

## Community Awareness Campaign Report [Semester 6]

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**Group Number:** b3,b4 (CD 11,12)

**Contact Person (for follow-up):** Tasnim Tarboush (+201112079617)

**Title of Health Issue Covered:** Short Stature

**Key Messages Delivered to the Public:**

- 1- Educate people about major causes of short stature, such as and most importantly malnutrition , endocrinal, genetic and different causes.
- 2- Educate them how to know the red flags about short stature and when it is time to see a doctor?
- 3- Highlight the importance of early detection of the cause of short stature , especially in endocrinal causes in which early diagnosis could provide long life prevention
- 4- Ensure that all the audience know what the growth chart is and how to use to know whether the height is normal or not
- 5- Finally, and most importantly, raise awareness about the stigma of short stature and change the stereotype especially when it comes to incurable conditions and highlight the stories of successive figures that had short stature.

**Campaign Locations:**

Location & Date	Why chosen?	Estimated number of people reached	Type of audience (e.g., children, elderly, general public)
Children hospital 8/4	To reach mothers of children of different conditions especially those with short stature	Almost over 80 parents (not counting their children)	Parents ,children nurses
Faculty of medicine 9/4	To educate medical students, the future doctors, about this condition and visit of MLS schools	Almost over 200 people	Medical students of the faculty Students of MLS school (both primary and middle school)
GWSC 10/4	To reach more mothers and children and general public	Almost over 200 people	Parents, children and general public

### Materials and Methods Used:

Educational Materials Used (e.g., brochures, posters, infographics):	Panner of short stature with creative design, brochure with all the needed information of our campaign and QR of our instagram page, poster of growth chart , printed growth charts to give to each one with the brochure .
Interactive Tools (e.g., models, videos, games, giveaways):	A scale in the side of the Panner to measure heights of audience and apply to growth chart games: basketball, boxing, connect four, jenga game, bowling, puzzles. children charm: face painting , drawings coloring giveaways: trivia#1 of short stature information (interviewed) with magic box to choose a gift trivia 2# of figures with short stature by throwing a ball in a cup and finding and answering a question online trivia ; we announced the winner before the campaign and gave them a gift finally a gesture of small candy with our logo for giving the time to listen PS: we had too many feedbacks that we were the best when it comes to games and interactive tools
Approach Used to Communicate (e.g., one-to-one discussion, group sessions):	In education process it mostly goes with one to one discussion but when it comes to interaction it depends on the activity
Language/Style Adaptations Made for the Target Audience:	Each location had its own style In the hospital we tend to simplify the information and use the public language and focus on parents concerns In the college we tend to have a medical scientific tone while talking to our colleagues and more simple tone with the school students Finally when it comes to GWSC we tried to make the process more funny while also educating the parents and trying to catch the stereotype of the concept in the community to fix it

### Observations and Feedback

- Public Reaction and Engagement:

For the public reaction and engagement, we got very huge interest. We even did not have to catch people's eyes. They came to us without us asking for it because they were interested in knowing the causes of their children's short stature or whether their children's heights are normal or not. We realized how important this topic is by seeing the parents' interest and concerned eyes while we were talking and explaining to them the concept and the causes, reaching to what to do if you suspect that your child is short, who to reach for, and whether there is a solution or not.

As I said before, we had feedback that we are the best regarding the interactive tools, so that brings more and more audience. The children had an amazing time playing with us, and even we tried to educate the children themselves, not only the parents. They were interested to know whether they are tall or short among their friends. Even when it comes to

medical students or school students, the interactive tools and the games were the best. They had fun and enjoyed their time while knowing facts and playing games.

- **Any Questions Frequently Asked by the Audience:**

the most frequently asked question was: is my child normal or not? Should I go to see a doctor or should I just wait for him to grow more? What if my child refuses to eat those things you said are important for growing—what can I do? And finally, how can I make sure that my child is not suffering from the stereotype and bullying against his height?

All these questions were answered with all the details and in all the helpful ways that could help them reach their answers and satisfy their concerns.

- **Feedback Received (if any):**

Regarding feedbacks, we had a huge green board to write the feedbacks of the audience, and all the feedbacks were positive. They learned a lot, and they also had fun. We also separately asked each one of the audience we educated whether they really learned something or not, and mostly all the parents were grateful for our education.

I want to mention that in the hospital, we met a mother with her child who had a condition related to short stature. Actually, she was very concerned, and we guided her on how to ask about his condition and how to follow it. She was very grateful, and I think that was the peak of our awareness.

### **Challenges Faced:**

- **Any Logistical, Communication, or Public Engagement Challenges:**

For the challenges, I think the crowding was one of them as I said our topic was very interesting and very catching for huge number of parents so especially in the hospital the crowding was overwhelming. The same happened in the university since we got like the college student and the school student.

We also had lack of organizers in the first day of campaign which made it harder

- **How the Group Managed or Adapted to These Challenges:**

We successfully overcome this challenge because we organized ourselves in a good way to have someone in each corner of our campaign to get everything organized and going smoothly and I think after all crowding is a sign of success

I encouraged the whole team to get involved in the 2<sup>nd</sup> and 3<sup>rd</sup> day whether they were in the campaign organizing team or other teams so we overcome this issue in the next two days

## Lessons Learned

- What the Group Learned from the Campaign:

I think we learned how to conduct a campaign in the first place. It was a first experience for the all of us. So we learned how to communicate with other people how to catch their interest and even how to educate doctors or future doctors I mean in college, and finally how to deal with unexpected questions and answer them in a satisfied way  
How to deal with children and make sure they all are happy

- Suggestions for Improvement in Future Campaigns:
- I would like to have better communication with the supervisor
- For physical campaign: separate the work days as 1 outing per week to help us in renewing our ideas and improving campaign booth from other days.
- For online page: it is better to identify the minimum amount of posts needed in order to meet the criteria without stressing too much about getting highest number of posts

For written materials: I think it is better to make it a script for video and brochures instead of a booklet as that will help in shaping of ideas better

## Visual Documentation:

- Attach 2–4 Photos from the Campaign (with captions):



A group photo of our campaign in faculty of medicine with Dr. Ahmed Negm and Dr. Emad Magdy



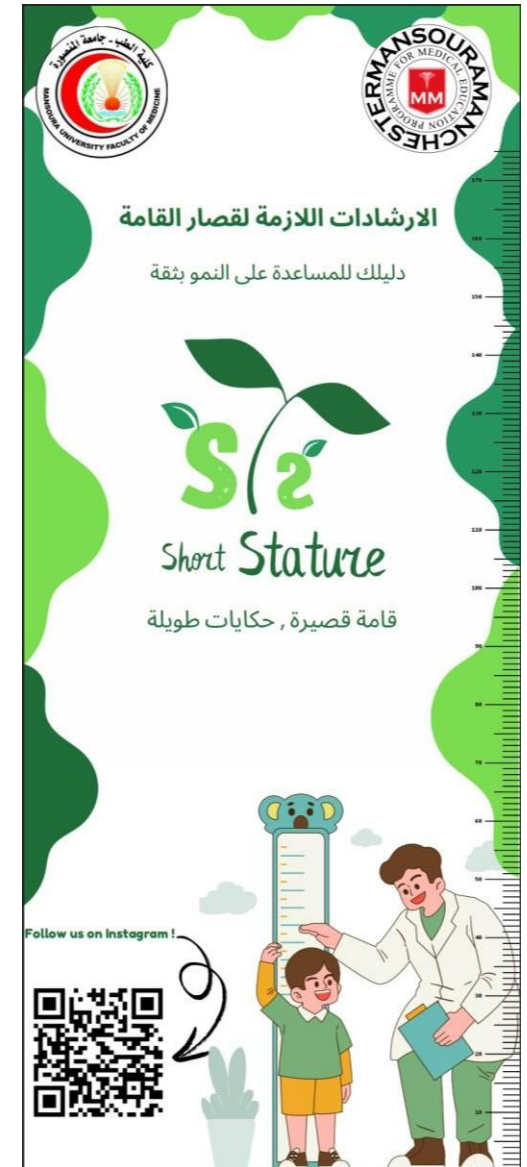
A group photo of our campaign in children hospital along with some children having fun





A group photo of our campaign in GWSC

- Attach the soft copy of the brochures used in your campaigns.



A group photo of our campaign with MLS students

Please check our Instagram account and watch these three reels, these are recap of our three days for more visual content

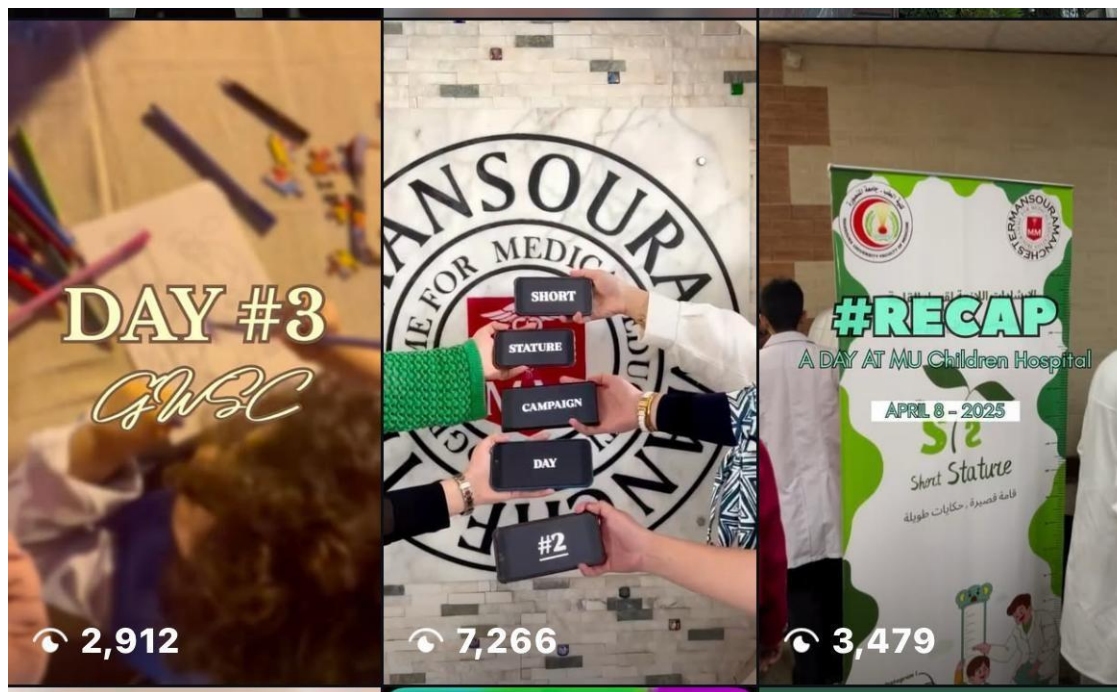


SHORT\_STATURE\_AWARENESS

#### Campaign organizing team

Mohamed Reda Abdulraheem

- Abdallah Mohamed Abdelbaset
- Shahem baker alsaroum
- Mohamed Ehab Maher
- Omar Tamer Salaheldin
- Ahmed mohamed samy badra
- Elsayed Abdelmonem
- Leina Sherif
- Tasnim Tarboush
- Dalaa Marwan Alali Alshbekat



This Community Awareness Campaign was prepared & reported by a student team of the Class of 2027, under the supervision of Dr Hosam Hamed (Semester 6 Chief Tutor), Prof. Rafik Barakat (Phase 2 Director), and Prof. Ahmed Negm (MMPME Program Director).

**Prof Rafik Barakat**  
Phase 2 Director

**Prof Ahmed Negm**  
MMPME Program Director