

# **National Communication Strategy to Promote the Use of Iron/Folic Acid Supplementation for Pregnant and Post Partum Women**

**July 2010 – December 2013**



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## Preface

Anemia remains a major public health problem in Cambodia. More than half (57%) of pregnant women and 62% of children under five years of age in Cambodia are anemic (CDHS 2005). Iron deficiency anemia impacts negatively on maternal and childhood morbidity and mortality. The consequences of anemia in pregnancy include an increased risk of potentially fatal hemorrhage at and after delivery, premature birth, low birth weight. Preventing anemia is a priority for Cambodia and can contribute to achieving Millennium Development Goals 4 and 5.

A recent campaign to increase antenatal care (ANC) attendance is expected to improve coverage of IFA supplementation in pregnant women however significant barriers still exist, including low compliance (only 40% of women reported taken IFA according to guideline recommended [CAS, 2008]), low knowledge and understanding of health center staff, VHSGs and women in the community about the problem and effects of anemia in pregnancy and the importance of IFA supplementation, and low coverage of IFA in urban areas and in remote rural communities.

The overall goal of this communication strategy is to decrease the prevalence of anemia and increase the coverage of IFA supplementation for pregnant and postpartum women to improve awareness and knowledge of the benefits of IFA, thus will improve demand and compliance of IFA among pregnant and postpartum women.

For the successful implementation of the strategy there needs to be active involvement, interest and strong support from health staff at all levels, community, NGOs and the media. The strategy will ensure that standard messages and materials are disseminated and used nationwide.

It is a great pleasure introduce the first National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women (2010-2013). I wish the National Nutrition Program, the Nutrition Working Group and all partners every success in implementing this important and exciting strategy.

Phnom Penh, / /2010

Professor Eng Huot

Secretary of State for Health

## **Acknowledgements**

The National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women for July 2010-November 2013 was developed by the National Nutrition Program (NNP) in close consultation and collaboration with the National Reproductive Health, National Center for Health Promotion and a Steering Committee on the Development of the National Communication Strategy to Promote the Use of IFA Supplementation for based on the report prepared by a Behavior Change Communications Consultant, Ms Dorothy Foote.

This communication strategy will be a good guide for increase the coverage and compliance of the IFA supplementation among pregnant and postpartum women. The successful implementation of this strategy will significantly contribute to reducing the burden of anemia in Cambodia.

The National Maternal and Child Health Center with NNP wishes to express its appreciate to everyone who contribute to the development of first communication strategy specially Steering Committee include WHO, UNICEF, USAID, RACHA, A2Z Project, IRD, WVC, RHAC & VSO for their strong commitment and valuable contribute of information and expertise to the development of this communication strategy.

## List of Abbreviations

A2Z	A2Z Project
ANC	Ante-natal Care
BCC	Behavior Change Communications
CAS	Cambodian Anthropometry Survey
CD	Compact Disc
CDHS	Cambodian Demographic and Health Survey
C-IMCI	Community-Integrated Management of Childhood Illness
CMS	Central Medical Store
HC	Health Center
HCMC	Health Center Management Committee
HIS	Health Information System
HSSP2	Health Sector Support Program
IEC	Information Education & Communications
IFA	Iron / Folic Acid
IRD	International Relief and Development
MDG-F	Millennium Development Goal – Spanish Funds
MoH	Ministry of Health
MPA-10	Minimum Package of Activities Module 10
MSH	Management Sciences for Health
NCHP	National Center for Health Promotion
NGO	Non-Governmental Organization
NNP	National Nutrition Program
NRHP	National Reproductive Health Program
OD	Operational District
PHD	Provincial Health Department
RACHA	Reproductive and Child Health Alliance
RHAC	Reproductive Health Association of Cambodia
TBA	Traditional Birth Attendant
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VHSG	Village Health Support Group
WHO	World Health Organization
WVC	World Vision Cambodia
VSO	Voluntary Service Overseas

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## **Background**

Anemia is a major public health problem among women and children in Cambodia. The prevalence of anemia among women of reproductive age and children in Cambodia is the most serious in the Western Pacific Region that iron deficiency being a significant causal factor. Almost half of all women of reproductive age are anemic (47%), 57% of pregnant women have anemia and 62% of children under 5 years of age have anemia (CDHS 2005). Anemia during pregnancy has serious consequences for maternal morbidity and mortality and is a major contributing factor to premature birth and low birth weight, increased fatigue and reduced productivity, and impaired cognitive development in children.

Maternal anemia frequently leads to infant anemia and impacts negatively on infant health, development and survival. Therefore, if Cambodia is to achieve Millennium Development Goals 4 and 5, which focus on reducing maternal and infant mortality, efforts to reduce maternal anemia are a priority for the Ministry of Health (MoH). The National Nutrition Strategy 2009 – 2015 includes measures to significantly reduce maternal anemia and the National Communication Strategy to Promote the Use of IFA Supplementation will strengthen the contribution to increase the IFA supplementation as guideline recommendation (90 tablets during pregnancy and 42 tablets after deliver) in achieving a reduction in maternal anemia in Cambodia.

### **1- Overall Goal**

To contribute to the National Nutrition Strategy 2009 – 2015 which aims to decrease the prevalence of anemia in pregnant and postpartum women in Cambodia.

### **2- Specific Goal**

To promote and increased demand for and improved adherence with the recommended iron/ folic acid supplementation (IFA) for pregnant and postpartum women.

### **3- Key Behavioral Objective**

The key behavior change objective is that women receive and take 90 IFA tablets during pregnancy and 42 IFA tablets during the postpartum period.

#### **Specific Objectives**

- a- Increase the coverage of pregnant women receiving IFA 90 tablets from 83% in 2009 (HIS) to 90% by 2013.
- b- Increase the coverage of postpartum women receiving IFA 42 tablets from 68% in 2009 (HIS) to 82% by 2013
- c- Increase adherence by women to take IFA 90 tablets during pregnancy to 60% by 2013
- d- Increase adherence by postpartum women to take IFA 42 tablets to 60% by 2013

## 4- Target Audience

The primary target audiences are:

- Postpartum women
- Pregnant women

The secondary target audiences are:

- Husbands, parents, grandparents and others in the community
- Women of reproductive age
- Village Health Support Groups (VHSGs) and Health Centre Management Committee (HCMC)
- Health staff

## 5- Situational Analysis

More than half (57%) of the pregnant women in Cambodia are anemic (CDHS 2005). Anemia in this vulnerable group impacts negatively on maternal morbidity and mortality. Significant progress has been made during the period 2000-2008 with regard to IFA supplementation, particularly for pregnant women with an increase from 2% in 2000 (CDHS 2000) to 40% in 2008 (CAS 2008) of women reporting they have taken 90 tablets during their last pregnancy. However, there is still a long way to go to reach the Ministry of Health (MoH) targets for 2015 of 90% of pregnant women receiving 90 tablets of IFA during pregnancy and 90% of post partum women receiving 42 tablets of IFA. A recent campaign to increase antenatal care (ANC) attendance is expected to improve coverage of IFA supplementation in pregnant women however significant barriers still exist, including (1) low knowledge and understanding of mothers, and even health center staff and VHSGs about the problem of anemia in pregnancy and the importance of IFA, (2) limited access to ANC for rural women who live far from the health center, (3) low coverage of IFA in urban areas, and (4) problems with IFA supply and distribution. Ministry of Health guidelines also call for all pregnant and postpartum women to receive de-worming medication (mebendazole). In Cambodia, this is an important part of the strategy for reducing anemia among these vulnerable women and the coverage of de-worming must be addressed alongside all efforts to increase IFA coverage.

The BCC Consultant carried out a review of the current status of IFA supplementation for pregnant and postpartum women in Cambodia. It includes:-

- a. Trends in coverage of IFA supplementation for pregnant and postpartum women
- b. Summary of the policy and current programmatic issues
- c. Summary of available research on IFA in Cambodia
- d. Description of various educational and promotional materials for IFA currently in use in Cambodia. This activity was used to inform the work of the steering committee and is not included in this strategy document.

### **a. Trends in coverage of IFA supplementation for pregnant and postpartum women**

In 2008, a review of CDHS data from 2000 and 2005 summarized the state of IFA coverage for pregnant women in Cambodia (overall and among specific geographic areas and population groups), and trends. Details are in the following excerpts of that report:

### **Iron supplementation summary points<sup>1</sup>**

**Coverage:** In 2005, only 18% took the recommended number (90) of IFA tablets during their last pregnancy.

**Geographic Distribution:** Svay Rieng and Takeo had the highest coverage of any IFA supplementation, while Kratie, Sihanouk Ville, Koh Kong, and Oddar Mean Chey had the lowest rate of any IFA supplementation.

**Low Coverage Populations:** Uneducated women and those in the lowest wealth quintile were the least likely to receive IFA supplementation.

In 2008, the Cambodia Anthropometry Survey (CAS) also asked pregnant and postpartum women about IFA supplementation during and immediately after their most recent pregnancy. The results of both CDHS (2000 and 2005) and the 2008 CAS are shown in the table below:

Indicator	CDHS 2000	CDHS 2005	CAS 2008
Proportion of pregnant women receiving 90 tablets of IFA during pregnancy	No data	62% (CDHS 2005)	63% (HIS 2006) 63% (HIS 2007) 69% (HIS 2008) 83% (HIS 2009)
Proportion of pregnant women who reported taking 90 tablets of IFA during pregnancy (adherence)	2%	18%	40%
Proportion of postpartum women receiving 42 tablets of IFA	No data	No Data	33% 43% (HIS 2006) 45% (HIS 2007) 53% (HIS 2008) 68% (HIS 2009)
Proportion of postpartum women who reported taking 42 tablets of IFA (adherence)	No data	No data	No data

<sup>1</sup> Micronutrient Deficiencies and Interventions in Cambodia: Information for Improved Programming. R Johnston and J Conkle, A2Z Cambodia. February, 2008.



## b. Summary of the policy and current programmatic issues

### **Policy:**

The National Guidelines<sup>2</sup> for IFA supplementation for pregnant and postpartum women endorse the following schedule for IFA supplementation and complementary parasite control measures:

#### **Guideline for iron/folic acid supplementation for pregnant and postpartum women**

<b>Dose</b>	<b>Timing</b>
60mgs iron and 400µg folic acid daily	At first ANC contact give 60 IFA tablets
60mgs iron and 400µg folic acid daily	At second ANC contact give 30 IFA tablets
60mgs iron and 400µg folic acid daily	During the postpartum period give 42 IFA tablets at first postpartum contact

#### **Guideline for complementary parasite control measures in pregnancy**

<b>Dose</b>	<b>Timing</b>
Mebendazole 500mgs single dose	After the first trimester of pregnancy
Mebendazole 500mgs single dose	Give during the first contact in the postpartum period

The Guidelines also address the screening and treatment of anemia, particularly severe anemia, program management and coordination, and monitoring and evaluation. The guidelines also include as Appendices some suggested “Key Nutrition Messages for controlling iron deficiency anemia” (Appendix B), and an “Effective BCC Strategy for IFA Supplementation Program” (Appendix D). These Appendices are included below and were taken into consideration during the BCC Strategy development process.

#### **Appendix B: Key nutrition messages for controlling iron deficiency anemia**

Even where poverty limits dietary choices, some general nutrition education messages have benefits for controlling iron deficiency anemia.

#### **All nutrition education programs should promote and support:**

- An adequate weight gain during pregnancy (at least 7 kg weight gains during pregnancy) by promoting nutritious foods.
- Increased intake of foods rich in absorbable iron such as meat, liver, and fish especially during pregnancy and the postpartum period
- Consumption of other easily available sources of iron such as soybeans, groundnuts, beans, and green leafy vegetables
- Consumption of fruits (Vitamin C) with meals to enhance the absorption of iron
- Exclusive breastfeeding for the first 6 months and continued breastfeeding up to 2 years or beyond with appropriate complementary foods, including iron-rich or iron-fortified foods where possible.

<sup>2</sup> National Guidelines for the Use of Iron Folate Supplementation to Prevent and Treat Anemia in Pregnant and Postpartum Women. National Nutrition Program, National Maternal and Child Health Center, August 2007.

Appendix D: Effective of BCC Strategy for IFA Supplementation Program		
SCOPE AND BEHAVIOR CHANGE GOALS FOR AN EFFECTIVE COMMUNICATION STRATEGY FOR IFA SUPPLEMENTATION FOR PREGNANT AND POSTPARTUM WOMEN		
AGENT	BEHAVIOR GOAL	CHALLENGES
Health planners/managers	<ul style="list-style-type: none"> <li>• Calculate supplement needs/timely order</li> <li>• Train and supervise staff</li> <li>• Use data to provide feedback and for program planning</li> </ul>	<ul style="list-style-type: none"> <li>• Many priorities/demands</li> <li>• Lack of political will to address anemia</li> <li>• Lack of awareness of importance of decreasing anemia prevalence</li> </ul>
Health care providers	<ul style="list-style-type: none"> <li>• Distribute supplements as per guidelines</li> <li>• Counsel women properly about their use</li> <li>• Order supplement</li> <li>• Record distribution and report to manager regularly</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of counseling communication skills</li> <li>• Lack of awareness, knowledge about importance of anemia reduction</li> <li>• Infrequent contact with pregnant, postpartum women</li> </ul>
Village Health Support Group	<ul style="list-style-type: none"> <li>• Counsel women about anemia, benefits of supplement, how to take correctly and manage side effects</li> <li>• Distribute supplements as per guidelines as community level</li> <li>• Record distribution of supplement</li> <li>• Report to health center staff, provide record of distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of counseling communication skills</li> <li>• Lack of awareness, knowledge about importance of anemia reduction</li> <li>• Infrequent contact with health center staff</li> <li>• Many competing activities / interventions at community level</li> </ul>
Pregnant, postpartum women and women of reproductive age	<ul style="list-style-type: none"> <li>• Obtain and use IFA supplementation at right dose and frequency</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of awareness of anemia and how to prevent it</li> <li>• Lack of access to services</li> <li>• Lack of knowledge about side effects and how to manage them</li> <li>• Beliefs/fears about effects of IFA supplements</li> </ul>

### **Stock of IFA:**

In 2006, some health centers as well as the Central Medical Store (CMS) had, for the first time, run out of IFA supplements for pregnant and postpartum women. The shortage continued in 2007 and 2008 due to increasing demands from beneficiaries, inadequate request from all levels and insufficient procurement.

Despite the stock-outs of IFA, the coverage had continued to increase slightly every year because many health centers reported purchasing IFA from market sources using user fees to cover the costs of the short fall in available supplements.

An A2Z Consultant (Drug Logistics Specialist) from Management Sciences for Health (MSH) visited Cambodia in September 2008 to assess micronutrient stock management at all levels (including IFA tablets, vitamin A capsules, and de-worming medicines)<sup>3</sup>:

The report recommended the following strategy for strengthening the micronutrient stock management used by NNP:

- Identify a focal point person and another from NNP to act on all issues relating to the management of pharmaceuticals required by NNP.
- Assist NNP in building capacity by providing technical assistance in the form of; training, system development and implementation.
- Review in depth, current systems and procedures used for quantifying drug needs and develop appropriate systems as needed.
- Review in depth current systems and procedures used for controlling inventory at OD stores and other health facilities in respect of drugs used by NNP and develop new systems as appropriate to meet specific needs of the nutrition program.
- Develop brief management guides to describe in detail how micronutrient stock management functions mentioned above should be performed.
- Provide general training on micronutrient stock management and particularly in the use of newly formulated operating guidelines.
- Field test new guidelines by implementing them in a few pilot health facilities located in a suitable OD.
- Provide on-the-job training in implementing of stock management functions.
- Monitor progress made by pilot health facilities through the use of indicators and by making visits for assessing performance.
- After piloting these system for some time, decide whether they should be scaled up throughout the country.

The subsequent Plan of Action outlined in the report proposed specific interventions and outputs in the areas of: (1) Warehousing/Storekeeping; (2) Estimating drug needs; (3) Inventory Control; (4) drug management Information System; and (5) Monitoring and Supervision.

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<sup>3</sup> Dias, V. 2008. *Micronutrient Pharmaceutical Management in Cambodia, September 8-19, 2008: A Preliminary Assessment Report*. Arlington, VA: Management Sciences for Health.

### **Strategy and Targets:**

The National Nutrition Strategy for 2009-2015 outlines the following targets related to IFA with additional targets for the 2013 IFA Communication Strategy targets.

#### **Targets for increased coverage and adherence to IFA supplementation during pregnancy**

<b>Indicator</b>	<b>2000 Baseline</b>	<b>2005 Baseline</b>	<b>2010 Target</b>	<b>2013 Target</b>	<b>2015 Target</b>
Proportion of pregnant women receiving 90 tablets of IFA	No data.	62% (CDHS 2005) 63% (HIS 2006) 63% (HIS 2007) 69% (HIS 2008) 83% (HIS 2009)	80%	90%	90%
Proportion of pregnant women who report taking 90 tablets of IFA during pregnancy	4% (took for 2 months, CDHS 2000).	18% (CDHS 2005) 40% (CAS 2008)	50%	60%	80%

#### **Targets for increased coverage and adherence to IFA supplementation during postpartum period**

<b>Indicator</b>	<b>2000 Baseline.</b>	<b>2005 Baseline.</b>	<b>2010 Target</b>	<b>2013 Target</b>	<b>2015 Target</b>
Proportion of postpartum mother receiving 42 tablets of IFA	No data	43% (HIS 2006) 45% (HIS 2007) 53% (HIS 2008) 68% (HIS 2009)	85%	88%	90%
Proportion of postpartum mother who report taking 42 tablets of IFA	No data	No data	No target	60%	No target

### **c. Summary of research on IFA in Cambodia**

#### **TIPs Formative Research:**

In April and May of 2008, the NNP conducted “Formative Research on Perceptions about Anemia and Taking Iron/Folate Supplementation among Pregnant and Postpartum women in Cambodia”. The formative research was conducted in five provinces representing the various geographical regions of Cambodia.

Some preliminary findings of the formative research are summarized below:

1. There is a low understanding among mothers about the causes and consequences of anemia, including the relationship between anemia and excess bleeding during delivery (a situation which women correctly consider to be very serious and life-threatening). Many women confuse anemia with blood pressure and hyper- or hypo-tension.
2. There is a good knowledge of iron rich foods and their general benefit on the health of mother and baby.
3. Many women like to eat sour fruits and foods during pregnancy, such as green mango or sour soups.
4. The majority of women who received any IFA tablets during pregnancy reported taking them, usually after the evening meal or before bedtime. The women mentioned various strategies to help them remember to take one tablet daily. Almost no women reported permanently stopping taking IFA tablets because of side effects.
5. Women generally trust the health center staff as the best source of getting IFA tablets. They also prefer to get IFA from the health center because they receive other services at the same time, for example, blood pressure, weight check, physical examination, information and education, and this is better than getting “only IFA tablets” from elsewhere such as a pharmacy or market. Many women, especially those in remote areas, said that they would prefer also to have the choice of getting IFA tablets from someone in their village such as VHSG or TBA.
6. Many women say that taking IFA tablets makes them feel sleepy, so the message that “Iron gives you energy” may not be believed.
7. Most women did not express concern or fear about delivering a large baby.
8. Knowledge and understanding about the causes and consequences of anemia is low among Midwives, VHSGs and TBAs.
9. Many health centers experience stock-outs.
10. Regarding packaging and color of the IFA tablets; blister packaging was widely preferred by the women over packaging in small plastic bags (the current practice). Women liked the current colors of red than brown.

### **Research on IFA in Siem Reap and Kampong Cham:**

The researcher Pierre Lacerte (Mahidol University, Thailand) examined the determinants of adherence to IFA supplementation during pregnancy in two provinces in Cambodia: Siem Reap and Kampong Cham. There were two phases to the research: *Phase 1* was descriptive in nature and employed quantitative and qualitative methods, and *Phase 2* was a programmatic intervention and evaluation of the impact of the intervention.

#### ***Phase 1: Quantitative and Qualitative Studies***

The research was conducted in October and November 2007. It used quantitative methods (survey of 173 women who gave birth during the year prior to the survey) and qualitative methods (in-depth interviews with 10 pregnant women and 10 women who gave birth in the year prior to the interview). The key results were:-

- 47% were considered “adherent”, (took at least 65% of the 90 IFA tablets recommended by MoH).

Univariate analysis was performed on 12 variables, and found that seven factors were significantly associated with adherence:-

1. Education
2. Knowledge of anemia and prevention
3. Number of tablets received
4. Number of ANC visits
5. Use of reminding technique
6. Support from family
7. Access to ANC (distance)

Binary logistic regression revealed that three of the seven factors were significant ( $p < 0.05$ ) predictors of adherence: (1)- number of supplements received, (2)- the number of prenatal visits, and (3)- access to ANC (distance).

The qualitative component of the research found that the main reason women attended ANC, and returned for repeat visits, was to receive IFA supplements.

Women living in isolated areas complained about the lack of transport and cost of traveling to the health center for ANC. The majority of women interviewed had a very low level of knowledge about anemia and its prevention. While they remembered the instructions for taking the supplements, they often did not know the benefits or importance of taking them. Most women said that they worked up until delivery, and that most of the support they received from family members came after the child was born (not before). The women were responsive to the idea of Village Health Support Group distributing the IFA tablets. Although the National Guideline for the Use of IFA Supplementation to Prevent and Treat Anemia in Pregnant and Postpartum Women is to give 60 tablets of IFA to pregnant women at their first contact, and 30 tablets of IFA at their second contact, the qualitative study found that health center staff would not give more than 30 tablets at once because they were concerned about stock-outs. Side effects were not reported to be a serious problem, and most women persisted with taking iron, finding that side effects subsided after a few days. Most women were also satisfied with the size, color, packaging, and instructions for taking the IFA tablets.

### ***Phase 2: Programmatic intervention and evaluation***

The researcher worked with two local NGOs to conduct a community-based education intervention and evaluated its impact on knowledge, attitude, and practices related to anemia, and actual adherence to taking IFA tablets during pregnancy.

There were three arms to the intervention study and all of them received ANC:-

1. Comparison group
2. Health and Nutrition Education Program
3. Family Support Program

Preliminary results of the research indicate that there was no significant difference in adherence to IFA supplementation among the three groups after the interventions.

In this study, 80% of pregnant women interviewed ( $n=90$ ) did not receive de-worming treatment during their pregnancy.

This study indicates that involving family members in health education can increase the number of ANC visits.

## **6- Key Messages and Slogans**

Key messages in the National Communication Strategy should contain:

- Small, do able actions
- Describe the benefit of the action
- Provide complementary information
- Slogans should be positive, simple and attractive.

### **Key messages for pregnant and postpartum women**

1. IFA supplementation helps reduce the risk of maternal death during and after delivery.
2. Pregnant women- Take one IFA tablet a day for 90 days to help yourself and your baby to be healthy and strong.
3. Pregnant women should take one IFA tablet every day, at bedtime, until all 90 tablets have been taken to reduce the risk of death during and after delivery.
4. Pregnant women should take one IFA tablet every day at bedtime, because this helps the body to absorb the iron.
5. Eat a variety of food especially iron rich foods such as beef, pork, chicken, liver, blood, fish, eggs, cereals and green leafy vegetables.
6. Eat more foods during pregnancy and lactation, at least 4 times a day.
7. Postpartum women, take 42 tablets of IFA after delivery, to make you and your baby healthy and strong.
8. IFA helps to increase red blood cells, protects women from anemia and helps women and infants to be healthy.
9. Best to take IFA tablets at bedtime.

### **Complementary information for pregnant and postpartum women**

1. Eat sour fruits like orange, tamarind, mango, and guava to help your body better absorb the iron.
2. Keep IFA tablets away from childrens' reach in a dry area away from sunlight.
3. Pregnant and postpartum women can receive IFA tablets at HC, hospital, and during outreach activities.
4. During pregnancy, you will receive 60 IFA tablets at your first contact with health center staff and 30 IFA tablets at your second contact.
5. IFA tablets helps to protect you and your baby against anemia.
6. Should not take IFA tablets with tea or coffee.
7. Pregnant women take a dose of de-worming after first trimester of pregnancy and one dose after delivery to prevent and control anemia.

8. Postpartum mother see the midwife as soon as possible after birth to check yourself and your baby. Ask for 42 tablets of IFA, one dose of de-worming and one dose of vitamin A.

### **Key messages for husbands**

Healthy mothers - healthy babies - happy family – remind your wife to take IFA tablet one a day for 90 days during pregnancy and for 42 days after delivery

### **Key messages for family and community members**

1. Family and VHSG - Encourage the pregnant woman to take one IFA tablets every day for 90 day during pregnancy and 42 after delivery, for a healthy mother and healthy baby.
2. Family and village volunteers- Encourage pregnant women to go for de-worming- 1 dose after the first trimester of pregnancy, and 1 dose again after giving birth.
3. Family- Encourage pregnant and postpartum women to eat variety of foods rich in iron for healthy mother and child.

### **Key messages for midwives, other health center staff and VHSGs**

1. Midwives, other health center staff and VHSGs encourage pregnant women to complete 90 tablets of IFA during pregnancy and 42 tablets after delivery for healthy mother and child.
2. Midwives, other health center staff and VHSGs explain to mothers how and when to take the IFA tablets, possible side effects and how to manage them, and explain the benefits (reduced risks during and after delivery, healthy mother and child).
3. HC staff – place your order on time to ensure adequate stock of IFA tablets and de-worming at the HC.

*(Key messages for midwives and VHSG about IFA, from C-IMCI and MPA-10 job aides should also be considered with this target group.)*

### **Slogans**

- IFA – best friend of pregnant and postpartum women
- Mother and baby strong because of iron tablets.

## **7- Communication Channels**

All existing channels of communication will be used:

- Interpersonal communications: health centre staff, VHSGs, comedy for health and community mobilization
- Mass media: TV and radio spots as well as printed leaflets, posters and banner



## **8- Behavior Change Communication Materials Development**

New materials have been designed and developed for the National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women. These materials include:

### **a. Mass media materials**

- 3 TV spots
- 1 song with Karaoke video/DVD
- 1 song for radio (the same song as for the Karaoke)

### **b. Interpersonal and printed materials**

- 2 posters (1 on IFA for pregnant women and 1 on IFA for postpartum mother)
- 2 leaflets (1 on IFA for pregnant women and 1 on IFA for postpartum mother)
- Calendar for 2011-2012 (reminder to take 90 IFA tablets during pregnancy)
- Monthly planner for 2011
- Translation of the National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women in English and Khmer

### **c. Support materials**

- 1 banner
- 1 bag
- 1 T-shirt
- 1 Baby vest (Message: Mom! Don't forget to take IFA tablets!)

## **Logo and branding for campaign**

### **Colors:**

The primary color of the campaign will be pink, in the same shade as the cover of the "National Guidelines for the Use of IFA Supplementation to Prevent and Treat Anemia in Pregnant and Post partum Women" publication.

### **Cartoon characters**

For consistency, existing characters that have already been developed for other BCC campaigns in Cambodia will also be used in the National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women campaign, including: IFA cartoon, tetanus toxoid cartoon, and vitamin A cartoon. A new cartoon character will be developed to represent mebendazole, a de-worming medication, which is an important part of anemia control. The color of the mebendazole cartoon will be beige or light orange. Currently in Cambodia there are tablets of both colors, the colors are not the same, but similar.

## **TV and Radio spots, Song and Karaoke video**

The story lines for the three TV and radio spots have been developed and build on the spots for early ANC.

- The 1<sup>st</sup> TV and radio spot promotes ANC visits to receive IFA, tetanus toxoid and de-worming; importance of IFA tablets and to take IFA tablets everyday at bed time; 90 tablets during pregnancy and 42 tablets after delivery for mother and baby good health and strength.
- The 2<sup>nd</sup> TV and radio spot focuses on the role of VHSGs in giving health education about the importance of IFA tablets and encourages pregnant women to take 90 of IFA tablets to reduce the risk of bleeding during delivery. Pregnant women should also take one de-worming after the 1<sup>st</sup> trimester and two tetanus toxoid injections.
- The 3<sup>rd</sup> TV and radio spot focuses on postpartum package: 42 of IFA tablets, one dose of de-worming, and one dose of vitamin A capsule (200.000IU). A postpartum mother explains to her pregnant friend about what she did during pregnancy that brought her and her baby good health.
- The song and karaoke video focus on the importance of ANC and IFA, and how to take IFA during pregnancy and postpartum period.

## **Main messages from the printed materials**

- Leaflet 1 - antenatal focus: encourages a pregnant woman to take IFA 90 tablets and instructs on the timing, dose and side-effects of IFA supplementation. The risks of anemia in pregnancy are highlighted and IFA tablets helps to prevent and treat anemia. Educates pregnant woman to take iron rich foods. In addition to receiving IFA tablets from the health centre the pregnant woman will also receive other health services (de-worming and tetanus).
- Leaflet 2 - postpartum focus: Encourages a postpartum woman to take 42 tablets and instructs on the timing, dose and side-effects of iron supplementation. Informs about the benefits of taking IFA tablet to recover from the birth. Advises how to enhance absorption of iron by eating sour fruits and avoiding drinking tea and coffee. Educates postpartum women to take iron rich foods. In addition to receiving IFA tablets from the health centre the postpartum woman will also receive other health services (de-worming, vitamin A and tetanus).
- Reminder calendar for pregnant women to take IFA 90 tablets.
- Poster 1 - antenatal focus: Take 90 IFA tablets during pregnancy for you and your baby's health.
- Poster 2 - postpartum focus: Take 42 IFA tablets after the delivery for you and your baby's health.
- Banner: IFA – best friend of pregnant and postpartum women.
- T-shirt: IFA – best friend of pregnant and postpartum women.
- Baby vest: Mom! Don't forget to take IFA tablets!!!

## **Pre-testing materials**

All visual/printing and audio materials will be pre-tested with the target audiences prior to finalization of the strategy, including general population age 15-55 years (more women) and health center staff.

## 9- Operational Plan for Strategy

An effective communication strategy incorporates a coordinated approach to utilizing a range of different media and appropriate communications channels to deliver the key health messages. Some methods of communication are more effective at raising awareness and transmitting information to a wide population while others are more focused on encouraging the target population to change or modify their behavior and enabling them to make healthy choices.

The operational plan consists of six components:

1. Interpersonal communications
2. Mass media
3. Training and capacity building
4. Partner co-ordination and information sharing
5. Advocacy and community mobilization
6. Monitoring and evaluation

Each of the components, although presented separately in the plan, are mutually reinforcing and each of the components needs to be successfully implemented for the strategy to be successful. The operational plan table is found in section 11.

### Component 1: Interpersonal Communications

The National Communication Strategy to Promote the Use of IFA Supplementation has developed its own identity whilst still being an integral part of the Early Ante-Natal Care (ANC) strategy. The campaign materials are color linked as described earlier with pink being the primary color. The choice of colors is consistent with the color preferences indicated by pregnant and postpartum women in the NNP Formative Research on IFA (2008).

To be consistent with other BCC campaigns in Cambodia, the cartoon characters which have already been developed will be used with the addition of a new character developed to represent mebendazole. The mebendazole character will be a beige/light orange color to represent the color and size of tablets currently available in Cambodia.

The use of color, logo and cartoon characterization which is easily identified with a specific BCC campaign is especially important in communities where reading ability may be low.

Printed materials, such as posters and leaflets, can reinforce the health messages delivered through other media channels or personal contacts. Printed materials can present the health information facts, actions to be taken and also promote the short and long term benefits of IFA supplementation for both the mother and the infant. Leaflets are an appropriate media for raising awareness of the possible short term side effects of taking IFA and can include reassurances and easy remedies to resolve any temporary discomforts that occur. Posters can raise awareness and illustrate the actions required by both the target group and by their family supporters.

A 'reminder' calendar has been specifically designed to promote adherence with taking 90 IFA tablets during pregnancy.

### Component 2: Mass Media

Mass media, such as television and radio, allows information to be delivered to a large population simultaneously at a relatively low cost per person. The use of mass media for conveying health messages needs to be creative and fun in order to capture the public

interest. Although the message spread is wide and less focused on the target population this approach raises community awareness of the topic and stimulates community discussion and involvement. Follow up community events, such as contests, songs and drama, combine fun with the promotion and reinforce health messages and health advocacy to a wide audience. Compact Disc (CD) recordings of the radio spot and DVD recording of the TV spot enable health center staff (and possibly some village health support group), who have access to a CD/DVD player, to repeat and reinforce the radio/TV spot health messages to target audiences who may not have heard the original broadcasts. Participation by key stakeholders, health workers and community representatives on radio talk shows enables discussions of the key messages of the campaign to be heard by a wider audience at minimal cost.

Banners, T-shirts, and bags for use by the VHSG help to inform and provide visual recognition and reinforcement of the IFA campaign.

Audio materials, including the Karaoke video/DVD and the song for radio (same song as for the Karaoke) and user-friendly, informative job aids (from MPA 10 and C-IMCI Micronutrient Module) can support facilitators to ensure that community level health workers have the appropriate skills and information required to deliver accurate, effective and standardized IFA messages during personal contacts with the target group at the health center or during home visits.

The operational plan will use a combination of these mutually reinforcing communication channels. Message consistency, as well as strong partner co-ordination and collaboration, are essential for the successful implementation of the strategy.

### **Component 3: Training and Capacity Building**

In 2008, the National Nutrition Program (NNP) conducted formative research on 'Perceptions about Anemia and taking iron-folic acid supplements among pregnant women and postpartum mothers in Cambodia'. This study found that midwives, VHSGs and TBAs had low levels of knowledge and understanding about the causes of anemia and its consequences. Investment in training and capacity building are therefore essential to the success of this initiative.

It is vital that the messages about IFA supplementation are accurate, clear and consistent throughout the health care delivery system and village health support group network. Standardized curricula will be used for initial training (MPA 10 and C-IMCI). A cascade model of training will be used for refresher trainings for both the health center staff and the village health support group, with the VHSGs being trained and monitored by health center staff. User-friendly job aids will be used to support the training and trainers. Supportive supervision is key to successful and sustainable improvement in IFA supplementation.

Systems development in procurement and stock management will address issues related to stock-out previously identified, and ensure consistency and reliability of IFA stock control.

### **Component 4: Partner co-ordination and information sharing**

Successful implementation of the IFA communication strategy will depend upon the involvement, commitment and support of health staff at all levels, VHSGs, community leaders and development partners including international and local NGOs, donors, the private health sector and the media. The promotion of consistent and accurate IFA messages among all of these groups is very important.

To ensure coordinated, accurate and consistent messages on IFA supplementation from all national and partner organizations new information, education and communication materials have been developed to support this strategy.

Partner coordination and information sharing will be facilitated through meetings, including Nutrition Working Group meetings. Coordination and information sharing within the health system will take place at the annual National Nutrition Workshop and during supervision visits to provinces, operational districts and health centers.

### **Component 5: Advocacy and community mobilization**

The launch of the National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women will initially target two provinces, Kampong Speu and Svay Rieng, in September 2010 with the future addition of other NGO supported provinces. The event will be hosted by the NMCHC/NNP and receive full press coverage. All relevant MoH departments, health facilities and programs will be encouraged to include the key messages of IFA supplementation across their programs of work.

Focal point staff at PHD and OD levels will be identified to advocate for IFA within their scope of reference. Community involvement will be promoted by close liaison with villages leaders, and husbands and parents/grandparents are included within the communication strategy to improve IFA uptake and adherence by pregnant and postpartum women.

### **Component 6: Monitoring and Evaluation**

Monitoring and evaluation are important activities to track the progress being made in the implementation of the strategy, to motivate staff and to acknowledge the strengths and challenges in service delivery. A combination of process and impact indicators will be used for monitoring and evaluating the communication strategy. Key indicators will be identified by NNP/NRHP and partners. Data from HIS will be collected annually to track the coverage of IFA. Data from the Cambodia Demographic and Health survey (CDHS) will be used to provide baseline data by which improvement in IFA intake can be measured.

The impact of the IFA communication strategy on reducing anemia in pregnant and postpartum women will be evaluated and revisions made according. There will be an endline survey for the Joint Program for Children, Food Security and Nutrition in 2013 and data on IFA coverage and adherence will be collected.

## **10- Implementation**

### **Target provinces:**

- Kampong Speu
- Svay Rieng
- Other provinces supported by NGOs – to be identified

### **Orientation and dissemination**

The NNP will organize a national launch in Phnom Penh. Participants will include relevant MoH departments, all PHDs and ODs and appropriate development partners. Two provincial dissemination workshops will also be conducted by the NNP in close collaboration with PHDs in Kampong Speu and Svay Rieng to disseminate the IFA communication strategy to PHD and OD staff in these target provinces.

**Training**

Cascade training on MPA 10 and C-IMCI Micronutrient Module will be provided from PHD/OD level to health center and VHSGs levels.

**IFA supplementation campaign management**

The campaign will be coordinated by the NNP with support from development partners working in their target areas.

**Monitoring and evaluation**

Monitoring and evaluation will taken place from national to community level recording adherence with National Guideline for the Use of IFA Supplementation to Prevent and Treat Anemia in Pregnant and Postpartum Women and the National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Postpartum Women. Adherence to the procurement and distribution protocol will also be monitored.

## 11- Operational Plan Tables for 2010 – 2013

Component 1: Interpersonal Communications					
Activities	Expected Output	Where	Who	When	Budget estimates
<p>New materials for IFA communication Strategy will be developed:</p> <ul style="list-style-type: none"> <li>2 posters: one on IFA for pregnant women and one on IFA for postpartum mother.</li> <li>2 leaflets: one for pregnant women and one for postpartum mother.</li> </ul>	<p>Inform and promote key messages of IFA supplementation.</p> <p>2 Posters and 2 leaflets developed, pre-tested, printed and distributed</p>	Community level and at health facilities	<p>Distributed vertically from NNP/ PHD/ OD/ HC/ VHSG</p> <p>WHO will arrange contracts with NNP to finalize and produce all printed BCC/ IEC materials</p>	2010-2013	<p><b>2010:</b> Finalizing 2 posters 2 leaflets 1 calendar <b>= \$125</b></p> <p>Printing 2 posters (5,000 copies of each) 10,000 @ \$1 <b>= \$10,000</b></p> <p>Printing 2 leaflets (20,000 copies per leaflet) 40,000 @ \$0.10 <b>= \$4,000</b></p> <p><b>2011: \$ 30,000(WHO MDG-F)</b></p> <p><b>2012: \$ 30,000 (WHO MDG-F)</b></p>
<ul style="list-style-type: none"> <li>1 calendar -'reminder' tool for pregnant women on how to take IFA and to prompt compliance with IFA intake for 90 tablets.</li> </ul> <p>To be produced in IFA pink campaign color with logo</p>	<p>1 calendar developed, pre-tested, printed and distributed.</p> <p>All pregnant women to receive a calendar 'reminder' tool to increase compliance with IFA intake.</p>	Community level and at health facilities	Calendar distributed by Health Center staff and VHSG	2011-2012	<p>Printing calendar (2 sided for 2011 &amp; 2012) 20,000 @ \$0.10 <b>= \$2,000</b></p>

Activities	Expected Output	Where	Who	When	Budget estimates
Teach users how to best use these materials.	All users will have received instruction on how best to use these materials.	Health facility and community	NNP, PHD, OD and HC	2010	UNICEF (MDG-F)
<ul style="list-style-type: none"> <li>1 monthly planner</li> </ul> <p>To be produced in IFA pink campaign color with logo</p>	2011 monthly planner printed and distributed to all Nutrition Focal Points at PHD and OD level and to all health center staff in Kg. Speu and Svay Rieng as well as to development partners working in nutrition.	National, PHD, OD and HC	NNP and WHO	2010	<p>Development of 2011 monthly Planner = <b>\$500</b></p> <p>Printing 1,000 @ \$3.00 = <b>\$3,000</b></p>
Printing IFA communication strategy in English and Khmer	IFA communication strategy accessible by all staff in health care system	National, PHD, and OD	NNP and WHO	2010	<p>Translation and editing the IFA communication strategy 30 @ \$13 = <b>\$390</b></p> <p>Printing 400 @ \$3.00 = <b>\$1,200</b></p>
<ul style="list-style-type: none"> <li>1 bag,</li> <li>1 T-shirt</li> <li>1 Banner</li> </ul>	<p>Visual impact to promote awareness of IFA campaign using campaign color and logo</p> <p>To promote consistent, accurate messages about IFA</p>	Community level and at health facilities	<p>Distributed vertically from NNP/PHD/OD/HC/VHSG</p> <p>Financial support for the printing from WHO</p>	2010-2012 Distributed during the launch of the strategy in September 2010 and at VHSG training for IFA	<p>Development of Banner, bag and T-shirt = <b>\$500</b></p> <p>Pre-test banner, bag and T-shirts with key informants = <b>\$250</b></p>



Activities	Expected Output	Where	Who	When	Budget estimates
<p>Pre-test messages on bag, t-shirt and banner</p> <p>To be produced in IFA pink campaign color with logo.</p>	<p>Gauge acceptability</p> <p>Banner will be distributed to health facilities in areas that implement IFA communication strategy</p> <p>Bag and T-shirt will be distributed during the national and provincial launch of strategy and to health center staff and VHSGs in Kg. Speu and Svay Rieng</p>			supplementation	<p>Printing banner 500 @ \$6.00 = <b>\$3,000</b></p> <p>Printing bag 5,000 @ \$3.00 = <b>\$15,000</b></p> <p>Printing t-shirt 5,000 @ \$3.00 = <b>\$15,000</b></p>
Existing job aids to be used to provide visual support for health education of pregnant and postpartum women, husbands and parents/grandparents about IFA supplementation and iron rich foods.	Job aids for MPA 10 and C-IMCI Micronutrient Module used to educate pregnant and postpartum women about IFA and iron rich foods.	Community level and health facility	NNP, PHD, OD, HC and NGOs	2011-2012	Provide training on how to use job aids during the training in MPA 10 and C-IMCI Micronutrient Module

## Component 2: Mass media

Activities	Expected Output	Where	Who	When	Budget estimates
<p>Three new TV and radio spots, Karaoke video and Jingle will be developed:</p> <ul style="list-style-type: none"> <li>The 1<sup>st</sup> TV and radio spot promotes ANC visits to receive IFA, TT and de-worming, importance of IFA tablets and to take IFA tablets everyday at bed time, 90 tablets during pregnancy and 42 tablets after delivery, for mother and baby's good health and strength.</li> <li>The 2<sup>nd</sup> TV and radio spot focuses on role of VHSGs in giving health education about the importance of IFA tablets and to encourage pregnant women to take 90 IFA tablets to prevent risk of bleeding during delivery. Pregnant women should also take one de-worming after the 1<sup>st</sup> trimester and two TT.</li> <li>The 3<sup>rd</sup> TV and radio spot focuses on postpartum package: 42 IFA tablets, one dose of de-worming, and one dose of vitamin A capsule.</li> </ul>	<p>Three new TV and radio spots and Karaoke video developed, pre-tested and produced.</p> <p>TV and radio spots will be broadcasted, starting in 2010.</p>	National and provincial levels	<p>Contract design /media company to develop detailed story boards &amp; TV spots with technical assistance from IFA BCC Steering Committee.</p> <p>Detailed story boards to be pre-tested with target audience before production.</p> <p>Financial support for production from RACHA &amp; WHO and for broadcasting from UNICEF (MDG-F) &amp; HSSP2</p>	2010-2012	<p>Finalizing all mass media materials including Karaoke video = <b>\$500</b></p> <p>Production of master VCD for 3 TV stops 3 x \$100 = <b>\$300</b></p> <p>Development of Karaoke video 1 x \$4,000 = <b>\$4,000</b></p> <p>Production of VCD that includes 3 TV Spots, 1 Karaoke, 1 song and 3 Radio Spots 1,500 @ \$3.00 = <b>\$4,500</b></p> <p><b>Broadcasting TV spots for 2010 \$ 75,000</b></p>

Activities	Expected Output	Where	Who	When	Budget estimates
<p>A postpartum mother explains to her pregnant friend about what she did during pregnancy that bring her and her baby good health</p> <ul style="list-style-type: none"> <li>The song and Karaoke video focus on the importance of ANC and IFA, and how to take IFA during pregnancy and postpartum period.</li> </ul>					
VCD copied from 3 TV spots, 1 Karaoke, 1 Song and 3 radio spots	All Health facilities that have a CD player to receive a VCD	National	Financial support from WHO and NGO partners	2010-2013	<b>\$4,500</b>
Drama, song and competition	Promote the importance of receiving and taking IFA in pregnancy and postpartum.	Provinces where Comedy for Health Teams located	RACHA Comedy for Health Teams	2010-2013	Funding support from RACHA
Radio Talk Show	Promote the importance of receiving and taking IFA in pregnancy and postpartum	National level	NNP and NGOs	2011-2013	Seek funding support from development partners
Annual review of IFA and nutrition activities as part of the annual review and planning workshop	Coverage of IFA reported.	National level	PHD/OD/HC	2010-2013	Budget for the workshop from HSSP2

### Component 3: Training and Capacity Building

Activities	Expected Output	Where	Who	When	Budget estimates
<p>Training to key staff (PHD/OD/HC/VHSG) and relevant partners on stock management, procurement (at CMS level), requesting IFA, recording and reporting</p> <p>Pilot of MMN Stock Management in same areas as new BCC/IEC materials introduced and RACHA and RHAC areas (c/f from 2009 activities)</p>	<p>Consistent, reliable stock of IFA available on request.</p> <p>Trainings and refreshers completed.</p> <p>Accurate record keeping. Reports completed accurately and on time.</p> <p>Pilot completed and revisions made as necessary to system</p>	<p>National level</p> <p>RACHA and RHAC areas</p>	<p>NNP and NGO partners (RACHA and RHAC)</p> <p>RACHA and RHAC</p>	<p>2010–2013</p> <p>2010-2013</p>	<p>RACHA and RHAC will provide funding support</p>
Health Centre staff trained to provide IFA in pregnancy and postpartum and health education	Health Centre staff competent to deliver accurate health education on IFA supplementation	Health Centers	Health Center staff	2010-2013	Through training in MPA 10. Funding from HSSP2
VHSG trained in IFA supplementation key messages and iron rich foods	VHSGs competent to provide accurate health education on IFA and iron rich foods in the community	Community level	Health Center staff / NGOs	2010-2013	<p>Through C-IMCI Micronutrient Module.</p> <p>Funding from HSSP2 and UNICEF (MDG-F)</p>

Activities	Expected Output	Where	Who	When	Budget estimates
Health education for pregnant and postpartum women to include the importance of IFA supplementation and iron rich foods	Health education sessions for pregnant and postpartum women - include key messages on the importance of IFA and iron rich foods	Village	VSGHs based on posters and leaflets	2010-2013	Funding support from partner NGOs (RACHA, RHAC & WVC)
Women to attend community contest	Improved awareness among women of importance of IFA	Village	OD / Health Center staff / NGO	2010-2013	Funding support from partner NGOs (RACHA, RHAC, & WVC)
Health education in health facilities for pregnant and postpartum women	Education sessions to pregnant and postpartum women include key messages on the importance of IFA and iron rich foods	Health facilities	Health staff	2010-2013	As part of routine health services
Health education in community for husbands and parents/grandparents	Community forum, Q & A sessions.  Husbands and parents/grandparents able to support compliance with IFA supplementation.	Village	VHSGs	2010-2013	Funding support from partner NGOs (RACHA, RHAC & WVC)

<b>Component 4: Partner coordination and information sharing</b>					
<b>Activities</b>	<b>Expected Output</b>	<b>Where</b>	<b>Who</b>	<b>When</b>	<b>Budget estimates</b>
Monthly Nutrition Working Group meetings	Monthly meeting conducted with partners. Planning, progress, successes and challenges of IFA program to be on the agenda	National level	NNP	2010-2013	
Support PHD and OD Nutrition Focal Points and supervisors to plan, monitor and report IFA communication activities as part of the overall nutrition activities	PHD, OD and health staff report on IFA communication activities.	PHD	PHD / OD Nutrition Focal Points	2010-2013	
Provide information about communication strategy, activities and events to the Food Security and Nutrition Website, MEDiCAM and other publications	Bi-annual updates on activities with photographs provided to Food Security and Nutrition Website and MEDiCAM	National level	NNP and partners	2010-2013	
Report on communication activities for IFA to the Child Survival Management Committee	Reports provided to the Child Survival Management Committee on progress in implementing the communication strategy	MoH	NNP and partners	2010-2013	
Support PHD and OD to include IFA communication activities and budget in their AOP for 2010, 2011, 2012 and 2013.	IFA communication activities and budget included in PHD and OD AOPs for 2010, 2011, 2012, and 2013	National	PHDs and ODs with support from NNP and NGO partners	2010-2013	

Activities	Expected Output	Where	Who	When	Budget estimates
NGOs will provide technical support, budget for training, and health education	NGOs provide technical and financial support for training and health education for the provinces in which they are active	NGO active Provinces supported by NGO partners	NGOs	2010-2013	Costs per NGO will vary depending on number of active provinces in NGO portfolio
<b>Component 5: Advocacy and community mobilization</b>					
National Launch of the IFA communication strategy to MoH staff at all levels and relevant partners. Media cover: - TV - Radio - Newspapers - Exhibition of IFA communication strategy - IEC/BCC materials	IFA communication strategy launched at national level. MoH staff at all levels and relevant partners aware of the strategy	Phnom Penh	NNP and Steering Committee  Financial support from HSSP2 and WHO/MDG_F	September 2010	Launch event = \$ 11,000 (HSSP2) = \$ 7,000 (WHO/MDG_F)  Printing of the strategy = \$ 1,900
Provincial Launch of the IFA communication strategy to health staff in Kg. Speu and Svay Rieng	IFA communication strategy launched at sub-national level.	Kg Speu and Svay Rieng	Kg. Speu and Svay Rieng  Financial support from WHO	July 2010	Launch event <b>= \$ 8,000</b>
Disseminate IFA communication strategy and IFA Guidelines (including one-page guide) from national level to provincial level	IFA communication strategy and IFA guidelines disseminated (including one-page guide) to be available in all staff from national to provincial level	Nationwide	NNP and NGOs  Printing of one page guide with support from World Vision	2010-2013	World Vision will support the printing of the one-page guide

Activities	Expected Output	Where	Who	When	Budget estimates
Involve local authorities (village leaders, VHSG, TBAs) to encourage women to join health education sessions and attend ANC	Increased number of pregnant women attending health education sessions and ANC.  Increased numbers of postpartum women attending health education sessions	Nationwide	NNP and NGOs partners	July 2010-2012	
Provide transport vouchers for pregnant women to attend ANC	More pregnant women attend ANC and receive IFA.  More pregnant women attend for multiple ANC and receive and take IFA	Nationwide	NGO partners	2010-2013	Transport vouchers for pregnant women ANC attendances
Local authorities will provide information and education to the community	Information and education will be provided at community level by local authorities	Community level	Local authorities	2010-2013	
Involve Government partners (ie Ministry of Women's Affairs, Rural Development, Ministry of labor etc) to include IFA education in their ongoing activities	Key messages of IFA supplementation to be integrated in the work of relevant Government departments that have a focus on women	Nationwide	NNP	2010-2013	
<b>Component 6: Monitoring and evaluation</b>					
Monitoring (supervision) from national to community level	Monitoring and supervision conducted as part of MPA 10 activities	All levels	Supervisors from all level to IFA as part of other nutrition activities (MPA 10)	2010-2013	As part of MPA 10 monitoring and supervision



Activities	Expected Output	Where	Who	When	Budget estimates
Recording and reporting from Health Centre to OD, OD to PHD and PHD to national level (MoH/NNP)	Recording and reporting on IFA distribution and coverage prepared correctly and received on time at the national level.	PHD, OD and HC	PHD, OD, HC staff	2010-2013	
Update of registration of pregnant and postpartum women.	Record of how many women received IFA.	Village	VHSG	2010-2013	
Monitor use of IFA by pregnant and postpartum women by tablet count and reference to reminder tool.	Record of compliance with IFA guidelines  Record use of 'reminder' tool and impact on compliance	Village	VHSG and family members	2010-2013	
Monitoring (supervision) from national to community level including private clinics of IFA procurement and distribution	Records of request made by the NNP to MoH, procurement, request from OD to CMS, distribution & coverage,	Nationwide		2010-2013	