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HEALTH CARE IN CENTRAL ASIA

TECHNICAL REPORT:

“There is No Place for Anemia” Health Promotion Campaign

Author:

Asta Kenney

**August 7 – September 16, 2001
Fergana Oblast, Uzbekistan**



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Table of Contents

I. Abstract	2
II. Executive Summary	3
III. Background.....	4
IV. Formative Research.....	5
V. Campaign Objectives.....	6
VI. Target Audiences	6
VII. Key Messages.....	7
VIII. Building Support for the Campaign	8
IX. “There is no Place for Anemia”—Campaign Activities.....	9
X. Impact of the Campaign	11
XI. Next Steps.....	14

I. Abstract

In addition to technical support given to help enable primary sector health care reform in Central Asia, ZdravPlus actively encourages health promotion campaigns. These help the public to take greater responsibility for their own health by improving understanding of health care topics, and encouraging healthy lifestyles.

In response to a significantly high incidence of anemia in the Ferghana Oblast in Uzbekistan, ZdravPlus developed an information campaign targeted primarily at women of reproductive age, in order to heighten awareness about foods containing iron rich substances and proper feeding of young babies to prevent anemia.

The campaign lasted six weeks and the messages were disseminated through various channels, including TV, radio, newspapers and brochures. The report highlights the methods used and the key aims and messages of the campaign. In addition a small survey carried out pre and post campaign highlights the efficacy of the procedure and points to potential modifications for future campaigns.

II. Executive Summary

The incidence of anemia in the Ferghana Oblast of Uzbekistan, a ZdravPlus pilot site and Government Health Reform demonstration site, is significantly higher than the national average. As a result, ZdravPlus decided to undertake a 'There is No Place for Anemia' Health Promotion Campaign in the Oblast. The focus of the campaign was improving the nutrition of the population. It was hoped this would have a positive impact on several other illnesses found in the oblast. Initial research, however, found that nutrition was not a priority topic for the Government and that the health system focused on curative care, with extensive reliance on hospitalization. However, the Government was keen to back the health promotion scheme, and offered its support.

Due to a lack of information about all aspects of nutrition in the Ferghana Valley, ZdravPlus organized three pieces of qualitative research to look into the issue. The research found that the population's eating and drinking habits were conducive to anemia, the lack of knowledge about anemia was fairly widespread, and that women of child-bearing age - the primary focus of the campaign - are the last in the family 'food chain'.

Based on this research, ZdravPlus came up with several campaign objectives. The primary objective was to increase the percentage of the adult population that could name locally available foods/food combinations rich in iron. One secondary objective was to increase the percentage of the adult population stating that an infant should receive nothing but breastmilk (i.e. exclusive breastfeeding) for the first six months of life. The other was to increase the percentage of the adult population able to cite iron-rich complementary foods for infants of six months old or older.

ZdravPlus also noted that the health promotion campaign on anemia could not stand alone, and made an effort to gain the support of key policy makers. In addition, ZdravPlus complemented the campaign by training local doctors and nurses in key elements of nutrition. This training was continued once the campaign had finished.

The campaign itself took place over a six-week period from August 7, 2001 and was launched with a health fair in the city of Ferghana. The main tool of the campaign was a 70-minute soap opera based on a family experiencing anemia problems, based on the fact that TV is the main channel through which the locals received information. TV and radio spots repeated the key messages daily and bi-weekly newspaper articles took a more in depth look at the problem. Print materials were also widely available throughout the oblast and a competition for Health Center staff was developed.

To assess the efficacy of the campaign a small pre and post-survey was undertaken. Based on these limited results it was possible to see: that public knowledge of locally available iron-rich foods increased significantly; that the number of people who thought a child should receive nothing but breastmilk until six months old increased from 11 to 33 percent; and that the percentage of the population thinking children under six months should be given other liquids, decreased. Anecdotal evidence also suggested that the campaign's objectives had been achieved. In fact there were reports of over-saturation of information about anemia.

While the campaign was judged to be an overall success, only government commitment to iron supplementation in the short run, and food fortification in the longer-run, can have a major impact on this debilitating, but hidden, disease. However, the process of campaign development and the success of the mass media materials themselves have helped create a policy environment that is more open to international approaches to dealing with nutrition and anemia.

III. Background

The USAID-funded ZdravPlus project (2000-2005) seeks to improve the quality and efficiency of health services in five countries in Central Asia. This entails support for the governments' health reform agenda as well as training, technical assistance and the provision of limited amounts of equipment to primary health care entities, known in Uzbekistan as *selskie vrachebnyie punkti* (SVPs). Health promotion/health education supports these efforts by helping the public take greater responsibility for their own health, by improving their understanding of health care topics and encouraging healthy lifestyles.

The first pilot site for health reform in Uzbekistan is Ferghana Oblast in the far east of the country. According to the Uzbekistan Demographic and Health Survey (1996), almost 80 percent of young children and women of reproductive age in Ferghana have anemia. In that survey, 4,333 women aged 15-49 and 1,106 children under age 3 ½ were tested, with the following results.

Table 1: Percent of Women 15-49 and Young Children with Anemia, Uzbekistan and Ferghana Valley

	Severe	Moderate	Mild	Total
Women				
National	0.9	14.2	45.3	60.4
Ferghana Valley	1.8	23.1	53.4	78.3
Children				
National	1.2	25.6	34.0	60.8
Ferghana Valley	1.4	26.9	50.2	78.5

Source: Institute of Obstetrics and Gynecology (Uzbekistan) and Macro International, Inc. 1997, Uzbekistan Demographic and Health Survey, 1996, Calverton, Maryland: Institute of Obstetrics and Gynecology and Macro International, Inc.

Data are unavailable that would shed light on the causes of these high rates. Experts speculate that dietary factors are almost certainly a cause, as well as the universal practice of tea-drinking at meals (which reduces the amount of iron absorbed from food), closely spaced pregnancies in rural areas, bleeding associated with widespread use of IUDs, helminthes, and poor environmental sanitation and personal hygiene.

ZdravPlus decided to undertake a health promotion campaign on anemia because the high rates found in Ferghana call for urgent action, because several different assessments pointed to anemia as a priority health concern both for the population and for health officials and, significantly, because the Oblast Health Department asked the project to conduct its first campaign on this topic.

From the beginning, the envisaged health promotion campaign was to focus on nutrition issues. There is no iron fortification program in Uzbekistan and iron tablets are available only in pharmacies - in doses too low to have much impact on anemia and at prices that consume a large part of a family's income. It was recognized that a campaign centered on nutrition would not have a major impact on anemia rates, with anemia as widespread as it is in Ferghana. However, it was the only logical way of approaching this health concern, and had the important benefit of beginning to address nutrition issues, which also underlie a number of other health problems in Uzbekistan, such as hypertension and cardiovascular disease.

Initial research by ZdravPlus staff revealed that the government's approach to anemia and nutrition was still anchored in Soviet tradition. Prevention through proper nutrition is a new concept and the health system focuses on curative care, with extensive reliance on hospitalization. The field of anemia is dominated by hematologists, with nutritionists - as the term is understood internationally - unknown. Even definitions of the severity of anemia differ from international definitions.

IV. Formative Research

Bolstered by the Government's commitment to move toward international standards and approaches on health issues, ZdravPlus staff proceeded with formative research for the campaign. They found little existing information about nutritional deficiencies or the eating habits of the population to help guide campaign development.

Three pieces of rapid qualitative research were undertaken to learn about Ferghana residents' knowledge, attitudes and practices related to anemia and nutrition and to discover readily available foods rich in iron and vitamin C. With the assistance of Peace Corps volunteers, nutrition journals were compiled to document the eating and cooking habits of rural populations. A World Health Organization (WHO) consultant conducted a rapid assessment of the availability of iron-rich foods that would be easily accessible and affordable to the rural population of Ferghana in bazaars and home gardens. Finally, focus groups were conducted with various population groups and with health workers.

Among the important findings to emerge from the research were:

- The population consumes little meat or fish, which are the main sources of iron in the diet;
- They eat few vegetables, fruits, greens and sour milk products *together with* their meals - foods that could enhance the absorption of iron from other foods;
- They drink tea with meals, inhibiting the absorption of iron;
- There is little understanding of which foods/food combinations can prevent or help cure anemia, although many people recognize that meat (especially tongue and liver) are valuable. It is widely (and erroneously) believed that eggs, milk products, apples, tomatoes, quince, carrots and potatoes are rich in iron;
- People are concerned largely with eating "satisfying" foods and have very little awareness of the importance of eating right or of the nutritional values of different foods;
- Women of childbearing age are the last person in the family "food chain." The best food is reserved for working men, then elderly family members, then children and, last of all, young wives;
- Infants under six months old are rarely exclusively breast-fed. They often receive foods and drinks that can be harmful, such as sugar-water starting immediately after birth, fruit juices, milk, tea and solid foods;
- Once they reach six months, infants generally do not get the energy-rich foods they need to grow properly and avoid anemia. Often they simply get adult foods, finely chopped or ground;

- Health workers' knowledge of nutrition and eating habits are much the same as that of the population as a whole.

V. Campaign Objectives

The research provided information to help define the campaign's objectives. The primary objective was to increase the percentage of the adult population that could name locally-available foods/food combinations rich in iron.

The two secondary objectives related to infant feeding, because this is particularly critical to avoid anemia, in the face of infants' elevated iron needs to sustain their rapid growth. One secondary objective was to increase the percentage of the adult population stating that an infant should receive nothing but breastmilk (i.e. exclusive breastfeeding) for the first six months of life. The other was to increase the percentage of the adult population able to cite iron-rich complementary foods for infants six months old or older.

VI. Target Audiences

Based on the information gathered during the research phase, the project also identified three priority target audiences:

- *Young women* (15 –30) were chosen as the primary target audience because they do much of the shopping and cooking at home before marriage, and when they marry they often form life-long cooking habits in the context of their new family.
- *Mothers-in-law and older women* (35 - 50) were identified as a secondary target audience because they have enormous influence over all household matters, including food, and younger women must abide by their wishes.
- *Young husbands* (18 – 30) were also selected as a secondary target audience because they are a major influence on their young wives, who seek to accommodate the habits and desires of their new spouse.

Given ZdravPlus's rural focus, the emphasis for each of these target audiences was on reaching rural populations. However, since the campaign would be oblast-wide, messages also had to be acceptable to urban populations.

In addition, policy makers in the central government and Ferghana Oblast and health workers in Ferghana were also considered target audiences, because their support was critical and it was clear from early campaign preparations that they were unfamiliar with nutrition issues and with international approaches to nutrition and anemia.

VII. Key Messages

With the help of a distinguished Advisory Committee* and a WHO consultant, key messages were drawn out of the formative research and, over a period of months, simplified and fine-tuned. All the messages, as well as the scripts and print materials, were pre-tested with the population for acceptability and comprehension before being finalized.

The major message of the campaign sought to inform a broad audience about *iron rich foods and food combinations*. Recognizing that it would be difficult to communicate a list of iron-rich foods, the project developed a simple list of three widely-available types of food to eat to prevent anemia and help cure it:

- Meat or fish
- Legumes, rice or sorghum
- Vegetables, fruits and greens

While this trio of food types was relatively simple for people to comprehend, it had a major weakness. Many families in Ferghana cannot afford meat or fish and, in the winter months, many vegetables and fruits are hard to find and expensive. Thus the first message had to be expanded to state that if all three types of foods are unavailable, people should eat at least two, including legumes, rice or sorghum. Thus, if meat or fish are unavailable, legumes, rice or sorghum can be combined with vegetables, fruits or greens. And if vegetables and fruits are unavailable, legumes, rice or sorghum can be eaten together with meat or fish.

In addition, the research indicated that the population thought that eating certain types of foods in winter and others in summer is adequate and that it is only necessary to eat certain foods for short periods of time, when you actually have anemia. Accordingly, when time and space permitted, people were reminded to eat the three types of foods every day, winter and summer—and not only when anemia occurs.

The second and third key messages focused on infant feeding practices, which were known to be problematic. According to the Demographic and Health Survey, the median duration of exclusive breastfeeding (nationwide) is less than two weeks. A number of potentially harmful foods and beverages, such as plain water, tea, milk products, juices, cereals and potatoes/tubers are introduced even in the first six months of life. Thus, the second message stated simply that *breastmilk is the only food and drink a baby needs for the first six months of life*. Avoiding other foods and liquids will help keep the baby healthy and protect against anemia and other diseases. This message proved to be the most controversial of the campaign, because even doctors usually thought that young infants need other beverages—and often foods, too.

* Members of the Advisory Committee: Gabit Tuichievich, Deputy Director, Institute of Hematology, MOH; Saidjalol Makhmudovich, Head, Department of Hematology and Transfusiology, Tashkent Institute of Advanced Studies; Khamid Kasymovich, Professor, Department of Hematology and Transfusiology, Tashkent Institute of Advanced Studies; Dilarom Suleymanova, Institute of Hematology; Omon Mirtazaevich, Director, Institute on Health, MOH; Rosa Galieva, Project “Health”; Vera Pyataeva, WHO; Rano Sabitova, Peace Corps; Shukhrat Rakhimjanov, UNICEF.

The third key message centered on complementary feeding, to address research findings that energy-rich complementary foods are often introduced too late. It stated that, *starting at about six months of age; breastmilk alone is no longer enough*. An infant needs proper complementary foods, too. But breastfeeding should continue to age two. The message suggested small amounts of boiled meat, pureed together with porridge, vegetables or rice, would protect the child from anemia. Where time and space permitted, this message was expanded to say that children should never be given tea and that whole milk should not be introduced before nine months.

There was much debate during the process of message development on whether the message strategy should also address the avoidance of tea, because of its important role in inhibiting iron absorption. It was eventually decided that the practice of drinking tea with food is so deeply embedded in Uzbek culture, that messages about avoiding tea might undermine the effectiveness of the entire campaign. Low-key information was included suggesting that it is *better to drink tea between meals, rather than with meals*, and promoting the idea of not giving tea to children. Maybe because of the simplicity of this message compared with the others, many people viewed it (erroneously) as one of the campaign's key messages.

There were a number of other less important messages, among them some social messages. For example, the situation of women at the bottom of the family food chain was thought to have significant implications for their (and their children's) nutritional status and anemia levels. Thus, inequalities between the way men and women eat became a theme for the campaign. Also, the well-known proclivity of Uzbek families to spend lavishly for weddings—often at the expense of the entire family's well-being—also became a theme, since this generous custom often leaves families under-nourished for months or years.

VIII. Building Support for the Campaign

It became apparent early in the planning that a health promotion campaign on anemia could not stand alone, but had to go hand-in-hand with measures to educate policy-makers and health workers about international standards and approaches. The support of key policy-makers would be critical to even allow the campaign to go ahead—as well as to deflect any criticism after it was launched. At the heart of the strategy to work with policy makers were two orientations conducted in Ferghana and Tashkent, drawing on WHO and UNICEF consultants, as well as others. In addition, selected individuals were included on the campaign advisory committee and others were briefed about the research. During the six months of campaign preparations, a number of key officials came to appreciate that the approaches adopted for the anemia campaign had a solid foundation in evidence and they began to participate in project activities. The Ministry of Health's Institute on Health, its health education arm, became a key partner.

The messages to be conveyed through the campaign were so new that ZdravPlus staff recognized they could be totally undermined if health workers were not familiarized with the new information and approaches. Training workshops on nutrition and clinical anemia issues were conducted for SVP doctors and nurses throughout the oblast. These were based on WHO manuals and the training of trainers was conducted by WHO consultants. These workshops were able to go into much more depth about nutrition than the health promotion campaign and introduced some new concepts, such as growth monitoring, which also fitted into the project's planned introduction of Integrated Management of Childhood Illness (IMCI). The training of doctors and nurses began before the campaign but continued well after it ended.

IX. “There is no Place for Anemia”—Campaign Activities

The launch ceremony for the six-week campaign took place in Ferghana Central Park on August 7, 2001 where a health fair on anemia had been organized in honor of the occasion. Health fairs are a new concept in Uzbekistan and the event attracted substantial crowds. A *jarchi*, or traditional town-cryer on horseback, and the sound of the *karnai surnai* (traditional horn) alerted people in the center of the city to the event and banners around town announced the event beforehand. The fair featured information booths for the public about anemia and nutrition, games for children, a live theater performance about anemia and music and songs on health themes. Opening speeches were made by the Deputy Khokim (deputy governor) of Ferghana Oblast, USAID’s Public Health Management Specialist from the regional office in Almaty, the director of the Institute on Health and the head of the Oblast Health Department. A ribbon-cutting ceremony marked the official opening.

The centerpiece of the campaign was a three-part, 70-minute TV soap opera, “*Simple Truth*,” which was written and produced by an advertising agency working closely with ZdravPlus staff. TV is an expensive medium for public education, but its use is almost essential for mass media campaigns in Uzbekistan, where research shows that TV viewership is close to universal and that TV is a leading source of health information, while relatively few people listen to radio or read newspapers.

The soap opera “*Simple Truth*” tells a story, tinged with both humor and sorrow, of a typical Uzbek family and how anemia and a doctor’s recommendations for curing it lead to family crises. The drama features a young husband, a traditional and demure young wife, a mother-in-law - a powerful figure in the Uzbek family - and even a sorcerer. After many twists and turns in a plot involving suspicions of amorous encounters, family rifts, and failed sorcery, the local SVP doctor convinces the mother-in-law that her family’s anemia must be cured and persuades her to take responsibility for ensuring that the family is treated and eats right from now on. The mother-in-law’s influence not only changes the family’s nutrition habits but also brings the family back together. Neighbors recognize that they, too, have anemia and, in the end, all want to learn from the doctor how they should eat right. While the drama keeps the viewer’s interest, “*Simple Truth*” also repeats the campaign’s key messages on several occasions and incorporates many other important educational messages and themes related to nutrition.

The Anemia Health Fair



The soap opera was aired in its entirety eight times on oblast TV and private stations in Margilan and Kokand over the six-week duration of the campaign. Six *60-second TV and radio spots*, most of them using the characters from the soap opera, provided daily repetition of the key messages. People were amazed at the use of commercial marketing strategies to promote public health - and they reacted overwhelmingly positively to

this new concept for Uzbekistan. In fact, the MOH requested copies of the TV material for broadcast on national television and all oblast TV stations.

A shot from 'Simple Truth'

More in-depth information reached the population through informative *articles in newspapers* that appeared twice a week. The medical newspaper, which reaches virtually every doctor in the oblast, was a valuable tool in ensuring that doctors would have sufficient information to be able to answer questions from the public.



Detailed information was also incorporated in *two brochures* targeted to the general public. One brochure provided general information on anemia for a broad target audience (160,000 copies); while another focused on nutrition for pregnant women, new mothers and their infants (35,000 copies). The anemia brochure was printed in sufficient quantities to reach every family in the seven rayons of Ferghana Oblast where ZdravPlus works most intensely. Two posters with the key messages of the campaign were also produced in large quantities (10,000 copies each). These print materials were distributed oblast-wide through SVPs, Health Centers (the health education network affiliated with the Institute on Health), NGOs, schools, Peace Corps volunteers and others.

Interpersonal communication was also an extremely important component of the campaign. Doctors and others from Health Centers, NGOs and schools had been trained in the weeks leading up to the campaign on essential information about nutrition and anemia as well as on interpersonal communications techniques. A number of key doctors were also invited to preview the soap opera and spots on the day of the campaign launch, giving them an opportunity to ask questions and obtain any technical information they needed. Doctors, nurses and health educators were also given a booklet developed for the campaign and modeled on UNICEF's "Facts for Life" (5,000 copies). It presented key messages to convey to the population in educational sessions on nutrition and anemia, and backed them up with substantiating information. Copies of the soap opera on video tape, along with a discussion guide, were also given to selected health education workers and proved a popular educational tool.

The health educators developed a number of creative ideas. For example, the SVP Association, in cooperation with the NGO Unsinoy, conducted two "food fairs" in Yazyavan and Baghdad rayons, featuring not only information about nutrition, but also displays of iron-rich foods and cooking demonstrations using these foods. The food fairs included contests for the best menus including salads, first and second courses. Fifty people participated in the contests and some 800 people were involved in the two food fairs. Another innovative idea came from the NGO Navbahor, which distributed IEC materials at health booths in Kumtepa Bazaar (Akhunbabayev Rayon), one of the largest bazaars in Ferghana Oblast. Another key element of interpersonal communications was a live

theater presentation on anemia that toured the oblast. In total, there were 24 theater performances in 13 rayons, reaching an estimated 8,000 people.

To keep the momentum of the campaign alive for six weeks, a competition was launched among Health Center staff for the most active and creative health educators, with prizes for the five best entries. The Health Centers that participated in the competition produced three newspaper articles and 40 radio broadcasts, 129 “conversations” with the population and distributed IEC materials to approximately 2,030 people. Other Health Centers also conducted IEC activities but didn’t report what they had done. By the official end of the campaign, the Health Centers were so engaged in the competition that they asked for the campaign to be extended until after the end of the cotton-picking season—when virtually the entire population of Ferghana is out in the fields picking cotton--so they could devote more time to health education and increase their chances of winning the contest!

Schools are also an important part of ZdravPlus’ interpersonal communications activities. Since the campaign took place during the summer months, however, schools did not begin to work on nutrition and anemia until the fall. Lessons on these topics were developed and introduced in the new academic year and will be taught every year to classes 1-8 in pilot schools in Ferghana.

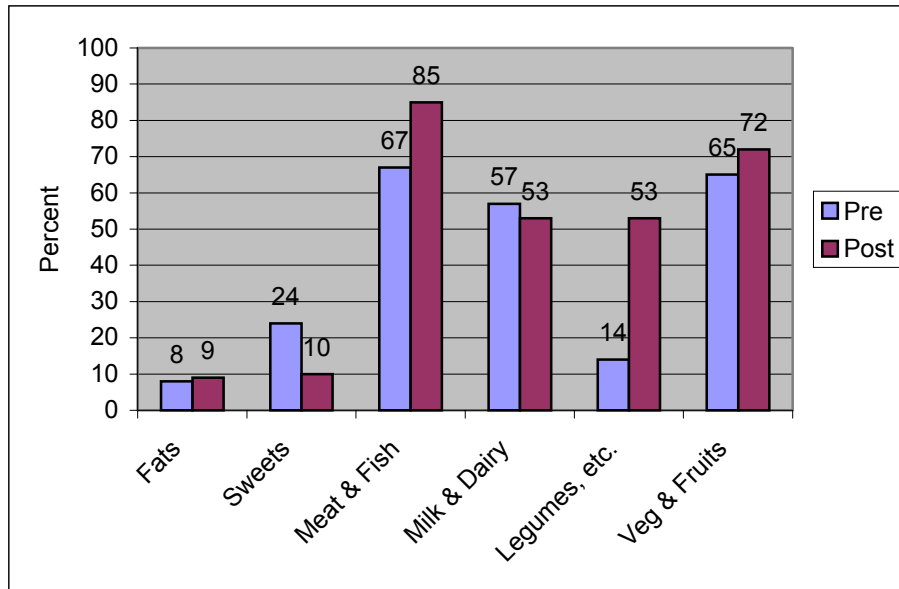
One of the important benefits of the anemia campaign was to heighten the awareness of SVP staff, Health Centers and NGOs of their role as community health educators.

X. Impact of the Campaign

The coverage and impact of the campaign were measured by comparing findings from a baseline survey on the population’s knowledge, attitudes and practices (KAP) with the results of a follow-up survey about two months after the end of the campaign. The baseline survey included 300 respondents aged 15-78 from Margilan city, Akhunbabayev and Kuva rayons. Seventy percent were women and 30 percent men. The endline survey included just 150 people aged 15-76 in the same rayons, with 68 percent women and 32 percent men. The sample for the endline survey was very small and was intended to indicate the results of the campaign, rather than to provide definitive results, which will be measured in a larger-scale KAP survey in the summer of 2002. In the interests of brevity, only highlights of the results from the KAP surveys are presented here.

The campaign was successful in achieving its primary objective of increasing public knowledge of locally available foods/food combinations rich in iron, namely legumes; meat and fish; and vegetables and fruits. As can be seen in Figure 1, the percentage of the population citing legumes increased dramatically from 14 to 53 percent; the percentage citing meat and fish rose from 67 to 85 percent; and the percentage citing vegetables and fruits from 65 to 72 percent.

Figure 1: Percent of the Population Citing the Three Main Food Groups to eat Every Day to Prevent Anemia, Before and After the Campaign



There was also important progress on the campaign’s secondary objective related to increased knowledge that an infant should be exclusively breastfed for the first six months of life. The percentage of the population saying that an infant should receive no liquids other than breastmilk (“none” in Figure 2) increased dramatically from 11 to 33 percent. At the same time, the percentage of the population thinking that other liquids, such as water and tea, should be given to a young infant decreased. There were also drops in the percentage of the population saying that such a young infant should be given foods (not shown).

Another secondary objective of the campaign was to increase the percentage of the population able to cite iron-rich complementary foods for infants. Curiously, the KAP surveys show declines in public understanding of this critical issue, as can be seen in Figure 3. It is not clear why this might have occurred, since messages about the importance of giving an infant over six months of age small amounts of meat and other foods were repeated often during the campaign. ZdravPlus staff speculate that the breastfeeding messages - including continued breastfeeding up to age two - overwhelmed the other information. It is also possible that people found it hard to distinguish how to feed an infant under six months old from feeding one over six months old; that the campaign simply included too many relatively complicated messages; or that this result is a reflection of the small sample size in the endline KAP survey.

Figure 2: Percent of Population Citing Specific Liquids, Other than Breastmilk, that Should be Given to an Infant Under Six Months Old, Before and After the Campaign

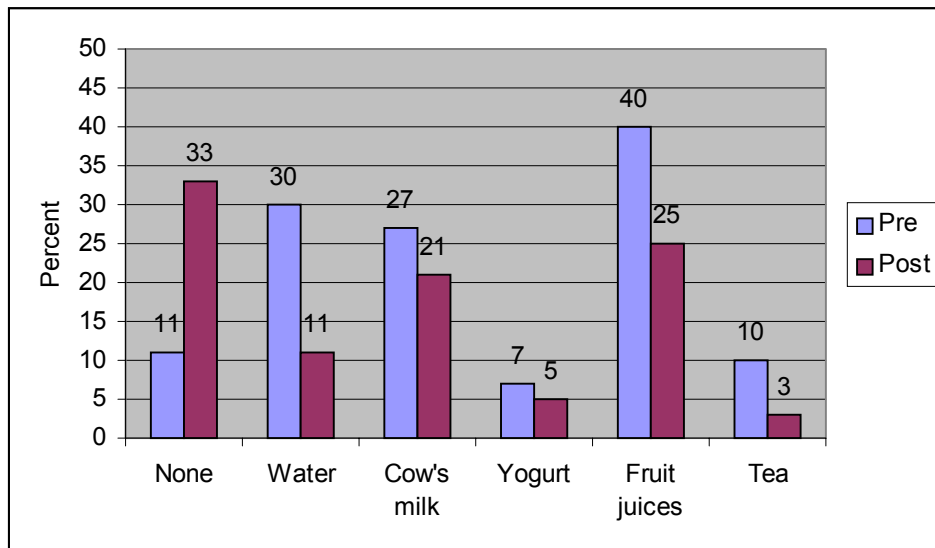
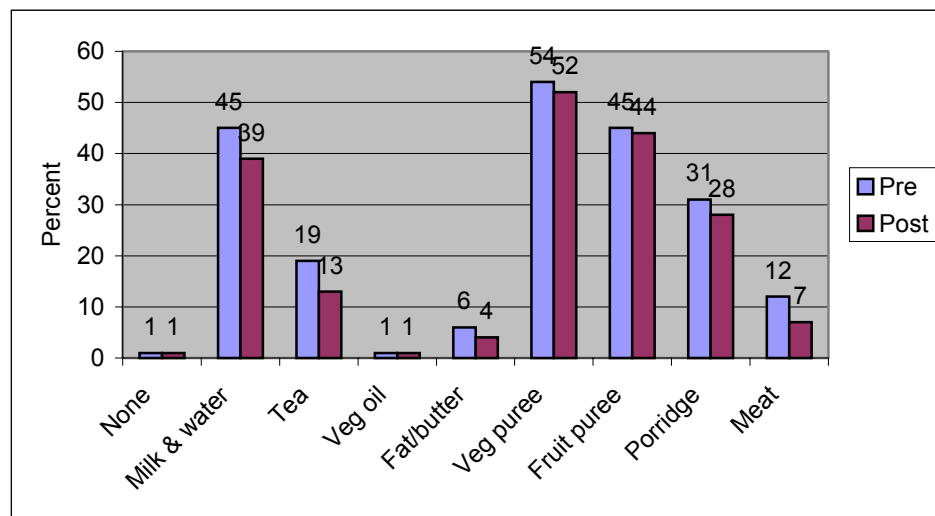


Figure 3: Percent of the Population Citing Specific Foods and Liquids, other than Breastmilk, that Should be Given to an Infant 6-8 months old, Before and After the Campaign



In addition to the formal surveys, there was considerable anecdotal evidence on the impact of the campaign. At the launch ceremony, policy makers and health workers were amazed at the idea of using mass media not only to promote chewing gum and tooth paste, but also health information - a “first” in Uzbekistan. After the first few days, people in Ferghana were heard to be discussing anemia and wondering why there was suddenly so much attention being paid to the subject. Later, both the public and health workers were surprised at much of the new and (to them) surprising information they were receiving: that an infant should get nothing but breastmilk for the first six months of life; that children shouldn’t be given tea; and that apples aren’t rich in iron. Toward the end of the campaign, some people were heard to say that they were tired of hearing about anemia all the time, everywhere.

The campaign also achieved recognition from WHO, which appreciated that it was breaking new ground for Central Asia. After the campaign was over, ZdravPlus was invited to make a presentation at WHO's Third European Health Communications Summit in Bratislava, Slovakia, in December 2001, where it was greeted enthusiastically.

In terms of campaign coverage, the endline survey showed that 52 percent of the population received information about nutrition, including breastfeeding and anemia, in the prior 2-3 months. This figure is thought to significantly understate the proportion of the population that actually received information, however, given the magnitude of the increases in public knowledge on certain campaign topics, as well as anecdotal reports indicating that, by the end of the campaign, the population was saturated with information on nutrition and anemia. Probably the wording of the question, which highlighted nutrition, rather than anemia, caused some confusion.

Table 2: Selected Sources of Information about Nutrition, including Breastfeeding and Anemia

Source	Percent of Sample Receiving Information from this Source
Television	94
Newspapers, magazines	30
Radio	19
Health Workers from SVA/SVPs	19
Friends and neighbors	17
Family members, relatives	14
Makhalla (a neighborhood organization)	13
School, university	10
Health Centers	6
Brochures, posters, print materials	1
Other health workers (not SVA/SVPs)	1

Note: numbers do not add to 100 percent because respondents could provide more than one answer

The major sources from which the population received information about nutrition, anemia and breastfeeding are presented in Table 2 and, for the most part, reflect the communications media used in the campaign. Television was the leading source by far, followed by newspapers and magazines, radio and SVA/SVP health workers. Friends and relatives were also significant sources of information, while Health Centers and print materials apparently played a very small role. Given the active involvement of Health Center staff, however, ZdravPlus believes that the public likely found it hard to distinguish between Health Center staff and other health workers when they responded to the survey. In light of the wide distribution of print materials, it is also hard to understand why such a small proportion of the population reported getting information from these materials.

XI. Next Steps

Although the campaign is over, ZdravPlus' work on anemia and nutrition issues will continue. Deep-rooted nutrition habits do not change as a result of one six-week educational campaign and training workshops for medical workers. Such change takes decades. The materials and messages developed for the campaign will be taken out of the closet from time to time over the life of the project and put before the public again. They will be woven into new materials and campaigns on other health topics, such as child health, hypertension and cardiovascular diseases. The campaign has also pointed to an urgent need for more in-depth education of the public and medical workers on

breastfeeding and complementary feeding - topics that could well become the focus for future campaigns. Thus the anemia campaign laid a foundation for a large future agenda for ZdravPlus and others.

While the campaign was certainly a success, only government commitment to iron supplementation in the short run and food fortification in the longer-run can have a major impact on this debilitating, but hidden, disease. One of the values of this campaign is that it raised awareness among policy makers of the importance of these strategies. In addition, the process of campaign development and the success of the mass media materials themselves have helped create a policy environment that is more open to international approaches to dealing with nutrition and anemia.