

# Demand Generation— Branding, Consumer Interpersonal Communications Work

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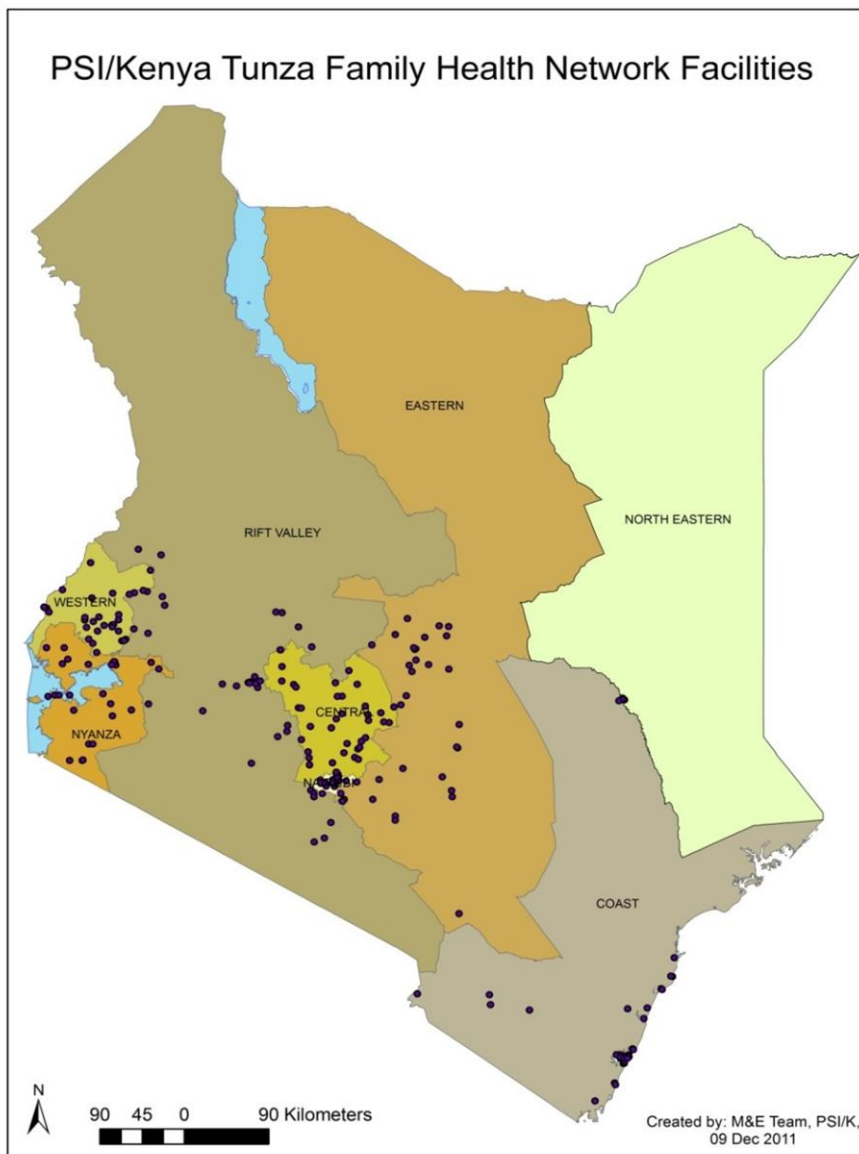
# What is Tunza Family Health Network?



- Tunza means to 'nurture or care for'
- Positioning offers *friendly*, *quick*, and *affordable* services by *qualified* health personnel

Tunza is a **fractional franchise** network of currently **324** private healthcare providers

It was established in **2008** with funding from USAID and UKAID to serve low-income populations all over Kenya.



## Provider Profile

Nurses – 80%

Clinical Officers - 17%

Doctors – 3%

## Services Offered

Family Planning

Cervical Cancer Screening

HIV Testing & Counselling

IMCI – Pneumonia, Diarrhoea

and Malaria VMMC

Safe Motherhood

eMTCT

## Channels for traffic:

Static (walk-in clients)

Demand Creation

Outreach?

# Tunza Network Field Staff



- **15 Clinical Quality Assurance** staff ensure adherence to quality and set standards through training & support supervision



- **14 Demand Creation** staff work with about **300 Community Mobilizers (TM)** to create demand for services

## STRATEGIC PRIORITIES FOR 2014

- Develop a **clear youth** (in colleges and community) strategy in both BCC and services provision
- Improve on strategies **reaching the rural** married woman
- Develop strategies targeted at **male involvement** in FP and SRH in general

# 2014 IPC OBJECTIVES

## Behavior

- Increase the **% of married WRA** who use modern FP methods to delay, space or limit child birth
- Increase the **% of youth** (18 – 24 years) who use modern FP methods to delay, space or limit child birth.

## Determinants

- Self efficacy
  - Increase the # of WRA who feel confident to discuss FP use with their partner
- Correct knowledge
  - Increase the # of WRA who believe that modern FP methods are safe
- Social support
  - Increase the # of WRA who feel their partner supports their use of Modern FP methods

## Demand Creation

- Demand Creation gives potential clients the opportunity ask questions and seek clarifications around FP.
- The **TMs** are recruited from the **local** community, are able to communicate well, and preferably have experience in Community Work
- Once recruited, the **TMs** are trained on the health areas, the campaign messages, and the delivery methodology – Education Through Listening (**ETL**)
- Analysis of the current **TMs** show that majority are **women** (85%)
- The target population is mainly the underserved poor in line with the placement of Tunza facilities

# DEMAND CREATION FOR THE TUNZA NETWORK

- The Community Mobilizers (**TM**) work within a radius of 15KM around each Tunza Facility (each clinic has about 1 TM)
- The Inter-Personal Communication (**IPC**) activities are carried out in market centers, churches, halls, and households through:-
  - Small Group Sessions (5-10 people)
  - One-on-One
- After each session the TM:-
  - Allows for a Questions & Answer sessions
  - Allocates time and place to attend to confidential consultations
  - Provide to clients needing services with Service Referral Vouchers, further information (directions, costs) to nearest Tunza Facility



# DEMAND CREATION FOR THE TUNZA NETWORK

- To encourage male involvement, the IPC sessions are now focusing on men's fora to discuss with them their role in FP
- With increasing scope of the services in Tunza clinics, there is integration of the IPC messaging to cover not only **Family Planning**, but **Cervical Cancer Screening, HTC**, and **management of childhood illnesses**.

## Ensuring Message Quality

- Field Supervision: the SBCC Coordinators carry out supportive supervision to the Tunza Mobilizers
  - The **Session Supervision** form captures how the TM delivered the message, the accuracy of the message, and call to action.
  - The **Coaching and Mentoring** form is used to give feedback to the TM, and highlights areas of improvement which will be assessed in the next session

# Session Supervision Form



## PSI/KENYA BCC SESSION EVALUATION FORM

Region \_\_\_\_\_ District: \_\_\_\_\_ District Code:    Month   Year

CBO Name: \_\_\_\_\_ CBO Code:

Evaluator Name: \_\_\_\_\_ Evaluator Title Code:

ASSESSMENT AREA	Score: 1-Very Poor, 2- Poor, 3-Fair, 4-Good and 5-Very Good						
	1	2	3	4	5	6	7
<b>USE OF ETL &amp; GOOD PRESENTATION SKILLS</b> <i>(Applies to all sessions)</i> 1. Use of simple language, examples, and scenarios that are relevant to the participants 2. Application of ETL skills - known to unknown, open ended questions, affirmation 3. Use of tools (flip chart, penile models, nets, condoms) and role play to enhance the session 4. Overall presentation skills - confidence, audibility, making the session lively	Day: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1. MPANGO WA KANDO</b> 1. Understanding that having more than one sexual partner at a time puts one at risk of getting HIV 2. Importance of reducing the number of sexual partners to reduce the risk of contracting HIV 3. Importance of testing for HIV with a sexual partner and thereafter remaining faithful to one partner 4. Importance of using condom correctly and consistently with sexual partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. CONDOM SELF EFFICACY</b> 1. Understanding what puts one at risk of contracting HIV 2. Introducing condom discussion with a sexual partner 3. Using condoms correctly and consistely (demo included)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. VOLUNTARY MEDICAL MALE CIRCUMCISION</b> 1. Role of VMMC in reduction of HIV infection in addition to other prevention methods 2. Positive peer influence to go for VMMC 3. Partner support to go for VMMC and abstain from sex during the healing period.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4. MALARIA PREVENTION</b> 1. Assessing the community's malaria burden & creating community's malaria prevention solution 2. Understanding & addressing common barriers into using ITN to prevent Malaria 3. Learning how to use an ITN effectively (demo included)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## A small group session



## One-on-One session at a household



## Action Plans – 70:30

From March 2013,

- The Communication to the target group changed to:-
  - 70% through One-on-One sessions,
  - and 30% through Small Group Sessions (SGS)  
*(Though the choice of FP is personal, in group sessions, some clients made contrary choices due to group think; the one-on-one sessions are able to give customized counselling to the clientele)*
- The flow of the session changed to start with LARCS followed by the short term methods  
*(Most clients have some prior information on short term methods, and thus are not fully engaged; changing the presentation order to start with LARC translated to very interactive sessions which in most time stretch longer than planned)*

# IPC Reach by Gender and Resultant FP Uptake

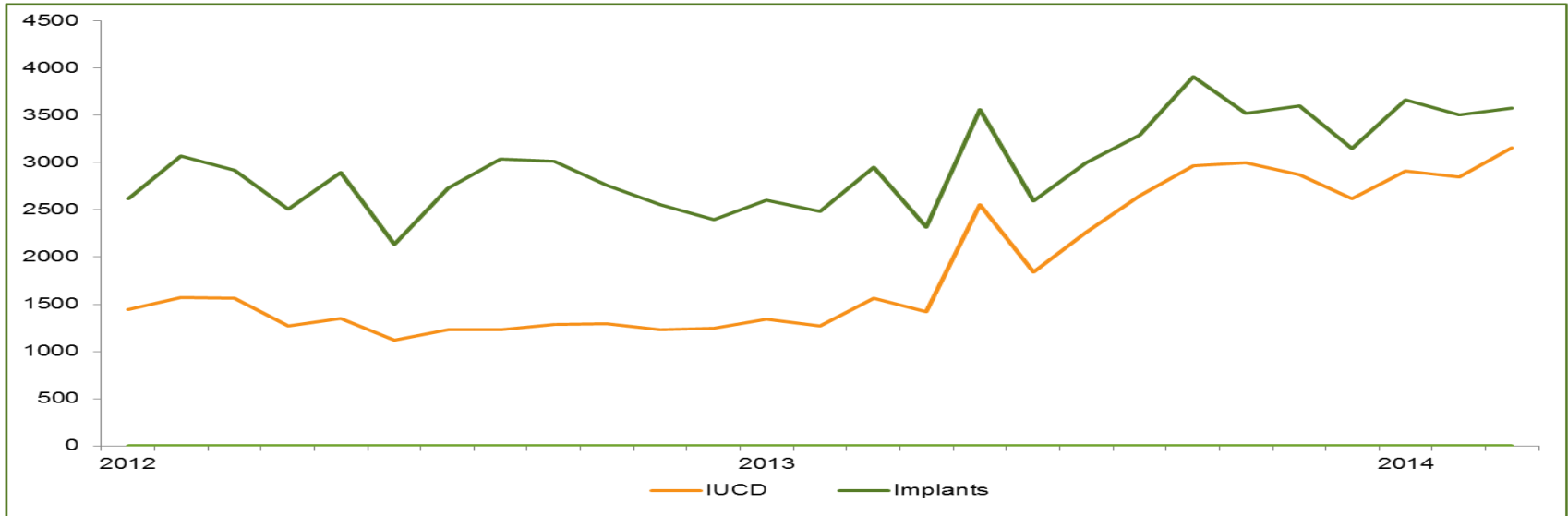
Year	Male	Female	Total	% Men
2012	124,139	771,520	895,659	14%
2013	239,418	898,353	1,137,771	21%
2014 Q1	78,284	219,795	298,079	26%
<b>Total</b>	<b>441,841</b>	<b>1,889,668</b>	<b>2,331,509</b>	

The participation of men in the IPC sessions is increasing

Clients who Visited Tunza Clinics through IPC Referrals							
Year	IUCD	Implant	Pills	Injections	Condom	EC	Total
2012	9,827	19,999	7,805	39,321	-	-	76,952
2013	19,298	25,792	7,356	44,324	3,959	290	101,019
2014 Q1	7,396	8,307	1,628	10,363	4,127	644	32,465
<b>Total</b>	<b>36,521</b>	<b>54,098</b>	<b>2,655</b>	<b>94,008</b>	<b>8,086</b>	<b>934</b>	<b>196,302</b>

About 10% of those reached through IPC sessions end up in a Tunza facility for an FP method

# LARC UPTAKE TRENDS IN TUNZA

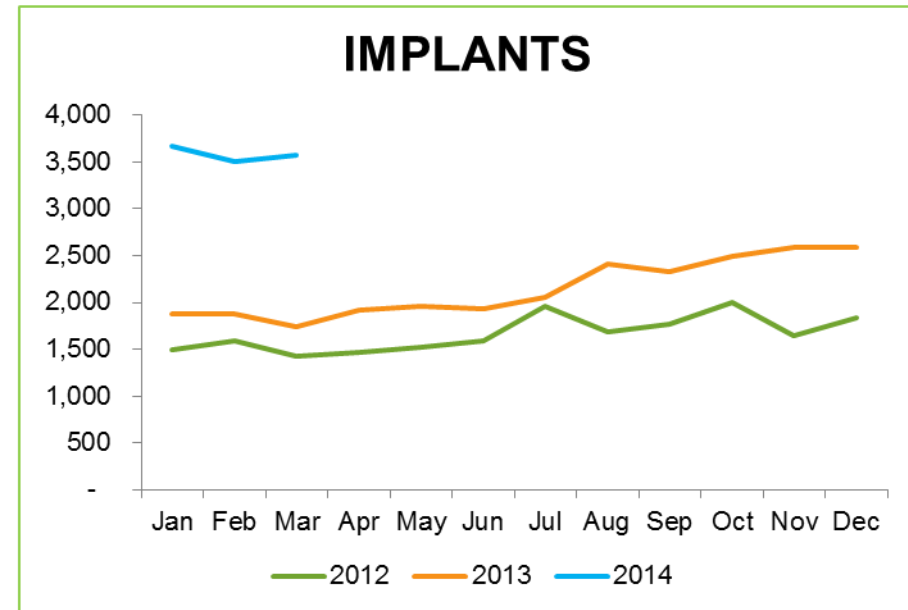
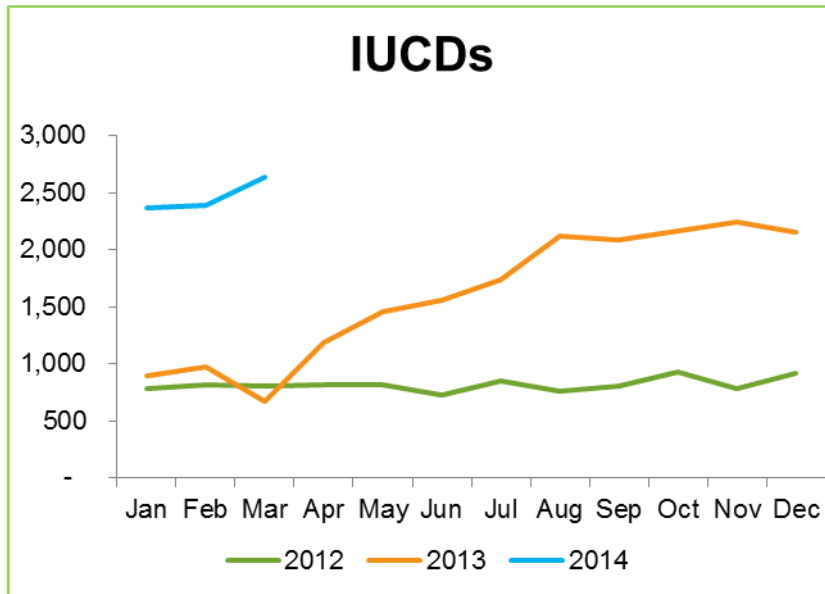


Year	2012	2013	2014 Q1
IUCD	15,835	26,369	8,918
Implants	32,640	36,997	10,754

The trend of LARC methods is upward



# Contribution of Demand Creation



The focus on household visit (One-on-One) seems to be paying off.

## Branding of Tunza IPC

- The tools used in IPC sessions (IEC materials, Flipcharts, Brochures, Bags, T-shirts) are all branded with Tunza colors and logo



- The messaging at IPC session is generic - the TMs do not promote any particular brand of the family planning products



The SBCC assists the TM during A Small Group Session targeting a Women's Group during their meeting

A photograph showing a woman in a blue shirt sitting on a wooden stool, demonstrating the insertion of an IUD to a group of women. She is holding a long, thin instrument. The group of women is seated on the floor, listening attentively. The background is a wall made of red bricks and grey mortar. A white box with the text "Thank You" is overlaid on the top part of the image.

Thank You

A TM showing a group of women how the IUD is inserted  
(Kosele Dispensary, Homabay County)