Onesha upendo wako

Promoting SP3+ uptake

Waziri Nyoni
TCDC
Goal

Empower women and their partners to take the steps necessary for a healthy pregnancy, safe delivery and proper care for the newborn during the first 12 months.

Phase I: Pregnancy + Safe Delivery

Phase II: Post-Partum + 1st Year of Life
Target Audience

• Primary:
  – Pregnant women and their partners

• Secondary:
  – Birth supporters (aunts, mothers, in-laws, friends)
  – Women intending to become pregnant in the next 6 months
  – Health providers
  – Local and district leaders
Phase 1 Background

• Focused on Promoting SP 2 uptake, net use, early ANC attendance (and other areas)
• Ran from Nov 2012 to Dec 2014
Key Malaria Results

• Exposure was a significant predictor of several outcomes;

• For each message source to which a woman was exposed, there was;
  – An 8% greater odd she received an SP dose,

• The more message sources to which women has been exposed, there was 23% greater odds she received 2 or more SP doses, 61% greater odds she slept under a mosquito net the previous night
Exposure by Communication Channel

% Exposure by Channel

- Radio: 83.3%
- Brochure: 37.3%
- Poster: 22.8%
- TV: 20.5%
- Billboard: 14.8%
- Vinyl Banner: 10%
- Sticker: 9.3%
- SMS: 8.8%
- Tire Cover: 7.5%
- T-Shirt: 7%
- Magazine: 5.3%
- Newspaper: 4.7%
- Bag: 3.8%
- Community Event: 3.3%
- Khanga: 2.7%
- Facebook: 1.5%
- Other: 1.5%
- Blog: 0.7%
Knowledge of SP Dosage Number

- 2 doses: 68%
- 3 doses: 22%
- Another number of doses or didn't know: 10%
Net Utilization Previous Night

- Slept under a net: 85%
- Didn't sleep under a net: 15%
Implications

• Evaluation informed development of the second phase of the campaign

• Significant lack of education and employment and low socio-economic status among surveyed women—new campaign needs to target low literacy, low SES, rural populations

• Respondents didn’t know why they should take SP doses
Phase II: New Health Areas

Pregnancy
- Iron and Folic Acid
- SP 3+
- Option B+
- Tetanus Toxoid

Post-Partum
- PNC
- Danger signs
- Care for the newborn
- Breastfeeding
- Immunizations/Vitamin A
- Post-partum family planning

Net Use
Phase II Objectives: Pregnancy

• Take FeFo every day from the time you know you are pregnant. Continue for 90 days after delivery.
• Receive at least three doses of SP and sleep under a treated net every night.
• Receive two doses of the tetanus vaccine during pregnancy.
• Eat foods rich in Vitamin A.
• If you are a pregnant or lactating woman and test HIV positive, choose to start lifelong ART.
Phase II Objectives: Post-Partum

• If you or your newborn experiences any danger signs after delivery, go to the health facility immediately.
• Ensure your baby breastfeeds in the first hour after birth. Give your baby *only* breastmilk from birth to six months.
• Go for all 4 scheduled post-natal care (PNC) visits with your child.
• Complete all routine immunizations.
• Ensure your baby receives Vitamin A drops at 6 months and 1 year.
• A couple should wait at least two years after the birth of a child before trying to become pregnant again.
Communication Channels

Mass Media
- Radio spots/programs
- TV spots/programs
- SMS platform

Promotional Materials
- Bumper stickers
- Banners
- T-shirts
- Khangas

Facility-Level
- IBP brochure
- SP3+ reminder card
- SP3+ poster
- SMS poster
- ANC card wallet
- Baby weighing bag

Community-Level
- Community Resource Kit
TV Spots

SP3+

Breastfeeding

FeFo and Nutrition

Immunizations
Materials Orientation/Distribution

By TCDC

Districts (CHMT) → Wards (CCA) → Village (VV and in-charge) → Health facilities

By partner organizations
• Materials orientation for partners
• Partners piggyback on existing activities to orient health providers
Materials Orientation & Distribution Plan

District Level
• TCDC orients district coordinators (e.g. DRCHCos, Malaria Focal Persons) and CBOs on all of TCDC’s campaigns

Ward Level
• District coordinators orient Community Change Agents (CCAs), Village volunteers and health providers from health facilities

Health Facility Level
• CCAs and health providers distribute materials to health facility
Brochure

• Designed for pregnant woman, woman with new born and supporters
• It includes birth plan and a check list for pregnant woman and mother with new born (0-1yr)
• Health will support pregnant women and mothers with newborns to check the list brochure and fill in the birth plan
• 110 per health facility
SP3+ reminder card

- Designed to remind a pregnant woman about her returning date for next dozes of SP
- After taking the first doze of SP, antenatal care health provider will write on the card a return date for the following doses and give it to a pregnant woman to keep
- Lines below the third dose is for 4th and 5th dose. These lines will be filled incase a pregnant receives more than 3 doses.
- Pregnant woman is suppose to have her reminder card when she comes for another doze
- 150 per health facility
SP Poster

• Designed to placed at health facility eg. at ANC, labor ward, OPD and other public places at health facility
• 3/1 per health facility and dispensary
ANC Card Wallet

- Designed to hold clinic card
- A give away for few pregnant women
- A reward for early attendance, at least 4 visits
- 8 hospital, 8 health facility, 5 zahanati
Baby Weighing Bag

- One per every hospital and health facility
- Designed for weighing babies at clinic
- 1 per hospital and health facility
Promotion materials

- Sticker
- Banners
- Kanga
- T-shirts
Healthy Pregnancy, Health Baby Text Messaging Service
Registrants can receive messages from start of pregnancy through the first year of newborn life. Messages timed according to the week/month of woman’s pregnancy or age of baby.

Receive ~ 4 free messages per week.

Self-registration
*mtoto → 15001*

Supported registration
*mimba → 15001*
Role and Responsibilities

• Health workers support pregnant women to register to the free SMS service
• Health workers support mothers with newborns to register to the free SMS service
• Community health workers also promote that supporters of pregnant women and mothers register to the free service
Preliminary Results-phase II

Registrations to Wazazi Nipendeni SMS

![Graph showing registrations over time, with bars indicating 'Using Health Facility Keyword' and 'Using Campaign Keyword'. It also shows 'Mass Media Off Air' and 'Launch Phase II'.]
Preliminary Results-phase II...

• In August 2015, 99.3% of registrants self-enrolled through the mass media keyword, versus 0.7% who registered with the assistance of a health worker or community volunteer
  • 45% were general information seekers, 27.3% pregnant women, 14.5% supporters, and 13.3% mothers of newborns
• Additional data from other M&E channels will be available by December 2015.
Summary

1. Integrating SP 3+ in a wider safe motherhood campaign/ SBCC platforms has several advantages;
   – Ability to include additional health areas, behavior change objectives, or target audiences
   – Meaningful buy-in across multiple stakeholders; leveraging of resources; the ability to take the campaign to scale; and potential for sustainability

*However*
As we say in Communication

Focus

Demands

Sacrifice
Summary

2. Community mobilization can be scaled up to reach low literate, low SES, rural populations

3. SP 3+ campaigns should give reasons why they should take SP doses and why it has to be early and why it is 3+

4. Campaign materials distribution and restocking plan to HFs is essential

5. Cascade providers orientation is possible but require better coordination
• It’s critical to set up a systematic way of collecting product and service utilization data in order to monitor campaign performance
Asanteni Sana!