

COMMUNICATION & MARKETING PLAN

To enhance demand and access for quality family planning services at government health care facilities

BACKGROUND

According to National Family Health Survey -IV, over 57% women in urban areas access voluntary family planning services from public sector facilities. Majority of them (38.6%) visit government/ municipal hospitals and few of them (3.5%) visit urban primary health centres (UPHCs). The UPHCs are strategically placed closer to the community for them to conveniently access necessary information, knowledge, services and commodities for primary healthcare including family planning. Therefore, improving its visibility, accessibility and knowledge of the services offered is likely to encourage eligible couples voluntarily visit the UPHCs and to choose family planning services of their choice with ease and convenience.

Besides, in Aug. 2018, PSI conducted a household survey in Uttar Pradesh (UP), among women aged 15-24 years and found that those with positive attitude towards using a modern family planning method are more likely to adopt the method than those who have correct knowledge about the modern family planning method.

With all this background, The Challenge Initiative for Healthy Cities (TCIHC) adopted an integrated media approach.

OBJECTIVES

MARKETING OBJECTIVE:

By the end of the project, demand for quality family planning services and commodities improves, and proportion of satisfied users increases by 3% from the baseline in 31 Cities.

COMMUNICATION OBJECTIVES:

In 31 Cities, improve knowledge and shape positive attitude of ASHAs/ ANMs around family planning through intensive coaching and mentoring for them to be able to influence family planning decisions of women and men living in the community.

PRIMARY TARGET AUDIENCE

All married couples in the age group of 15-24yrs, lower wealth quintile/slum dwellers, zero- to-one parity and currently not using any modern family planning methods.

COMMUNICATION DESIGN

Three media channels are used, which include interpersonal communication (IPC), mid-media (folk media and market activation tools comprising of small group meetings, social media platforms and radio) and mass media (print and electronic). While mid and mass media are implemented periodically, IPC is executed continuously.

KEY MESSAGE AND CALL TO ACTION:

By the end of the media exposures, intended audiences aged 15-24 believe that FP methods are safe and effective. By using a reliable and effective FP method she/ he will be able to prevent unwanted or closely spaced pregnancies.

POSITIONING

Urban poor, in need of family planning products/ services, who can seek information and clarifications about the family planning methods and adopt and access any one of them (of their choice) from UPHCs, District Women Hospitals, ORCs etc. as per their convenience.

ACTIVITIES

INTERPERSONAL COMMUNICATION

The TCIHC implements a unique coaching model of ‘Lead-Assist-Observe’ to capacitate the urban ASHAs. The Field Program Associates under the Initiative are coaches who mentor ASHAs on identifying potential family planning users, how to counsel them and how to effectively disseminate correct knowledge of family planning options/ methods and services. These skills are used by ASHAs during their routine home visits and outreach sessions. ASHAs are also coached on data management, which helps them to segregate potential family planning clients from the due-list.

MID-MEDIA

TCIHC in coordination with the state government has rolled out mid media interventions in two phases.

In the first phase, a folk based mid-media campaign named as ‘Tota-Maina ke Shaadi’ was launched in September-October 2018 in the five cities of Uttar Pradesh namely—Allahabad, Varanasi, Gorakhpur, Saharanpur and Firozabad.

Based on the first phase learnings of, a new campaign was designed for all the 31 cities.

The second phase campaign called ‘Pyar wali Chitkani’ was rolled out in July 2019 using the market activation tools such as small group meetings (Chai Pe Charcha), social media platforms, Nightline IVR radio media, games and posters/IEC collaterals.

These campaigns received complete support from the state and district officials with Chief Medical Officers launching the campaign their cities.

A multi-level committee including development partners constituted by the state government reviewed the mass media package. The final package has been handed over to the state government for media planning and telecasting.

STRATEGIC APPROACH

ROLLOUT STRATEGY FOR INTERPERSONAL COMMUNICATION

- In each interaction ASHAs counselled the intended audiences aged 15-24 with the key message - ‘Protect yourself from unplanned and closely spaced pregnancies before you are at risk of becoming pregnant again after giving a birth.’
- ASHAs talked about key features and benefits of accessing services from UPHCs particularly on a Fixed Day Static Services/ Family Planning Day (FDS)/(FPD) and in outreach camps where-trained staff counsels’ women on the range of contraceptive choices available to her.

- In-facility branding: Features and benefits of accessing services from UPHCs are strategically displayed. Contents are developed in accordance with National Urban Health Mission (NUHM) branding guidelines and placed in all facilities across all cities.

- “Go to nearest UPHCs...” a mandatory call to action was included in all the communication material.

ROLLOUT STRATEGY FOR MID MEDIA:

- Segregation of 31 project cities into two groups: High touch cities (21 cities) and Low touch cities (10 cities).
- The 21 high touch cities identified had the following features:
 - high city population;
 - high slum density with the potential to reach larger numbers;
 - higher number of functional UPHCs/ UHNDs/ ORCs;
 - higher number of recruited, trained and active urban ASHAs.
- Distribution of additional resources to high touch cities to provide for maximum number of campaign days, though the campaign elements remained same in both high and low touch cities.

LEARNINGS

1. Key learning for interpersonal communication - coaching
 - a) Providing slum maps and lists and allocation of geographies to Field Program Associates (FPA) helps maximize the reach and coverage. These maps served as navigation tools for the FPAs.
 - b) For large teams, standard training module is helpful as it prevents message loss and dilution.
 - c) Branding of training modules made the training purposive.
 - d) Real time analysis involving MIS application was effective and useful.
 - e) Refresher training of FPAs and FPCs proved helpful.
2. Key learning for mid media
 - i. Selection of agency with high degree of media execution capacity is critical to the success of any mid media activity.
 - ii. Christening media activities with innovative names attracts audience. It even has high recall value.
 - iii. Mobilizing clients to converge at/ reach a common location is a challenge.
 - iv. Involving applications for real time MIS is helpful to achieve its objectives.
 - v. A motivated team is critical to the success of mid media activities especially in urban areas.
 - vi. Training additional team members from city team / national team helps in managing the activities in the implementation stage.
3. Key learning for mass media
 - a) Involving stakeholders right from the designing phase is critical to the success of a mass media campaign.

‘Tota maina ke shaadi’ campaign went on to receive several national and international awards from the marketing and advertising fraternity.