

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

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

Background

Ethiopia is the second most populous nation in Sub-Saharan Africa. Contraceptive prevalence is very low; only 14.7% of married women of reproductive age use any family planning (FP) method (CSA & ORC Macro, 2006). The unmet need for FP remains high, with one in three currently married women not able to meet their FP needs. While overall awareness of FP methods is high, at 87%, awareness of long-acting methods is significantly lower. For example, only 15% of all Ethiopian women and only 4% of couples (both partners) were aware of the intrauterine device (IUD). Nationwide, current use of the IUD is extremely low—0.1% of all women.

Ethiopia's Amhara Region, with a population of nearly 20 million, is the country's second most populous region. It is known for its poor infrastructure and limited social services—only 17 hospitals and 139 health centers. About one-fourth of its population is women of reproductive age. Amhara has an annual population growth rate of 2.9% and a total fertility rate of 5.4 lifetime births per woman. Modern contraceptive use is still low among married women of reproductive age, but unmet need for FP is high, at 29.7%. The IUD is the least-used contraceptive method (0.2%). Myths and misconceptions around the IUD are pervasive, while knowledge of provider skills and facility readiness for IUD service delivery is limited.



Clients wait to be seen at a health care facility in Ethiopia.

In 2005, the ACQUIRE Project, in collaboration with the Ethiopian Ministry of Health (MOH), initiated a program to revitalize IUD services in the Amhara Region. The program was part of ACQUIRE's global FP repositioning effort funded by the U.S. Agency for International Development (USAID) Office of Population and Reproductive Health. This effort complemented ongoing bilateral USAID activities in Ethiopia to increase and sustain access, demand, and use of high-quality public- and private-sector FP services, including those providing long-acting and permanent methods of contraception (LAPMs).



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The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for Family Planning and Reproductive Health Service Delivery to coordinate and synchronize mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This brief addresses ACQUIRE’s country-level work on SDA in promoting the IUD in Ethiopia, focusing particularly on communications for demand creation and advocacy.

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

ACQUIRE’s SDA program model (see below) envisions ready supply (equipped facilities and proficient staff), demand for services, and a supportive policy environment as prerequisites to a productive interaction between the FP client and the provider. In this framework, skilled, motivated service providers at service sites work with knowledgeable, empowered clients to address their FP and reproductive health (RH) needs. Deliberate attention to SDA and coordination of each component with the other(s) ensured that IUD services in Ethiopia were successfully repositioned and strengthened and increasingly used by clients.

For the purpose of this project, supply-side inputs included provider training, service quality improvements, and development and application of tools and standards. Demand-side inputs included a variety of communication research activities to understand key stakeholders’ and potential clients’ views on the IUD; to provide information on how the method works and on its benefits and contraindications; and to inform audiences about where services can be obtained. Advocacy refers to efforts to involve key stakeholders from the MOH, other local organizations, and the media in support of IUD efforts.

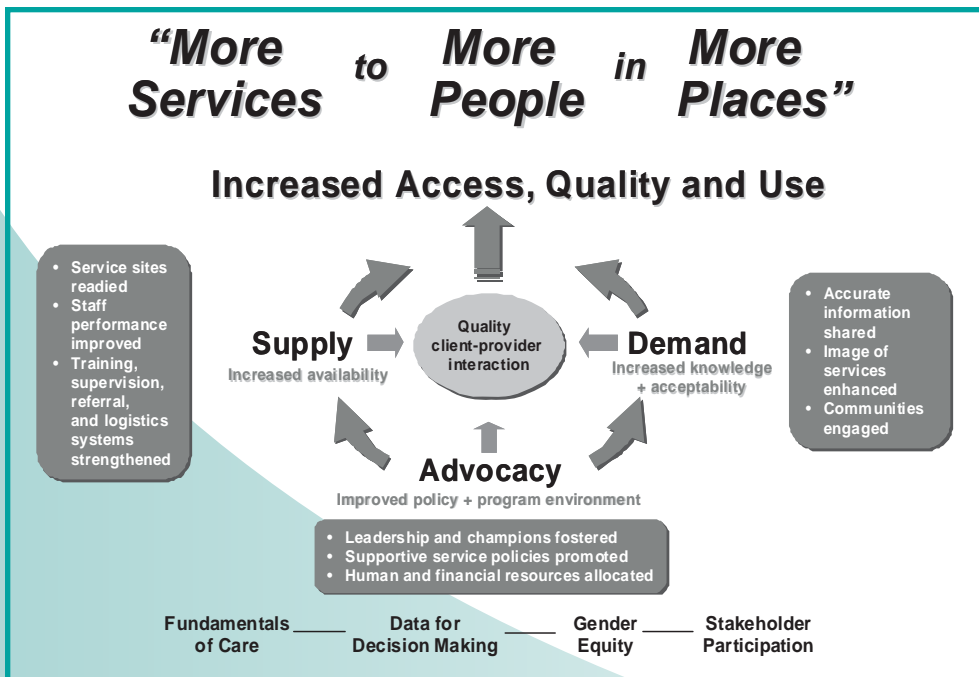
Addressing Supply-Side Needs

IUD service strengthening at three hospitals and 10 health centers in the Amhara Region focused on upgrading IUD providers’ clinical skills and improving safety and infection prevention procedures. Trainees were followed up periodically to observe and assess their IUD skills and to give on-site support and feedback. ACQUIRE provided technical assistance for service organization efficiencies, client-provider interactions, record keeping, logistics management, and other aspects of service-delivery improvement, and helped to

procure IUD-related equipment and supplies for all target facilities. ACQUIRE also supported the development and dissemination of medical guidelines on IUD service provision, in accordance with the MOH’s policies.

ACQUIRE/Ethiopia trained approximately 780 community-based reproductive health agents (CBRHAs) and health extension workers (HEWs) to include the IUD in their basic portfolio of FP services.

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



Creating Demand through Communications

In late 2005, Meridian Group International, Inc., a collaborating partner in ACQUIRE, initiated technical support for the design, development, and implementation of the communications campaign. A communications assessment for IUD service introduction was conducted. The assessment considered other ongoing FP communication initiatives and reached out to key stakeholders, including the MOH, USAID, and Pathfinder International (which was the implementing partner of a large bilateral project to upgrade FP service delivery).

The assessment found low education and literacy levels (66% of Ethiopian women and 43% men have had no education, and 69% and 39%, respectively, cannot read); reasonable levels of radio listenership (29% of women receive information about FP via radio); but limited mass media reach, especially in rural areas. Community-level and interpersonal communications are needed, especially in rural areas, to promote healthy behaviors in general, and the IUD specifically, in addition to mass media activities. The IUD demand creation strategy was designed as a comprehensive, integrated marketing approach, relying on the well-organized network of CBRHAs and HEWs in the Amhara Region to implement the community and interpersonal activities.

Specific communication objectives of the demand creation strategy included the following:

1. Increase awareness of and knowledge about the IUD and its key benefits for women who wish to space their next pregnancy.
2. Address myths and misconceptions related to the IUD.
3. Increase awareness of public hospitals and health centers offering IUDs, as well as other private-sector service-delivery alternatives within selected districts.
4. Increase demand for information and services at participating government as well as private-sector facilities.
5. Increase use of IUD services at participating hospitals and health centers.

1. Understanding the Target Audience

To better assess the potential clients' current knowledge and perceptions of the IUD, ACQUIRE accessed earlier research conducted by Pathfinder International and Family Health International to cull information on consumers' perspectives on the IUD. This secondary data review identified limited knowledge of the IUD as a major barrier: Few clients had seen written information or had heard about the IUD on the radio. Among those who had heard of the IUD, many did not know much about it other than that it was a method; they could not say anything good or bad about the IUD. The results suggested that the IUD was not discussed and that few had heard any sort of information about it.

Client interviews indicated that in reasoning about method selection, women gave importance to factors such as side effects (the fewer the better), duration and effectiveness in preventing pregnancy, and ease of availability. In later focus group discussions to test the appropriateness of specific messages, women generally agreed that the IUD's reversibility was its most important benefit.

ACQUIRE selected women aged 18–34 with at least one child to be the primary audience for this IUD campaign. According to the 2000 Demographic and Health Survey, women aged 30–34 were three times more likely to use the IUD than were women in other age-groups (CSA & ORC Macro, 2001). To increase individuals' knowledge and enhance future consideration in method selection, the targeted age-group was expanded to include younger married women of reproductive age. Secondary target groups were also identified because they influenced FP use and method selection—specifically, partners of the primary targets; local politicians and community leaders; and health workers. Creative messages were principally directed to the primary audience—women aged 18–34—while other forms of communications were used to reach the secondary groups.

2. Developing the Creative Concept

ACQUIRE competitively selected a local advertising agency, CARE Advertising & Promotion, to develop the campaign. CARE Advertising & Promotion created three different approaches to support the campaign's key messages: 1) a testimonial by a woman discussing her reasons for choosing the IUD; 2) a typical Ethiopian family (mother, father, and two children); and 3) a mother with her young child. Each shared messages about the benefits of the IUD. Key copy points are listed below:

Copy Points for IUD Promotion:

- Long-lasting contraceptive method
- Inserted into the woman's uterus by a health professional
- Easily reversible (can be removed at any time)
- User feels great and heavy work does not pose problems
- Husband is comfortable with the method

To pretest campaign concepts, focus groups were conducted among women aged 18–44 and men aged 25–44 in four distinct geographic areas (Woldiya, Debre Sana, Bati, and Ataye) within the Amhara Region. In these areas, low-income women and men and nonusers of the IUD were recruited to participate. Respondents preferred the print campaign concepts that featured the woman providing testimony and a typical Ethiopian family. Both creative concepts successfully communicated the key messages, and the respondents liked the featured pictures. Three radio messages were also tested in the focus groups. One of these radio spots was not understood well by the target audience, however, and was eliminated.

Focus group participants reported liking the slogan “Reliable as my choice....Reversible when I decide.” They felt the message spoke directly to what they thought was the most important benefit of the IUD. The preferred slogan was featured across all of the creative content and unified the campaign. All creative messages also included a call to action, to encourage clients to contact their nearest health facility or participating private providers.

3. Implementing the Campaign

The IUD revitalization campaign included two radio spots, four billboards (one per major town of each of the four project zones), and 19,000 posters (for distribution to health facilities and outreach workers). (See text box below for the script of the IUD radio advertisement.)

Radio was selected to be the main communication vehicle because it has the strongest reach among all available media and therefore could increase awareness and knowledge of the IUD in the Amhara Region quickly. Billboards and posters supplemented the radio activity to build greater message visibility and direct people to facilities where IUD services are provided.

To help support the facilities offering services and to provide counseling aids to health workers, 66 door signs (for placement in targeted health facilities), 25,000 leaflets (for distribution by health staff and outreach workers), and 7,800 technical booklets on the IUD (for providers and community outreach workers) were produced.

Radio script for the “Reliable as my choice.... Reversible when I decide” IUD Campaign

Man: I am very pleased with my life, because I have healthy children and a happy family (sound of child laughing).

Man: Let me share the secret! My wife and I decided to use the loop as our family planning choice.

Woman: Since my husband and I talked and decided to use the loop, everyone is calling him a responsible father and husband.

Man: The reason why we chose the loop is that we can have another child whenever we choose to [reversible], and it can be used for as long as we want.

Woman: It doesn't affect my health in any way, and once it's inserted by a health professional, there's nothing to remember taking every day. This makes it the best choice for me.

Man: Having a healthy wife means having a happy family.

Woman: Visit your health institution to discuss your family planning options, and if you decide, you can be a user too.

Voiceover: Reliable as our choice, reversible when we decide.

Interpersonal communication efforts complimented the mass media efforts as a means to extend the message further into underserved and rural populations. Approximately, 780 CBRHAs and HEWs in the project zones were trained in counseling and referral techniques and were supplied with the technical booklet that explained the IUD. T-shirts, caps, and umbrellas were also provided to the health workers so that clients could easily identify them.

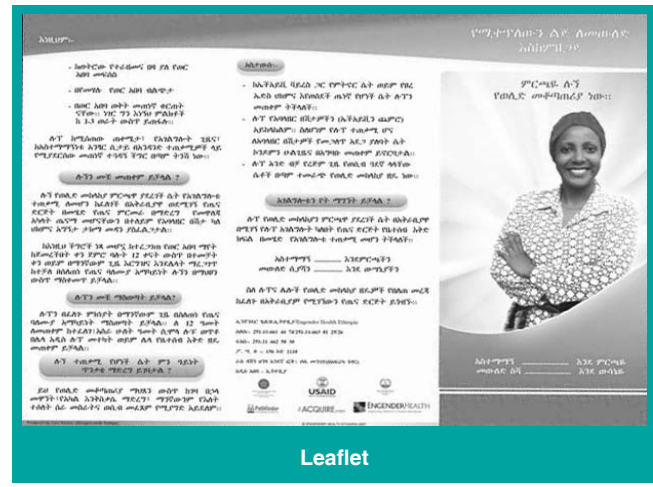
The campaign aired for three months, from July to September 30, 2007. The local mass media cost for radio and billboard advertising was US\$13,920.



Door signs listing facilities with IUD services



Posters and billboard for IUD campaign



Leaflet



Technical booklet

Advocating for IUD Support and Acceptance

The June 2007 regional IUD campaign launch was attended by approximately 120 people. It featured representatives from the Amhara Regional Health Bureau, USAID/Ethiopia, a satisfied client, and a health worker/provider as guest speakers, and it served to underscore the importance of the IUD as an FP method.

The four participating zones also held launch activities, in an effort to involve and motivate local stakeholders, nongovernmental organizations (NGOs), religious leaders, providers, and outreach workers (CBRHAs and HEWs) who had been trained in IUD counseling and client referral. As in the regional launch, satisfied clients, FP champions, FP providers, and community-based workers were given a chance to share their experience with the IUD.

Several media owners and media agents provided coverage of both the regional and zonal launch events. Information on the IUD and the campaign

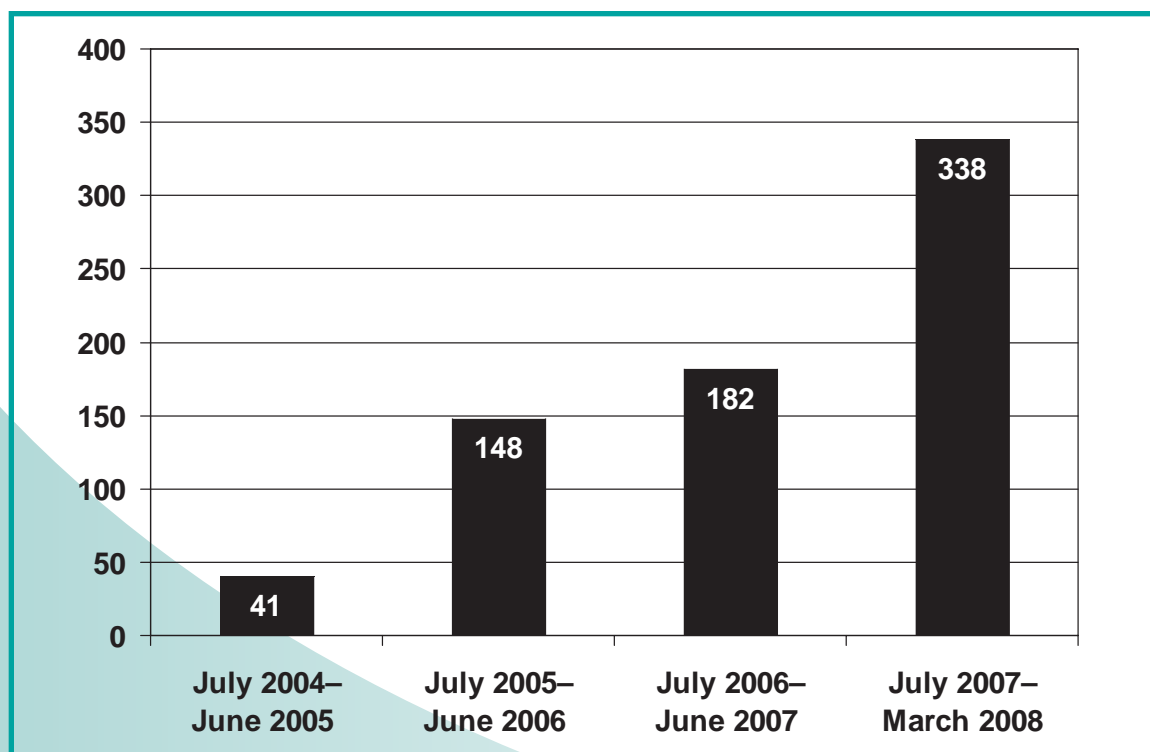
occurring in the Amhara Region was featured in national and regional media. Ethiopian radio, Amhara radio, Ethiopian TV, and the *Addis Zemen* newspaper were examples of media properties that covered the initiative.

All in all, the campaign launch activities succeeded in informing key policymakers, local leaders, and other stakeholders on the importance of FP and of the IUD as a viable method. Zonal-level activities were particularly important to ensuring the support and involvement of local decision makers, religious leaders, and local NGOs.

Results: Increased Provision of IUD Services in Public-Sector Facilities

ACQUIRE's integrated SDA approach significantly increased demand for IUD services in participating facilities. While service statistics are available only on an annual basis, those data indicate that during the period prior to the project's SDA strengthening, the greatest number of IUDs provided was only 182 (in July 2006–June 2007) (Figure 1). The following year, when demand gen-

Figure 1. Number of IUDs provided in Amhara Region, Ethiopia, by public-sector providers, according to time period



eration and communications activities were underway, the number of IUDs provided increased to 338 for the nine-month period for which data were available.

Lessons Learned

ACQUIRE/Ethiopia's comprehensive SDA program model showed positive results for IUD service strengthening and use. Given its success, EngenderHealth/Ethiopia will apply the approach on a much larger scale, expanding from 15 facilities in one region to 250 facilities in five regions (through a private donor grant). Some lessons learned from the IUD revitalization effort will facilitate this expansion.

- **Integration of “Supply, Demand, and Advocacy” components should start early on.** In Ethiopia, as in other countries in which the SDA approach has been applied, it was anticipated that supply-side activities would take the most time to develop, given needs in clinical training, service quality improvement, and outreach worker training. There was less appreciation of the amount of time needed to develop demand-side and advocacy elements. For example, communications campaigns often call for formative and pretest research, require stakeholder buy-in and official review of campaign materials (which can be lengthy), and require branding waivers that can take a long time to process. The implementation of Ethiopia's IUD demand creation strategy met with delays related to the capacity of the local advertising agency, USAID branding exemption authorizations, and approvals of campaign materials by stakeholders. While any program can experience unexpected and unavoidable delays, it is recommended that all components of the SDA model be initiated and integrated early on.
- **The SDA approach helped to address supply-side issues with key stakeholders.** EngenderHealth/Ethiopia believes that the SDA approach helped improve providers' and stakeholders' attitudes toward and acceptance

of the IUD, which in turn made it easier to address supply-side issues. High visibility as a result of Ethiopia's official program launch, national and regional radio, and coordination with multiple organizations generated significant attention and co-opted stakeholders in the program's success. These efforts created a proactive environment that addressed and resolved supply-side program constraints. In Ethiopia, for example, this environment helped ensure the availability of consumable supplies needed for IUD service provision.



At the zonal IUD launch event, a campaign billboard is inaugurated, with stakeholders and CBRHAs in attendance.

- **Future efforts in Ethiopia should integrate multiple communication channels.** As ACQUIRE has increasingly incorporated demand and advocacy components into its clinical programs, appreciation for the broad range of communication interventions that can be used to inform and educate and to stimulate demand for LAPMs has grown. For Ethiopia, one of the first countries to apply the SDA approach, resources available for the demand component were limited and were therefore used for radio, the most cost-effective media channel for reaching women in the three project zones. Zonal-level billboards promoting participating facilities' IUD services were also used. However, ACQUIRE's experience in other countries has shown the importance of

complementing radio with community outreach through experiential marketing firms, as well as other innovative mechanisms for reaching target audiences. Future efforts in Ethiopia to raise awareness of LAPMs among women living in rural areas should increasingly integrate multiple communication channels. It will also be important to expand collaboration with existing community networks.

- **External creative support can improve the quality of campaign materials and expedite the process when working with advertising agencies with limited capacity.** The development of the creative elements for the campaign in Ethiopia took much longer than anticipated. While attempting to be responsive to the project's needs, the small advertising agency had few full-time staff and limited capacity, resulting in delays in the development of the campaign materials. The Ethiopia experience prompted ACQUIRE's decision to use international consultants to assist with the creative development of LAPM campaigns in other countries. This support, which usually involved one technical assistance trip followed by long-distance technical input, proved to facilitate the creative development process.



An Ethiopian woman brings her child for a check-up.

References

Central Statistical Agency (CSA) and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia; and Calverton, MD.

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