

Social and Behavior Change Communication in Uganda

PROVIDING STRATEGIC SUPPORT TO IMPROVE HEALTH PROGRAM OUTCOMES

Communication for Healthy Communities was designed as an integrated program to maximize synergies among health programs; however, it was often tapped by national authorities and implementing partners to respond to emerging health issues and to boost performance in key health areas.

Background

USAID's Communication for Health Communities (CHC) project was designed as an integrated program to bring together previously "siloeed," disease-specific social and behavior change communication (SBCC) strategies. Although CHC successfully united Ministry of Health (MOH) SBC efforts under one integrated platform, called *Obulamu?*, strategic support was often required in specific areas of health to improve outcomes and respond to emerging challenges.

Addressing a single disease or health issue always presented a risk of returning to the old conventions of separate, disease-specific SBCC campaigns, but in most cases CHC was able to successfully link these efforts to the integrated platform. From 2013 to 2019, CHC's strategic support helped the MOH to lift important indicators for HIV, malaria, and reproductive health while also responding to zoonotic disease outbreaks.

Approach

The same approach CHC applied to develop its integrated platform was used to design targeted interventions to address challenges that arose in specific health areas. That approach included formative research to better understand each challenge and how to address it, co-development of messages, tools, and materials with audience members, and support to help implementing partners effectively integrate targeted SBCC interventions into their programs.

During the project, CHC provided strategic SBCC programming support to the MOH and implementing partners to:

- Optimize performance along the HIV treatment cascade
- Enhance efforts to prevent teen pregnancies
- Create supportive norms for pregnant couples
- Equip adolescent girls and young women (AGYW) to protect themselves against HIV
- Galvanize national efforts to "Chase Malaria to Zero"
- Respond to zoonotic disease threats and outbreaks
- Improve access to critical health commodities through social marketing
- Mitigate the impact of COVID-19

Optimizing the HIV treatment cascade

Starting in 2017, the MOH's USG-funded HIV service delivery partners refocused their efforts to improve the efficiency of HIV testing and treatment programs. CHC helped these partners develop "surge" action plans that included enhanced targeting of the promotion and delivery of HIV testing to priority populations. With technical assistance from CHC, partners developed audience profiles that community agents could use to better identify priority populations for HIV testing. CHC then built the capacity of community agents to use community mapping and audience profiling and screening to micro-target their outreach and audience engagement. CHC also provided materials and job aids, such as cue cards about treatment adherence and viral load monitoring, to improve the quality of counseling provided to people living with HIV.

Results

By the Numbers: Illustrative Results

CHC's contribution to ARC, 2015–2016

Among AGYW in the five campaign districts:

- **80%** reported exposure to at least one campaign element
- Awareness of oral contraceptives increased from **29% to 36%**
- Awareness of injectable contraceptives increased from **32% to 50%**
- Intention to use a promoted contraceptive method increased from **67% to 72%**¹
- The number of users of modern contraceptive methods more than doubled, from **13,624 to 35,380**²

Preventing teen pregnancies

Starting in May 2015, CHC contributed to the Accelerating the Rise in Contraceptive Prevalence (ARC) initiative, a one-year collaboration between USAID and the UK Department for International Development to intensify efforts to reduce teenage pregnancies in five districts of the East Central region. Working with implementing partners and local government health facilities, CHC developed a saturation campaign addressing knowledge gaps and harmful attitudes among young women and health care providers.

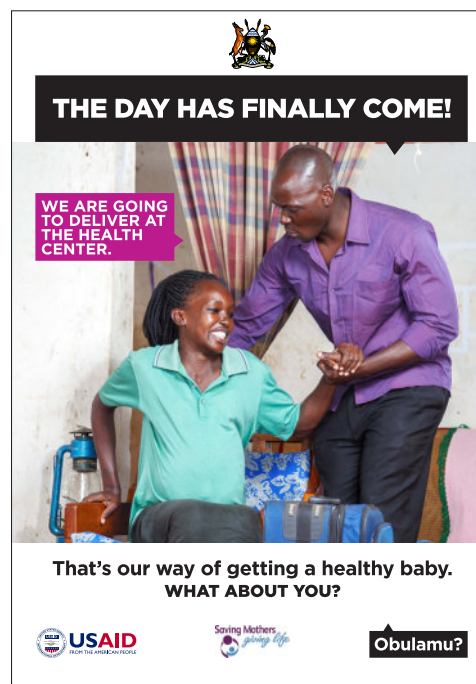
Developed in partnership with AGYW, the campaign included print materials, radio spots and talk shows integrated into youth radio programs, discussions facilitated by youth-friendly providers, other interpersonal communication activities, and community edutainment events called kadankes. Complementary outreach to parents engaged them in discussions about how to support their daughters' efforts to stay healthy by accessing reproductive health information and services.

Creating supportive norms for pregnant couples

Launched in 2012, Saving Mothers, Giving Life (SMGL) was a five-year, public-private global initiative to reduce maternal and newborn mortality. When CHC launched in 2013, it was immediately engaged to lead the development and coordination of SBCC interventions in 10 districts of northern and western Uganda designated as SMGL "learning sites." Working in collaboration with SMGL partners, CHC reviewed existing communication materials and conducted Participatory Action Media workshops to co-design

(with members of the target audience) key messages, posters, talking points, cue cards, drama skits, and community dialogue tools.

CHC then trained village health teams (VHTs), mentor mothers, and peer champions to use these tools to address attitudes and norms that discourage pregnant couples from accessing key health services, such as antenatal care and facility deliveries. Couples and those who influence them were reached through community dialogues, community shows, drama skits, home visits, and one-on-one discussions. Recognizing the important role religious leaders play in influencing couples, CHC worked with the MOH, other partners, and religious leaders to develop a handbook on maternal and child survival. This handbook includes key messages linked to Bible and Quran verses to provide easy-to-use talking points the leaders can integrate into their sermons and daily counseling activities.



Community activities were reinforced by print materials, including posters, reminding pregnant couples to go to a health center to deliver.

Equipping AGYW to protect themselves against HIV

In 2016, CHC was engaged to provide support to implementers of Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) projects to strengthen the package of interventions used to reach adolescent girls and young women. CHC conducted a series of Participatory Action Media workshops with AGYW to discuss the challenges they face to adopting HIV preventive behaviors and the types of messages and support that could help them overcome these challenges. The result was a package of standardized materials and tools for AGYW and health care

providers that complemented existing interventions, such as Sinovuyo and Stepping Stones. With CHC's support, the DREAMS partners integrated this package into their programs.

Galvanizing efforts to “Chase Malaria to Zero”

To help Uganda move toward malaria elimination, CHC launched in January 2017 the “Chase Malaria” campaign (refreshed in 2019 as “Chase Malaria to Zero”), an SBCC campaign to increase use of mosquito nets, uptake of indoor residual spraying, adoption of environmental control practices, completion of intermittent treatment for malaria in pregnancy, and timely care seeking for suspected cases of malaria. The campaign built on CHC's broader integrated platform, *Obulamu?*, to reach audiences living in malaria-endemic areas through targeted radio and TV programs, community shows, and distribution of print materials. Innovative print materials included a personal risk assessment tool and a decision-making wheel to encourage mosquito net use.

Responding to zoonotic disease threats

Soon after the World Health Organization (WHO) announced new cases of Ebola virus disease (EVD) in Nord Kivu Province of the Democratic Republic of Congo, the MOH and USAID engaged CHC to strengthen risk communication efforts in border districts in Western Uganda. CHC supported the MOH to conduct a series of regional consultations that resulted in a National One Health Risk Communication Strategy that addressed not only EVD but other zoonotic diseases.

In sub-counties at high risk of EVD, CHC trained and supported risk communication agents (RCAs) from different parishes to conduct targeted activities to raise awareness of the signs and symptoms of EVD and how to prevent its spread. Awareness-raising activities included one-on-one talks, community dialogues, home visits, community theater, print materials, and radio programs. CHC expanded the reach of risk communication activities by training VHTs, community animal health workers, and local community leaders to conduct interpersonal communication activities.

CHC also supported district authorities in Eastern, West Nile, and South Western regions to respond to an anthrax outbreak. Working with interagency stakeholders, CHC conducted rapid formative research to identify behaviors that increased the risk of anthrax exposure and used this information to develop messages and materials to improve risk perception among different audiences.

Improving access to critical health commodities

In December 2018, USAID directed CHC to absorb a small portfolio of social marketing activities to improve the availability of three branded health products: *Protector* male condoms, *Pilplan Plus* oral contraceptive pills, and *Injectaplan* injectable contraceptives. CHC officially incorporated these activities in May 2019 and moved quickly to renew legal registrations, redesign packaging to conform with national regulations, and establish repackaging and distribution contracts with private sector companies. Ultimately, CHC re-established distribution of the three products by engaging two commercial distributors, one specializing in pharmaceutical products and a second in fast-moving consumer goods. CHC also contributed to national Total Market Approach priorities by conducting a willingness-to-pay survey and assessing the viability of transitioning the three products to the commercial sector.

Mitigating the impact of COVID-19

When the COVID-19 pandemic hit Uganda in March 2020, CHC was enlisted to support national risk communication and social mobilization (RCSM) efforts to raise awareness of the actions Ugandans could take to protect themselves and their communities. CHC immediately drew upon its extensive network of media partners to broadcast MOH-produced radio and TV spots on 23 regional radio stations and two national TV stations.

Next, CHC led partners to develop specific messaging and activities for long-distance truck drivers, who were prioritized by the MOH due to their heightened exposure, role in ensuring the movement of essential consumer goods, and potential to carry the infection

Results

By the Numbers: Illustrative Results

CHC's social marketing activities, May 2019 – June 2020

Sales

- **2,112,600** *Protector* male condoms
- **342,690** cycles of *Pilplan Plus* oral contraceptive pills
- **1,456,530** vials of *Injectaplan* injectable contraceptives

Impact

- **404,584** couple-years of protection³



An *Obulamu?* community agent engages parents in a discussion about how they can support their young daughters to avoid teenage pregnancy.

to other regions and countries. Working with the MOH, the Uganda Professional Drivers Network (UPDN), UNICEF, and other partners, CHC conducted focus group discussions with truck drivers to identify barriers and motivators for the adoption of preventive behaviors. This information was used to develop an engagement strategy and messaging to increase the adoption of preventive behaviors among truck drivers and other audiences, such as customs personnel. CHC conducted regular online consultations to support the UPDN's implementation of RSCM activities and monitored and advised the group on addressing myths, misconceptions, and other issues emerging among truck drivers and border communities.

Finally, CHC supported USG-funded partners implementing RSCM activities by organizing coordination meetings, facilitating access to available COVID-19 print materials and tools, and streamlining the activity reports to the national RSCM coordination mechanism.

Lessons Learned

Key lessons from CHC's experience of providing strategic support to the MOH and implementing partners to improve the performance of disease-specific health programs include the following:

- **Regular communication is critical to ensuring that SBCC resources are deployed to respond to evolving partner needs.** Many of the health programs supported by CHC faced intense pressure to achieve specific targets. Establishing clear lines of communication from the beginning and maintaining regular communication throughout SBCC

implementation helped ensure that CHC support contributed to the most pressing and relevant needs of the program. For example, while supporting the HIV “surge,” CHC met regularly with the managers of HIV service delivery programs to review progress against their targets and to redirect SBCC support to areas where problems had been identified.

- **Opportunities for integration exist even in disease-specific health programs.** While responding to the needs of disease-specific health programs, CHC regularly identified opportunities to integrate complementary health messages and referrals to other health services. For example, messages and materials developed to support HIV treatment adherence among children also addressed the special nutritional considerations for children living with HIV and reinforced messages on the importance of immunizations and other routine practices to improve child health.
- **Service data provide an important proxy indicator to monitor the impact of SBCC interventions.** Because SBCC interventions typically address the factors influencing the adoption of a promoted behavior, it is often difficult to measure their impact in the immediate term. This presents a challenge for programs expected to achieve immediate results. For these programs, CHC identified proxy indicators from the health information management system that were used to monitor the effects of SBCC interventions and adjust them as needed to maximize their impact.

For example, while supporting the National Malaria Control Program, CHC monitored the number of new malaria diagnoses and treatments in areas where SBCC interventions were deployed to promote consistent use of mosquito nets. Data indicating that the annual number of malaria diagnoses remained unchanged in some areas prompted the program to intensify mosquito net promotion in those areas.

¹ Communication for Healthy Communities. (2016) End-line Assessment of Adolescent Girls and Young Women's Contraceptive Knowledge in East-Central Uganda (Busoga Region). Kampala: USAID Communication for Healthy Communities.

² Uganda Health Management Information System.

³ Communication for Healthy Communities. (2019-2020) Quarterly Performance Reports. Kampala: USAID Communication for Healthy Communities.