The Uganda Voucher Plus Activity (the Activity), led by Abt Associates, provides quality obstetric, newborn, and postpartum family planning services to poor women in Northern and Eastern Uganda. The Activity improves health equity by ensuring that women in 35 districts have access to information and services to support healthy pregnancies and deliveries. To do so, the Activity identifies, accredits, and reimburses private providers to deliver a package of services. Simultaneously, the Activity works with community volunteers, including Village Health Teams, who sell vouchers at 4,000 Ugandan Shillings (UGX) to women who qualify, while also providing safe motherhood information to target populations.

The voucher service package includes four antenatal care (ANC) visits; elimination of mother-to-child transmission of HIV services; delivery with a skilled birth attendant and referral for complications; postnatal care; and postpartum family planning. The Activity also stimulates public-private partnerships for health, and strengthens private provider capacity to deliver quality services and contribute to district health information systems. Finally, the Activity implements a robust learning agenda to document challenges and best practices in order to contribute evidence on output-based health financing in Uganda.

About The Uganda Voucher Plus Activity

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Introduction

The Activity increases health equity among Ugandan mothers. It implements social and behavior change activities in communities where there are low levels of care-seeking behavior for maternal and newborn health in order to increase demand for maternal health services. These activities increase awareness of the importance of facility-based care throughout pregnancy, delivery, and the postnatal period. By disseminating information on where, how, and why to access care, the Activity increases demand for the voucher service package in communities that are under-served by the health system.

The goal of this study was to assess the effectiveness of the various demand-generation activities implemented since project inception. The Activity monitoring, evaluation, and learning (MEL) team sought to answer the following question: what was effective in increasing demand for the voucher service package?
The study yielded several key findings:

1. A combination of approaches and messages should be used to increase demand, with interpersonal contact as a major ingredient.
2. Women groups present a clear opportunity for community mobilization and engagement.
3. Demand generation activities should navigate cultural sensitivities.

Methods

The MEL team conducted two focus group discussions to capture implementer perspectives on activities to increase demand for the voucher service package. The first group included Social and Behavior Change Communication (SBCC) Officers, and the second included SBCC management personnel. The MEL team selected these groups because they oversee demand generation activities and supervise the Voucher Community Based Distributors (VCBDs) who implement them. A team of field researchers also conducted qualitative interviews with a convenience sample of 15 VCBDs representing 15 of the 35 districts served by the Activity. They selected this group to capture their experience working face-to-face with potential voucher clients and communities. The MEL team organized the transcribed data by survey question, coded narrative segments, grouped emergent codes by overarching themes, and analyzed themes across different respondents.

To gather the client perspective, the MEL team included questions regarding demand generation in the client follow-up tool that peer VCBDs implement monthly to a random sample of clients who purchased a voucher in the last six months.

Findings

The VCBDs employed a diverse range of demand-generation strategies to engage potential clients within their targeted five-kilometer catchment areas. The VCBDs went door-to-door to identify potential voucher clients. They employed additional outreach methods, such as sensitization at health facilities, markets, radio programs other community gatherings. Client data confirmed that there was a range of activities, with more than 30 percent of sampled clients reporting more than one source of information from the four main methods of VCBD contact, radio, friends and family,
and community events. VCBD contact was the predominant means by which clients learned about the vouchers, with nearly 90 percent of sampled clients reporting they either first heard about vouchers from VCBDs or heard from them in addition to other sources. Once potential clients were identified, VCBDs use a Poverty Grading Tool (PGT) to determine eligibility of potential clients for voucher services.

The table below reveals what voucher clients deemed to be the main source of information that led them to purchase a voucher. The VCBDs were the most influential source of information at nearly 68 percent. Other sources (including friends or family) were the second most influential at 21 percent, while the other methods were each below five percent.

<table>
<thead>
<tr>
<th>Main source of information leading to purchase (N = 649)</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCBD</td>
<td>439</td>
<td>67.6</td>
</tr>
<tr>
<td>Someone (including friends/family) who purchased voucher</td>
<td>134</td>
<td>20.7</td>
</tr>
<tr>
<td>Radio</td>
<td>29</td>
<td>4.5</td>
</tr>
<tr>
<td>Community dialogue or mobilization event</td>
<td>27</td>
<td>4.2</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>3.1</td>
</tr>
</tbody>
</table>

**Successes/Opportunities**

The respondents identified a number of successful aspects in the Activity’s demand generation activities.

**Leveraging existing community events and networks.**

Activity management personnel cited “clinic days,” i.e. regular community outreach days organized by health facilities, as opportunities VCBDs used to reach high volumes of clients in one location. Ten percent of sampled voucher clients reported attendance at a community dialogue or mobilization event. VCBDs also cited leveraging the network of current clients, Village Health Teams (VHTs), Traditional Birth Attendants, women’s groups, community leaders, and other prominent members of the community as an effective way to reach new potential clients. Friends and family were a source of information for 19 percent of sampled clients, with only three percent reporting receipt of negative comments regarding the vouchers from those friends and family.

**Employing mass media communication channels.**

The media played a key role in raising awareness of the voucher mechanism and engendering interest and demand. Radio was highlighted as an especially successful platform to share information with VCBD key informants identifying specific radio programs, such as Voice of Teso and Radio North, that provided dedicated programming on the Voucher Plus activity. Client data indicated that 45 percent listened to the radio, with 23 percent listening once a week or more. All discussants in the management personnel focus group identified radio as the most effective channel of communication, with one discussant stating, “radio in Uganda is so powerful.” This group also stated that radio was the most effective channel for reaching men, a population whose buy-in was key to increasing voucher utilization.
Implementing a poverty screening tool to accurately identify the poor women

After identifying potential clients, all VCBDs interviewed reported using the PGT to determine eligibility of potential clients for voucher services. They conducted this screening process during home visits, which VCBDs considered among the most effective interpersonal communication strategies to increase demand because women were more relaxed in their own homes and able to speak freely, as opposed to in public meetings. Indeed, 96 percent of interviewed clients indicated that the PGT had been implemented in their homes.

Challenges

The study also identified multiple challenges in increasing demand and mobilizing communities. These challenges are discussed below.

VCBDs requested additional monetary and non-monetary support.

VCBD key informants repeatedly mentioned the inadequacy of monetary gain from their voucher sales, making it necessary to find other sources of income and thus spending less time conducting door-to-door visits. The discussion included the need for additional resources to facilitate and sustain VCBD home visits, including Voucher Plus identification cards to increase VCBD credibility, boots, and bicycles. Key informants also suggested the need for other non-monetary incentives such as performance recognition awards to increase and maintain motivation.

Misinformation about the Activity within the communities reduced acceptance and use of vouchers.

VCBDs, SBCCOs, and management personnel discussed rumors and misinformation circulating within some communities regarding the purpose of voucher services as a reason for low demand and utilization. For example, in certain districts some people believe that the voucher was good only for caesarean section deliveries, and that outcomes for voucher mothers and their newborns were worse than those of women who deliver without using a voucher. This posed a challenge to VCBDs who were required to combat negative messages while ensuring accurate information was disseminated through communities.

Lack of courteous services at facilities discouraged facility visits and voucher use.

Three of the VCBD key informants mentioned hearing reports from their clients that they experienced a lack of timely and respectful care when accessing voucher services, and this played a role in low voucher utilization among eligible pregnant women. Twenty-eight percent of clients indicated that friendlier facility staff would encourage them to utilize more voucher services.

Limited resources existed for certain demand generation activities that have proven to drive behavior change.

The Activity had to limit radio programming for budgetary reasons, even though it is an effective way to reach a very wide audience, including men who often hold the purchasing power in households. Seven percent of sampled clients who purchased vouchers in the last six months reported hearing about vouchers on the radio. Respondents also highlighted that radios announcements facilitated men-only dialogues, which have slowed down since the Activity reduced radio programming.
Recommendations

The study identified the following recommendations based on Activity successes and challenges.

A combination of approaches and messaging coming from multiple sources should be used as it was deemed most effective in reaching and mobilizing poor mothers to seek voucher services. In addition to interpersonal contact VCBDs used a range of methods, to generate demand for the vouchers. From these, FGD participants and key informants identified radio as being among among the most effective platforms given its wide reach and audience, including men. VCBDs and SBCCOs also noted that VHTs were very effective because they know the target population well and can build on an already established relationship to promote voucher services. Client responses also indicated that recommendations from existing voucher clients can be effective, suggesting that the Activity may have an opportunity to promote such word-of-mouth marketing at a low cost relative to other outreach methods. Qualitative respondents generally agreed that these strategies complement each other and that a combination of these approaches is needed to identify and reach poor mothers in need of voucher services.

The Activity should include women groups in community mobilization. Given the existence of well established, voluntary women groups in the target communities, and to further expand the reach of the Activity within the health system, respondents suggested that the Activity should capitalize on the women groups’ networks for community mobilization and engagement. Aligning demand generation activities with groups that are integrated and accepted within the targeted community could also facilitate the delivery of accurate information about the vouchers to stimulate demand, combat misinformation, and influence sustained uptake safe motherhood services.

Demand generation activities need to reflect cultural sensitivities. Activities should include adequate information about the goal of the project and involve close advocacy by local religious, political, and other community leaders who can effectively dispel misinformation and negative perceptions.

Disclaimer

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