



How's Your Love Life?

Campaign Implementation Guide for OBULAMU Phase One



Obulamu?

Contents

INTRODUCTION.....	3
KEY AUDIENCES FOR THE OBULAMU CAMPAIGN.....	3
PHASING AND TIMELINE FOR THE CAMPAIGN	5
PURPOSE OF THE IMPLEMENTATION GUIDE	5
WHAT IS THE CONTENT OF PHASE ONE: HOW'S YOUR LOVE LIFE?	6
WHAT ACTIVITIES ARE HAPPENING UNDER PHASE ONE: HOW'S YOUR LOVE LIFE?.....	7
<i>RADIO COVERAGE</i>	8
<i>TV COVERAGE</i>	8
<i>OBULAMU COMMUNITY SHOWS</i>	8
<i>ORIENTATION OF COMMUNITY CHAMPIONS</i>	8
<i>PRINT MATERIALS</i>	9
<i>CAMPAIGN MONITORING</i>	9
WHAT'S THE ROLE OF CHC AND HOW CAN PARTNERS GET INVOLVED?	10
WHY DO ALL MATERIALS NEED THE SAME BRANDING?	14
WHAT MATERIALS OR TOOLS ARE AVAILABLE TO PARTNERS AND HOW DO THEY WORK?.....	15
1. <i>MESSAGE GUIDE AND TALKING POINTS FOR LEADERS AND CHAMPIONS</i>	15
2. <i>CONVERSATIONS GUIDE (SEE ATTACHED TOOLS FOR HARD COPY SAMPLE)</i>	16
3. <i>LOVERS PASS</i>	16
4. <i>RADIO AND TV SPOTS</i>	16
5. <i>GUIDES AND SCRIPTS FOR THE OBULAMU COMMUNITY SHOWS</i>	17
6. <i>PRINT MATERIALS</i>	17
7. <i>OTHER CHAMPION MATERIALS</i>	17
ATTACHMENTS.....	17
CONTACT INFORMATION	17

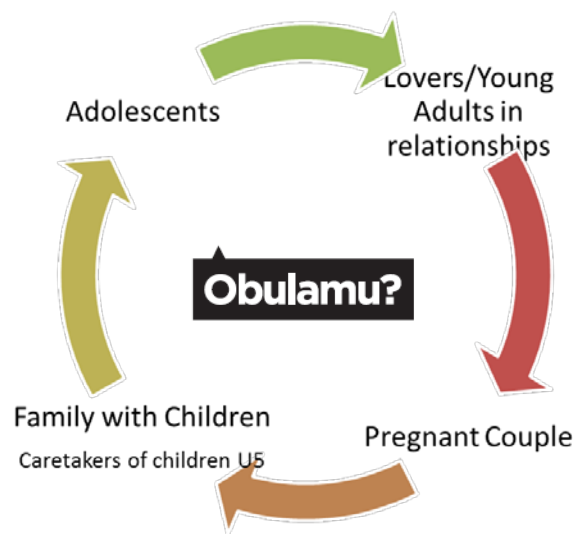
INTRODUCTION

OBULAMU? or “How’s Life?” is a popular way of greeting in Uganda whose responses go beyond “good” or “bad,” to elicit detailed reactions about life, feelings and prevailing conditions. The phrase has been adopted by the Ministry of Health (MOH) and Communication for Healthy Communities (CHC) to position health in a fresh way and fit it within day-to-day conversations of the people. CHC has developed a communication platform using OBULAMU as its umbrella slogan to integrate six health areas of HIV/AIDS, family planning, malaria, maternal and child health, nutrition and TB. Instead of the traditional, prescriptive health messages that demand audiences to act (which they often don’t do), the OBULAMU campaign engages people in a conversational approach about their barriers to change, finds out what’s important to them and in their context and positions relevant health actions accordingly. This approach helps to break through the current message fatigue with the behavioural goal of addressing and overcoming known barriers to action for service utilization and household behaviors.

Through this integrated campaign platform, CHC hopes to engage MOH, USG IPs and other IPs and together, roll out a series of innovative health communication interventions that contribute to reduction in HIV infections, total fertility, maternal & child mortality, malnutrition, malaria and tuberculosis among target populations in Uganda. Research has shown that social mobilization approaches engaging multiple partners have shown more effects than single campaigns¹.

KEY AUDIENCES FOR THE OBULAMU CAMPAIGN

The campaign has four broad audience categories categorized according to their respective Life Cycle/Stages where they are most open to change. These include;



1. Most affected audiences;

- Young Adult Men and Women in Relationships (18-30), including KPs and PLHIVs
- Pregnant Women and Partners (15-49), including KPs and PLHIVs
- Male and Female Caretakers of Children under Five, including KPs and PLHIVs
- Adolescent Girls and Boys, including KPs and PLHIVs





KPs include: *FSWs, Fishermen, Uniformed Forces (UPDF, Police & Prisons), Truckers and MSM.*

2. Directly Influencing:

- Best friends and peers of above primary audiences
- Family members
- Campaign champions who include; VHTs, health workers, linkage facilitators, peer leaders, pharmacists, teachers, business/traders, religious and cultural, among others

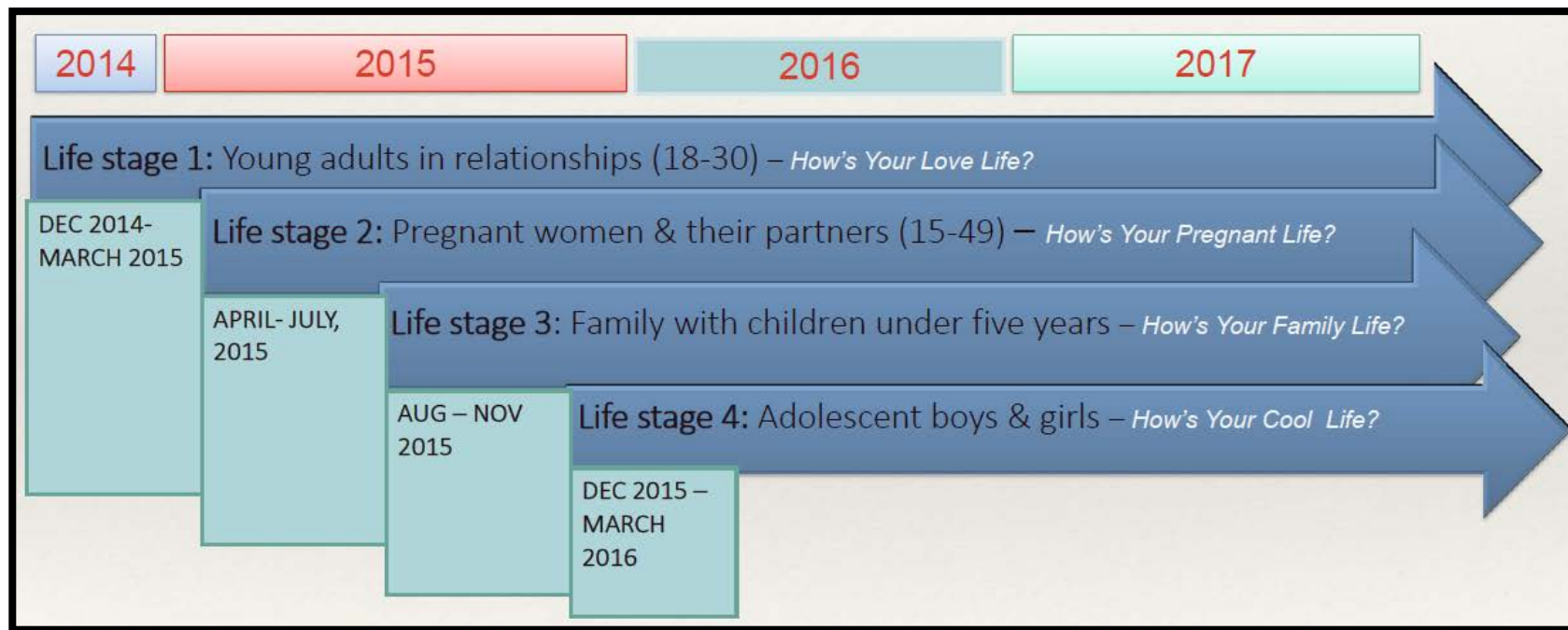
¹ KMCC Uganda, Behaviour Change Communication Responses to HIV/AIDS in Uganda: Synthesis of Information and Evidence to Inform the Design of Behaviour Change Communication for the Epidemic. Synthesis Report, 2012. 65 pages

KEY ACTIONS FOR THE DIFFERENT LIFE STAGES

Lovers/young adults 	Pregnant Couple 	Care Takers of U5s 	Adolescents 
<ol style="list-style-type: none"> 1. Use condoms 2. Practice mutual fidelity – reduce sexual partners 3. Test for HIV and receive results 4. Men: Get SMC /women: Support SMC 5. Prevent unplanned pregnancies by using a contraceptive method of your choice. 6. Maintain discordant status through adherence to positive prevention and treatment 7. Go for TB screening and testing if your cough lasts 2 or more weeks. 8. Seek correct information on your sexual health and reproduction plans. 	<ol style="list-style-type: none"> 1. Recognize dangers signs of pregnancy 2. Make a birth preparedness plan (Attend ANC, save for birth items and transport) and talk to your partner about it 3. Begin ANC early and attend 4 times; 4. When there, demand IPTp 1-2; Test for HIV and & enroll into eMTCT if positive, receive malaria net and sleep under it) 5. Learn about the recommended newborn care practices e.g. Skin-to-skin contact, and early initiation of breast feeding. 6. Deliver at a health facility 7. Adherence to treatment and breastfeeding guidelines 8. Seek information on post-partum care which includes FP and Health Timing and Spacing of children. 9. Practice good nutrition for pregnancy and inform about breastfeeding (e.g. initiation within one hour) 	<ol style="list-style-type: none"> 1. Put baby to the breast within one hour after child birth (EIB). 2. Give your baby ONLY breast milk during the first six months (exclusive breastfeeding). 3. Feed the child 6-24 months a mixed diet in small portions and often (WHO Infant and Young Child Feeding Practices) 4. Breastfeeding women , feed on a mixed diet and try eating enough and well 5. Ensure that all children under 5 years sleep under a treated mosquito net 6. Recognize signs of childhood diseases (diarrhea, pneumonia) and seek advice or treatment. 7. Give ORS and Zinc for child with diarrhea. 8. Go to the health center and follow the full course of immunization for child. 9. Wash hands with soap and water before serving food, after using a toilet and after changing diapers. 10. Space the next pregnancy at least 24 months to ensure about three years between births 11. Treatment adherence for M&C 	<ol style="list-style-type: none"> 1. Seek correct information on how your body grows, and about your new fertility 2. Learn how to make good decisions and negotiate what you want to happen to you and your body (Life skills) 3. Learn how to prevent unwanted pregnancy and HIV and other STIs 4. Its harmful to have sex too early and to have children too early 5. Use a condom if sexually active. 6. Test for HIV and get the results. 7. Stay on treatment if positive 8. Boys: Get circumcised to help protect yourself from HIV 9. If your have a cough that lasts 2 or more weeks, go for TB screening and testing

PHASING AND TIMELINE FOR THE CAMPAIGN

OBULAMU will run for 3.4 years beginning with a teaser campaign in September 2014 to December 2017 as indicated in the figure below:-



CHC is currently supporting MOH, USG implementing partners (IPs) and districts to rollout Phase One of the campaign (How's Your Love Life?) which started in December 2014 and will continue until April 2015 through high intensity mass media and inter personal communication (IPC) and community mobilization activities in various parts of the country. This will be followed by Life Stage 2, 3 and 4. Each phase will have its own implementation plan. This implementation plan is for Phase One (How's Your Love Life?).

PURPOSE OF THE IMPLEMENTATION GUIDE

According to the national health communication audit conducted by CHC, MOH and IPs in 2014, one of the major weaknesses in health communication activities in Uganda is lack of coordination and collaboration in the design, implementation, monitoring and evaluation of health communication activities with various partners designing and implementing their own health campaigns on the same health issues. As a result, there is competition for target audiences as well as message fatigue due to the existence of many fragmented and un-coordinated messages. In relation to this, MOH with technical assistance from CHC developed a national integrated health communication platform which the ministry and all partners adopted and agreed to use.

The purpose of this guide is to introduce Phase One (How’s your love life?) of the OBULAMU platform and help implementing partners (IPs) know the various interventions in the phase and how they can be involved in rolling out the campaign in their areas of operation.

The guide includes;

1. What is the content of phase one?
2. What activities are happening under phase one?
3. What’s the role of CHC and how can partners get involved in the different phase one interventions?
4. Why do all messages/materials need the same branding?
5. What materials or tools are available for partners to use and how do they work?
6. Appendix which include samples of campaign materials, tools and other resources
7. Who can partners contact for more information and inquiries?

WHAT IS THE CONTENT OF PHASE ONE: HOW’S YOUR LOVE LIFE?

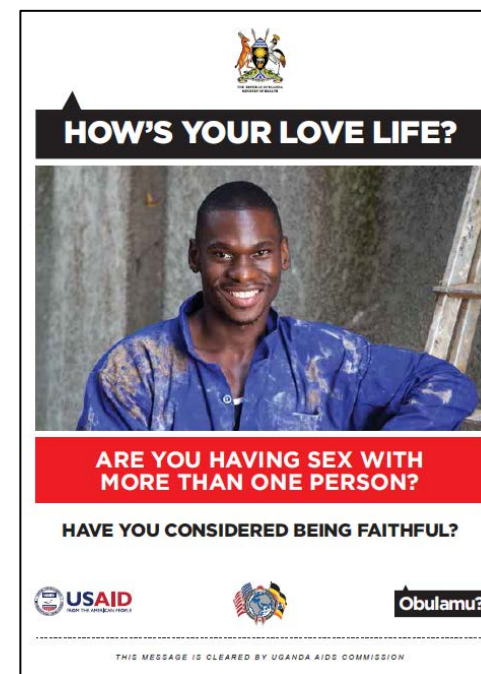
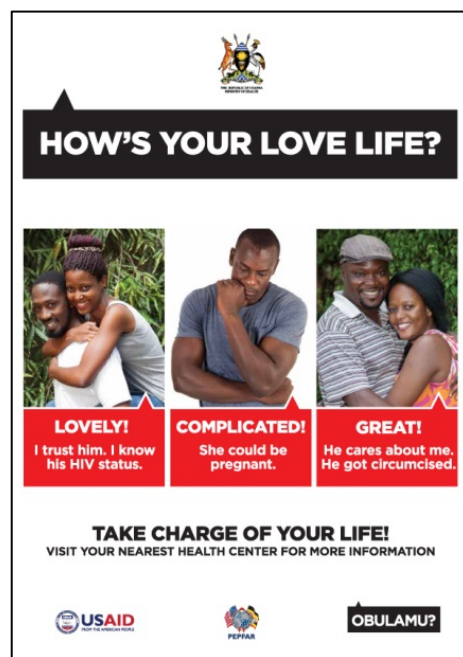
Phase One: How’s Your Love Life? address the key health communication needs of young adults in relationships aged 18-30 (lovers) as well as PLHIVs and KPs. Priority areas for this phase include; HIV prevention (HTC, partner reduction, SMC, condom use); care and treatment (ART adherence and discordance), TB (TB screening, testing and adherence) as well as family planning (prevention of unplanned pregnancies). The desired behaviors for this group are the 8 following key actions:

Key Actions for Phase One: How’s Your Love Life?	Communication Objectives: By the end of the program there will be an increase in...
1. Use condoms	1. % of adult men and women in relationships with <u>correct and relevant knowledge</u> on condom and contraceptive use, HCT and SMC and TB services and how/ where to access SRH information and counseling.
2. Practice mutual fidelity – reduce partners	2. % of adult women and men in relationships who <u>perceive taking care of their sexual health is a needed investment</u> into their plans for their family’s future and prosperity (motivation)
3. Test for HIV and receive test results	3. % of adult women and men in relationships who <u>actively seek SRH and TB information from trusted sources</u> (e.g., providers, champions, hotlines etc.)
4. Openly address discordance, support positive prevention and adherence to ART	4. % of adult women and men in relationships who <u>feel confident (perceived self-efficacy/ skills) to discuss and/or negotiate</u> family size, condom and other contraceptive use, HCT and TB testing, partner reduction, SMC, ART adherence (discordant couples).
5. Men get SMC/Women support SMC	5. % of adult women and men in relationships who <u>consider women protecting themselves from HIV, unwanted pregnancy, TB and using SMC as the new acceptable norm</u> (gender)
6. Prevent unplanned pregnancies by using a contraceptive method of your choice	6. % of men and women <u>questioning the perceived norm for MCP that everyone does it and that its ok</u>
7. Go for TB screening and testing if your cough lasts 2 or more weeks	7. % of young men and women who <u>report receiving partner support when seeking information or adopting the promoted behaviors</u>
8. Seek correct information on your sexual health and reproduction plans	8. % of young women and men with <u>self-efficacy to resist peer pressure</u> with regard to condom use, testing, MCP, circumcision, FP, TB.
9. Talk to your friends about SRH and encourage use of health services.	9. % of health works and champions who <u>approve of desired behaviors and aim to practice them themselves</u>
11. Provide correct SRH information and referral of caretakers to services without discrimination.	10. % of health workers and champions who <u>feel confident that they have the right knowledge, skills, tools and job aides to provide information</u> , dialogue and service referral to target audiences.

12. Encourage and model uptake of health actions at home and in the community.

11. # of community dialogues arranged and triggered
12. # of community dialogues with follow-on action

Please note that these are not yet messages but message content which have been further developed creatively around the emotional hot button of partner “Commitment” to ensure we address determinants of change such as improved knowledge, motivation/risk perception, skills, norms and supportive environment as shown in the sample posters below.



Examples of materials on Phase One - How's Your Love Life? that have been creatively developed to invite the audience in a conversation around barriers to desired actions

WHAT ACTIVITIES ARE HAPPENING UNDER PHASE ONE: HOW'S YOUR LOVE LIFE?

MOH and CHC are currently implementing a number of activities to improve knowledge, motivation/risk perception, skills, norms and supportive environment to adopt relevant health actions on (i) condom use, (ii) HTC, (iii) SMC, (iv) partner reduction, (v) ART adherence and discordance (vi) family planning/pregnancy prevention as well as (vii) TB testing and adherence to TB drugs under the phase 1 platform, “How’s your love life?” These activities will run from December 2014 – April 2015 and include;

RADIO COVERAGE

On 42 radio stations countrywide we are broadcasting four different types of programs for the OBULAMU campaign which include; OBULAMU Radio spots (5 x a day); DJ led conversations/mentions (1 topic/health issue, 5 times a day); health expert guest (1 a week); radio talk show (1 a month). These types of programs will be running between December 2014 –April 2015 and will transition into messages on phase II targeting pregnant women and their partners. See attached radio broadcast schedules and CDs of radio spots.

Stations include; Step FM, Etop Radio, Teso Broadcasting Service, Rock Mambo, NBS Radio, Signal FM, Vero FM, Kamuli Broadcasting Service, Baba FM, Nenah FM, All Karamoja FM, Trinity FM, Unity FM, Mega FM, Speak FM, Luo FM, Arua One, Trans Nile Broadcasting Station, Radio Phaidha, Voice of Tooro, Life FM, Liberty FM, Hits FM, Kagadi Community Radio, Radio Messiah, Guide FM, Vision Radio, Radio West, Voice of Kigezi, Radio Muhabura, Rwenzori FM, Radio Buddu, Kiboga FM, Buruli FM, Sun FM, Capital FM, Radio One, CBS One, Super FM, Radio Sanyu, Radio Simba and Mbabule FM.

TV COVERAGE

On two national TV stations (NTV Uganda and Bukedde TV), we run OBULAMU TV spots daily during news segments between 7-10pm where most households are watching TV. See attached DVD copy with TV spots.

OBULAMU COMMUNITY SHOWS

For this phase, CHC has planned a total of 150 OBULAMU Community Shows targeting specific audiences and areas where partners are experiencing low uptake of services, especially those where they have scheduled outreaches to provide particular services. The edutainment based shows are designed to improved information/ knowledge, motivation/risk perception, skills, norms and supportive environment to adopt relevant health actions under Phase One: How's Your Love Life? Which include;

- Condom use
- HIV Testing and Counseling (HTC)
- Safe Male Circumcision (SMC)
- Reduction of multiple con-current sexual partners
- ART adherence and discordance
- Family planning/pregnancy prevention
- TB testing and adherence to TB drugs

ORIENTATION OF COMMUNITY CHAMPIONS

During Phase One, CHC has planned to work with partners to orient a total of 2,000 OBULAMU Campaign Champions at community level. These include volunteers already working with several partners in various parts of the country. Champions include;

- Health workers
- VHTs
- Expert clients
- Linkage facilitators
- Mentor mothers
- Peer educators/peer leaders, including KPs
- Pharmacists and drug distributors
- Teachers
- Journalists
- Cultural and religious leaders
- Influential local leaders
- Gate keepers at water collection points, local shops/trading centers, markets, landing sites, night clubs, hot spots, among others.

Throughout the year, CHC will meet various partners and develop a calendar for orientating Champions in every region. During orientation, champions will be introduced to the OBULAMU campaign, given relevant campaign tools, materials and inter-personal communication skills to help them perform their duties of linking demand for, and supply of available services.

PRINT MATERIALS

CHC has produced and translated “seed copies” of various print materials for this phase including; posters/billboards, stickers, talking points, lovers passport, champions materials, among others. These materials are available in 18 local languages which include; Luganda, Runyankore-Rukiga, Rufumbira, Rukhonzu, Runyoro-Rutoro, Luo-Langi, Luo-Acholi, Ateso, Lusoga, Lugbara, Alur, Swahili, Ngakaramajong, Lumasaba, Kupsabiny, Dhopadhola and Lusamya. Partners are advised to re-produce additional copies of relevant materials to reach their implementation areas/districts.

CAMPAIGN MONITORING

The OBULAMU campaign is being monitored through a number of activities. Some of these include; daily radio monitoring by Ipsos Synovate, periodic and informal listening surveys, quarterly support supervision meetings with partners and districts, quarterly review meetings with champions, collecting and analyzing feedback forms from campaign champions, telephone surveys for selected campaign champions, as well as working with partners to monitor and document changes in service uptake at various referral health centers and outreaches.

WHAT'S THE ROLE OF CHC AND HOW CAN PARTNERS GET INVOLVED?

A major strength of the OBULAMU campaign activities is that they are designed to address communication and demand generation needs of various partners in the areas of;

- Condom use
- HIV Testing and Counseling (HTC)
- Safe Male Circumcision (SMC)
- Reduction of multiple con-current sexual partners
- ART adherence and discordance
- Family planning/pregnancy prevention
- TB testing and adherence to TB drugs

As a result, partners have a major role to play in the implementation of the above activities. These include;

CHANNELS & TOOLS	MINIMUM PACKAGE (REACH AND INTENSITY)	WHAT CHC IS COVERING	WHAT PARTNERS SHOULD COVER/ TOP-UP	RATIONALE
ELECTRONIC MEDIA 1. Radio: <ul style="list-style-type: none"> • 10 radio spots • 07 DJ mention scripts • Daily interactive DJ-led discussions • Weekly expert guest appearances • Monthly Talk shows 	<ul style="list-style-type: none"> • 80 radio stations nationwide • At least 15 exposures per day - 3 times in each 2-3 hour radio segment. <i>NB Estimated segments per day = 5 X 3 exposures</i> • On-going monitoring of reach and intensity to reach required target. 	IMPLEMENTATION <ul style="list-style-type: none"> • On 42 radio stations countrywide covering 18 local languages. (see radio coverage on page 7) • CHC covers 15 exposures per day during the ACTIVE phase and 4 exposures during the PASSIVE phase • Weekly & monthly talk shows MONITORING <ul style="list-style-type: none"> • Monitoring of radio placements through Ipsos and informal listening surveys. 	IMPLEMENTATION <ul style="list-style-type: none"> • Secure additional 1-2 radio stations within your program location and broadcast OBULAMU messages. • Pick CDs of radio spots and scripts from CHC and play them in health centers, outreaches and other mobilization activities. • Provide guest speakers to appear on radio talk shows on the stations within your area of operation. MONITORING <ul style="list-style-type: none"> • Monitor radio station broadcasts in your area and notify CHC of any observations. • Share broadcast schedules and reports of the additional radio stations. • Notify CHC of additional radio stations added in your program location. 	<ul style="list-style-type: none"> • Working together helps to consolidate resources and achieve the required exposure and intensity levels which improve health communication impact and results. • Leads to increased demand for services offered by your organization/project • Helps partners meet their service delivery targets especially in areas where they experience low uptake of services.

CHANNELS & TOOLS	MINIMUM PACKAGE (REACH AND INTENSITY)	WHAT CHC IS COVERING	WHAT PARTNERS SHOULD COVER/ TOP-UP	RATIONALE
<p>2. Television (TV).</p> <ul style="list-style-type: none"> TV (10 TV spots) 	<ul style="list-style-type: none"> 2 national and 2 regional TV stations required to reach 80% of audiences who have access to TV. At least 4 exposures per day <ul style="list-style-type: none"> 2 times in each 1-2 hour TV segment. <i>NB Estimated segments per day = 2X 2 exposures</i> Wide dissemination of TV spots and videos in health centers, community video clubs and long distance buses. 	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> 2 national TV stations which include NTV and BUKEDDE TV CHC covers 4 exposures per day during the ACTIVE phase CHC disseminating the TVCs in 1,000 video halls and 50 buses along major upcountry routes <p>MONITORING</p> <ul style="list-style-type: none"> Monitoring of TV placements through Ipsos and informal listening surveys. 	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Budget and pay for broadcasts on at least one regional TV station within your program location to further extend the campaign. Collect a DVD with copies of TV spots and broadcast them in community video halls, health centers, buses, and other places with TV sets. Disseminate the videos in health centers, community video clubs and long distance buses. <p>MONITORING</p> <ul style="list-style-type: none"> Notify CHC of regional TV stations added in your area and various places where TV spots have been broadcast/disseminated. 	<ul style="list-style-type: none"> Utilizing already produced video content helps partners save money for production which has already been done under the OBULAMU campaign. Videos are a very popular tool in health education yet they are not well utilized in Uganda due to the shortage of good video content. Using existing video content will help partners reach a big number of audiences in existing video platforms such as health centers, community video halls, among others.
<p>PRINT MEDIA</p> <p>1. Posters (14 types)</p> <ul style="list-style-type: none"> Integrated Poster on MCP, ART, & Condoms Integrated Poster on HTC, FP, & SMC 12 standalone posters on TB (4), ART (3), MCP, Condoms, HTC, FP & SMC 	<p>4 posters per village placed where people meet e.g.</p> <ul style="list-style-type: none"> Health Centre Place of worship Popular kiosk/drug shop Major water source Community meeting place 	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> 100,000 posters of the 2 integrated posters in 18 languages. NB: 2 posters per village. 10,000 for each of the standalone posters in 10 languages <p>MONITORING</p> <ul style="list-style-type: none"> Monitor the placement and audience interaction with placed posters through the campaign champions/IPC agents Replace spoilt posters accordingly Document informal feedback (listening surveys) from champions and the public. 	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Budget for and print at least 2 additional posters for every village in your program location. <p>MONITORING</p> <ul style="list-style-type: none"> Monitor the placement and audience interaction with placed posters through the campaign champions/IPC agents Replace spoilt posters accordingly Document informal feedback (listening surveys) from champions and the public and share with CHC. 	<p>Print materials such posters, billboards and road stars complement mass media and interpersonal communication activities by helping audiences relate what they see on TV, hear on radio with the various print materials. They therefore enhance message repetition, association and recall.</p>

CHANNELS & TOOLS	MINIMUM PACKAGE (REACH AND INTENSITY)	WHAT CHC IS COVERING	WHAT PARTNERS SHOULD COVER/ TOP-UP	RATIONALE
2. Billboards – (12 types)	<ul style="list-style-type: none"> At least 200 billboard faces placed in strategic locations covering the 200 major towns in Uganda. 	<ul style="list-style-type: none"> CHC has produced and placed 100 billboard faces covering 100 towns in Uganda. 	<ul style="list-style-type: none"> Document informal feedback (listening surveys) from champions and the public and share with CHC. 	
3. Road stars/Street poles (12 faces)	<ul style="list-style-type: none"> 800 road star faces to cover the 200 major towns in Uganda (at least four road stars per town). 	<ul style="list-style-type: none"> 400 road star faces in 100 major towns with an average of four faces per town. 	<ul style="list-style-type: none"> Document informal feedback (listening surveys) from champions and the public and share with CHC. 	
4. Content Brochures 07 brochures	<ul style="list-style-type: none"> 250,000 content brochures for the 10% of the literate young adults in relationships (18-30 years) with reading culture which translated into 682,380 lovers. <p>Each brochure can be shared by an average of 03 people.</p>	<ul style="list-style-type: none"> 100,000 copies per 7 types of the content brochures in 10 languages. <i>NB: target to reach 44% of the 682,380 literate young adults in relationships with reading culture.</i> 	<ul style="list-style-type: none"> Budget for and produce additional brochures to reinforce the health areas that you cover. 	Provide audiences with detailed information on relevant health actions and enables them to talk about the same with their peers.
5. Talking points (1 booklet)	<ul style="list-style-type: none"> At least 100,000 talking points for leaders and champions translating into an average of two copies per village. 	<ul style="list-style-type: none"> Produced 50,000 copies of talking points for leaders and champions. <i>NB: average of one copy per village.</i> 	<ul style="list-style-type: none"> Budget for and produce at least one additional copy of the talking points for every village in your program location. 	Act as a reference point for leaders and champions and enable them talk about various health issues in their day-to-day activities.
6. Interactive tool - Lovers Pass	<ul style="list-style-type: none"> 250,000 Lovers Pass for the 10% of the literate young adults in relationships (18-30 years) with reading culture which translated into 682,380 lovers. Each Lovers Pass can be shared by an average of 03 people. 	<ul style="list-style-type: none"> Printed 100,000 of the Lovers Pass in 10 languages. <i>NB: target to reach at least 44% of the 682,380 literate young adults in relationships with reading culture.</i> 	<ul style="list-style-type: none"> NA 	The Lovers Pass is an interpersonal communication tool that helps to trigger self-reflection on various health actions and behaviour such as condom use, partner reduction and SMC.

CHANNELS & TOOLS	MINIMUM PACKAGE (REACH AND INTENSITY)	WHAT CHC IS COVERING	WHAT PARTNERS SHOULD COVER/ TOP-UP	RATIONALE
<p>INTERPERSONAL COMMUNICATION (IPC)</p> <p>1. Campaign Champions</p>	<ul style="list-style-type: none"> At least 50,000 campaign champions, one in each village. - Each champions talking to at least 5 young adults in relationships twice every month (Touch Points). <i>N.B: Target to reach at least 250,000 young adults every month which translates to 3 million in a year (40% of the total population of young adults in relationships).</i> Champions materials which includes; conversation guide, champion's checklist, value clarification tool, code of conduct, referral form and dialogue reporting tool (see tools enclosed in the binder). 	<ul style="list-style-type: none"> To date, CHC has enlisted 10,000 champions who are working with various partners countrywide. In 2014/15, CHC will work with partners to orient 10,000 champions. CHC will print 10,000 copies of each of the champion's tools in 10 local languages. Monitoring of champions activities through existing partner mechanisms such as quarterly meetings and support supervision visits. 	<ul style="list-style-type: none"> Orient at least one additional champion in every village where you operate to scale-up the reach and operations of inter-personal conversations. Print additional champions' materials to facilitate campaign champions in your area of operation. Participate and support orientation of campaign champions in your areas of operation. Monitor activities of campaign champions through your existing mechanisms. Document and share with CHC challenges and lessons learnt in orientation and implementation of champion activities. 	<p>Deepens health communication in audiences language, context and culture</p> <p>Offers an opportunity for instant feedback and ability to clarify and demystify myths, misconceptions and fears.</p>
<p>2. Targeted Community Shows</p>	<p>Targeted Community Shows in areas with:-</p> <ul style="list-style-type: none"> Limited exposure to health information (below the regional/district average) Strong negative social, gender and cultural norms and practices that limit adoption of recommended behaviours 	<ul style="list-style-type: none"> Planned 150 targeted community shows for this phase to be allocated based on service data. Works with partners and districts to plan for the community show where they are most needed based on data. Works with partners and champions to enhance community ownership and follow-up through setting-up Village Organizing Committees (VOCs) 	<ul style="list-style-type: none"> Lead planning and scheduling community shows in areas with the most need, based on service data. Share your organization/project's planned outreaches and VHT and provider orientations to help coordinate better with CHC. Share data on service uptake in your programs to help in choosing suitable venues and focus of the community shows. 	<p>Engages individuals and community members in a conversation around key barriers to service uptake including; knowledge, motivation, attitudes, practices and norms.</p> <p>Helps partners to rapidly increase the number of people who demand for a particular health service e.g. SMC and therefore boosts their numbers.</p> <p>Due to the use of campaign champions, who include local leaders</p>

CHANNELS & TOOLS	MINIMUM PACKAGE (REACH AND INTENSITY)	WHAT CHC IS COVERING	WHAT PARTNERS SHOULD COVER/ TOP-UP	RATIONALE
	<ul style="list-style-type: none"> • Low uptake of services even when they are available and accessible • Partners who are providing relevant health services 	<ul style="list-style-type: none"> • Provides an edutainment team that mobilizes the community and provides information, skills and motivation on relevant health issues. • Works with partners to monitor and generate guides, standards and scripts to guide partners in planning, implementing, monitoring, evaluating and documenting community shows. 	<ul style="list-style-type: none"> • Meet and plan with CHC the dates, venues, activities, set-up and roles of various stakeholders during the community show. • Take lead to organize and provide services at the set date(s) of the community show. • Monitor and document trends in service uptake before, during and after the community show in your program and share feedback with CHC. • Utilize available community show guides and scripts from CHC and organize your own community shows as and whenever required. 	and peer leaders, community shows provide ownership of the various issues being discussed.
TECHNICAL ASSISTANCE FROM CHC	<p>Throughout the process of implementing the OBULAMU campaign, CHC will provide on-going technical assistance to partners in the following ways;</p> <ul style="list-style-type: none"> • Orient partners, districts and champions on the use of developed health communication materials and tools • Provide seed copies and samples of standardized materials and tools to partners and districts • Document and share lessons learnt in designing, implementing, monitoring and evaluating health communication interventions • Provide guidelines and standards to support health communication interventions • Trouble shoot emerging issues in planning, implementing, monitoring, documenting and evaluating the OBULAMU campaign 			

WHY DO ALL MATERIALS NEED THE SAME BRANDING?

In order to be consistent in our communication and avoid confusing audiences with different and competing messages, partners must ensure that re-prints, adaptation, further translations and use of the attached materials follows the same branding, colour and appearance to make all materials look the same to the target audiences. This should be done through:-

- Using the attached OBULAMU standardized materials that are well branded and have the same ‘look and feel’ to the audience
- Re-printing additional copies of the attached materials and tools for use in partner areas and activities.
- Partners are free to add their program/organization logo but must follow the following guidelines;-
 - Where a partner’s logo is added, it must not replace any of the existing logos on the materials both in appearance and order. Instead, it should appear at the extreme end before the OBULAMU campaign logo.

- OBULAMU campaign logo is part of the campaign message and therefore should always appear in the left hand corner of the material
- HIV related materials must have the PEPFAR logo (attached)
- Malaria materials must have the PMI logo (attached)
- The Ministry of Health logo should take prominence by appearing at the top or first on the line of other logos. This should be followed by the USAID logo.
- All relevant printer ready logos can be obtained from CHC

For more information on branding and other inquiries, please contact the CHC Media and Campaign Manager: Emmanuel Kayongo on 0782 378 715, email: ekayongo@fhi360.org

WHAT MATERIALS OR TOOLS ARE AVAILABLE TO PARTNERS AND HOW DO THEY WORK?

The following materials are available to partners to implement the OBULAMU campaign in their areas of operation:

- 1) Message Guide and Talking Points for Leaders and Campaign Champions
- 2) Conversations Guide
- 3) Lovers Pass for Phase One: How's Your Love Life?
- 4) Scripts for Radio and TV Spots
- 5) Guides and Scripts for the OBULAMU Community Shows
- 6) Print Materials, including Posters, Stickers
- 7) Other Champion Materials

1. MESSAGE GUIDE AND TALKING POINTS FOR LEADERS AND CHAMPIONS

The OBULAMU message guide and talking points for leaders or campaign champions brings together the main messages for all channels involved in the OBULAMU campaign. The guide (included in the appendix below), should not be read to the target population and serves to support the OBULAMU Champions, IPs and creative teams in the process of designing and delivering the message content.

As part of the message guide, we have developed talking points or message content guides on the following health areas under Phase One: How's Your Love Life?

- Condom use
- HIV Testing and Counseling (HTC)
- Safe Male Circumcision (SMC)
- Reduction of multiple con-current sexual partners

- ART adherence and discordance
- Family planning/pregnancy prevention
- TB testing and adherence to TB drugs

Please find a booklet of these messages in the enclosed binder for your use and reference. Please note that CHC is available to orient your staff and campaign champions on how to use these tools before you can proceed to use them.

2. CONVERSATIONS GUIDE (SEE ATTACHED TOOLS FOR HARD COPY SAMPLE)

This guide shows you how to start a conversation with a client and engage them in an interesting manner instead of telling them what to do. Through a two-way dialogue format, the guide helps campaign champions and partners to practice basic skills in inter personal communication which include; starting a conversation, finding out a client’s questions and current behaviour, discussing barriers for practicing the desired actions, how to give appropriate information as well as refer clients to available services. Please note that CHC is available to orient your staff and campaign champions on how to use these tools before you can proceed to use them.

3. LOVERS PASS

The “Lovers Pass” is an interactive tool that helps young adults in relationships (lovers) to check the status of their love life and taking action by answering a series of rational and emotionally engaging questions on:

- Condom use
- HIV Testing and Counseling (HTC)
- Safe Male Circumcision (SMC)
- Reduction of multiple con-current sexual partners
- ART adherence and discordance
- Family planning/pregnancy prevention
- TB testing and adherence to TB drugs

Please find a copy of this tool in the enclosed binder for your use and reference. Please note that CHC is available to orient your staff and Campaign Champions on how to use this and other tools.

4. RADIO AND TV SPOTS

Short drama skits of between 30-60 seconds portraying health actions embedded in real life stories of target audiences in a creative and captivating manner. Partners are encouraged to use and disseminate these radio and TV spots in community video halls, health centers, buses and other places to increase reach and intensity. Please see copies in the enclosed binder.

5. GUIDES AND SCRIPTS FOR THE OBULAMU COMMUNITY SHOWS

A community show is an edutainment based intervention designed to improve information/ knowledge, motivation/risk perception, skills, norms and supportive environment to link people to available health services in the community. Guides and scripts show how a community show is conducted and how partners can organize them in their areas of operation. Please see community show guides and scripts in the enclosed binder.

6. PRINT MATERIALS

These include posters, billboards, stickers, content brochures and flyers. Please see attached samples for copies.

7. OTHER CHAMPION MATERIALS

These include OBULAMU champion's checklist, OBULAMU champion's code of conduct, referral tool and feedback tool.

ATTACHMENTS

Please see attachments for each of the above materials and tools.

CONTACT INFORMATION

For more information and other inquiries, please contact:

EMMANUEL KAYONGO
Media & Campaign Manager
Telephone: 0782 378 715
Email: ekayongo@fhi360.org

Or

VENANSIO AHABWE
National Technical Assistance Coordinator
Telephone:
Email: 0752 482 254
Email: vahabwe@fhi360.org