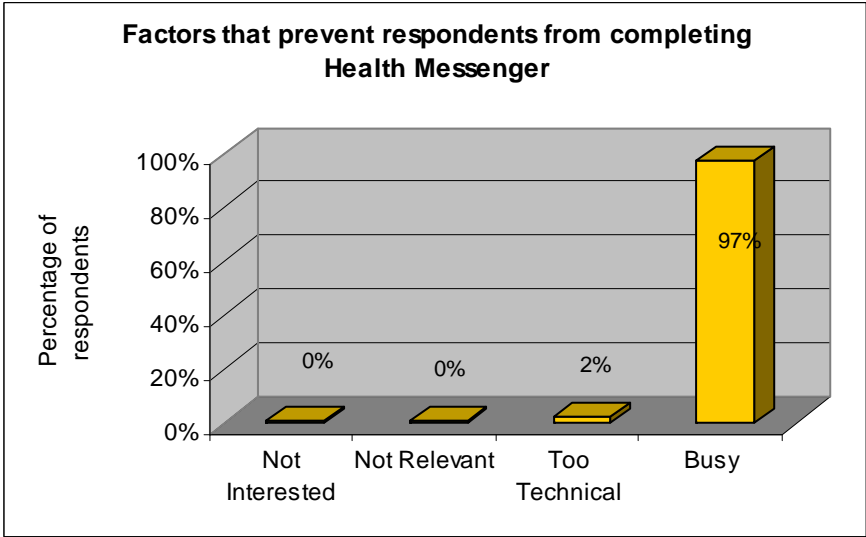


Only 35% of the respondents were encouraged to read the magazine because it is written in both the Khmer and English languages. This is because a majority (65%) of respondents read Health Messenger solely in Khmer.



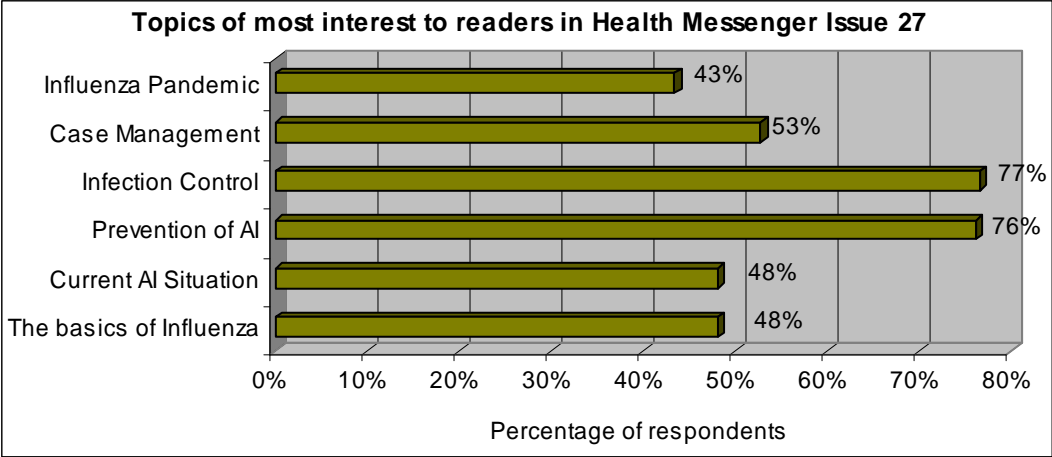
Factors preventing reading

Respondents who had read a little or read nothing of the magazine were asked why they had read none or only a small amount. In issue 28, we removed the option in the questionnaire to select the word “Busy” and provided the choice of “not interested”, “not relevant” or “too technical”. However, even without the option of selecting “busy” most of the respondents still provided this as their answer. Most of interviewees said that they had not had enough time to read the issue because they were currently too busy with their daily work both at the public health facilities and at home.



Reader’s interest per article in the magazine:

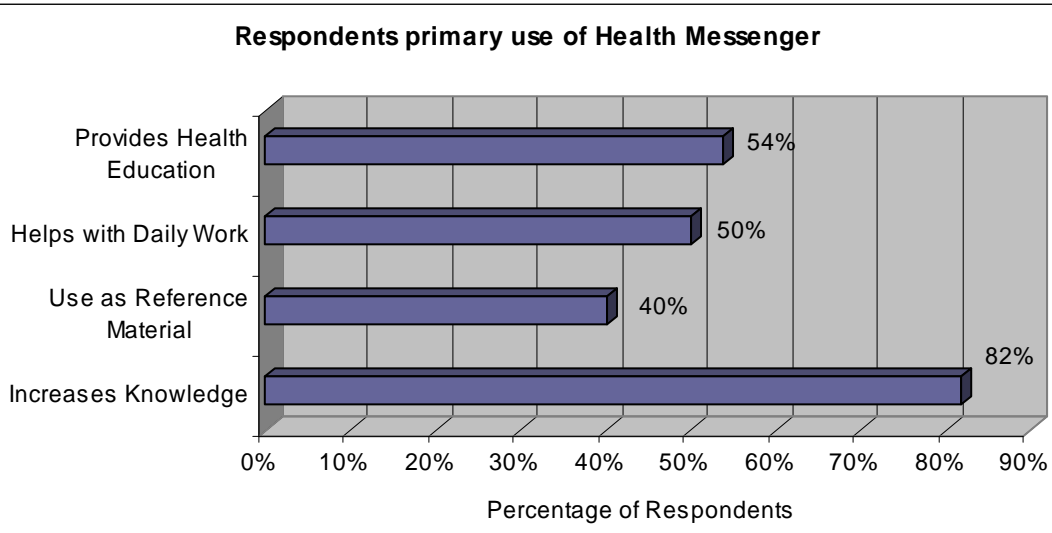
Respondents who said that the magazine was interesting were asked to rate articles that they found most interesting. The diagram below shows that the readers’ interests in every topic were high, although they showed a strong preference to reading the articles on infection control and the prevention of Avian Influenza.



III. Usefulness of the Magazine

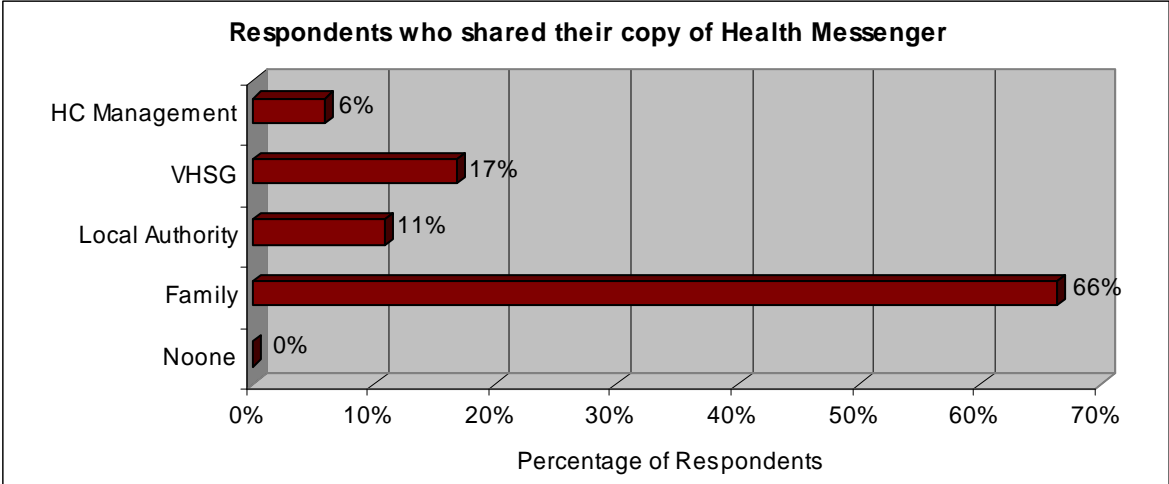
Respondents were specifically asked how Health Messenger was used.

Most of the respondents said that Health Messenger is useful for increasing their knowledge, providing health education and for using during their daily work. In a number of cases, it was reported that it was used for training at community level.



As printed material is often read by many more people than the initial recipient, to determine the breadth of the readership the respondents were asked whether other members of the household read the magazine and also whether the magazine was passed on to others outside the household.

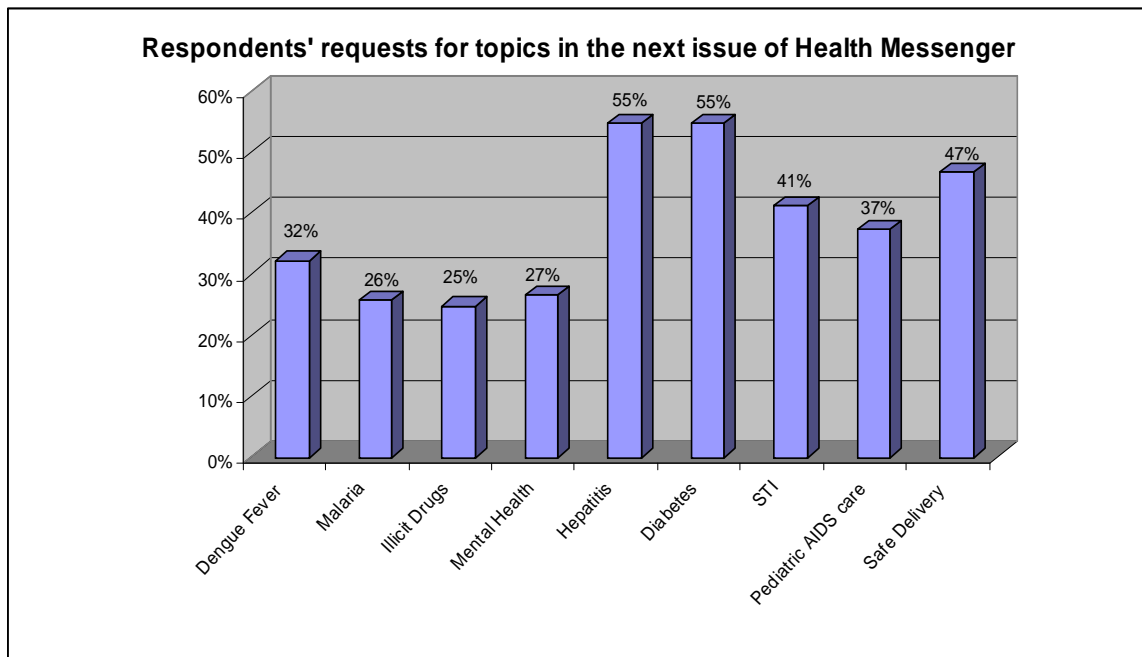
In response to above question, we found that 66% of respondents shared Health Messenger with their family members. Besides sharing with the family, they also shared the content and information with MC management, VHSG and local authorities.



Other Health Messenger comments and feedback:

A number of other comments were also made during the monitoring evaluations, not directly linked to the issue on Avian Influenza, but have been included here for interest:

- Most of the respondents were looking forward to the introduction of the multi-topic of Health Messenger, hoping it would provide them more knowledge of many different topics at a less detailed level.
- Most of respondents said Health Messenger had a good design and looked professional.
- A number of respondents who did not give any comments on the ways to improve Health Messenger claimed that they liked the current format and layout and could not think of any ways in which Health Messenger could be improved. A few felt that they could not comment because they had not yet read it completely.
- At the end of the interview, interviewees were asked “what topics would you be interested in reading about in the next issue?” Over 50% of the readers said they were most interested in reading about Hepatitis and Diabetes.



Conclusion

We would like to draw the following conclusions:

1. The publication of Health Messenger issue 28 was successful and effective. This was made possible through good collaboration and support from relevant departments including MoH, NCDM, MAFF, USAID, WHO, FAO, UNICEF, AED, and US CDC.
2. This issue of Health Messenger has a successful distribution rate of 91% at the time of monitoring.
3. The target readers were satisfied with this issue of Health Messenger. They valued the magazine as good quality publication; the design, illustration and the contents were interesting and relevant to their daily work. They also mentioned that it was a helpful complement to their formal training and also had an impact at community levels.

Project expenses

The final financial report is attached in annex A.