ABSTRACT TITLE: Socially marketing a voucher to foster positive behavioral for the uptake of sexual and reproductive health (SRH) services among young people in Central Uganda

Authors: Alege G. Stephen, Elizabeth Kemigisha, Sarah Nansubuga, Fred Gyaviira

1Population Services International Uganda

Presented at the International SBCC Summit in April 16-20 2018 by Alexandrina Nakanwagi

Lead Author’s email address: stevealex@gmail.com

Background

Uganda has a predominantly youthful population with more than 70% under 24 years and SRH has been identified as a priority for young people. About 25% of young girls give birth to their first child before the age of 19, making it challenging for them to pursue further education and live the lives they desire.

Despite the increase in contraceptive prevalence rate (CPR) for modern methods among all women of reproductive age (WRA), the CPR for 15-19 year-olds is 13.1% while that of 20-24 years is 20.4%, lower than the national average of 35% (UDHS 2011).

Objectives

1. To increase access to high quality youth friendly SRH services in the private sector in the project area

2. Improve young people’s perception and demand for SRH services in the four districts

Description of Intervention

Population Services International Uganda began socially marketing a SRH voucher in Buikwe district. Vouchers were color coded and priced at a standard fee of USD 0.27 for the youth and USD 0.14 as a purchasing price by the peer educator to avail services at the following prices by the provider:-

- USD 0.82 oral contraceptives and Human chorionic gonadotropin.
- USD 1.36 injectable and Emergency contraceptive pills.
- USD 2.74 IUD and implants
The peer educators were given seed stock for the first time after training and purchased subsequent stock. In addition to producing and distributing Social behavior change communication materials, Private health providers were equipped with skills to provide young people appropriate services.

The project was implemented in Buikwe district through 9 private health clinics between the months of May-August 2017. The youth would redeem their voucher by presenting it to the provider. The provider would offer the service and after tear off a section of the voucher and stick it on a service note stating the service they offered and the amount they expect to be reimbursed. The information would be picked and reviewed by a financial assessor before processing payment for the provider. The project had a monitoring and evaluation component that tracked deliverables.

Results

1. Reached 8,313 young girls with SRH services through the voucher scheme pilot.
2. During the project implementation, no peer educators dropped off from Buikwe district largely due to the mark up that they were making on the sale of the voucher.
3. Despite the services being subsidized, private providers were still able to make a profit due to the high volume of clients

Discussion and implications

1. Socially marketed SRH services implemented through a network of well-trained health care providers break down both cost and perception barriers that hinder access to such services by young people.
2. A small profit margin for the peer educators significantly reduces peer educator turnover.
3. The voucher project motivates private health care providers to provide youth friendly services so as to attract more young people.
4. Presence of a voucher increases the reach of information due to motivated peer educators, and ultimately the number of people who opt for a service (Ripple effect)