



Integrated SBCC Programs

Case Study: Lessons From the Integrated, Life-Cycle-Based Health Communication Campaign in Uganda

Introduction and Background

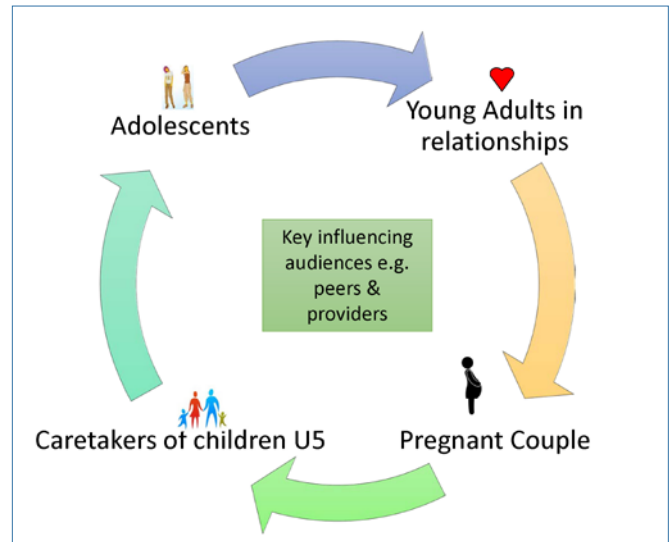
The Communication for Healthy Communities (CHC) project – funded by the United States Agency for International Development (USAID) – is designed to reduce HIV infection, total fertility, maternal and child mortality, malnutrition, malaria and tuberculosis (TB) by increasing the adoption of healthy behaviors, including the uptake of critical health services through the use of social and behavior change communication (SBCC). The program uses an integrated campaign platform to address health actions across six different health areas: HIV/AIDS, maternal and child health (MCH), nutrition, family planning, malaria and TB. The campaign platform, developed together with the Uganda Ministry of Health and implementing partners, serves as a base to stimulate dialogue and discussions around health actions, increase motivation and skills and to address gender and social norms that traditionally affect the uptake of health services and actions.

Challenge

An audit of health communication programs, approaches and interventions in Uganda took place at the beginning of the CHC project in 2014. The audit revealed the following key challenges: the availability of many health communication strategies and policies but with little implementation; fragmented implementation of interventions, with each implementing partner developing their materials and competing with the same audiences; as well as audience fatigue with instructive health messages that told audiences “what to do.” Other issues included limited linkages between mass media and community-level interpersonal communication (IPC) interventions, which limited SBCC effectiveness, and the design of health communication interventions that focused on the disease instead of audience needs.

Response

Using results from the participatory health communication audit, desk reviews, formative research with audiences, a series of design workshops



USAID Uganda/Communication for Healthy Communities (CHC) adaptation of the Life Cycle approach to a national integrated SBCC strategy and campaign.

and stakeholder consultations, CHC segmented audiences, analyzed social determinants of health using the Social Ecological model (McKee et al., 2000) and developed an integrated health communication platform called **OBULAMU**. Obulamumu, which means, “How’s Life?” is a popular greeting in Uganda that elicits detailed responses about life and feelings. Instead of the traditional, prescriptive health messages that tell audiences what to do, OBULAMU engages people in a conversation, finds out what is important to them and positions relevant health actions in that context.

OBULAMU is premised on the Life Cycle¹ approach, which identifies key life-cycle transitions as opportunities for change with the idea that health is not separate from people’s day-to-day lives of working to earn a living, going to school, looking

¹ The CHC Life Cycle approach is an adaptation of the Family Life Cycle concept which provides a basis for segmenting audiences by recognizing predictable influences on behavior when transitioning from various life stages for example; youth at home, bachelorhood, newly married couples, parenthood, post-parenthood and surviving spouse.

after children, falling in love or finding a spouse. The approach integrates several messages and issues relevant to the audience (see illustration below) and positions health as a facilitator to achieving people's aspirations in life.

Instead of developing a new communication strategy (like most new projects), USAID/CHC reviewed existing communication strategies in the areas of HIV/AIDS, MCH, nutrition, family planning, malaria and TB – some of which were not being implemented – and developed an integrated communication platform which combines key actions for each life cycle from the six health areas. The platform focuses on four life-cycle transitions (adolescents, young adulthood, pregnancy and child rearing) under the following campaign phases per life cycle:





- **Life Cycle 1: “How’s Your Love Life?”** addresses the unique health needs of young adults in relationships
- **Life Cycle 2: “How’s Your Pregnancy?”** caters to the health needs of pregnant women and their partners
- **Life Cycle 3: “How’s Your Baby?”** targets children under five years old through their caretakers/parents

- **Life Cycle 4: “What’s Up–What’s My Choice?”** addresses the unique needs of adolescent girls and boys

Results

Due to stakeholder involvement in the design, the OBULAMU campaign has been widely adopted by the Government of Uganda and implementing partners across the country. As a result, there is a standardization of health communication messages and interventions where all partners use the same materials, tools and mobilization approaches. This has reduced fragmentation where each implementing partner or district used to design its own materials. To date, the project is taken as a one-stop center for all health communication needs and materials of partners.

The campaign approach of “OBULAMU?” or “How’s Life?” has revitalized health communication by shifting focus from disease-based communication (e.g. HIV or TB) to audience-specific programming using the life cycle. This has enabled fine-grained audience segmentation and a focus on health issues relevant to audiences in each life cycle. For example, under Life cycle 4: “What’s Up-What’s My Choice?” while discussing issues on HIV prevention, teenage

 Young adults in relationships	 Pregnant Couple	 Care Takers of U5s	 Adolescents
<ol style="list-style-type: none"> 1. Condom use 2. Mutual fidelity – reduce sexual partners 3. HIV testing & knowing results 4. Circumcision for men and support from partners 5. Prevention of unplanned pregnancy 6. Discordance & adherence to positive prevention & treatment 7. TB screening and testing for cough more weeks. 8. Correct information on SRH 	<ol style="list-style-type: none"> 1. Recognize dangers signs of pregnancy 2. Birth preparedness plan 3. Early ANC attendance 4. At ANC demand IPTp 1-2: Test for HIV and & enroll into eMTCT if positive, receive malaria net and sleep under it) 5. Newborn care practices 6. Deliver at a health facility 7. Adhere to ART & breastfeeding guidelines 8. Post-partum care including FP 9. Good nutrition practices 10. Early Initiation of Breastfeeding 	<ol style="list-style-type: none"> 1. Breastfeeding within one hour after birth 2. Exclusive breastfeeding for first six months 3. Complementary feeding 4. Nutrition for breastfeeding mothers 5. LLIN use for children under 5 years 6. Childhood diseases (diarrhea, pneumonia) 7. Child immunization 8. Water Sanitation & Hygiene (WASH) 9. Child Spacing 10. Adherence to ART for mothers and children (pediatric ART) 11. Return to the health center (mother and child) for regular check-up and ART refills 	<ol style="list-style-type: none"> 1. Information on body growth and changes 2. Negotiation & decision making skills on sexuality 3. Prevent unplanned pregnancy, HIV and other STIs 4. Dangers of early sexual debut and early parenthood 5. Condom use for sexually active 6. Circumcision for boys 7. HIV testing & knowing results 8. ART Adherence

This figure shows key actions for the four Life Stages in the OBULAMU campaign. Each of these actions is creatively developed into specific messages to support HIV prevention, antiretroviral therapy (ART) uptake and adherence, contraceptive choices and use, MCH, nutrition, TB and malaria prevention and case management.

pregnancy, body changes and life skills, the campaign extends the conversation to other issues including livelihoods, education, parenting, social and gender norms, among others.

Following participatory processes with audiences and stakeholders, the campaign has placed audiences under each life cycle at the center of the development, concept testing, field testing and placement stages. Part of this process involves a series of design workshops where target audiences develop and test their own SBCC interventions with guidance from SBCC facilitators. This has enabled the Ministry of Health and implementing partners to appreciate audience voices and context, compared to the previous times where SBCC materials appealed more to technocrats than target audiences.

Due to its personal touch of using a popular greeting, "How's Life?" the campaign triggers rapport, honest dialogue and self-reflection on health and life issues. This has provided a starting point for audience engagement and high exposure, a key starting point in tracking the hierarchy of communication effects including uptake of recommended practices and behaviors.

According to the Uganda All Media and Product Survey (2015), the campaign reaches an estimated 10 million people every day through IPC, mass media and social media (see **Table 1**). The December 2016 audience listening survey showed that over 80 percent of audiences had heard or seen OBULAMU

Table 1: OBULAMU campaign exposure in Uganda

Life Cycle Audience Segments (Life Stage)	Total Population according to 2014 National Census	Total that listen to radio (76%) according to UDHS 2011	Total that listen to OBULAMU (60%) according to the CHC Timeline One Survey 2015
Life Stage 1: Young Lovers (Ages 20 to 30)	4,537,000	3,448,120	2,068,872
Life Stage 2: Pregnant Couples	2,261,520	1,718,755	1,031,253
Life Stage 3: Care givers of children under age five	12,075,400	9,177,304	5,506,382
Life Stage 4: Adolescents (Ages 15 to 19)	3,141,000	2,387,160	1,432,296
Total	22,014,920	16,731,339	10,038,804

Note: The roll-out of the campaign was on radio, TV, social media, outdoor placements and IPC/community mobilization. However, the estimated reach by radio was used to avoid double counting.

campaign messages/interventions in the last six months, while more than 10 percent reported taking various health actions as a result of exposure.

The project is currently conducting the following studies to evaluate the impact:

1. *Qualitative Research with Target Audiences to Inform Process and Outcome Evaluation of an Integrated SBCC Campaign in Uganda (February-December 2017)*
2. *Evaluative Survey of an Integrated Health Communication Campaign in Uganda – Observation 2 report (August-December 2017).*

Application for Future Programming

Lessons Learned

- People want to be in charge of their health because "health is made at home." However, audiences often feel they are the helpless recipients of health services provided at the facility. Therefore, there is a need to strengthen individual and community ownership of health communication interventions and improve resilience to vulnerabilities. It is important to empower individuals and communities from the beginning, emphasizing that it is their adoption of recommended health practices and behaviors that will end HIV, malaria, TB or unplanned pregnancy rather than the actions from government or a development partner.

- Listening surveys and facility observations have shown that the majority of people view health facilities as places to treat sick people. As a result, people who are not sick, especially men and adolescents, do not see the need to go to the health facility to consult a doctor. Health facilities need to be repositioned as a one-stop center for reliable health information and services instead of a center for treating disease.

In the **Design** stage:

- It can take a lot of time to build consensus and secure buy-in from implementing partners and government agencies on key actions for each life cycle. Implementing partners and government agencies often want to include every health issue/action that applies to every life cycle, yet focus demands sacrifice. It is important to plan for adequate consultation and involvement of stakeholders, which should include capacity strengthening on SBCC design to appreciate key elements in the design process.
- It can be challenging to determine how to handle crosscutting audiences, such as key populations and people living with HIV, who fit in more than one life cycle. Flexibility is needed. For example, one option is to include

special campaigns that spin-off the life cycle platform and cater to crosscutting audiences and emerging issues. Such mini-campaigns however, should be well linked to the main platform through consistent branding.

In the **Implementation** stage:

- Implementing partners and government agencies focus on different health issues and are at different stages of implementing their programs. This can result in competing requests for focus and prioritization of health issues/actions no matter the campaign phase or life cycle. It can be useful to have shorter campaign phases that focus on each life cycle and ensure that each life cycle has been fully introduced and rolled out by the end of one or two years (at least through mass media). However, implementing partners and agencies need to spearhead longer and sustained IPC and community mobilization engagement linked to service delivery in order to meet their different rollout needs and expectations, and to help secure the right intensity and saturation with adequate linkage to services.

OBULAMU Campaign Resources

- [Campaign Facebook page](#)
- [Campaign YouTube Channel](#)



Life Stage 3: How's Your Baby?



Life Stage 4: What's Up – What's my choice?



- [Implementation Guide for Life Cycle One](#)
- [The Communication Initiative Network: Brief about the OBULAMU campaign](#)
- [Baylor Uganda partnership with OBULAMU campaign](#)

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