

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Supporting the IMCI Strategy: Combating Childhood Illness through Public Education in Ferghana Oblast

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The Integrated Management of Childhood Illnesses (IMCI) program is at the heart of WHO's and UNICEF's strategy to reduce the five key causes of death in children under age five. The Government of Uzbekistan has been implementing IMCI since 2001 and the USAID-funded ZdravPlus project has supported this initiative by providing clinical training for primary health care doctors in Ferghana Oblast following IMCI protocols. To be effective, however, IMCI needs to involve families and communities—not just health workers—and ZdravPlus works with the Government to implement this facet of IMCI, usually termed Community IMCI.

Strategic Approach

Educating the population on IMCI presents a challenge, since the program targets several health issues in an integrated manner and it is difficult to effectively communicate messages to the population on so many topics at one time. Therefore, a strategy has been adopted that segmented the IMCI interventions into three groups, to be addressed in three separate health promotion campaigns, over a one-year period:

There is no Place for Anemia addressed nutrition and anemia. Nutrition was approached in the context of anemia, since anemia levels are high in Uzbekistan and the Government considers combating anemia a top priority.

Protect Your Child Against Pneumonia targeted acute respiratory infections (ARIs) and fever and took place in the winter when these problems are most common.

The *Stop Diarrhea* campaign dealt with diarrheal disease and hygiene and took place the following summer during the months when diarrhea most often occurs.

Increasing awareness of the nine IMCI danger signs that indicate when a child should immediately be taken to a health worker

presented a particular challenge. Promoting these life-saving signs is crucial—but nine signs is a large number to promote in a short period of time. The approach adopted was to focus only on the danger signs related to the campaign topic—e.g. those related to ARIs and fever during the pneumonia campaign—while all nine danger signs were repeated prominently in all the print materials.

A campaign approach allowed the many health topics covered in IMCI to be addressed in segments and to deal with a health topic at the time of year when it was most relevant. All the campaigns, however, were linked in their message strategy, repeating and reinforcing key messages from prior campaigns as well as introducing new messages.

Implementation

Each campaign was based on formative research, designed to pinpoint specific knowledge and behaviors it sought to influence during the campaign. These were the basis for objectives and key messages. For example, the diarrhea campaign had two objectives—to increase the percentage of the population knowing:

- How to care for a child at home if he or she has diarrhea, and
- The danger signs when a child should be taken to a doctor immediately.



An example of a drama being performed by children demonstrating IMCI messages


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The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

Within these broad objectives, key messages focused on increased fluid-intake and continued feeding as the most important home care remedies as well as recognition of the specific danger signs associated with diarrhea that call for a child to be taken to a doctor immediately.

The formative research also helped identify target audiences. The primary target audience was young women with children under age five, since they are the prime caretakers of young children.

ZdravPlus used both mass media and interpersonal communications to reach this audience. The broad reach of mass media, with its potential impact on knowledge, was combined with the powerful influence of person-to-person communication, which generally has a larger impact on behavior.

The strategy was to use entertainment, coupled with education, over each six-week campaign period. Each campaign had a TV soap opera with the key messages woven into a dramatic plot. This was backed up by radio and TV spots featuring key messages broadcast 7-8 times a day for impact. Posters and print advertisements contained key messages and newspaper articles and brochures provided more in-depth information.

One of the soap operas, "Simple Truth," tells the story of a typical Uzbek family and how anemia and a doctor's recommendations for curing it, lead to a family crisis. The drama features a young husband, a traditional young wife, a mother-in-law, and a sorcerer. After many twists and turns, the local family doctor convinces the mother-in-law that her family's anemia must be cured for the sake of the children. He persuades her to take responsibility for ensuring that the family is treated and that they eat the right foods from then on. In the end, the neighbors recognize that they, too, have anemia and everyone wants to learn from the doctor how to eat right.

Interpersonal communication was also used to convey messages using innovative and entertaining approaches. For example, one NGO set up a health booth at one of the largest bazaars in Ferghana Oblast to distribute educational materials and counsel

shoppers on health topics during campaigns. They also provided health information over the bazaar loudspeaker system.

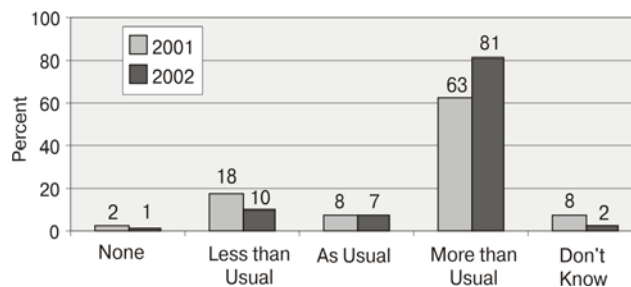
The government's health education network, the Health Centers, also played an important role. They conducted health fairs with games, puppet shows and skits in public places, reaching hundreds of people each time.

Results

A population survey, conducted in 2001 and again in 2002 after the three campaigns, was used to measure the impact of the health promotion efforts. The survey showed that key campaign messages were remembered by the public. For example, 72 percent of the population knew that an infant under six months of age should receive nothing but breast milk, as compared with 61 percent in 2001.

Peoples' knowledge of what to do when a child is sick with diarrhea also improved. As outlined in the graph below, the percent of the population saying a child should get more fluids went from 63 to 81 percent.

Percent of the Population Stating How Much Fluid Should be Given to a Child with Diarrhea



The Work Continues...

This first phase of health promotion activity on IMCI was a good start—but it takes much more than a year to improve caretakers' practices. A campaign to support exclusive breastfeeding for infants during the first six months of life is being prepared. In addition, some of the original key messages will be modified, based on the results of these first campaigns, and will form the basis of future campaigns and educational activities.

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