



UPHOLDING POSITIVE CHANGE: BEHAVIOR CHANGE COMMUNICATION ACROSS UGANDA'S UPHOLD PROJECT





“People are often willing to try new practices—even those that may go against culture or tradition—if they believe it will help break the cycle of poverty in their families.”
—Ben Solomon Ajuma, Head Teacher, Ave Primary School (Arua district)

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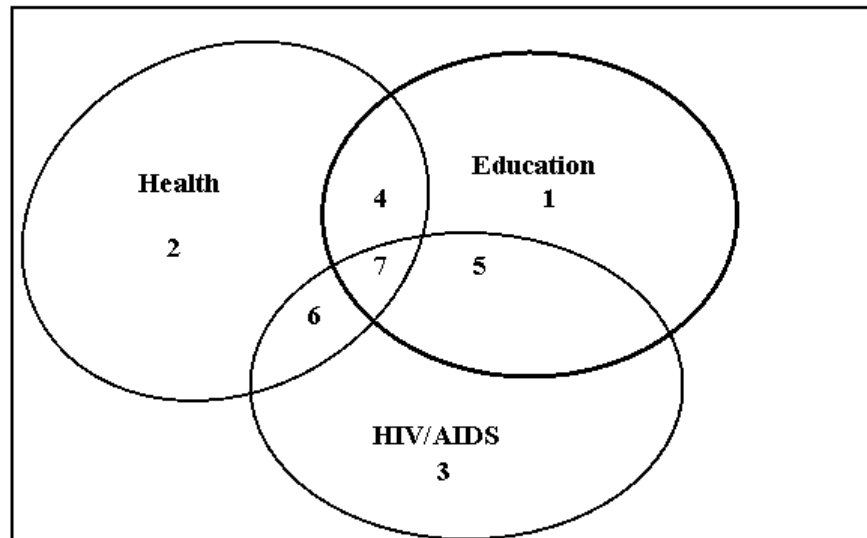
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BACKGROUND: THE UPHOLD PROJECT'S INTEGRATED APPROACH

Implemented from October 2002 to September 2008, the Uganda Program for Human and Holistic Development (UPHOLD) was a USAID-funded project dedicated to taking an integrated approach to increase the utilization, quality, support, and sustainability of services in the education, health and HIV/AIDS sectors. UPHOLD was the first large USAID-supported integrated social-sector project in Africa. Its four main goals were to:

1. Reduce the spread of HIV/AIDS and sexually transmitted infections
2. Improve educational status
3. Decrease child and maternal mortality
4. Stabilize population growth in selected¹ districts in Uganda

Working from a foundation comprising three technical sectors—HIV/AIDS, primary health care, and primary education—UPHOLD's integrated strategy resulted in activities that spanned seven broad technical domains. Some interventions addressed a single sector, while others addressed two or three sectors concurrently. For example, in the figure below showing the combination of interventions, area 4 represents activities that concurrently had an impact on health (i.e. primary health care) and education.



¹ Twenty districts were selected in 2004, increasing to 34 districts (created through local elections) in 2006. By the end of the project in 2008, UPHOLD worked in 28 districts.

Within the seven broad technical domains, UPHOLD's specific technical interventions covered:

- HIV/AIDS prevention and care;
- primary school education;
- early childhood development;
- child health;
- adolescent health;
- integrated reproductive health (specifically, safe motherhood and family planning); and
- communicable disease control (particularly malaria and TB control).

An additional five technical interventions were cross-cutting, including:

- behavior change communications (BCC) and other behavior-centered strategies;
- performance improvement;
- quality assurance;
- private sector support; and
- community ownership and involvement.

BEHAVIOR CHANGE COMMUNICATION IN THE UPHOLD PROJECT

Managed by John Snow Research and Training Institute, Inc. (JSI), UPHOLD's Behavior Change Communication (BCC) activities were developed and implemented through a sub-contract with The Manoff Group, Inc.

In contrast to conventional communication and health education, which focus on conveying information, communication that is geared to encouraging health-promoting behaviors must be strategic not only in the development of media and materials, but also in involving existing program activities and shaping new activities to facilitate behavior change. BCC uses carefully selected, but multiple communication channels to promote very specific, feasible behavioral objectives, and aims to motivate and support people to achieve these objectives. This may entail overcoming barriers to carrying out targeted behaviors. BCC planners are mindful that actions in areas as diverse as policy change, service improvement, and community mobilization may be needed to work with BCC to achieve behavior change, as a number of the stories in this document illustrate.

Through commentary and vignettes, this document describes selected BCC activities supported through UPHOLD and discusses their impact on UPHOLD's overall ability to achieve its four main project goals.

Achieving each of the main objectives of UPHOLD relied on influencing behavior. The UPHOLD team recognized that BCC is most effective when designed and implemented as an integrated component of a comprehensive strategy aimed at achieving clear objectives. Communications played an important role in bringing about behavior change to increase the use and quality of services and promote other key preventive practices by:

- *informing* people of desired actions, including when, where, and how to carry out desirable practices;
- *teaching* skills and suggesting practical strategies;
- *motivating* people to try new practices or maintain positive practices; and
- *fostering* positive social norms.

To achieve key behaviors, specific barriers, and supports to instrumental practices were addressed through locally appropriate activities. BCC worked to make positive practices more desirable and easier to adopt by identifying and addressing the principal determinants of a specific practice. Determinants usually went beyond knowledge and awareness to include public support, social norms, and self-efficacy.

Throughout each activity, BCC promoted key themes identified by UPHOLD as integral to the use and provision of quality social-sector services: provider-client relationships, family and community dialogue and decision-making, and the prevention of gender-based violence.

Across UPHOLD's three technical sectors and seven broad technical domains, BCC was instrumental in ...

...combating the spread of HIV and empowering families and communities to support positive living among people with HIV by reducing risks, improving preventive practices, and strengthening local support mechanisms—

- The cruel, indelible relationship between domestic violence and the spread of HIV is well documented. With training and support from COVOID (Community Volunteer Initiative for Development), a civil society organization that operated through a grant from UPHOLD, “model couples” in the fishing village of Kashaka were trained to counsel other husbands and wives on resolving conflict and jointly confronting HIV. The critical first steps are seeking HIV testing and openly sharing the results at home. For HIV-negative, HIV-positive, and discordant couples alike, agreeing on a follow-up plan that includes faithfulness is an essential step toward a healthier future. In Nyabubara, a local model couple also performs in a play about domestic violence. Their drama troupe, called the “Post-test Club” because all of its members have been tested for HIV, depicts two families dealing with the pressure of everyday expenses. While persistent disagreement leads to physical aggression in a household featured in act one, the second act shows a family that jointly discusses pending needs and potential solutions. Following each scene, the audience is invited to exchange ideas about what they’ve watched.

...increasing the quality of services by motivating districts, health facilities and communities to improve the quality of health services—

- In response to rapidly declining use of public health facilities, the Ugandan Ministry of Health established the *Yellow Star Program* in 2000 as a way to improve service quality. Through the program, facilities were regularly evaluated against a set of 35 essential service standards. If they attained those standards, they would be awarded a plaque announcing their *Yellow Star Status*. However, two years after introduction, only one public health facility in the country had earned the right to receive a plaque and be branded as a quality facility. Partnering with the Ministry to revitalize its program, UPHOLD introduced *community involvement* to engage community members as well as health workers and district officials in the pursuit of quality. Community members around the country have contributed significantly. For example, in Namayumba (Central Uganda), community members dug a bore hole that has helped ensure access to clean water for use in the local health center. UPHOLD initiated *Reaching for the Stars*, a campaign to build *Stars in Progress*: large star statues in front of participating facilities that help people visualize progress in reaching quality standards. Stars are painted segment-by-segment by community members to show proportional steps towards meeting standards and helping newly-expanded stakeholder groups more closely track their efforts.

...improving student retention in schools—

- In the Arua district, a lack of adequate safety in public schools was recognized as a leading cause of student drop-out, particularly among girls who were sometimes subject to sexual advances by teachers. UPHOLD partnered with local governments to introduce

safe school contracts, which children sign after forming friendship groups to help one another avoid school-time dangers, and teachers sign as a pledge to protect the well-being of their pupils. The contract has not only been a key part of rapid improvements in student retention, but teachers also report that friendship groups have reaped additional benefits, such as joint support with homework and exam preparation, as well spontaneous peer-to-peer counseling.

...facilitating community-level responses to health, HIV and primary education service use and needs—

- Before airing a series programs on health, education, and HIV on 10 radio stations throughout Uganda, UPHOLD trained the country’s most popular on-air hosts on these themes and then asked them to urge their audiences to form radio listening clubs. More than 35,000 active club members in UPHOLD districts proved the power of communities. Group listening facilitated community dialogue and stimulated local action. The programs also served as catalysts for extraordinary community-led action from a new generation of local leaders. After listening to a program about exercise, a club in the village of Nsagasa formed a soccer club for local children, helping to fund related costs by also establishing a community garden for sugar and banana production and sales. In Kitanyata, a modest radio listening club has grown to more than 600 members who are now registered as a community-based organization that supports learning and joint action in the areas of health, income generation through sustainable farming and craft making, and credit and savings.

UPHOLD used annual Lot Quality Assurance Sampling surveys (LQAS) to measure the coverage of activities, including exposure to communication activities, and monitor changes in certain behaviors in households, as shown below.

Percentage of households in UPHOLD districts that reported...	2006
hearing at least one message from an HIV/AIDS-focused drama activity held in their community in the last 12 months.	47.9
hearing at least one IEC message from a health-focused drama (on family planning, malaria, etc.) held in their community in the last 12 months.	44.0
hearing at least one radio message on the new ACT (malaria) treatment within the previous month.	60.3
hearing radio messages on IPT (preventive malaria treatment) in the previous month.	72.8
hearing at least one message on ITNs (insecticide-treated bed nets) in the last 12 months.	78.3

Changes in key behaviors promoted through UPHOLD’s BCC activities are shown in the following table.

Percentage (in UPHOLD districts) of...	2004	2005	2006	2007
children under the age of five who had fever (at some time during the previous two weeks) and received the recommended treatment within 24 hours.	30.7	39.7	76.6	76.4
children aged 12-23 months who received the third dose of DPT by the age of 12 months.	50.8	72.2	84.3	81.1
deliveries in the last two years that took place in a health facility.	41.0	45.9	50.0	57.8
adults (15 years of age and above) who report having been tested for HIV <i>and</i> having received their results.	16.4	18.7	28.5	31.8
primary school-aged children (6-12 years of age) attending school regularly (i.e., all five days preceding the survey).	76.9	82.2	85.6	88.9

Without parallel surveys in non-participating districts, the direct contribution of UPHOLD and its partners to project beneficiaries cannot be measured precisely. However, data from non-participating districts suggest positive impact. Furthermore, while the specific contribution of BCC activities toward behavior change cannot be quantified, the LQAS results show that people in participating districts were exposed to BCC activities. Project data also demonstrate high levels of participation in health, primary education, and targeted HIV-prevention activities at the family, school, and community levels.

STRENGTHENING COUPLES' DIALOGUE TO PROMOTE HEALTH

Controlling the HIV pandemic is impossible without confronting the social factors that trigger it to spread. In Rakai district, as in much of Uganda, the double burdens of marital infidelity and domestic violence are threatening the health of entire communities.

Two complementary BCC activities have been used in a number of villages to reinforce the ability of couples to prevent HIV through faithfulness, to reduce domestic violence, and to deal together with the effects of HIV/AIDS. Couples are gathering to see and then discuss community-sponsored dramas that depict home life in the context of HIV/AIDS. In addition, in a more intimate setting, trained “model couples” are giving advice to their neighbors and exemplifying new behaviors related to increasing marital harmony as a fundamental step in preventing HIV and other health problems and dealing with positive test results.

Model Couples Counsel Their Peers

The road to Kashaka ends at Lake Rutooto, one of the largest crater lakes in Uganda's Queen Elizabeth National Park. If you are lucky, you can see a lion or an elephant from the winding dirt road that leads there.

In most Ugandan communities, HIV/AIDS stigma remains strong and people are reluctant to disclose (or even learn) their HIV status. However, in almost any group assembled in this fishing village, you can ask how many people have been tested for HIV and nearly every hand will be raised. Ask if anyone wishes to discuss how they've dealt with a positive diagnosis, and many hands will be raised once again. Though a devastating display of how much HIV/AIDS affects Kashaka, the hands in the air also show that this community is different from many others.

While most adults in Kashaka eagerly married at the age when they wished to found a family, few report having stayed faithful to their spouse. Some say that widespread infidelity is fomented by the long absences of the fisherman, and others believe that it's a product of the fatalism that such a precarious livelihood produces. “When we first started working here, we'd often hear fishermen say, ‘Why should we worry about AIDS if the water will likely kill us first?’” said UPHOLD Regional Director Lois Kateebire.

In 2007, UPHOLD provided a grant to local civil society organization, COVOID (Community Volunteer Initiative for Development), to train and support model couples who would counsel their fellow couples in Kashaka and elsewhere. For these peer counselors—who live in the same communities where they work as counselors—a main concern is helping others settle problems that might otherwise lead to infidelity, which contributes to the spread of HIV infection in the communities.

“At first, I thought it was impossible to trust others, including my husband,” said one member of a group that had gathered to talk in Kashaka. Sitting close by, Saïd Mayanja nodded his head in understanding. He and his wife, Zaituni, are a model couple, who had found that mistrust was a enormous contributor to in-home aggression and, thus, the biggest obstacle to couples being able to confront jointly their sero-status.

“For HIV-negative, HIV-positive, and discordant couples alike, agreeing on a plan that reduces violence and leads to faithfulness is an essential part of a healthier future,” Saïd explained.

“However, in a community where ‘moving around’ (extramarital relationships) was commonplace and few couples even shared their earnings, the idea of being faithful was once hard to imagine,” he noted. But now couples are starting to do just that. They’re even bringing some of the conversations they’ve had at home into group meetings of people living with HIV, knowing that further opening the discussion about domestic violence and HIV and strategies to remain faithful is Kashaka’s best chance to slow the spread of HIV.

Saïd and Zaituni are proud of the improvements they’ve seen in their community and the strength that many husbands and wives are now gaining from each other. They recognize that there is less domestic violence in the community, and more couples are staying faithful to each other and getting tested together. Their role as a model couple remains as important as ever, however. For couples living with HIV, they offer continuous motivation for fidelity to each other; safer sex; care and support, including adherence to ARVs; and help in planning for the support of children who may lose their parents to AIDS.

Music, Dance, and Drama Deliver Tailored Messages

The Post-test Club, an acting troupe so-named because all of its members have been tested for HIV, makes its way towards a crowd that has gathered in the village of Nyabubare. In two perfect lines, the actors walk in cadence with the tune of their opening song, a tribute to COVOID for, “Empowering women to come out and talk against domestic violence, and promote their equality with men.” The second song, a dance-infused plea to the audience to seek out HIV testing, is a signal to latecomers that the drama will soon begin.

Scene 1: A mother, father, and daughter argue intensely over a growing list of needed household purchases. With agreement all but impossible, the father storms away to seek refuge at a local bar, where he is propositioned by numerous commercial sex workers. His drunken, money-less return home is met by an unhappy wife, and he becomes violent. When the scene ends, an actor from the Post-test Club—who is also a model-couple counselor—comes out to ask the crowd how they would describe and discuss the actions of each family member they had just seen depicted.

Scene 2: An affectionate couple sits down with their teenage children to discuss the impending due date for school fees. Asking the children what other costs may also soon arise from their schooling, the parents then discuss how to raise the money, all the while balancing necessities at home. The father next talks about tackling another family issue: HIV testing. As they leave the stage together for the nearest health facility that offers HIV testing and counseling, a new discussion is started with the audience.



A two-part drama performed by the Post-test Club features one couple that resolves issues without violence and discusses HIV testing, while the other resorts to anger, which leads to infidelity and increased risk of HIV transmission. After each scene, the audience is led in a discussion of what they've seen.

Dramas that sensitively raise important, common issues and that lead to well-moderated discussions can serve as an effective way to promote desirable behavior change. Though offering more limited reach than mass media, dramas may allow superior message comprehension by target audiences because they can be performed in local languages and are highly tailored to the context of the communities where they are seen.

In 2005 and 2006, UPHOLD supported the training of 200 music, dance, and drama (MDD) troupes through a partnership with the nationally renowned Ndere Troupe. The project worked with professional script writers to develop 14 scripts on the health, HIV, and primary education topics related to the project objectives. Questions for facilitating a dialogue with audience members about the issue after the performance are part of each script. Ndere trained local MDD groups in all participating districts, including troupes affiliated with civil society organizations like COVOID, in how to conduct interactive performances with large audiences. Training covered topics such as behaviors that make a difference, key barriers to action, incorporating the local context, and how to facilitate dialogue after performances. During the training, troupes adapted the scripts to the local language and context.

Complementary Activities Reinforce Key Behaviors

“The more times and channels we can use to disseminate important information, the more likely people are to act on it,” says UPHOLD BCC Advisor Kenneth Mulondo. He points out that NGO-supported radio messages heard in Kashaka had been effective for some time in motivating people to seek HIV testing. Still, it took the addition of model couples counseling to establish a structure for the essential next step: effective post-test planning throughout the community. In Nyabubare, the post-drama discussions were not as effective as desired, but model couples also used the scenes as the starting point for in-home counseling for families to address specific families’ needs; strengthen couple dialogue; reduce domestic violence; and increase faithfulness, couple testing for HIV, and disclosure.

COMMUNITIES: MORE THAN JUST CLIENTS OF HEALTH FACILITIES

At the center of four small buildings that make up the Namayumba Health Center stands a sturdy pedestal that is topped by a large steel-constructed star. At present, four of the star's points are painted yellow, signifying that Namayumba is at least 80 percent of the way towards fulfilling critical service standards for the communities it serves. In fact, a supervisory visit in May 2008 showed that Namayumba was 95 percent of the way to its goal, and a ceremonious painting of the final point could come even before year's end. The star is a definitive reminder to the center's health workers of the progress they've made in increasing quality. Moreover, it is an equal reminder to the center's clients, who are beneficiaries of a strengthened health system as well as key contributors to the improvements being achieved.

At the close of the 1990s, usage of Uganda's public health facilities was in rapid decline; a clear indication that service quality was poor enough to drive some clients towards private facilities and others to forgo even what was then a modest expense for consultation. In an effort to reverse this trend, the Ministry of Health introduced a quality improvement methodology known as the Yellow Star Program in July 2000.

At its foundation, the program comprised supportive supervision of health service delivery points using a set of 35 benchmarks that the Ugandan Ministry of Health and its partners established as the "Basic Standards for Quality Health Care Provision." The Yellow Star 'brand,' or visual identity, communicates to clients that the services of a particular facility are quality healthcare services. In addition, it motivates health workers to continue to strive for and maintain quality. At the outset of the program, the USAID-supported DISH project created posters of blank stars in anticipation of the day when a facility would attain all basic standards, and could color in their posters and display them.

However, two years into the program, when UPHOLD got underway, the process of guided supervision was not doing enough to facilitate the type of rapid quality improvement that the Ministry sought for the Ugandan health system. By that time, only one of the country's health facilities had achieved Yellow Star status and therefore no other facility or clients benefited from the Yellow Star brand. Complicating efforts was a decision to discontinue service fees in public facilities, meaning that already underperforming health centers would also face the test of a sharp rise in clientele and drop in revenue.

"The Yellow Star Program was an ideal strategy in the context of a fee-based health system," explained UPHOLD Deputy Chief of Party, Elizabeth Ekochu. "It is still the most appropriate approach for improving quality, but reduced cash flow and increased demand lengthened the time it took to reach objectives," However, Ekochu was careful to suggest that some 80 percent of the Basic Standards are a question of good management, with the rest requiring some levels of funding, such as for procurement of equipment.

The Ministry of Health turned to UPHOLD in 2005 to help revitalize the Yellow Star Program and to expand it to 16 UPHOLD participating districts. In 2006, expansion continued to all 34 UPHOLD-participating districts. The project responded to the Ministry's request with two innovations to encourage new practices: community dialogue to create a larger set of stakeholders to bring about change, and "Stars in Progress" to recognize and reward every improvement in performance.

Reaching for the Stars



A community dialogue is held to discuss results after each regular assessment of the Namayumba Health Center. Early on, the management committee and community members identified better access to clean water as a priority, and agreed on a plan for financing and digging a bore hole.

UPHOLD introduced the “Reaching for the Stars” campaign to build the Yellow Star Program brand and program achievements in 24 facilities in six districts. A visual identity communicates the promotion of quality to clients and motivates health workers to continue to strive for and maintain quality. Large statues, called Stars in Progress, were placed in front of each health facility to create a dynamic symbol to show the level of quality of a health facility and motivate improvements. Each of the star’s points represents 20 percent of the Basic Standards for Quality Health Care Provision. The project encouraged proportional painting to reflect the results of each quarterly assessment (e.g. painting three points to reflect a 60 percent score); including un-painting points when scores drop.

A nationally-renowned artist worked with local artists, student groups, and community members in each community to create their own star. This joint effort was followed by launch events with local and regional media coverage. The process has built community interest in the quality of the health facility and in contributing to improvements in quality so as to be able to paint the next star point. During assessments, community representatives are invited to join.

UPHOLD developed a simple, visual checklist that captures key areas of quality for community members to use during assessments. After each Yellow Star Program assessment, the community meets with the Health Management Board and district health officials to learn about the outcomes of the assessment and paint – or unpaint – a star point. More often than not, the facilities and communities have responded to visible evidence to improve their facility. Painting a point is a source of celebration and pride for everyone in the community.

Community dialogue and involvement have been critical to resolving differing expectations and improving practices of both health providers and community members. For example, in Namayumba, many livestock owners in the community felt that the grounds of their health center should be available for cattle grazing. This was in sharp contrast to health workers, who

wanted the lush grass area fenced for better security and improved sanitation. Negotiations and various compromises were hotly contested. In the end, a new fence was raised around part of the grass land and a borehole for clean water was dug in close proximity. In other areas, community dialogue and involvement produced new boreholes and latrines, continual grounds cleaning, a community health center liaison, and even pressure to change the director of the health center in cases of non-performance.

“If communities didn’t feel a sense of ownership for their health centers, a partially-painted star could easily represent a fairly negative image of an underperforming facility that should be avoided,” suggested Sarah Tibagwa Nyakabura of UPHOLD. “With community dialogue and involvement, though, the Stars in Progress become an important part of enabling all stakeholders to gauge how well and how fast they are responding to service gaps.”



Only one point on the “Star in Progress” remains unpainted at the Namayumba Health Center, showing that the facility currently meets at least 80% of expected standards for patient care. Staff and community members are working together to solve unmet needs, such as procuring key medical equipment to ensure that their star will be soon be fully painted.

Signifying its most recent assessment score of 95 percent, the Namayumba Health Center star with four painted points is sending a message even beyond the surrounding community. Nurse-in-Charge Sister Martha Namatovu has noticed that clients are coming from elsewhere as news of the center’s improving quality spreads.

Ofwona is hardly surprised to find that service standards at Namayumba have steadily improved, advancing from a score of 54 percent in 2005 to 95 percent in mid-2008. “Working for the good of the community, known as *Burungi Wansi* [in the central part of the country], has been part of community life in Uganda for generations. We are now using that spirit to benefit health,” he said.

Additional BCC activities supported the Yellow Star branding efforts. In recognition of the important role that district health officials play in assessing and motivating quality standards, desktop star models were made for each health sub-district official. The models help the

officials to visually assess which facilities reach standards and which need extra support from the district government.

A quarterly newsletter developed with the Ministry of Health called *Health Workers Matter* distributed to every health center in participating districts included Yellow Star standards updates in each edition, specifically related to the newsletter's focus. For example, in the edition on child immunization, articles tailored for health workers included descriptions about the Yellow Star standards related to immunization, the status of facilities in the participating districts, and realistic ways to improve the quality measures. Additionally, the Ministry of Health contributed articles and pointers on client-centered care—an important quality gap—in each edition.

Health Committee Chairman Edward Kasoma points out that covering the remaining distance to meeting all basic standards will require Namayumba to improve recordkeeping and procure certain basic equipment. He is cautiously confident. Fortunately, Ministry of Health support to the Yellow Star program has endured beyond the project: supervisory visits from district health officials have continued to support the facility to meet basic standards of quality care.

CREATING SAFE SCHOOL ENVIRONMENTS

Each morning, Lillian walks with the same three friends to the Ave Primary School in the open expanse of northwest Uganda's Arua district. The 14-year-old girls mutually listed each other on the "safe school contract" they had recently signed as part of an effort to improve student security. As the group nears the main road, they begin to encounter other student clusters headed in the same direction. Today, though, Lillian's mathematics teacher has asked her to stop by his house and help carry exercise books he corrected the night before. Before the Safe School Contract, she might have considered going alone. Now, she and her friends make the detour together.

Discussions between UPHOLD staff and students, their families, and educators revealed the linkages between staying in school and avoiding pregnancy and HIV, and that a child's ability and desire to remain in school is significantly influenced by a feeling of safety. In response to this, UPHOLD partnered with local government officials beginning in 2003 in Arua and 33 other districts to introduce the contract that Lillian and her fellow students signed. Chief among concerns at the time were far-too-frequent cases of cross-generational sex between teachers and students, as well as vulnerability to violence on the path between school and home, and in the school itself.

Asked first to identify classmates with whom they could form a safety group, all students were invited to sign a simple contract that states, "I will bring my 3 to 4 friends if called to a teacher's room after class or to his or her home. I will report safety concerns without delay." For their part, teachers signed a complementary contract against violence. In addition to promises against seeing pupils alone and also reporting all safety concerns, it more generally prescribes acting, "...with honor and bravery to protect pupils' safety and future."



At the Arua Hill Primary School, a safe schools contract signed by all students and teachers is posted on a bulletin board in the center of the courtyard. The commitment of everyone to eliminating violence, including sexual coercion, is helping decrease student drop-out by creating a school environment where students feel safe to come and learn and fewer girls get pregnant.

In effect, the signing of these contracts signaled that behavior that had been tacitly accepted by lack of public dialogue and action was no longer acceptable. Students (and implicitly their parents) as well as teachers explicitly committed to new practices.

The move towards school-related safety resonates well in Arua, where internal conflict and localized fragility across nearby borders with Southern Sudan and DR Congo have periodically affected the area for many years. Still, children there do not cite violence when talking about their nearly unanimous participation in the safe school contracts. “The contract makes us believe we can continue our studies until the end,” said Monica, a 13-year old student at the Arua Hill Primary School. “It’s like taking an oath,” added her classmate, Victor. As a companion to the contract, both students also signed a small card on which they stated personal objectives for their studies and future careers.

While most teachers in Arua have also endorsed the safe school contract, a number were initially hesitant, often feeling that the contract represented a visible assumption that they were untrustworthy and that it would only worsen what they viewed as a long-standing adversarial relationship with students and their parents. Yet, the effect has been the opposite. “Knowing I’ve signed the contract, students now readily come to see me for help with schoolwork and to report safety concerns because they are more confident in my intention to help them,” related George Atiku. He is one of many teachers who claim that friendship groups have reaped additional benefits rarely seen before in area schools, such as joint support with homework and exam preparation, as well as spontaneous peer-to-peer counseling.

Working toward a quality learning environment

Clearly, improving safety at schools cannot alone quell high drop-out rates. Two key UPHOLD programs implemented in parallel with the contract were cooperative learning to improve students’ comprehension (especially in large classroom settings) and community involvement in education, which engages parents in the education of their children, ultimately motivating families to put greater value on schooling. This powerful triumvirate is helping revitalize a public system that has often struggled to instruct and retain the growing number of students enrolled in Ugandan schools since the introduction of free “universal primary education” in 1997. A number of sub-counties are taking the question of school retention one step further by imposing fines on the parents of truant children, although no national law for compulsory education exists.

Atiku and his fellow teachers have also seen a noticeable difference in school attendance, with higher retention of students from one school year to the next, as well as fewer absences from students who formerly left during harvest periods. Their estimates are well supported by yearly surveys showing that regular primary school attendance in UPHOLD’s intervention districts increased from 77% in 2004 to 89% in 2007.

Behind this improvement in retention lie a variety of other positive developments, besides a reduction in violence, spurred by the school contracts and other UPHOLD-supported interventions. Classes became more interesting, students started working together more in class (through cooperative learning), exam scores increased, increased parental involvement led to more toilets and school lunches, teacher attendance improved, etc. Communities have forced schools to take back girls suspended due to pregnancy.



The Safe Schools Contract is one of the elements helping to boost attendance and student retention, especially amongst girls, in schools like Ave Primary School.

Although all students (and the entire school community) have benefited, these changes have meant the most to girls. Many families have customarily viewed their daughters as a source of “bride prizes,” often impelling girls in their early teens to discontinue education in favor of marriage and motherhood. If 16-year old Evaline is any indication, that tradition is on a fast decline. The student from Ave Primary School plans to continue her academic career as long as she believes there is still more to learn. “Maybe I’ll get married when I’m 40,” she joked.

Evaline’s headmaster is more analytical when he considers the rapid evolution of families who are placing greater value on the long-term education of girls than on their more immediate profitability as wives. “Poverty is the most convincing argument for behavior change. People are often willing to try new practices—even those that may go against culture or tradition—if they believe it will help break the cycle of poverty in their families,” he said.

HARNESSING THE POWER OF RADIO FOR BEHAVIOR CHANGE

Behind a simple console in the Voice of Toro studios, Ray Bashir Kayondo—known as “Brother Bashir” to his listeners—hosted weekly radio listening club programs for three years. The programs were intended to facilitate dialogue and joint action among providers, consumers and managers of social services in the health, primary school education and HIV/AIDS sectors delivered in facilities, homes and communities. Topics promote UPHOLD’s overarching themes through specific technical-sector priorities, including improved use of services, improved quality of services and more healthful practices.

The Voice of Toro is one of the largest more than 100 FM stations in Uganda, reaching Rwenzori region’s Kyenjojo and Bundibugyo districts with more than five million people. It is one of 10 large FM stations that participated with UPHOLD to create and maintain 2,000 radio listening clubs with more than 35,000 active members. Club members include local political and administrative leaders, teachers, parent-teacher association (PTA) members, village health team members, religious leaders and others. Radio listening clubs are not new to Uganda, but this was the first project to bring local leaders from all sectors together on a regular basis.

Programs consisted of 30 minutes of expert discussion, testimonials and/or drama, produced by UPHOLD to cover the project’s three technical domains: health, HIV and AIDS and primary education. Programs were pre-recorded and broadcast in eight local languages at times selected by each radio station. The content for each program centered around a behavior, and focused on how community leaders could promote the behavior in their local contexts. Common barriers to actions – for the leaders and the people they support – based on existing literature and formative research – informed the theme of the program.

Each segment was followed by 15 minutes of live call-in time for club members, facilitated by a popular radio presenter from each station. Club members shared reactions, experiences and practical ways to uplift their communities. Interactive dramas and quizzes with prizes for clubs have increased the popularity of the shows.

In 2004 UPHOLD-initiated media surveys found that more than 87% of Ugandans listened to the radio each day and radio was the most commonly cited source of health information. Radio listening clubs, beginning in 2005, were a natural approach for UPHOLD’s BCC component to use to promote integrated social-sector services.

A distinctive feature of the large FM stations is the popularity of the main host or presenter. These presenters are local celebrities who have large followings that tune in to hear their information, opinions, and ideas. In recognition of this influential role in sharing information, creating social norms and promoting practices, UPHOLD worked with the Ministry of Health’s Health Promotion and Education Department to train leading presenters on technical issues related to HIV, health and primary education and planned with them ways to promote the topics to their listeners. Following the trainings, the presenters encouraged the formation of radio listening clubs in their coverage area.

Brother Bashir and other presenters urged community leaders to establish a radio listening club in each village to stimulate dialogue about how to address the issues in their village -- together. Listeners were glad to oblige. “I could listen at home alone, but I enjoy being with others, and its

makes it easier to understand what I've heard when things are discussed by the group," said Stella Kabakali, a seamstress who joined a club in the village of Nsagasa.

Bashir visited clubs formed under Voice of Toro to get to know his members and record their voices to be on the air in subsequent programs. Meeting Brother Bashir and the link to the radio station motivates the members and increases their sense of belonging to a larger network.

Approximately 300 bi-weekly broadcasts were aired during implementation of the project. Radio programs household survey conducted by the project in 2007 showed that, nearly 90 percent of 11,875 families had heard a radio program on social sector topics in the previous year.



Wearing a radio listening club t-shirt, Stella Kabakali explains that she joined a club in her village for the opportunity to socialize and learn.

Months after UPHOLD's last program aired, Brother Bashir and his spin-off educational program for youth, *Science Made Easy*, are as popular as ever. On a busy Saturday in July 2008, two UPHOLD staffers were invited into the studio to discuss radio listening clubs as part of a show that also included advice from a local educator on how to study for standardized exams and from a farmer on using organic fertilizers. "Sometimes I like to toot my own trumpet a bit," Bashir announced into the microphone as he detailed that, the radio listening clubs under his network have become catalysts for extraordinary community-led action.

A small club in Nsagasa gains influence

In Stella Kabakali's home village of Nsagasa, a small drama group that heard Brother Bashir's invitation to establish a club in 2005 felt they were just the right people to influence their neighbors. The club, which asks members to pay an enrollment fee of 300 shillings (about 19 cents), has burgeoned into a three groups of 30 listeners across six villages. It now considers the program to be the beginning of a full day of Saturday activities that includes community gardening and sports.

Clovis Kiiza, chairman of the Nsagasa club, estimates that the most popular broadcast so far was an installment on nutrition, including proper feeding of children. "Many of us always believed that a child with a fat belly was a healthy child. We learned from the program that a swollen

stomach may mean that a child is malnourished,” he said. Kiiza and his club have suggested that an upcoming broadcast be devoted to mental health, enabling members to understand and help a local villager who has suffered recent difficulties.

Last year, a program on exercise led the Nsagasa group to also form the Sunset Football (Soccer) Club, comprised of junior and senior teams. Funding for a coach and match costs, like uniform rental, came from another group-developed idea—joint cultivation of sugar and bananas on a parcel of land donated by a retired farmer who happens to be the grandfather of a radio club member.

So successful is the Nsagasa Radio Listening Club that a small delegation from a neighboring sub-district visited them for guidance on forming a club of their own. “The secret is good leadership,” advised Kiiza. Other advice he gives: “Don’t just listen to the programs. Practice what you learn.”

Surprising Expansion in Kyenjojo

When Cissy Kakyomya formed the Kyenjojo Single Mother’s Club in 2004 to support local widows and divorcees, many local men said she was wasting her time. Early on, as the group struggled to gain momentum, she might have believed her critics.

Kakyomya admits that she heard Brother Bashir’s radio club appeal three times before finally contacting him in 2005. She now credits the introduction of the radio listening club as the catalyst for solidifying her single women’s group and spurring on its expansion to over 600 members, including married women and even some of the men that once doubted her.

The club recently gained status as a community-based organization, giving it access to district-level government support. Kakyomya is now seeking to register as an NGO to increase access to resources; a plan she describes from the “learning center” that has been established on land purchased by the group. The compound also includes two dairy cows, as well as model gardens for banana, avocado, and pineapple production. The district government recently provided an expert to work with the club on creating the capacity to convert compost into biogas for fuel needs. The learning center is not only used for agricultural education, however. It was here that credit and savings schemes that are now a key part of business life in the area villages were first introduced.

Cissy Kakyomya has noticed a number of positive developments since the group became well established. “Children are being provided with more balanced diets, families take household hygiene more seriously, and people see more value in education, especially for girls,” she said. Three members who stopped by the learning center explained things more holistically. “We now believe we can solve poverty in our community,” they beamed.

Health programs show positive impact

After airing programs on HIV and AIDS, especially a program on HIV counseling and testing, hospital administrators at Buhingo Hospital (Fort Portal), the regional referral hospital, reported increased numbers of people coming for care. Following the program on immunisation that aired close to the last child health days, health workers reported increased acceptance of immunisation. They said that people were less skeptical about the quality of the drugs and the

importance of their usage. Health workers said that more people were more aware of home-based management of fever and community-based distributors of treatment for malaria.



Ray "Brother Bashir" Kayondo views well-targeted radio programming that engages community members and promotes positive changes in the community.

ADDITIONAL READING

As noted in the introduction, this document comprises commentary and vignettes that discuss the role of BCC in UPHOLD's pursuit of program objectives. A number of additional publications are available that give greater detail of programmatic approaches and tools used. These are available through the UPHOLD project page on The Manoff Group website (use search keywords "Manoff Uganda" or go to www.manoffgroup.com/prog_uganda.html), which also links to the JSI UPHOLD project site, which has annual reports, research documents and other project publications. Selected publications available on The Manoff Group site include:

Brave Girls Who Go to School & Stay in School

Girls' education was promoted as part of an integrated education and HIV/AIDS prevention strategy. For World AIDS Day 2004, a story writing contest was launched in Bundibugyo District that resulted in the publication of "Brave Girls Who Go to School & Stay in School," a compilation of the winning stories.

Listening Parents Guide

Created by UPHOLD to help parents discuss the facts of HIV/AIDS with their younger adolescent children.

Community-Based Growth Promotion Program Review

UPHOLD supported community-based growth promotion (CBGP) in selected districts to help empower communities to prevent malnutrition among children under two years of age and to serve as a catalyst for solving problems of illness, poor feeding practices, or other childcare concerns at the community and household level. A Program Review was conducted to assess program operation, examine lessons learned, and measure the potential impact of CBGP. The review showed that villages with consistent participation among the under-two population had improved child growth trends.