Lessons from the integrated life-cycle based health campaign in Uganda

Emmanuel Kayongo, SBCC Advisor USAID Uganda/CHC
The Challenge at Inception

- An audit of HC interventions revealed:
  - Limited implementation & scale-up of HC.
  - Fragmented implementation of interventions.
  - Diseases focused messaging – many messages.
  - Audience fatigue with instructive messages.
  - Disconnect between mass media & IPC
Response

- Formative research
- Segmented audiences, analyzed social determinants using the Social Ecological model (McKee et al., 2000)

- Developed an integrated life-cycle based health communication platform called OBULAMU.
  - Which means, “How’s Life?”
  - Responses go beyond “good” or “bad,” to elicit detailed responses about life and feelings.
  - Engages people in a conversation, finds out what’s important to them and in their circumstances

Figure showing 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, ART uptake and adherence, contraceptive choices and use, MCH, nutrition, TB and malaria prevention and case management.
1. Interpersonal Communication (Campaign Champions, one-on-one, small and large group activations)
2. Mass Media (Radio, TV and outdoor placements)
3. Social Media (Facebook and Twitter)
Results

- Standardization of messages and interventions.
- Country-wide adoption & scale-up by GOU & partners.
- Shift from disease-based communication to audience-specific programming.
- Massive appeal of the brand & campaign which improves IPC connection.
- Daily reach of estimated 10 million people.
- Early results show: average exposure of 85%, intention to act 60%, and 10%
Key lessons to date

- It takes time to build consensus and secure buy-in from IPs and government agencies on key actions for each life cycle.
- Integration is still a new concept, many partners still prefer the comfort of the disease based approach.
- Cross cutting audiences e.g. KPs & PLHIVs are difficult to prioritize for each life stage.
- Health facilities’ set up and personnel are not ready to provide integrated services.
- The traditional types of evaluation limit the learning agenda. There’s need for more agile methodologies.