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The Gestation of Change: Family Planning Innovations In Uganda

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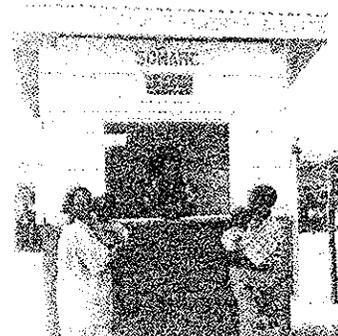
USING NEW SOCIAL MARKETING METHODS TO REACH UNSERVED AND UNDERSERVED POPULATIONS

INTRODUCTION

The Social Marketing for Change (SOMARC) program in Uganda was launched in 1991. Its goal has been to assist the Ugandan government in reaching a new level of national health and family planning goals. But in Uganda, where infrastructure is weak and history and tradition are strong, reaching toward national goals can be a difficult challenge.

Change has not come easily in Uganda, even though social change in the country has often been violent. In the area of family planning, long-standing obstacles facing the Uganda government, and SOMARC, were evident from the start of SOMARC's efforts. The major obstacles to increased contraceptive use throughout Uganda were inadequate knowledge by consumers on contraceptive products and their proper use, as well as fierce opposition based on religious and cultural beliefs. These factors were compounded by limited access to available contraceptive products. Few health units in Uganda provided any type of family planning services, and those that did provide these services often did so through low-level, poorly trained health workers. (Demographic & Health Survey, 1995).

When the SOMARC initiative began, a consistent rural and up-country product distribution infrastructure did not exist. In large cities such as Kampala, traditional sales outlets such as pharmacies, clinics and drug shops were the most common sources for purchasing condoms. However, in rural and up-country areas, few sales outlets carried commercial or social marketing condoms. No private firm and few non-government organizations were engaged in marketing or distributing contraceptive products to Uganda's rural areas on a consistent basis. Given the spread of AIDS and HIV, as well as the government's need to encourage family planning, the situation was critical. This was the situation facing the social marketing program as SOMARC began its work in Uganda.▲



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UGANDA'S SITUATION

Uganda is an extremely poor African country of more than 20 million people. The national government is attempting to come to grips with an annual population growth rate of 3.4%. The vast majority of the country's population — fully 88.5% of its people—lives in the country's rural areas. Uganda's total fertility rate (TFR) is 6.9 children per woman. (Population Reference Bureau, 1998). As a consequence, Uganda's population is expected to almost double to 33.5 million by the year 2025. (Population Reference Bureau 1998).

In the 1980's, many Ugandans died of HIV/AIDS. The disease had reached epidemic proportions by 1990. In 1995, World Health Organization researchers estimated that over 1.5 million people were infected with the HIV virus and 350,000 with AIDS. Uganda's extreme poverty, high TFR, and HIV/AIDS epidemic resulted in health conditions that produced an average life expectancy of 40 years. (Population Reference Bureau, 1998).

Uganda is about 60% Christian, and 5% Muslim; the remaining population practices traditional religions. Paradoxically, knowledge of a modern family planning method among Ugandan women is quite high (92%), yet overall use of contraceptives among women remains very low (Demographic and Health Survey, 1995). According to the 1998 Population Reference Bureau's demographic survey, only 15% of Uganda's married women were using any method of family planning and only 8% used a standard accepted modern method. The need for usable family planning information is high; over two-thirds of Ugandan women surveyed and reported by the Population Reference Bureau in 1998 indicated that they did not want another child for at least two years, or they wanted no more children at all. The level of unmet need was high, 1995 DHS reported unmet need at 29%; and so were the barriers to change.

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REACHING UNDERSERVED AND UNSERVED POPULATIONS

In an attempt to break down barriers to information and access, as well as to overcome religious and cultural traditions that had prevented both men and women from using modern contraceptive methods, SOMARC formed a partnership with the Uganda Private Midwives Association (UPMA) developed the Market Day Midwives project. The Market Day Midwives (MDM) project was designed to place specially-trained traditional midwives in local urban and rural markets throughout Uganda, particularly in underserved and unserved areas to provide access to and accurate information about modern contraceptive methods.



The marketplaces were chosen because they are centers of community activity visited on a weekly basis by at least one member of a family. Participating midwives were asked to identify underserved remote areas near their clinics where the market day stalls could be placed. When the social marketing initiative began, 24 midwives were operating in 40 different marketplaces. Of these markets, 24 had permanent stalls. In addition, there were 16 markets in which the midwives offered only mobile services.

The Market Day Midwives met every other month at the UPMA headquarters in Kampala for management meetings to discuss activities and events that happened in the field, schedules of future events where the midwives could set up stalls, and also to replenish their stock. These meetings were an important forum for developing management and problem-solving skills; problem or unusual situations were discussed and solutions were worked out among the midwives. This gave the midwives a sense of ownership not only of their work, but of the project as a whole. It also built and strengthened their capacity to manage and make decisions.

The midwives sold Pilplan oral contraceptives, and Protector condoms. They also provided education information and counseling to both men and women about modern contraceptive methods, family planning, and HIV/AIDS. As originally conceived, the midwives were not intended to be community educators in the sense of conducting family planning classes or talking to groups of people. This level of outreach only evolved when communities recognized that midwives could offer this service and established a collaboration with the midwives.

One example of the level of outreach achieved by the midwives was found in a sugar plantation employing hundreds of Ugandans. A Market Day Midwife attended the very busy market found within the plantation on a weekly basis. The importance of her services to the workers' community was soon recognized and



the plantation's health officer requested that in addition to the market day, the midwife move into the villages within the plantation to counsel and educate the workers' wives. Many of these women had little or no access to family planning services or education, and were unable to go to the market. The health officer arranged for

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the midwife to be transported by bicycle to the villages so the MDM could conduct family planning classes, community education, and offer individual counseling to the women.

The midwives who were selected as Market Day Midwives had already completed an intensive month-long family planning course with the Family Planning Service Expansion and Technical Support (SEATS) project. They also had participated in a quality customer service course conducted by SOMARC trainers. These courses gave the Market Day Midwives marketing and advocacy skills, for use in promoting family planning, HIV/AIDS prevention, and contraceptive use. This level of training also prepared the midwives to offer the level of counseling and follow-up services necessary to sustain client contraceptive use.

Each Market Day Midwife was given uniforms – Pilplan tee-shirts and hats, and a blue smock – making them easily identifiable in the busy marketplace. In addition, their stalls were painted blue and white for high visibility and these stalls were clearly labeled as family planning outlets. Promotional materials, information brochures, and contraceptive products were displayed on these stalls' interior and exterior walls. A conveniently placed large window opened onto the marketplace, where people could buy products or stop to ask questions. The stalls were equipped with a side door where clients could enter and exist inconspicuously. Inside the stall, clients could sit with a midwife behind curtained partitions, encouraging them to speak openly and confidentially.



A portion of the Market Day Midwives was mobile, they walked through the market carrying their products, supplies, and daily logs in a bag with them. The level of public contact was high, but less formal. Even when working in the markets with permanent stalls, the midwives spent a great deal of time providing mobile services. A major aspect of a midwives' job involved community education and contraceptive advocacy. While doing mobile work, midwives had much more contact with other vendors and shoppers, and they used this contact to gain the local community's confidence. Mobile midwives educated people in large groups, generating a forum for discussion about issues concerning their neighbors' reproductive health. These midwives also initiated discussions with people who would not approach a SOMARC staff, because of cultural constraints, misconceptions, or shyness.

EVALUATION

The Market Day Midwife Project was evaluated in 1996 through in-depth interviews with individual midwives, managers of the markets, other marketplace vendors, and clients. The results of these interviews indicate that the communities viewed the Market Day Midwives as an integral part of their markets. The market managers, other vendors, and the clients welcomed the idea of having a midwife, particularly those midwives who were outgoing and used a proactive approach in dealing with the public.

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Clients said they benefited by having one-on-one counseling available without waiting in long queues at a hospital or clinic, and by knowing midwives were accessible to them if they experienced side effects or needed health questions answered. The project evaluation concluded that working in the stall while also offering mobile services was important to success in a market environment. From the client's perspective, the principal advantage of the stall was the privacy it offered to adolescent girls or women who felt uncomfortable approaching the midwife under the always curious and often disapproving eyes of local elders. The stall location was vital in reaching and serving vulnerable elements of the community.

SALES

In 1995, 12.8% of total SOMARC/Uganda Pilplan oral contraceptive sales were attributed to the Market Day Midwives, as were 1.5% of SOMARC's Protector condom sales. This translated to the midwives generating a total of 740 couple years protection (CYP) of Protector condoms and 2,126 CYP of Pilplan oral contraceptives in 1995.

Total CYPs generated by the Market Day Midwives program (1994-1996) were 9758. The breakdown is 2,632 CYP for Protector condoms, and 7,126 CYPs for Pilplan oral contraceptives. Calculated at 100 condoms per CYP and 15 cycles of low dose orals per CYP.

Sales figures for 1994-1996 were as follows:

	1994	1995	1996
MDM Protector sales	24,683 3-packs (74,049 condoms)	30,640 3-packs (91,920 condoms)	32,402 3-packs (97,206 condoms)
MDM Pilplan sales	10,629 3-packs (31,887 cycles)	13,201 3-packs (39,603 cycles)	11,799 3-packs (35,397 cycles)

SOMARC'S PENETRATION OF RURAL AREAS

A principal design of the program was to reach underserved rural areas with affordable, high-quality modern contraceptive products, and correct information about use, prevention, and protection. This goal was met with 31 of the 38 markets (80%) that were part of the social marketing program were located in rural areas. Through their intensive efforts at community education, the Market Day Midwives found that they could create a demand for family planning. In 10 rural markets (32.3%), in fact, the MDM was the only family planning provider in the local area. These midwives succeeded both in making products and information available to previously unserved communities, and in developing a greater level of comfort and confidence among both women and men in using contraceptive products.

The midwives performed both a public service function and a family planning function. They counseled men and women about the use of condoms and pills for family planning, and on the use of condoms for prevention of HIV/AIDS

and STIs. In addition, they provided high-quality products – SOMARC's Protector condom and oral contraceptive Pilplan – at an affordable price.

On the basis of the 1996 project evaluation, SOMARC recommended that existing stalls be opened more days each week and station more Market Day Midwives at stalls during a single day to maximize the stalls' utility in serving the community. SOMARC also recommended that in addition to the counseling,



contraceptive technology, and information training, a training workshop that focuses on outreach techniques be given to the midwives. This training would help make the midwives comfortable with approaching groups of people in the markets to discuss family planning issues and products.

At the end of 1996, ownership of the Market Day Midwives stalls was turned over to UPMA. During the last part of 1996, SOMARC worked with UPMA to move the project toward sustainability. This included scheduling groups of midwives to work in a marketplace on a given day, or to schedule the midwives on different days during the week, depending of the size of the market and how often it was open. These scheduling strategies, plus a recommendation that the Market Day Midwives be equipped to provide additional health products (e.g. alcohol swabs, bandages), enabled midwives to decrease their expenses and to maximize their own profit potential.

As SOMARC turned this project over to the Midwives Association, a number of steps were undertaken to move the project toward long-term sustainability. The following activities were implemented to help the midwives to view the market stalls as a business opportunity rather than as a subsidized project for which they had no direct accountability.

These steps included:

- The midwives were given training and technical assistance in marketing, management, business planning, and finance.
- Veteran and newly-recruited midwives were enrolled into business planning workshops conducted by SOMARC and a representative from the USAID-funded Delivery of Improved Services for Health (DISH). This was done to help the Market Day Midwives better understand basic business principles such as how many products they needed to sell in order to cover their expenses.
- Representatives from UPMA, SOMARC, and DISH visited groups of MDM to introduce the program's goals and objectives. This included a review of the project's guidelines and areas of responsibilities, the advantages and benefits of taking on new markets and working at established markets, and the introduction of the business plan and record-keeping procedures required by UPMA.
- MDM began discussions with the association to diversify their products and services not only to meet the community's need, but also to maximize their own profits and to make the markets sustainability as a career vehicle for themselves.
- The midwives were trained by SOMARC in administration and technology of another new contraceptive method, DMPA, a three-month contraceptive injection. DMPA under the brand name, Injectaplan, was the newest contracep-



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Lessons Learned

What applicable lessons did SOMARC learn in setting up this distribution/marketing/ counseling program? What key elements should be taken into consideration as any organization chooses to adapt this initiative.

Divide the market area into territories and locate sales people where they will have personal contact with a target audience. Presence in the community and easy access to the midwives are essential to successful distribution in rural areas. Market Day Midwives proved to be most successful when they were: (1) located in a permanent market where a community goes to take care of all its basic needs, (2) had their own stalls where clients knew they could be found, and (3) had regular interactions with the other vendors as well as members of the larger community. These stalls were designed to provide privacy and inconspicuous access for those who were shy or limited by cultural restraints. Mobile MDM had greater contact with clients, or potential clients, but most clients were more comfortable visiting the stalls.

Hire aggressive, people-oriented midwives, and train them to understand consumer needs. In addition to receiving training in family planning, counseling, and contraceptive technology, Market Day Midwives also participated in a course on quality customer service. From these courses, the MDM learned to give reliable contraceptive information, but also had the "soft" skills needed to provide counseling and follow-up services necessary to maintain a satisfied client base.

Work within your own community. The Market Day Midwives were encouraged to identify underserved markets in the areas in which they lived and worked for several reasons: (1) it reduced the cost of travel, in both time and money, (2) if clients needed additional care or treatment, they could visit the midwife at her local clinic, and (3) the midwives spoke the language and were familiar with the communities culture and mores.

Give clients all the correct information they need. Family planning marketplace stalls were decorated with promotional information and were stocked with brochures the clients could take home. The mobile Market Day Midwives were equipped with information that could be given to inquiring clients who did not have the time for in-depth consultations. But many of these people later sought out a midwife for assistance and counseling. Available information made the initial contact a win-win for the Market Day Midwives, the contraceptive social marketing program, and the local population.



Proactively seek opportunities to education. In addition to working in the stalls, Market Day Midwives also traversed the market on foot, forming relationships with the people they met – other vendors, managers of the market, consumers at the market – and gaining the community's confidence – all the while initiating discussion with potential clients who may have been unwilling to

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approach their stalls. Midwives found opportunities to teach people in larger groups, creating a forum for discussion about issues and use of contraceptive products. To strength this outreach, sales agents should receive updated information and training about the products they sell.

Plan for long-term program sustainability. Any contraceptive social marketing program should be designed with the aim of ultimately generating a steady flow of resources to replace those expended in delivering family planning services. This allows a community to enjoy continuous access to family planning and its benefits, as well as protection against STI and HIV/AIDS. In the case of the Market Day Midwives, steps were taken to increase the numbers of midwives working in the markets and to diversify the products and services they offered. This maximized profits which contributed to making these marketing activities sustainable. Additionally, MDMs received training in marketing, business planning, and finance and budgeting techniques to assist them in managing their stalls and marketing activities. As women entrepreneurs and role models, the Market Day Midwives became viable communicators of the message that family planning is good for Uganda's families, and for its women.

SOURCES

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"Market Day Midwives Evaluation." Social Marketing for Change Project, The Futures Group International. 1996.

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SOCIAL MARKETING FOR CHANGE

Social Marketing for Change (SOMARC) is a contraceptive social marketing project which provides moderate- to lower-income couples in 43 developing countries with greater access to contraceptives. Products are sold through private sector outlets, such as pharmacies, street kiosks and doctors offices at a price that is affordable to these women. The U.S. Agency for International Development funds SOMARC III, which is managed by The Futures Group International.

SOMARC gives women the opportunity to purchase contraceptives rather than having to depend on receiving them from government clinics, which often involve long waits and product outages. SOMARC programs also ease the burden of governments to supply contraceptives to all low income women. Projects are designed to stimulate local businesses and sustain development – using local professionals and using or creating indigenous distribution companies, advertising agencies, public relations firms, market research firms and promotion agencies. SOMARC provides extensive training to each of its local partners to improve their technical and business capabilities.▲