

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2008, No. 11

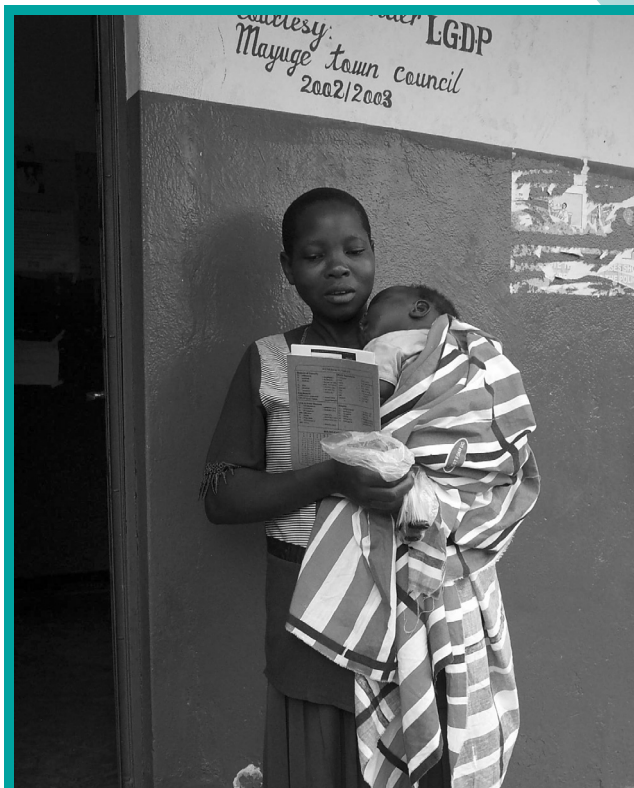
Revitalizing Underutilized Family Planning Methods Using Communications and Community Engagement to Stimulate Demand for the IUD in Uganda

Background

Uganda faces increasing challenges in meeting its family planning (FP) needs. Compared with other eastern and southern African countries, its contraceptive prevalence rate of 24% is low, and gains in prevalence have diminished in recent years (UBOS & Macro International, Inc., 2007). As of 2006, 41% of currently married women had an unmet need either to space (25%) or to limit (16%) future births. In addition to rising unmet FP need, high fertility rates and a cultural preference for large families are the norm in Uganda. The total fertility rate of 6.7 lifetime births per woman represents 1.6 more children, on average, than Ugandan women say they would like to have.

The use of long-acting and permanent FP methods (LAPMs) remains low in Uganda: Hormonal implants and the intrauterine device (IUD) have consistently represented a small proportion of the modern method mix, and the prevalence of female sterilization has declined from 30% of the modern method mix in 1988 (Kaijuka et al., 1989) to about 13% in 2006 (UBOS & Macro International, Inc., 2007). There is a clear need to improve access to FP services in general, and LAPMs in particular, to enable women to achieve their fertility preferences.

In 2005, the U.S. Agency for International Development (USAID) Mission in Uganda arranged for the ACQUIRE Project to partner with a key bilateral project, UPHOLD, to provide technical assistance to increase access to LAPMs. The



A client at a health facility in Mayuge, Uganda

goal of the joint two-year initiative was to revitalize FP in four districts. Specific objectives were to:

1. Increase the availability of LAPM services by strengthening the capacity of district hospitals and health centers (a total of 17 sites)

2. Increase the use of facility-based FP services

Limited resources were also available for special initiatives to support FP access through integration with other services and through greater male involvement in FP and reproductive health (RH).



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The ACQUIRE Project originally planned to focus its technical assistance on hospitals and level-IV health centers, whose medical officers could be trained in sterilization and implant procedures. However, the target districts had only one hospital and five level-IV health centers (while they had 11 level-III health centers, with a correspondingly lower skill mix of personnel). Furthermore, the Ugandan Ministry of Health (MOH) had not fully resolved procurement issues for implants, which meant that their future availability in Uganda was uncertain. This situation, along with limited resource availability, determined that the demand creation component would focus on IUD services only, and only in two districts, Mayuge and Hoima.¹

The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for FP/RH Service Delivery to coordinate and syn-

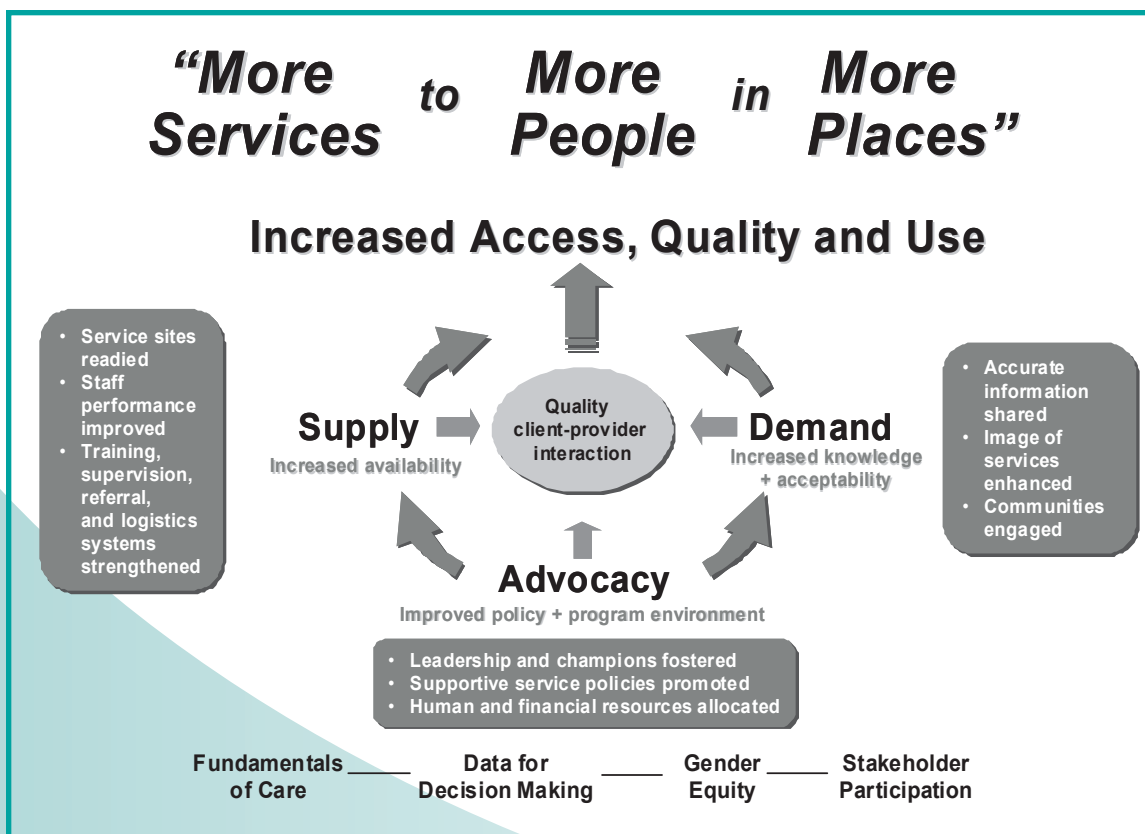
¹ One hospital and three level-IV health centers were located in these two districts.

chronize mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This report addresses ACQUIRE’s country-level work on SDA in promoting the IUD in Uganda, focusing particularly on communications for demand creation and advocacy. Additional information on the Uganda experience can be found in a case study produced by the ACQUIRE Project (Subramanian et al., 2008).

Supply-Demand-Advocacy Program Model for FP/RH Service Delivery

ACQUIRE’s SDA Program Model for FP/RH Service Delivery (see below) envisions ready supply (equipped facility, proficient staff), demand for services, and a supportive policy environment as prerequisites for an effective client-provider interaction. In this framework, skilled, motivated service providers at service sites work with knowledgeable, empowered clients to address clients’ RH/FP needs. Deliberate attention to SDA and

The ACQUIRE Project Supply-Demand-Advocacy (SDA) Program Model for Family Planning and Reproductive Health Service Delivery



coordination of all components with the other(s) ensured that IUD services in Uganda were successfully repositioned and strengthened and were increasingly accepted by their clients.

For the purpose of this project, supply-side inputs focused on the fundamentals of care² through provider training, service quality improvement, and development and application of tools and standards. Demand-side inputs concentrated on improving awareness of and knowledge about the IUD through a variety of communication activities: understanding key stakeholders' and potential clients' views on the IUD; disseminating information about how the method works and its benefits, and making special efforts to correct rumors and misperceptions; and publicizing where services can be obtained. Advocacy refers to efforts to ensure support for and acceptance of IUD services within the larger sociocultural, socioeconomic, and political environment for better resourced and more sustainable FP programs.

ACQUIRE collaborated with district and site personnel on a performance needs assessment (PNA) in each of four districts. These had been selected for project support by the MOH based on their underperformance in FP service provision and geographic representation. The purpose of the PNA was two-fold: to identify FP service gaps and to encourage ownership and commitment on the part of district participants.

Addressing Supply-Side Needs

The findings of the PNA identified several issues that hamper FP and LAPM supply: providers' lack of knowledge about FP; inadequate supervisory systems to ensure provider performance; commodity stock-outs and poor logistics management; and infrastructure limitations for FP and LAPM services.

To expand the FP method mix to include LAPMs, ACQUIRE's technical assistance focused on strengthening key supply systems for training,

² The fundamentals of care are the elements essential for ensuring the quality of facility-based service delivery: informed choice, medical safety, and quality improvement.

supervision, logistics, and referral. Supply-side interventions included five components:

- Leadership training for MOH central, regional, and district supervisors and coordinators, designed to improve their overall management skills
- Basic FP and IUD clinical trainings for service providers and dissemination of updated FP guidelines
- Provision of IUD supplies and equipment
- Technical assistance for outreach (such as through mobile services)
- Training in supervision and quality improvement

Posttraining follow-up was conducted to assess providers' performance and to reinforce their skills. ACQUIRE also provided technical assistance for strengthening referral systems and eventually included commodity system content in the FP training.

Creating Demand through Communications

Meridian Group International, Inc., an ACQUIRE Project partner, provided assistance for the development of a communications strategy to introduce the IUD in two ACQUIRE-supported districts, Hoima and Mayuge. Specific communication objectives included:

1. Women will consider the appropriateness of IUDs in meeting their personal FP needs as one alternative in a range of available methods.
2. Women will reflect on the unique benefits of the IUD—protection for as little as one year or for up to 12 years, and ease of use (i.e., no need for repeat visits to the health center for resupply).
3. Women will believe that the IUD is safe and effective.
4. Women will know where the IUD is available in public and private health facilities.
5. Women will seek more information from their community health workers and/or local health facility—and will be encouraged to choose the method that is best for them.

1. Understanding the Target Audience

In-depth interviews with clients from the facilities, as well as focus groups with representatives of the community during the PNA, revealed that most women are not ready to limit their family size. Almost all women stated that they wanted to have more children and to have their next child within 2–4 years. In general, women in these communities are most knowledgeable about temporary FP methods; most had never considered using a long-acting method. Some users mentioned concerns about side effects with implants and misconceptions about the IUD, but in general, most did not voice negative attitudes toward LAPMs. Among FP users interviewed at the health facilities, almost all had already decided on a method prior to arriving at the clinic—underscoring the importance of communications strategies that help women to consider a wider range of method alternatives and to better understand the benefits of long-acting methods. Fears about the IUD included:

- It may disappear into the body.
- Women cannot work hard with the IUD.
- It can hurt or bother the husband during sex.
- It causes prolonged bleeding.

2. Developing the Creative Concept

The primary target audience for the IUD communications campaign was defined as women of low socioeconomic status—i.e., those who rely on government health facilities for their health care—aged 18–34 and having at least one child. Secondary target audiences included men (i.e., spouses), key influences (including political, religious, and community leaders), and health facility staff, community-based promoters, and counselors.

The ACQUIRE Project competitively selected an advertising agency, Lowe Scanad, to develop the creative concepts for the IUD campaign. Three different creative approaches were pretested in focus groups, six among women and two among men in middle- and lower-income socioeconomic groups (C1, C2, and D classifications).

The first concept used a testimonial approach by a respected health care provider (a midwife), who offered key information about the IUD and presented herself as an IUD user. The second concept was of a young couple discussing their reasons for choosing the IUD and providing basic information about the method. This concept also featured a radio spot with the woman’s partner discussing this decision man-to-man with a friend. The final concept, “Find out the truth,” was adapted from the highly successful IUD revitalization pilot initiative in Kisii, Kenya (ACQUIRE Project, 2008).

The health care provider feature did not communicate well with the target audience, as many participants could not identify with the provider and questioned whether the method she was using was really for them. The “Find out the truth” poster tested very well among rural audiences, as did the “Find out the truth” radio spot, which had high comprehension and key benefit recall for the IUD (or “Coil,” as it is known locally). Both male and female participants also appreciated the radio spot of two men discussing FP. Respondents felt that it was important to hear men discussing these issues and being supportive of the FP decision-making process. Given these findings, the campaign slogan “Coil: Find out the Truth” was used as the unifying element throughout all materials. The call to action for all messages was “Talk to your health worker about the Coil and other family planning options.”

3. Implementing the Campaign

IUD demand creation was pursued through a comprehensive, integrated marketing strategy consisting of mass media, posters, and printed material. Radio was determined to be the most frequent source of information on FP: According to the Uganda National Household Survey, 63% of households own a radio, and 62% of women had listened to FP messages on radio in the previous six months (UBOS, 2006).

Three different versions were used for the radio spots, which were introduced in December 2006 and were aired on two radio stations for six

months—1,590 airings in all. (See the text box below for the radio copy used.) The total local cost of the media buy was US \$11,103 (including value-added taxes and a monitoring fee). Unfortunately, complementary outdoor media (“roadstars”) were not introduced during this period as had been anticipated, due to delays in addressing the MOH’s request to remove all USAID and project-related branding. Consequently (and given radio’s cost-effectiveness), radio advertising was continued from June until August 2007.

Two different posters targeting urban and rural audiences were developed. (Final materials are pictured in the adjacent box.) One depicted a rural working woman digging in her garden, while the other showed an urban couple and their young child. Both were translated into Luganda and Runyoro. An IUD leaflet (in English only) was also developed and distributed through health centers to interested clients.

Radio Copy: The Coil—"Find out the truth"

1st Woman: Who says the coil will interfere with your daily activities? Eh? I'm working as hard as ever.

2nd Woman: I had my coil inserted after my last baby and don't even have to think about family planning anymore. I can use it over any length of time that I wish—one year, two years, even up to 12 years! I'll have it removed if I want another baby.

3rd Woman: Most importantly, I haven't experienced any problems while using the Coil. I often forget it's there.

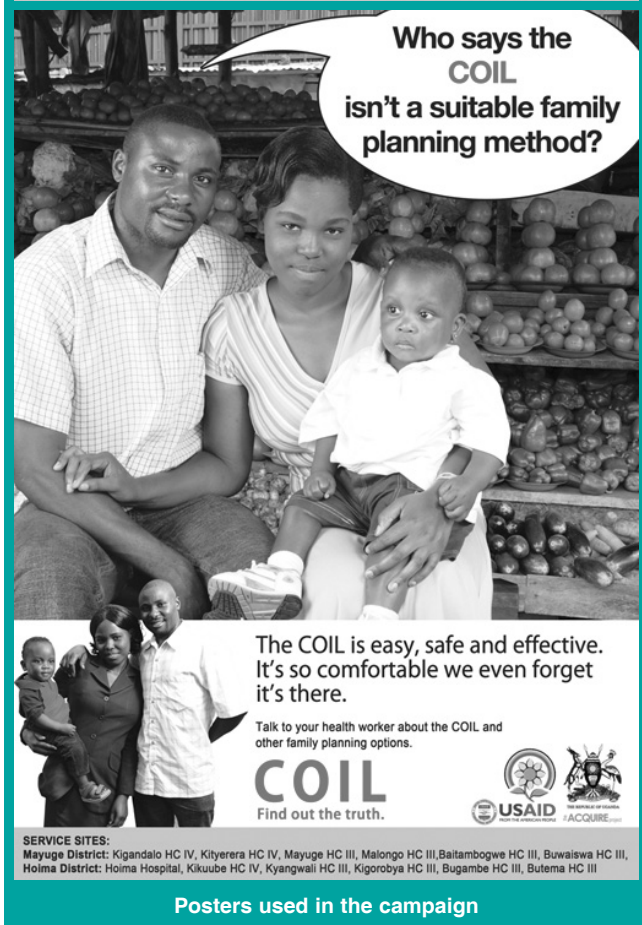
Announcer: The Coil is a safe, easy, and trusted way to plan your family. Talk to your local health worker about the coil, and other family planning methods.



Leaflet used in the campaign



HALI ORASANGA OBUHERZA BUNU:
 Hoima District: Hoima Hospital, Kikuube HC IV, Kyangwali HC III, Kigorobya HC III, Bugambe HC III, Butema HC III



SERVICE SITES:
 Mayuge District: Kigandalo HC IV, Kityerera HC IV, Mayuge HC III, Malongo HC III, Baitambogwe HC III, Buwaiswa HC III, Hoima District: Hoima Hospital, Kikuube HC IV, Kyangwali HC III, Kigorobya HC III, Bugambe HC III, Butema HC III

Posters used in the campaign

Advocating for IUD Uptake in Uganda

Throughout the development of the IUD special initiative, ACQUIRE/Uganda met repeatedly with district-level health officials to support their involvement in the overall program. To ensure that local-level stakeholders and spokespersons were ready to speak positively about the project, ACQUIRE provided training and a media kit on LAPMs to providers, satisfied FP clients, media, community reproductive health workers (CRHWs), and local leaders. Subsequently, various representatives of these groups participated in the public launch event in late October and early November 2006 in both Hoima and Mayuge districts. The launch was designed to foster collective support for the IUD special initiative among local stakeholders, health care providers, and the media, as well as to reach the project's target audiences—men and women of reproductive age. It included a road show, demonstrations and counseling on various FP methods, drama shows, speeches from district personnel and satisfied users, and media briefs, all of which led to positive press coverage related to promoting the IUD.



Ugandans visiting a road-show tent promoting the IUD



Information on the IUD offered during a Coil promotional event

Coil misconceptions dispelled

KAKABE A. KIRUNDA

I have good sex with my husband and we have never had any discomfort. I have peace of mind and a lot of concentration in whatever I do," says Sophie Kirya of Mayuge Town Council who has been using the Intra-Uterine Contraceptive Device (IUCD) since 2005 as a contraceptive method.

Machia Ngunjiri, who has used the IUCD, also popularly referred to as the coil, for 12 years, says she is equally happy and has a fulfilling, normal life. She says, "My husband has never complained that the coil interferes in any way."

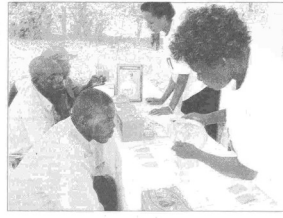
The coil was last month going to dispel some misconceptions during the launch of a new communication strategy to revitalize the use of the coil in Uganda.

The coil is a small plastic and copper device that is inserted into a woman's womb by a trained health worker and can be removed anytime if the woman wants to become pregnant.

providing correct information about the coil's safety and effectiveness. The campaign also aims to dispel more information at one site project sites.

Although it is time to revisit the coil, the campaign's overall objective is to make more people aware of the available and accessible services.

An African Union concept paper, *Repositioning Family*



HOW 10 health workers at Mayuge Health Centre III explain to men the importance of their wives using the coil as a contraceptive method. This was on October 26, at the launch of a new campaign to revitalize the use of the coil. Photo by Kakabe A. Kirunda.

Planning To Reduce Unmet Need that was released in September in Mayuge explicitly shows the need to reposition family planning. Family Planning Repositioning means increasing awareness, education and use of contraceptive methods and services through mass media, reproductive health and development policies, programmatic interventions operating in a country.

The AU paper shows that competing priorities in health budgets with HIV/AIDS, malaria and other infectious disease programs have dramatically reduced the visibility and funding for family planning.

The benefits of repositioning family planning notes the AU paper, increase the prospect of regional economic development and equity, improve gender equality, reduce maternal mortality and morbidity and improve women's health.

But with donors from western countries where fertility levels are low, new accounting

family planning assistance less priority, the potential benefits aforementioned remain far-fetched.

The Population Reference Bureau statistics show that more than 20 percent of married women in the 15-49 age brackets are using contraception.

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A newspaper article providing information on the IUD

Results

While few IUD insertions were performed initially, IUD uptake at ACQUIRE-supported sites increased throughout the project. The launch of ACQUIRE's demand creation campaign in late 2006 coincided with an increase in IUD uptake late in the second year of the project (June to December 2006). As the radio campaign continued throughout much of 2007, IUD uptake continued to rise. In all, 41 IUD insertions were performed from January 2006 to December 2007 in Mayuge and Hoima (Figure 1).

Effect of Communications Activities on IUD Attitudes

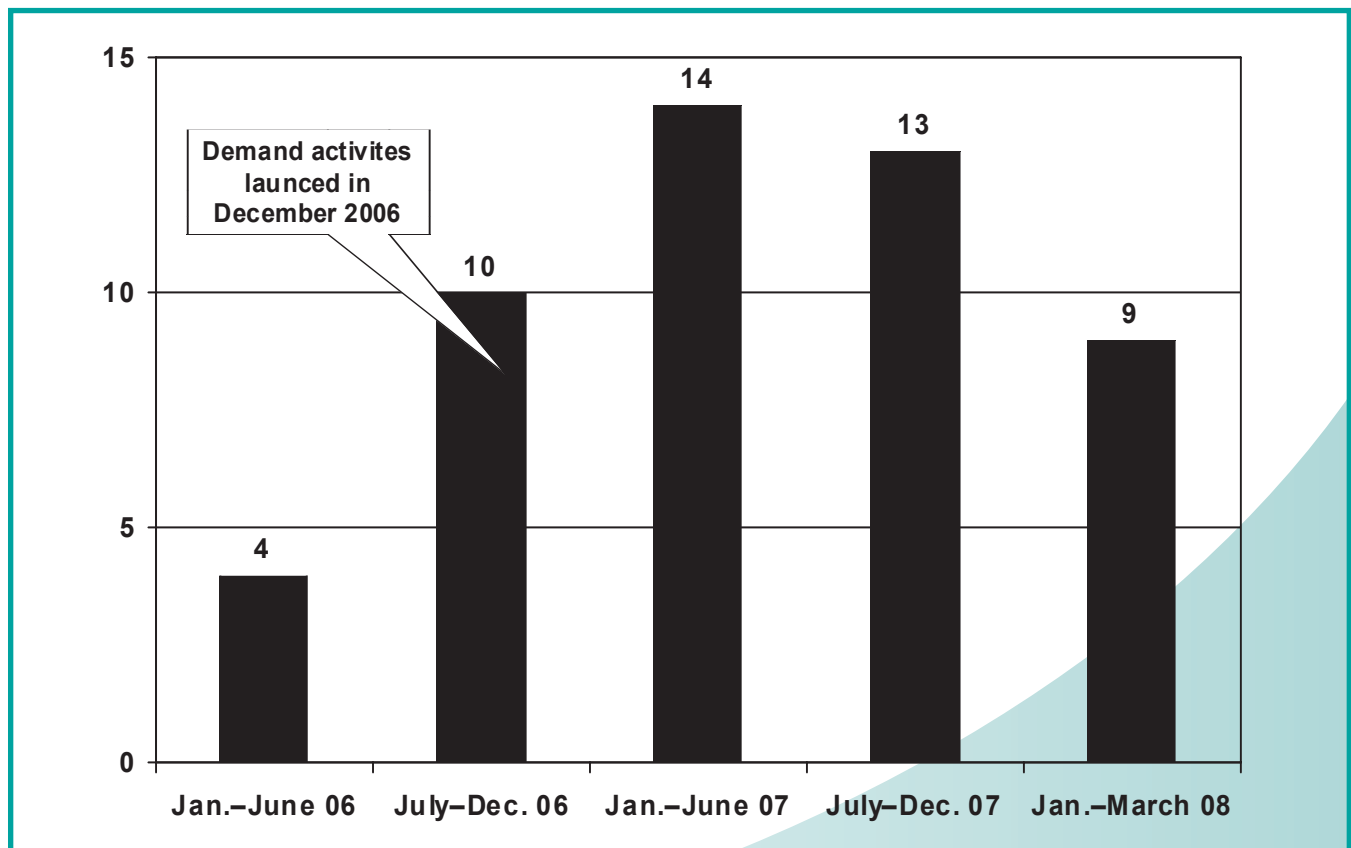
In August 2007, the ACQUIRE Project conducted focus groups in the catchment areas of the supported sites to evaluate the overall revitalization effort. Despite the relatively low IUD uptake, some district-level stakeholders felt that “[revitalizing] the IUD had worked. Many personnel can insert it at lower levels (lower levels of qualification), it is easier to introduce, it is readily available” (Mayuge district staff). The majority of respondents attributed the increased demand for and use of IUDs to awareness generated by the radio advertisements and community mobilization.

Focus groups with community members revealed that despite persistent myths and misperceptions, participants had a positive attitude in general toward FP and recognized its health, financial, and social benefits. In contrast to the PNA focus groups, most participants could identify several specific methods, including IUDs, and some were able to differentiate between long-acting methods

and permanent methods such as sterilization. Female FP users reported choosing methods for economic reasons, spacing of children, education of children and themselves, and completion of family size. FP users liked the IUD because they did not have to worry about forgetting to use it—the method is for long-term use. Women “feel strong, are no longer disturbed by care for children, are not worried about pregnancy, and feel fresh.” One IUD user liked that “she gets her period and her body makeup is not disturbed.”

Focus group participants in Mayuge mentioned hearing about FP from the campaign launch as well as radio spots, satisfied users, and health workers. When asked why they chose FP methods, participants said, “Because of the district initiative—they use them because they have been sensitized. There was a promotion that was held one time (launch of the Coil). It gives you a healthy life—you live longer.” Respondents in Hoima did not specifically mention the demand campaign, but they did mention hearing about FP on the

Figure 1: Number of IUDs inserted in Mayuge and Hoima, 2006–2008



radio, which featured satisfied users in the campaign, both key components of ACQUIRE's demand approach.

Lessons Learned

Notable uptake of IUD services in the selected districts in Uganda signals an opportunity for further scale-up of demand creation initiatives. During the course of the two-year revitalization initiative, the following useful lessons emerged.

- Demand activities in Uganda should use a broader spectrum of communication channels regarding the IUD and should incorporate more in-depth testimonies from satisfied IUD users. The demand-creation strategy produced a moderate increase in the number of IUD clients seen in the Mayuge and Hoima districts. In future demand-generating activities, it will be important to increase the number of communications channels used. For example, in addition to radio spots, outdoor media to increase visibility about the sites offering IUD services and actual radio programs in each district to discuss clients' questions and concerns about the IUD in more depth would help increase demand. It is also important that future communications campaigns incorporate more in-depth testimonials from satisfied users—which can be incorporated into public relations as well as radio programs.
- Launch activities that increasingly focus on potential IUD acceptors as the primary target serve to better inform and mobilize the larger community in support of IUD services. While the launch of the IUD effort in Hoima and Mayuge was designed to engage key stakeholders, its primary target audience was potential IUD acceptors. As such, its venue was changed from an official meeting hall to an outside venue where large groups of people could gather. The road show format was designed to be entertaining as well as informative, and on-site counseling and referral services facilitated FP access for women interested in getting a method.

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