



# Communications Plan for the Introduction of Micronutrient (Vitamin and Mineral) Powders



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# Background

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Vitamin and mineral (Micronutrient) deficiencies affect more than two billion people globally (Micronutrient Initiative, 2009). Infants, children and women of reproductive age bear a disproportionate burden of vitamin and mineral deficiencies in developing countries (Lancet Series on Child and Maternal Nutrition 2008; 2013).

Infants and children 6-23 months in particular are the most vulnerable to micronutrient malnutrition as their diets are usually inadequate to provide sufficient amounts of micronutrients (particularly iron, vitamin A, zinc and calcium) as the inclusion of animal-source and fresh fruits and vegetable foods to fill the nutrient gap is often not feasible in low- income countries (WHO 2005).

Micronutrient interventions, particularly vitamin A, iron and zinc supplementation and large-scale fortification of foods with iron, folic acid, iodine and vitamin A, have been shown to be among the most cost-effective global development efforts (Horton 2008). However, few countries have been able to effectively implement these interventions at scale. Implementation is often hindered by low adherence and acceptance of supplements, supply issues, safety concerns, and weak health systems. In addition to the above, many of the fortified foods are not consumed, or consumed in sufficient quantity by young children to make difference in their micronutrient status.

Uganda, like many other developing countries, has a strong burden of iron, vitamin A and zinc deficiencies with iron deficiency anaemia affecting almost 50 percent of children 6-59 months of age and 30 percent of women of reproductive age.

In Uganda, home fortification of foods with Micronutrient Powders (MNPs) has been suggested as a complement to infant and young child feeding (IYCF) and micronutrient programs to increase the vitamin and mineral intake in children 6-23 months of age. This intervention consists of adding a mixture of MNPs in powder form to any food that is not in Liquid form that a child 6-23 months of age consumes. The mixture is provided in single-serving sachets, the contents of which are mixed in with the food before consumption (HFTAG 2013).

The Ministry of Health (MOH), with support from partners (World Food Program, SPRING/Uganda and UNICEF), plan to implement a 12-month pilot project of improving Infant Young Child Feeding Practices with the Optimal use of Micro – Nutrient Powders in eight districts in Uganda beginning in 2014. The planning process was initiated in 2012, and all the necessary inputs are getting ready.

The first phase will allow systems necessary for the optimal distribution and use of MNPs to be refined for launch of the national program. The communications plan that follows represents the input of stakeholders and will be the national communications strategy during the first phase.

The use of MNPs should be positioned as a motivation to improve the Infant & Young Child Feeding, and WASH practices. This makes the Communication Strategy a core component for the successful implementation of the pilot in Uganda.

# Communication Plan for Promoting Micro-Nutrient Powders in the 8 Pilot Districts, Uganda

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The MNP communications plan addresses four broad objectives:

1. Creating an enabling environment promoting acceptance of MNP as an effective nutrition and health intervention. Dispelling misconceptions and misinformation (e.g., MNP are contraceptives, MNP are toxic, MNP cause diarrhea or fever);
2. Ensuring reliable and user-friendly supply of MNP for mothers through the health system, delivered with a patient and respectful attitude, and providing proper instructions with confident responses to mothers' questions and concerns;
3. Creating informed demand among mothers and other family members, who seek the product's health and nutrition benefits and consistently obtain sachets to sustain supply at home; and
4. Ensuring proper and safe use of the product at home, without disturbance to and motivating recommended IYCF and WASH practices.

## **Creating an Enabling Environment**

Creating an enabling environment for mothers to properly use MNP will require informing, sensitizing and, in some cases, mobilizing a variety of audiences including community leaders, health workers, and family members. Formative research has identified being a "great mother" who loves her child as the promotional message that most appeals to mothers, a message that will lose power if not reinforced by positive support from all of these groups. Important to ensuring this environment will be clear information to build awareness about the existence and harmlessness of possible side effects, as formative research revealed that fathers blame mothers (and in some cases threaten to leave them) when child illness occurs, and in some MNP programs uninformed clinical health staff have warned mothers off of MNP due to fear of actually benign side-effects. Mothers hardly will be "great" for using MNP if those around them condemn them for it. Reaching such diverse audience will require a combination of communications approaches, including print media and radio, and drama and other approaches at community meetings.

## **Ensuring a Reliable and User-Friendly Supply of MNP to Mothers, with Appropriate Instructions for Use**

Operational training and logistics systems will be important aspects of ensuring reliable supply, but these alone are not sufficient to guarantee that COMMUNITY HEALTH WORKERS will actively order supplies to avoid stock-outs. Equally the COMMUNITY HEALTH WORKER providing the sachets and instructing mothers should do so with encouraging, patient and polite attitudes and give comfortable, reassuring responses to mothers who have concerns. The primary audience in this effort will be health facility staff and village health team members, reached through job aids in addition to training, and reinforced by community appreciation and respect gained through their role in the initiative.

## Creating Informed Demand among Mothers to Obtain MNP Supply from Community Workers

Initial findings suggest that mothers are eager to use MNP, but barriers to continued use exist. Mothers are busy and may lack time to join the distribution meeting with the COMMUNITY HEALTH WORKER in order to obtain more sachets, or husbands may not grant permission to attend. Efforts to engage fathers, through various media channels like talk shows and through interpersonal communications with COMMUNITY HEALTH WORKER, will be equally important as engaging mothers for creating demand that results in mothers obtaining consistent re-supply of MNP.

## Ensuring Safe and Proper MNP Use in the Home

Safe use of MNP means hygienic mixing of no more than one sachet per day into the child's food. Proper use requires sufficient frequency to achieve impact (MNP every other day), use of thick rather than runny food, mixing with food no hotter than the temperature at which a child can eat it, and separating a portion of the child's meal for mixing that can be consumed rapidly so that the MNP are consumed before color changes can occur. Doing all of these without disturbing recommended feeding practices means that mothers should continue responsive feeding after feeding the "MNP portion" until they feed the minimum recommended for their child's age, that breastfeeding mothers should exclusively breastfeed infants (< 6 months) prior to feeding solid food, and that mothers feed a variety of foods in addition to using MNP.

## Target Audiences

**Mothers** The key desired behaviors addressed by this plan fall to mothers and health workers (COMMUNITY HEALTH WORKER). Participants in the MNP workshop held at Entebbe defined key behaviors for mothers as appropriate feeding of MNP, adherence to MNP use, obtaining MNP from the COMMUNITY HEALTH WORKER as necessary, and maintenance of appropriate IYCF and WASH practices. Specific behaviors associated with these general categories are shown in Table 1.

### MIXING THE MNP: HOW MUCH FOOD TO USE?

Optimal practice—and associated messaging—for the mixing of MNP received considerable attention during the national workshop due to two competing concerns: 1) the need to ensure that infants/children consume the entire MNP dose and do so quickly enough to avoid color changes; and 2) the need to ensure that infants and children consume recommended meal amounts.

Instructions to separate a small portion of the child's food for mixing MNP (to ensure rapid consumption of the entire dose) risk giving the impression that the portion containing MNP is more important (and that the portion without MNP is less important) potentially leading to reduced meal amounts and less effort to feed recommended amounts. Recommendations to mix the MNP with the entire meal amount risk color changes if the food is not eaten quickly, discouraging infants/children from consuming and mothers from feeding. Furthermore, meal amounts tend to be substantially smaller than recommended, and if children fail to consume the entire meal they receive less of the MNP dose and less benefit for micronutrient deficiency.

The workshop established consensus to instruct caregivers to mix the MNP with the amount of food that infants/children can consume in one sitting, making efforts to continue feeding responsively until the child has consumed the amount of food recommended for their age. Rather than emphasize that children eat small amounts, counseling should emphasize that children have small stomachs so it is important to fill them at every meal.

**Table 1. Mothers' desired behaviors for the MNP program.**

Appropriate use of MNP	Adherence to MNP regimen	Obtaining MNP from COMMUNITY HEALTH WORKER	Maintaining appropriate IYCF practices	Maintaining appropriate WASH practices
<b>Specific to MNP Intervention</b>			<b>Related Caring Practices</b>	
<ul style="list-style-type: none"> <li>Separation of amount of food that can be easily and rapidly consumed</li> <li>Mixing MNP thoroughly in separated food</li> <li>Use of single sachet/day</li> <li>Mixing in food of appropriate temperature</li> </ul>	<ul style="list-style-type: none"> <li>Using MNP every other day</li> <li>Coping with side effects (if any) without discontinuing MNP</li> <li>Continuing to feed MNP during illness</li> <li>Feeding MNP to eligible child only</li> </ul>	<ul style="list-style-type: none"> <li>Recognizing when supply is running out</li> <li>Contacting COMMUNITY HEALTH WORKER for resupply soon enough to avoid interruption</li> <li>Attending forum to receive MNP from COMMUNITY HEALTH WORKER after supply arrives from health centre</li> </ul>	<ul style="list-style-type: none"> <li>Continued breastfeeding (before meal for &lt; 12 months)</li> <li>Feeding a variety of foods</li> <li>Feeding recommended number of meals</li> <li>Feeding recommended volume of food</li> <li>Following recommended feeding during illness</li> </ul>	<ul style="list-style-type: none"> <li>Washing hands before and after using latrine</li> <li>Washing hands before preparing food</li> <li>Washing utensils and using separate (clean) utensils for raw and cooked food</li> <li>Boiling all water for consumption or cooking</li> </ul>

**Health Workers/COMMUNITY HEALTH WORKER** The COMMUNITY HEALTH WORKER members are the link between the community and the health system for MNPs. Formative research findings showed that the COMMUNITY HEALTH WORKERS exhibit a high level of concern for their communities, and see protecting the community as their responsibility. Thus in order to participate in the MNP intervention COMMUNITY HEALTH WORKERS want an assurance of MOH endorsement of the product, and they insist that steps be taken to prevent anyone but trained personnel (i.e., COMMUNITY HEALTH WORKER) from distributing them. Behaviors expected from COMMUNITY HEALTH WORKER, as outlined by the Entebbe workshop, include: skillful guiding of caretakers in the appropriate use of MNP, and in WASH and IYCF practices; timely reporting of MNP disappearance and need; and observing proper storage of MNP. These general categories also can be broken down into specific behaviors as shown in Table 2.

**Table 2. Village Health Team Members' desired behaviors for the MNP program.**

Guiding caretakers in the appropriate use of MNP, and in WASH and IYCF practices	Timely reporting	Observing proper storage of MNP
<ul style="list-style-type: none"> <li>Conveying prescribed instructions concerning MNP use</li> <li>Demonstrating MNP use according to prescribed instructions</li> <li>Answering caregivers' questions and concerns patiently and calmly, especially in relation to side effects of MNP use.</li> </ul>	<ul style="list-style-type: none"> <li>Keeping and submitting records of MNP distribution according to roster</li> <li>Updating MNP roster as infants "age into" the MNP eligible group (6-23m)</li> <li>Updating MNP roster as infants "age out" of the MNP eligible group (6-23m)</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>

## **Secondary Audiences**

The Entebbe workshop identified two secondary audiences to be targeted under this plan: fathers and opinion leaders. The roles for fathers identified by participants is to remind mothers about feeding MNP and obtaining re-supply, supporting mothers when the child is ill (especially in regard to side-effects of MNP use), and taking a greater role in ensuring the household follows recommended WASH practices. The role envisioned for opinion leaders is purely supportive, as participants expect them to endorse MNP use and advocate for it through various community meetings and other fora.

For each audience, the plan outlines communication objectives, key benefits, support points, and communication channels, based on audience analyses. The Ministry of Health with technical support from MNP-TWG, will develop job aids, media materials and selected print materials to support media and community based communication and social change and social mobilization activities.

# Overview of Communications Content and Activities by Target Audience

1. MNPs Communication Plan for Mothers	
<b>Audience Description</b>	<ul style="list-style-type: none"> <li>• Women with children 6 – 23 months of age</li> <li>• Tend to be illiterate or have only basic literacy</li> <li>• Most live in rural areas, engage in petty trade or subsistence farming, and have low income and some primary school education</li> <li>• Access to family radio and mobile phone from spouse</li> <li>• Belong to one or more groups for social protection, livelihoods or economic strengthening</li> <li>• Need husbands’ approval before making child-related decisions.</li> <li>• Consider local COMMUNITY HEALTH WORKER personnel to be trustworthy and providers of valid advice, but are less confident and trusting of health facility personnel.</li> <li>• Suspicious of private channels for MNP distribution (do not trust purity of product from private channels).</li> <li>• Motivated to provide the best for their children and keep them healthy, with the latter also secondarily motivated by fear of their husbands becoming angry when children are sick.</li> </ul>
<b>Desired behaviours/ Practices (see Table 1)</b>	<ul style="list-style-type: none"> <li>• Mothers and caregivers initiate age-appropriate complementary feeding at 6 months, ensuring food diversity (including animal source foods), sufficiently nutrient-dense preparations, and adequate quantity and feeding frequency, while continuing to breastfed until 24 months and beyond. i.e. ensuring appropriate IYCF practices This can be supplemented with the addition of Vitamin &amp; Mineral Powder and Pasting.</li> <li>• Mothers and caregivers wash hands with soap before and after using the latrine, before preparing food and before feeding /eating (WASH practices).</li> <li>• Mothers obtain and continuously use MNPs once every the other day or 3 – 4 sachets per week with their children 6 – 23 months. Ensure adherence to use of MNPs</li> <li>• Mothers and caregivers visit the COMMUNITY HEALTH WORKER members every two months for replenishment, making this visit in time to avoid any interruption in MNP use. Know or Consult with the COMMUNITY HEALTH WORKER members in case of any side effects.</li> <li>• Encourage other women to use MNPs once every the other day or recommended schedule of administration (3 – 4 sachets per week) with their children 6 – 23 months.</li> <li>• Mothers reduce the use of liquid porridges and feed semi-solids in order to use the MNPs</li> <li>• Mothers feed appropriate amounts of food, mixing the MNPs into volumes of food greater than just a few spoonfulls, and after feeding the MNP-mixed sub-portion continue to feed responsively up to the amount recommended for the age of their child. ....</li> </ul>
<b>Actual behaviour/ practice</b>	<ul style="list-style-type: none"> <li>• Mothers work with other caregivers in the family to feed and care for their children within time and resource constraints</li> <li>• No knowledge of or experience with MNPs</li> <li>• Based on 2011( DHS) feeding practices are very poor.               <ul style="list-style-type: none"> <li>○ Nearly 25% % introduce solid food before 6 months of age, 11% before 4 months and 6% before 2 months.</li> </ul> </li> </ul>

1. MNPs Communication Plan for Mothers	
	<ul style="list-style-type: none"> <li>○ Meal frequency tends to be below recommendations—only 55% 6-8 months meet the recommended frequency (2+ meals/day), dropping to 37% for 9-11 month-olds (3+ meals/day) and barely rising to around 44% for 12-17 and 18-23 month-olds (3+ meals/day).</li> <li>○ Up to 12 months of age 10% of less of infants meet minimum dietary diversity guidelines, and 16% or less of 12-23 month-olds do so.</li> <li>● Inconsistently follow recommended WASH practices</li> </ul>
<b>Priority behaviours for change</b>	<ul style="list-style-type: none"> <li>● Obtain MNPs every two months, contacting the COMMUNITY HEALTH WORKER when they have 2 sachets remaining to avoid interruption while the COMMUNITY HEALTH WORKER obtains re-supply.</li> <li>● Continuously feed a single MNP sachet once a day (3 – 4 sachets per week) to children 6 – 23 months.</li> <li>● Follow recommended IYCF practices, especially: <ul style="list-style-type: none"> <li>○ Daily meal frequency</li> <li>○ Ensuring minimum meal volume through active feeding</li> <li>○ Feeding a variety of foods.</li> </ul> </li> <li>● Follow recommended WASH and food hygiene practices, especially: <ul style="list-style-type: none"> <li>○ Wash hands with soap before and after latrine use, and before preparing food and feeding/eating</li> <li>○ Washing utensils and dishes with clean water before meals, and keeping utensils for raw food and prepared food separate</li> </ul> </li> </ul>
<b>Barriers/ Constraints</b>	<ul style="list-style-type: none"> <li>● Lack of knowledge of nutrition principles, especially dietary diversity, meal amount</li> <li>● Uncertainty and suspicion about the new/non-traditional micronutrient product</li> <li>● Little or no experience with MNPs or other nutritional supplements used on a routine basis</li> <li>● Food insecurity.</li> <li>● No/limited support for infant/child care and feeding from fathers.</li> <li>● Most require advice from a trusted authority (such as the COMMUNITY HEALTH WORKER) before trying a new health/nutrition product.</li> <li>● Heavy workload and time poverty.</li> <li>● Fear of husband’s anger if infant/child becomes ill.</li> <li>● Fear and misunderstanding of MNP side effects.</li> </ul>
<b>Key Influencers</b>	<ul style="list-style-type: none"> <li>● Village Health Team</li> <li>● Fathers and Grandmothers</li> <li>● Peers, health workers, and community leaders</li> </ul>
<b>Communication Objective</b>	To convince mothers to use MNPs, and to use them regularly and properly, as a way of showing love for their children.
<b>Key Benefit Statement</b>	If you use MNPs regularly in the feeding of your children from 6 to 23 months you can build the health and success of your children. MNPs: for great mothers who love their children.
<b>Support Points</b>	<ul style="list-style-type: none"> <li>● More than 65% of infants and children 6-17 months old, and roughly 55% of children 18-23</li> </ul>



1. MNPs Communication Plan for Mothers	
	<p>months old, are anemic. This has unfavorable consequences for the incidence of illness, for brain and nervous system development, for appetite, for activity levels, for growth, and for school performance.</p> <ul style="list-style-type: none"> <li>• Thirty-two (32) percent of infants 6-8 months, nearly 45% of infants 9-11 months, and a little more than 34% of children 12-23 months suffer from vitamin A deficiency. This has unfavourable consequences for the incidence of illness, for iron status, and for child survival.</li> <li>• MNPs help to keep children healthy and to grow strong.</li> <li>• MNPs prepare children to do well in school.</li> <li>• MNPs improve children’s appetite.</li> <li>• Mothers are emotionally motivated by: <ul style="list-style-type: none"> <li>○ Doing something for their child so s/he can be successful and happy.</li> <li>○ Success for themselves (being a “great mother”) and their children. Similarly, giving a better life than they have to their children.</li> <li>○ Giving their children the “best” life through their actions and decisions.</li> </ul> </li> </ul>
<b>Communication Channels &amp; Activities</b>	<ul style="list-style-type: none"> <li>• COMMUNITY HEALTH WORKER: <ul style="list-style-type: none"> <li>○ Interpersonal communications: home visits by COMMUNITY HEALTH WORKER to reinforce proper use instructions, re-supply and key IYCF and WASH practices; problem solving. COMMUNITY HEALTH WORKER will use UNICEF counselling materials for IYCF, WASH and construction of a “tippy tap”, and WFP/UBC materials for counselling and promotion of MNP.</li> <li>○ Community meetings organized by COMMUNITY HEALTH WORKER (also CHD+ and GMP) providing information on purpose of MNP and content of sachet, demonstration of proper use, and expectations for side-effects.</li> </ul> </li> <li>• Reminder cards: emphasize a) use of single sachet/day, b) use on alternate days, c) prompt for re-supply at appropriate time, and d) key IYCF and WASH practices.</li> <li>• Radio: Spots emphasizing “great mothers” using MNP to build their child’s future.</li> </ul>

## Implementation

### Community meetings

Following the completion of their MNP training, COMMUNITY HEALTH WORKER involved in the intervention will organize a meeting in their community. COMMUNITY HEALTH WORKER will conduct a census of mothers in the community, enrolling all with infants/children of eligible age (6-23 months, rosters provided by Ministry of Health and Partners All eligible mothers will be called to a launch meeting for training on MNP use and re-supply logistics have supported the created communications materials to be used at this meeting (flipchart, brochures to be handed out, promotional/reminder poster), and the local government and community members will provide cooking equipment and food for cooking demonstration.

SPRING/UNICEF have supported the development of two products for these meetings: 1) a large size reminder card to be distributed with MNP (see below), and 2) a song about MNP. The song will emphasize use of a single packet; feeding MNP every other day; re-supply from the COMMUNITY HEALTH WORKER when only 2 sachets remain; healthy, smart children; and “great mothers” who care for their children.

## **Reminder cards**

Design a reminder card to assist mothers with adherence on the recommended MNP regimen. The card will duplicate the color scheme adopted by for counselling and promotional materials, using the same images as much as possible. Each card will display 18 31-day month checklists to be ticked each time an MNP sachet is fed. Promotional messages (pictorial with text) will emphasize: 1) no more than 1 sachet per day, 2) use on alternate days, 3) re-supply when 2 sachets remain, 4) handwashing and food preparation, 5) continued breastfeeding (before feeding solid food for children < 12 months), 6) recommended daily meal frequency (by age), 7) recommended meal amounts (by age), 7) cooling food to eating temperature before adding MNP, and 8) consuming all food mixed with MNP (do not allow food mixed with MNP to sit).

COMMUNITY HEALTH WORKER will explain the use of reminder cards at the initial community meeting for launching the intervention, and at one-on-one meetings with mothers whose children “age-in” at six months. COMMUNITY HEALTH WORKER will check the reminder card at monthly home visits to mothers participating in the intervention, encouraging mothers who are not managing adherence (or not managing the reminder record) and counselling on the feeding and care practices emphasized on the card.

### **Interpersonal communications (see discussion on COMMUNITY HEALTH WORKER)**

COMMUNITY HEALTH WORKER will use the counselling materials provided by WFP/UBC to instruct new mothers in how to use the MNP, also providing them with a take-home brochure and reminder card. At each monthly home visit, COMMUNITY HEALTH WORKER will use the reminder card to counsel mothers on adherence and the key feeding and care practices emphasized on the card.

## **Radio**

Radio will play an important role in supporting the MNP intervention for a variety of audiences. For mothers, 30 second radio spots featuring the “MNP song” will remind about basic aspects of proper use (1/day, every other day, continue recommended IYCF practices, WASH, etc.) emphasizing the theme of “great mothers” who love their children. SPRING/UNICEF will write and produce the radio spots targeting mothers, and \_\_\_\_\_ (GOU?) will be responsible for airtime costs.

Radio promotion through talk shows and other vehicles also is expected to reach mothers, but the 30-second spots will be the primary channel for promoting MNP with this audience.

## 2. MNPs Communication Plan for COMMUNITY HEALTH WORKER Members/ Health Workers

<b>Audience Description</b>	<ul style="list-style-type: none"> <li>• View themselves as protectors for the community, ensuring health and vetting new products/technologies in order to keep the community safe.</li> <li>• Selected for their post by the local community</li> <li>• Official role is part-time</li> <li>• In general literate, with higher education level than most in community (one study found that &gt; 90% have at least grade 5 education<sup>1</sup>)</li> <li>• Has a family – oriented lifestyle, works provide for the family; Makes sacrifices in order to support society as reflected in passive/obedient attitude and conformity to the rules of society and country (Don't rock the boat!)</li> <li>• Has hobbies that are communal in nature and mobile phone usage, religious gatherings, family visits, school events or gardening</li> </ul>
<b>Desired behaviours/ Practices</b>	<ul style="list-style-type: none"> <li>• Demonstrate and encourage the proper use of MNPs—every other day (or 3 – 4 sachets per week), single sachet per day in food that has cooled enough to feed, maintaining appropriate IYCF and WASH practices.</li> <li>• Obtain correct number of MNP boxes for eligible mothers in community, and replenish this supply in a timely fashion from health center according to community need.</li> <li>• Deliver MNP at home to mothers who fail to come to community meeting or directly to COMMUNITY HEALTH WORKER for re-supply.</li> <li>• Make provisions for proper storage of MNP before being distributed to the end users.</li> <li>• Demonstrate for their clients how to wash hands with soap before and after latrine use, and before preparing food and feeding /eating</li> <li>• Demonstrate for their clients how to construct a “Tippy Tap”</li> <li>• Ensure proper and timely reporting in order to maintain the availability of MNPs within their communities</li> </ul>
<b>Actual behaviour/ practice</b>	<ul style="list-style-type: none"> <li>• Engage with mothers to promote IYCF during home visits or growth monitoring and promotion activities.</li> <li>• No/limited knowledge of MNPs or their use</li> <li>• Limited knowledge and training for nutrition and IYCF.</li> <li>• Only a small proportion actively promote appropriate IYCF and WASH practices.</li> </ul>
<b>Priority behaviours for change</b>	<ul style="list-style-type: none"> <li>• Encourage mothers/caregivers to the continuous safe and appropriate use MNPs once a day with their children 6 – 23 months. Safe and appropriate use includes: 1) single sachet/day, 2) adding and mixing MNP to a sub-portion of the child's meal and feeding this before proceeding to feed up to the meal volume recommendation, 3) avoiding mixing with excessively hot foods (i.e., while cooking), and 4) maintaining appropriate IYCF and WASH practices.</li> </ul>

<sup>1</sup> Scholastic A *et al.* 2012. Healthy Child Uganda survey of knowledge, attitude and behaviour of village health team members toward their health care responsibilities in southwest Uganda. *Paediatric and Child Health* 17(8): p. e89.

2. MNPs Communication Plan for COMMUNITY HEALTH WORKER Members/ Health Workers	
<b>Barriers/ Constraints</b>	<ul style="list-style-type: none"> <li>• Heavy workload with many health activities despite job officially being part-time.</li> <li>• Low morale and motivation to implement the various health projects.</li> <li>• Suspicion of new products (including MNP).</li> <li>• Not knowledgeable in the area of MNPs</li> <li>• Inadequate storage kits and transport facility for the MNPs.</li> <li>• Disincentives to good recordkeeping and reporting (Health workers often do not file reports submitted by COMMUNITY HEALTH WORKER).</li> </ul>
<b>Key Constraints</b>	<ul style="list-style-type: none"> <li>• Heavy workload</li> <li>• Low level of knowledge and understanding of nutrition and IYCF.</li> </ul>
<b>Key Influencers</b>	<ul style="list-style-type: none"> <li>• Opinion leaders</li> <li>• Parents to the children under 6 – 23 months</li> <li>• Ministry of Health (especially MOH endorsement/promotion)</li> <li>• Health facility workers</li> </ul>
<b>Communication Objectives</b>	<p>To empower COMMUNITY HEALTH WORKER to improve child nutrition in their community by promoting and providing effective counselling for appropriate MNP use by eligible mothers.</p> <p>To equip COMMUNITY HEALTH WORKER to inform the community and manage rumors about MNP side effects.</p>
<b>Key Benefit Statement</b>	<p>If you promote the use of MNPs the children in your community will be health and strong, and community members will respect and admire you.</p>
<b>Support Points</b>	<ul style="list-style-type: none"> <li>• More than 65% of infants and children 6-17 months old, and roughly 55% of children 18-23 months old, are anemic. This has unfavorable consequences for the incidence of illness, for brain and nervous system development, for appetite, for activity levels, for growth, and for school performance.</li> <li>• Thirty-two (32) percent of infants 6-8 months, nearly 45% of infants 9-11 months, and a little more than 34% of children 12-23 months suffer from vitamin A deficiency. This has unfavourable consequences for the incidence of illness, for iron status, and for child survival.</li> <li>• MNPs help to keep children healthy and to grow strong and tall.</li> <li>• MNPs prepare children to do well in school.</li> <li>• MNPs prevent vitamin &amp; mineral deficiencies</li> <li>• MNPs improve children’s appetite</li> <li>• Community Health Workers’ and the MOH endorse MNP use, and best practices for IYCF and WASH</li> </ul>
<b>Communication Channels</b>	<ul style="list-style-type: none"> <li>• Interpersonal communications: training, supervision and motivation by Health Workers</li> <li>• Print: <ul style="list-style-type: none"> <li>○ WFP/UBC promotional materials provided to COMMUNITY HEALTH WORKER for display will reinforce training and correct practice for MNP use.</li> <li>○ A COMMUNITY HEALTH WORKER home visit checklist for MNP will be provided to</li> </ul> </li> </ul>

## 2. MNPs Communication Plan for COMMUNITY HEALTH WORKER Members/ Health Workers

remind them of essential issues to address at each home visit.

- Radio spots: promotional spots encouraging mothers to discuss MNP with COMMUNITY HEALTH WORKER will build status and authority (which in turn motivate COMMUNITY HEALTH WORKER).
- Other: “COMMUNITY HEALTH WORKER appreciation” events to recognize COMMUNITY HEALTH WORKER contribution to health and nutrition of the community.

## Implementation

### Interpersonal communications: training, supervision and motivation by Health Workers

WFP/UBC have developed a comprehensive cascade training curriculum for COMMUNITY HEALTH WORKER training by Health Workers. Participants at the MNP validation workshop (December 2014) suggested modifications and improvements to the curriculum, which WFP/UBC are incorporating.

### Print

- WFP/UBC promotional materials provided to COMMUNITY HEALTH WORKER for display will reinforce training and correct practice for MNP use.

WFP/UBC have developed posters and brochures for COMMUNITY HEALTH WORKER to use for the promotion of MNP use. COMMUNITY HEALTH WORKER will display the posters and hand out the brochures, both of which have been designed to appeal to mothers, and use them as instructional tools. Using these materials will help ensure that COMMUNITY HEALTH WORKER provide correct instructions for MNP use. However, the poster does not convey messages about IYCF and WASH, so COMMUNITY HEALTH WORKER should be trained to use the brochure as well as UNICEF IYCF counselling materials to emphasize key feeding practices related to MNP use (meal amount per age, feeding a variety of foods, WASH practices for food safety).

- A COMMUNITY HEALTH WORKER home visit checklist for MNP will be provided to remind them of essential issues to address at each home visit.

SPRING/UNICEF will develop and produce a home visit checklist for COMMUNITY HEALTH WORKER to use when making home visits to mothers using MNP. The following is suggested as a list of steps for the home visit:

1. Greet the mother and ask how child feeding is progressing.
2. If feeding problems are observed or discovered, suggest recommended practice(s) and ask the mother if she could modify her current practice to conform with this.
3. Decide, with the mother, on one or two practices to improve (in the case of identified problems).
4. Ask how MNP use is progressing, and how the mother uses the MNP.
5. Ask to see and review the MNP reminder card.
6. If incorrect practices or poor adherence are observed, instruct the mother on correct practices and explain why they are important. If adherence has been poor, ask the mother how she thinks she could improve adherence.

7. Encourage the mother to follow correct MNP use and take steps to improve adherence. Obtain commitment for concrete changes in practices if possible.
8. Ask mother if she has any concerns with or questions about MNPs, and respond to these with official responses (using the COMMUNITY HEALTH WORKER handout as necessary).
9. Check the mother's supply of COMMUNITY HEALTH WORKER. Replenish (or record need to replenish) as necessary.
10. Remind the mother to come for re-supply at the appropriate date.

Supervising health workers will review these checklists periodically, and observe occasional home visits as well. When shortcomings are discovered, the health worker will use the opportunity to provide instruction and further training, making every effort to accompany that particular COMMUNITY HEALTH WORKER member on at least one home visit in order to provide coaching.

**Radio spots: promotional spots encouraging mothers to discuss MNP with COMMUNITY HEALTH WORKER will build status and authority (which in turn motivate COMMUNITY HEALTH WORKER).**

As mentioned above, promotional radio spots will encourage mothers to obtain and use MNP. COMMUNITY HEALTH WORKER will figure prominently in these spots, establishing the COMMUNITY HEALTH WORKER as the trusted local authority for child nutrition and raising the status of COMMUNITY HEALTH WORKER in the community.

**Other: "COMMUNITY HEALTH WORKER appreciation" events to recognize COMMUNITY HEALTH WORKER contribution to health and nutrition of the community**

An MOH study supported by UNICEF<sup>2</sup> found that the biggest motivators for COMMUNITY HEALTH WORKER are appreciation, recognition, status, trust, and respect. The radio spots encouraging mothers to obtain MNP from COMMUNITY HEALTH WORKER are expected to increase COMMUNITY HEALTH WORKER status and trust, and their association with the MOH (and visiting health workers) is expected to establish status, trust and respect. Community events will be the vehicle to build appreciation and recognition.

- Launch event. Each implementing partner will assist COMMUNITY HEALTH WORKER in organizing launch events in their respective communities. These should be attended by a supervising health worker and a representative from the implementing partner in order to build COMMUNITY HEALTH WORKER status, but an LC1 representative also should attend to provide official appreciation and recognition of the important work that COMMUNITY HEALTH WORKERS will undertake for protecting child nutrition and health.
- Annual recognition event. Starting 12 months after the launch of MNP distribution, and continuing annually thereafter, a brief ceremony will be arranged in conjunction with another community event. An LC1 representative will provide official government recognition for the COMMUNITY HEALTH WORKER work for MNP, presenting a certificate and any other culturally appropriate tokens of appreciation. Community members will be encouraged to bring their own tokens of appreciation to the meeting, examples of which might be seed, produce from their garden, eggs, and so on. These too will be presented to the COMMUNITY HEALTH WORKER members following the formal recognition by the LC1.

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<sup>2</sup> Taylor H. *Situation Analysis—Village Health Teams Uganda, 2009*. Kampala: Uganda Ministry of Health, 2009. 241pp.

### 3. MNPs Communication Plan for Fathers and Other Family Members

<b>Audience Description</b>	<ul style="list-style-type: none"> <li>• Work is usually physical (casual laborers, street vendors, taxi/ boda boda touts, amongst others).</li> <li>• Hobbies are live action–centered, such as local football or the English Premier League matches in local cinemas, boxing or wrestling.</li> <li>• Has purchasing habits that are impact-driven, such as the presence of loud music on the streets, second-hand goods or flashy clothes.</li> <li>• Finds the issues of raising children under 2 years demanding and stressful but wants to be consulted and informed at all times.</li> <li>• May become angry and blame his wife if children are sick, possibly even abandoning her if the illness is not resolved in a timely way.</li> </ul>
<b>Desired Behaviours/ Practices</b>	<ul style="list-style-type: none"> <li>• Encourage mothers and caretakers to continuously mix one sachet of MNPs to semi-solid food given to children 6 – 23 months every other day or 3 – 4 sachets per week.</li> <li>• Encourage wives/partners to attend MNP distribution to obtain sachets, ensuring continuous supply.</li> <li>• Help mothers acquire nutrient dense and diverse foods (including animal source foods)</li> <li>• Provide understanding and support when children are ill, avoiding blame and assisting in care.</li> <li>• Share information on use of MNPs and complementary feeding with other members of the community</li> <li>• Wash their hands with clean water and soap before preparing or feeding food, and after visiting toilet.</li> <li>• All keep food covered.</li> </ul>
<b>Actual Behaviours/ Practices</b>	<ul style="list-style-type: none"> <li>• Majority of the men do not support their partners/spouses in child feeding and care.</li> <li>• Often become angry with their wife/partner/child’s caregiver when children fall ill.</li> </ul>
<b>Priority Behaviours for Change</b>	<ul style="list-style-type: none"> <li>• Encourage and remind mothers and caretakers to obtain MNP regularly so there are no interruptions in their feeding.</li> <li>• Encourage and remind mothers and caretakers to use MNP every other day.</li> <li>• Help mothers acquire nutrient dense and diverse foods (including animal source foods.</li> <li>• Wash hands with running water and soap before preparing or feeding food, and after visiting toilet.</li> </ul>
<b>Barriers/ Constraints</b>	<ul style="list-style-type: none"> <li>• Male involvement in child care and feeding is contrary to existing social norms.</li> <li>• Negligent of their responsibility to provide for their family—this responsibility thus falls solely to the women of the household.</li> <li>• Lack of knowledge about nutrition and MNPs, and their importance for infants/children.</li> <li>• Fear of unfamiliar products.</li> </ul>
<b>Key Constraints</b>	<ul style="list-style-type: none"> <li>• Lack of knowledge about nutrition and MNP, and their importance for infants/children.</li> <li>• Male involvement in child care and feeding is contrary to existing social norms.</li> </ul>
<b>Key Influencers</b>	<ul style="list-style-type: none"> <li>• Peers (other men)</li> <li>• Radio talk show hosts</li> </ul>

3. MNPs Communication Plan for Fathers and Other Family Members	
	<ul style="list-style-type: none"> <li>• Religious leaders</li> <li>• Mothers (grandmother to child receiving MNPs)</li> <li>• Village Health Team (perceived as community authority for health)</li> </ul>
<b>Communication Objective</b>	<ul style="list-style-type: none"> <li>• To convince men that they can contribute to the children’s strength, growth and school performance through improved complementary feeding with MNPs.</li> <li>• To change social norms, making men’s involvement in child care and feeding a duty and source of pride for husbands/men who love their children.</li> </ul>
<b>Key Benefit Statement</b>	You can give your child a better life than you have had by supporting the use MNPs once each day (3 – 4 sachets per week).
<b>Support Points</b>	<ul style="list-style-type: none"> <li>• More than 65% of infants and children 6-17 months old, and roughly 55% of children 18-23 months old, are anemic. This has unfavorable consequences for the incidence of illness, for brain and nervous system development, for appetite, for activity levels, for growth, and for school performance.</li> <li>• Thirty-two (32) percent of infants 6-8 months, nearly 45% of infants 9-11 months, and a little more than 34% of children 12-23 months suffer from vitamin A deficiency. This has unfavourable consequences for the incidence of illness, for iron status, and for child survival.</li> <li>• MNPs help to keep children healthy and to grow strong and tall.</li> <li>• MNPs prepare children to do well in school.</li> <li>• MNPs improve children’s appetite.</li> <li>• Formative research revealed that fathers have an exceptionally high affection for their children.</li> <li>• Village Health Team endorsements for the best practices for complementary feeding with use of MNPs</li> <li>• Key content: <ul style="list-style-type: none"> <li>○ MNPs are safe and good for the health of your children</li> <li>○ MNPs will help you improve the complementary feeding of children 0 – 23 months</li> <li>○ Information on how to use the MNPs and also guarantee the best complementary feeding practices</li> </ul> </li> </ul>
<b>Communication channels and activities</b>	<ul style="list-style-type: none"> <li>• Media <ul style="list-style-type: none"> <li>○ Radio: <ul style="list-style-type: none"> <li>▪ Radio Spots and DJ mentions during football broadcasting</li> <li>▪ Endorsement by talk show hosts</li> </ul> </li> <li>○ Print: <ul style="list-style-type: none"> <li>▪ Posters showing MNP distribution schedules (images...fathers joining mothers)</li> </ul> </li> </ul> </li> <li>• Community events: Religious meetings/services, football &amp; market days, social gatherings (re-supply reminders; encouragement of “every other day” and sanitation; recognition for fathers keeping hygienic and sanitary homes)</li> <li>• Inter-personal Communications: COMMUNITY HEALTH WORKER Home Visits to inform fathers (IPC) about schedules and remind them to check every other day MNP feeding; promotion of hand-washing and hygiene</li> </ul>



# Implementation

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## **Mass Media**

### **Radio:**

SPRING/UNICEF will develop radio spots (MOH or other partner to obtain airtime) to promote men's involvement in MNP distribution and use. Twenty second spots will present various "model" fathers who are actively involved in their children's care and feeding who support their wives in re-supply of MNP, make sure that infants/children 6-23 months-old consume an MNP every other day, and assist their wives, with understanding, when children are ill.

Other radio-based efforts will be integrated into sports broadcasts and talk shows. SPRING/UNICEF will develop promotional materials that will be provided to sportscasters and talk show hosts. The content of these short promotions will focus on reminders to a) make sure children are receiving an MNP every other day, b) make sure that wives and partners are able to visit the COMMUNITY HEALTH WORKER to obtain MNP re-supply, and c) be a "great father" and help your child to grow up healthy, strong and intelligent by using MNPs.

### **Print:**

SPRING/UNICEF will develop a poster portraying husbands joining their wives in child care and feeding, outlining the benefits of MNP, and providing "white space" into which COMMUNITY HEALTH WORKERS can write the local MNP distribution days (write-in). COMMUNITY HEALTH WORKER (or implementing partners) will post these in places that men frequent, such as bars, video halls, betting houses, and Savings and Loan Associations.

## **Inter-personal communications**

The SPRING/UNICEF formative research notes that men view the COMMUNITY HEALTH WORKER members as authoritative concerning health issues. Each month a COMMUNITY HEALTH WORKER member will visit the home of every mother eligible for MNP in her/his working area. While the primary purpose of these visits is to encourage, counsel and support the mother, while making these visits the COMMUNITY HEALTH WORKER will use the opportunity to remind husbands/partners about the need for infants/children to consume MNP every other day. They also will inform and remind the father of the day when the mother will need to come to the distribution point, encouraging the father/partner to make sure that the mother can go, and to support her as needed. Possibilities for husband/partner support may include accompanying the mother to the distribution point, accepting women's household tasks being put on "hold" for that day, offering to watch children while the mother is away, and so on.

<b>4. MNPs Communication Plan for Opinion Leaders</b> (Religious Leaders, Local Council Leaders, Cultural leaders, Policy Makers among others)	
<b>Audience Description</b>	<ul style="list-style-type: none"> <li>• Recognizes s/he holds a position of respect and influence in the community, sub-county, or district.</li> <li>• Values capacity to problem-solve/contribute to improving conditions or addressing social concerns.</li> <li>• Serves as entry point for information flow from the outside to communities, sub-counties, and districts.</li> <li>• Holds a certain amount of control, power and authority over constituents, i.e. may hold loans or provide credit to individuals</li> <li>• Is inclined to give information/commands to community members, but may not listen or request feedback from constituents on his/her performance.</li> <li>• Is a strong mobiliser, able to influence people to take action and/or express opinions publicly.</li> </ul>
<b>Desired behaviours/ Practices</b>	<ul style="list-style-type: none"> <li>• Endorse the appropriate use of MNPs for children 6 – 23 months as an important and effective action to improve children’s health and nutrition.</li> <li>• Encourage their constituents with children 6 – 23 months to follow IYCF and WASH practices recommended by COMMUNITY HEALTH WORKER and health workers.</li> <li>• Advocate for MNP use frequently at various forums.</li> </ul>
<b>Actual behaviour/ practice</b>	<ul style="list-style-type: none"> <li>• Often indifferent about nutrition since they consider IYCF to be an issue specific to the health sector.</li> </ul>
<b>Priority behaviours for change</b>	<ul style="list-style-type: none"> <li>• Endorse the appropriate use of MNPs for children 6 – 23 months as an important and effective action to improve children’s health and nutrition.</li> <li>• Encourage their constituents with children 6 – 23 months to follow IYCF and WASH practices recommended by COMMUNITY HEALTH WORKER and health workers.</li> <li>• Advocate for MNP use frequently at various forums.</li> </ul>
<b>Barriers/ Constraints</b>	<ul style="list-style-type: none"> <li>• Limited/ No knowledge about the importance and existence of MNPs</li> <li>• Conflicting priorities and indifference to health issues.</li> <li>• Lack of transparency and distinct explanation of the programmes by the implementing partners</li> <li>• Some may block innovation for political purposes, or distort information to serve personal interests.</li> <li>• Poorly informed about health and nutrition, and thus can transmit confusing or erroneous information about health practices.</li> </ul>
<b>Key Constraints</b>	<p>Limited/ No Knowledge about the importance and existence of MNPs</p> <p>Poorly informed about health and nutrition, and thus can transmit confusing or erroneous information.</p>
<b>Key Influencers</b>	<ul style="list-style-type: none"> <li>• National figures</li> <li>• Peers</li> <li>• Health workers</li> <li>• Community members</li> </ul>

<b>4. MNPs Communication Plan for Opinion Leaders</b> (Religious Leaders, Local Council Leaders, Cultural leaders, Policy Makers among others)	
	<ul style="list-style-type: none"> <li>• Political advantage</li> </ul>
<b>Communication Objective</b>	To endorse and promote the use of MNPs for children under 6 – 23 months in their communities.
<b>Key Benefit Statement</b>	If you promote the use of MNPs every the other day in the feeding of children aged 6 – 23 months, you recognized as a great leader
<b>Support Points</b>	<ul style="list-style-type: none"> <li>• More than 65% of infants and children 6-17 months old, and roughly 55% of children 18-23 months old, are anemic. This has unfavorable consequences for the incidence of illness, for brain and nervous system development, for appetite, for activity levels, for growth, and for school performance.</li> <li>• Thirty-two (32) percent of infants 6-8 months, nearly 45% of infants 9-11 months, and a little more than 34% of children 12-23 months suffer from vitamin A deficiency. This has unfavourable consequences for the incidence of illness, for iron status, and for child survival.</li> <li>• MNPs help to keep children healthy and to grow strong and tall.</li> <li>• MNPs prepare children to do well in school.</li> <li>• MNPs improve children’s appetite.</li> <li>• Endorsement of the Ministry of Health</li> </ul>
<b>Communication Channels</b>	<ul style="list-style-type: none"> <li>• Community Outreach activities – Sensitization meetings</li> <li>• Print Materials – Fact Sheets</li> <li>• Radio – Radio Talk show programmes.</li> </ul>

## Implementation

### Community outreach activities—sensitization meetings

The Implementing Partners – SPRING/UNICEF/WFP with the leadership from the Ministry of Health will conduct District entry sensitization meetings. The meeting will attract the Local Council Leadership, Religious and Cultural leaders. Key note speeches and roll out plans for the specific districts.

### Media

#### Print

- Fact sheets: SPRING/UNICEF will compose fact sheets informing opinion leaders about the efficacy of MNP, MOH endorsement of the product and intervention, the contents of the sachet, the possibility of side effects and their harmlessness, and the elements of proper use. This fact sheet also will contain “talking points” that the opinion leaders can use to inform statements they make at various forums.
- Newspaper articles: SPRING/UNICEF will publish occasional newspaper articles providing information about MNP, their use in various countries, their benefits for child health and nutrition, and the Ministry of Health’s initiative for providing them to all children between the ages of 6-23 months.
- Radio: Representatives from the Ministry of Health, and from the implementation partners if requested, will be made available as guests on radio talk shows to discuss MNPs and the MNP intervention. Prior to the shows, SPRING/UNICEF will provide a brief to the planned guest summarizing global experience with

MNP, the consequences of anemia and vitamin A deficiency, the contents of the sachet, and any other relevant information requested by the guest or the host.

# Monitoring and Evaluation of Communications Activities

The table below provides illustrative indicators to be used in monitoring and evaluating the implementation of this Communications Plan, and further details on how and when data are collected should be included as part of the overall MNP implementation M&E plan. Routine collection of monitoring data through COMMUNITY HEALTH WORKER reports as well as media monitoring are essential to provide regular and timely updates on implementation. In addition, Partners can plan to collect data at midline in order to identify areas for improvement and institute any necessary changes to the Communications Plan roll-out. Population-level data can be collected at the end of the study to estimate the reach of communications activities, as well as their effectiveness in imparting correct information regarding MNP use.

Indicator	Data source	Target	Actual
<b>Output</b>			
# spots, DJ mentions, and radio show aired	Media monitoring report		
# and % of mothers who participate in the community/household engagements	Activity report		
# and % of fathers who participate in the school activities	Activity report		
<b>Outcome</b>			
Audiences understand the messages and behaviours being promoted, by audience	Mid-term qualitative assessment	Yes	
Audiences like the materials and activities used by the campaign, by type of audience	Mid-term qualitative assessment	Yes	
Audiences feel that that the messages, materials, and activities of the campaign are relevant for them	Mid-term qualitative assessment	Yes	
Percent who recall hearing or seeing messages from the campaign, by audience	Endline survey	85%	
Percent who strongly believe that there are actions they can take to improve the use of MNPs, by audience	Endline survey	85%	
Percent who can report the correct use of MNPs (knowledge), by audience	Endline survey, Mid-term qualitative assessment	85%	
Percent of audience who feel confident that they can feed the children 0 – 23 months with MNPs immediately, by audience	Endline survey	85%	
Percent of audience who have ever encouraged a peer or spouse to use MNPs once a day	Endline survey	85%	
Percent of audience (grand mothers/mothers) who believe that the use of MNPs effective against nutrient deficiencies	Endline survey	85%	

Indicator	Data source	Target	Actual
Percent of audience (mothers/fathers) who believe that they can use MNPs	Endline	85%	
Percent of audience who strongly believe that MNPs are valuable, by type of audience	Endline	85%	
Perceived percent of friends and community members who currently practice the behavior and the perceived trend (that the rate is increasing, staying the same, or decreasing) over the last 12 months	Endline survey	85%	

## Summary of MNP Pilot Project Products

Category	Product/Activity	Target Audience	Produced by...	Projected Delivery
<b>Print</b>	Fact sheets (with talking points)	Opinion leaders	SPRING/UNICEF	June 2015
	Newspaper articles	Opinion leaders	SPRING/UNICEF	June 2015 and ongoing
	Instructional Poster	Health Workers, COMMUNITY HEALTH WORKER, Mothers	WFP/UBC	Delivered
	Informational Poster	Fathers	SPRING/UNICEF	May 2015
<b>Radio</b>	30 second “great mothers” promotional spot	Mothers (secondary audience: COMMUNITY HEALTH WORKER to boost recognition and status)	SPRING/UNICEF (creative brief, script, song) SPRING/UNICEF (final product)	May 2015 (first re-supply of MNP)
	20 second “model father” promotional spot	Fathers	SPRING/UNICEF (creative brief, script) UNICEF/UNICEF (final product)	May 2015 (first re-supply of MNP)
	Talk show mentions	Fathers	SPRING/UNICEF (script)	May 2015
	Talk show guest appearance	Opinion leaders	Implementing Partners	May 2015
<b>Reminder/Job aid</b>	Mother’s MNP adherence reminder card	Mothers/caregivers	SPRING/UNICEF	February 2015
	COMMUNITY HEALTH WORKER home visit checklist	COMMUNITY HEALTH WORKER members	SPRING/UNICEF	February 2015
	Guide for Health Workers	Health workers, COMMUNITY HEALTH WORKER	WFP/UBC	Delivered
	Caregiver brochure	Eligible mothers/caregivers	WFP/UBC	Delivered
<b>Counseling Tools</b>	MNP Caregiver Counseling Card	Eligible mothers/caregivers	WFP/UBC	Delivered

Category	Product/Activity	Target Audience	Produced by...	Projected Delivery
	IYCF Counseling Package	Mothers/caregivers of under-2 children	SPRING/UNICEF	Delivered
<b>Community meetings/ sensitization</b>	Distribution launch meeting	Mothers, fathers, community, local council leaders	SPRING/UNICEF (agenda guidelines)	Phased rollout from March 2015
	COMMUNITY HEALTH WORKER appreciation events	Community at large	SPRING/UNICEF (agenda guidelines) Implementing Partner (rewards for their own implementation area)	March 2016
<b>Training</b>	Training of Trainers PowerPoint Presentation (Implementing partner conducts training)	MOH Trainers	WFP/UBC	Delivered
	Training Guide for Health Workers (MOH Trainers conduct training)	Health Workers	WFP/UBC	Delivered
	Training Guide for Caregivers and the Community (COMMUNITY HEALTH WORKER/HW conduct training)	Caregivers/Community	WFP/UBC	Delivered