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ПРОГРАМА „ЗДОРОВ'Я ЖІНОК УКРАЇНИ”
HEALTHY WOMEN OF UKRAINE PROGRAM

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Healthy Women of Ukraine Program

Family Planning / Reproductive Health Communication Strategy

JSI Research and Training Institute, Inc.

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ACRONYMS

BCC	Behavior Change Communication
CA	Cooperative Agreement
EBM	Evidence Based Medicine
FP	Family Planning
FWP	Future Worth Planning
GOU	Government of Ukraine
HWUP	Health Women of Ukraine Program
IPC	Inter-personal Communications
IUDs	Intra-uterine Device(s)
JSI	JSI Research and Training Institute, Inc.
KAPA	Knowledge, Attitudes and Practices Assessment
MCH	Mother and Child Health
MOH	Ministry of Health
MOSP	Ministry of Social Policies
MRA	Men of Reproductive Age
NGOs	Non-governmental Organizations
PM	Program Managers
PSA	Public Service Announcement
PSPs	Private Sector Partner(s)
RH	Reproductive Health
SDC	Swiss Development Cooperation
SP	Service Providers
STIs	Sexual Transmitted Infections
TfH	Together for Health
UDHS	Ukraine Demographic and Health Survey
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WH&FP	Women's Health and Family Planning (NGO/Charitable Foundation)
WHO	World Health Organization
WRA	Women of Reproductive Age

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A. Family Planning/Reproductive Health Communication Strategy Goal and Objectives

The goal of Healthy Women of Ukraine Program Family Planning (FP)/Reproductive Health (RH) communication strategy is to increase positive attitudes and expand the use of modern contraceptives as an alternative to unintended pregnancy and associated abortion. This goal is in line with the overall aim of the Healthy Women of Ukraine Program (HWUP) to protect the reproductive health of Ukrainian women and couples by increasing the appropriate and effective use of modern contraception as an alternative to unintended pregnancies and associated abortions. This communication strategy goal, objectives, communication channels, proposed implementation activities and expected results are fully in line with the HWUP Cooperative Agreement (CA).

In order to determine the main communication challenges to be addressed through this strategy, HWUP staff conducted a desk review¹ and series of meetings with family planning stakeholders² in Ukraine. These have emphasized the following key aspects that need to be addressed and overcome through behavior change communication (BCC) activities listed later in this communication strategy:

- Awareness about modern contraceptive methods is high among the population of Ukraine, but knowledge is shallow and use is not consistent and sometime ineffective (USAID Knowledge, Attitudes and Practices Assessment (KAPA), 2010).
- Ineffective use of contraception leads to a high abortion rate; about one third of pregnancies end in abortion (Ukraine Ministry of Health (MOH), 2010).
- Of pregnancies ending in abortion, 24% had been using modern methods and 42% had been using traditional methods. This signals a failure to use modern effective methods (Ukraine Demographic Health Survey (UDHS), 2007).
- Myths and misinformation are the major barriers to modern contraception use. “Hormone phobia” is particularly prevalent, with many women afraid to use hormonal methods and misinformation about IUDs is wide spread (USAID KAPA, 2010).
- Although only 3.7% of Ukrainian women of reproductive age use contraceptive pills and 12.1% use intra-uterine devices (IUDs) (UDHS, 2007), the condoms, IUDs, and pills are the most used and most available methods in Ukraine.
- Contrary to what one would expect, health providers, particularly gynecologists, are often the conduits of misinformation. Their knowledge is often out of date and inconsistent with evidence based international norms and financial incentives can sometimes bias the information they provide to women (USAID KAPA 2010).
- The cost of contraception does not appear to be a serious deterrent for women of middle income levels and above (USAID KAPA 2010).
- However, recent data suggests that the cost of oral contraceptives as a percentage of minimum wage almost doubled between 2005 and 2010 making contraceptives increasingly less affordable for lower income populations (Ukraine Governmental statistics and Support in Market Development distribution survey).

¹ Please see Appendix A for a description of the desk review and list of documents consulted.

² Please see Appendix B for the list of family planning stakeholders consulted.

The objectives of the HWUP FP/RH Communication Strategy are:

1. Promote the benefits of family planning to the Ukrainian population of reproductive age;
2. Improve attitudes about modern contraception by:
 - a. Dispelling the hormone phobia – the myths and misinformation perpetuated around hormonal contraceptives;
 - b. Dispelling the myths and misinformation perpetuated around IUDs;
3. Increase the use of modern contraceptives based on the life stage approach to:
 - a. Increase effective condom use among sexually active youth and unmarried men and women (to prevent both unintended pregnancy and HIV)
 - b. Increase hormonal contraceptive use among married women (for birth spacing)
 - c. Increase IUD use among married women who have had at least one child (for birth limiting)³
4. Increase the number of providers that are disseminating accurate and up-to-date information about modern contraceptives
5. Increase policy- and decision-makers' support for family planning policies

B. Strategic approach

Up until now, Ukraine lacks a coordinated and national approach to reach with reliable FP/RH information the general public and target population groups at high risk of abortions and unintended pregnancies. Although in the past both GOU and non-governmental organizations (NGOs) made attempts to reach target population groups through specific actions, a common agenda for action to change attitudes and behaviors, especially in relations with dispelling the “hormone phobia”, was not in place. Is it expected that by involving a range of national partners (GOU institutions, key NGOs), other donors and international partners working in FP/RH and Mother and Child Health (MCH) and HIV/AIDS listed in Appendix E), and by enlisting national communication channels (e.g. website, hotline, social media, radio/Tv, etc.) this strategy will attract additional resources and will ensure a national level coverage and impact.

The life stage approach to be implemented by the HWUP is innovative for Ukraine and one that is easy to communicate to both users and providers. It enables providers to recognize higher-risk couples and individuals among their clients and will facilitate the transition to more effective methods. It helps prioritize strategy activities and identify the activities with the greatest impact on unintended pregnancies. Among Ukrainian couples, fertility desires are low, fertile periods are long, and the use of less effective methods is high, virtually ensuring that women will resort to abortion. For example, during the last stage of reproductive life, more than half of Ukrainian married women want no more children but modern method use for that group is only 47.5%, with half of this group relying on condoms or spermicides for contraception (UDHS, 2007).

Family planning programs that stress quality and informed choice must address appropriate and effective contraceptive use that could be one of the results of successful implementation of a well-designed communication strategy (e.g. the chosen method is one that best meets the client's risks of unintended pregnancy at various stages of life). Normally, all FP/RH BCC approaches are focused on encouraging individuals and couples to develop positive attitudes about modern contraceptive method. The second step is to enable couples to access easily the necessary

³The strategy will concentrate on promoting the usage of 3 types of modern FP methods, i.e., hormonal contraception, condoms, and IUDs as recommended by October 2010 USAID KAP Assessment.

information and health services needed to chose, obtain and use a method effectively. The targeted key messages and communication content/tools required to achieve this step-by-step change will be developed in cooperation with HWUP stakeholders and other members of the BCC technical working group (that is part of the Reproductive Health Partners Group chaired by UNFPA.)

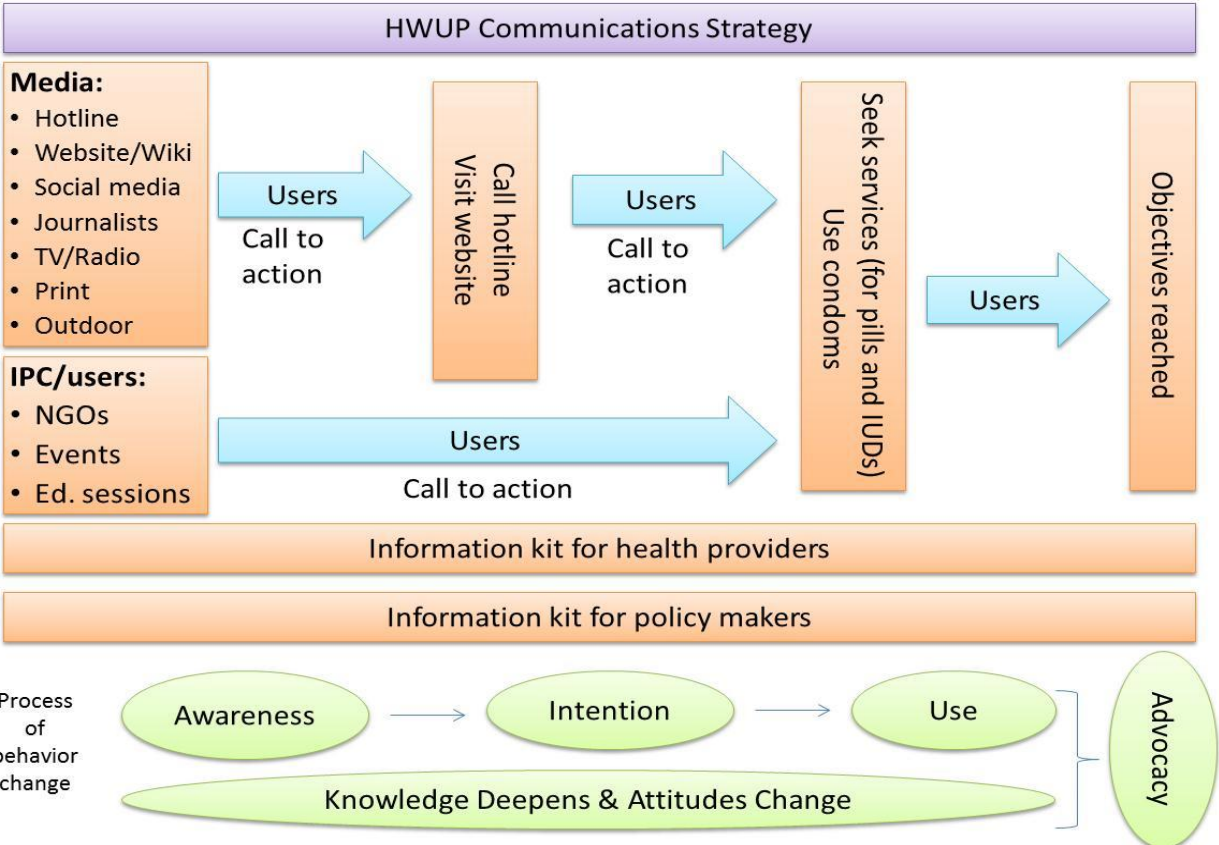
C. Target Audiences

The HWUP FP/RH communication strategy target audiences are similar with the target beneficiary groups of the overall HWUP activities:

1. Sexually active youth and unmarried women and men of reproductive age (Youth)
2. Married women of reproductive age (WRA) and men of reproductive age (MRA)
3. Service providers, including doctors, mid-level health providers and social workers. (SP)
4. Policy makers (PM)

D. A Model for Behavior Change in Ukraine

This communication strategy will use a variety of channels to deliver consistent messages to target audiences. Below is a visual portrayal of how the various channels will be used to reach the strategy’s objectives.



As displayed in the picture above, the strategy will use various communication tools in form of media and direct communication activities (top left box) to create demand for and “drive traffic” to the website and the hotline, where audiences will be able to access more information. These various communication channels will reach specifically each target audience with its call to action: “visit website” or “call the hotline” or “seek services from trained health providers”. The

purpose of the website and hotline is to provide up-to-date, evidence based, and user friendly information about the benefits of family planning and the range of modern contraceptive methods available in Ukraine. Information provided to users through the website and the hotline will lead to deeper knowledge about and confidence in the modern contraceptive choices available to them. Users with the intention to use modern contraceptives will be better equipped, empowered and encouraged to consult with their health providers to make the right choice.

In addition to media channels, various forms of interpersonal communication (IPC) will be used, especially in smaller urban, peri-urban and rural settings. Such activities will occur in the oblasts targeted by the HWUP (see Appendix C). This includes training of trainer sessions for local educators organized through NGOs, educational sessions, peer to peer communication aimed particularly at youth, and awareness events organized in communities. Because these types of communications are more targeted to an individual's needs and concerns, it is expected that the call to action will lead potential users directly to seeking services from health providers to obtain contraceptives or to using condoms. These IPC activities are also expected to "drive additional traffic" to the website and the hotline where and when accessible.

To support the communication activities targeting end users (briefly described above), information kits for service providers and policy makers will be distributed to reinforce the harmonized dissemination of up-to-date and evidence-based information.

The process of behavior change that will take place as the strategy is implemented will *create awareness* about the benefits of family planning, *support the intention to use* modern contraceptives, and finally lead to the *effective use of the chosen method*. Throughout this process, knowledge of the safety and effectiveness of modern contraceptives builds and deepens, hormone phobia, myths and misinformation dissipate. Finally, a cadre of satisfied users will *serve as advocates* to others in favor of modern contraceptive use.

E. Communication Channels – Media

1. Hotline

Target Audiences: WRA, Youth

Period of implementation: Year1-Year5

Potential partners: Hotline development and maintenance will be done in cooperation with Women's Health and Family Planning Foundation (WH&FP). Additional support for development and maintenance will be sought from international partners such as United Nations Fund for Population Activities (UNFPA) or United Nations Children Fund (UNICEF). It is expected that Governmental partners, such as MOH and Ministry of Social Policies (MOSP) will support the promotion of the hotline through their national and local administrative channels.

The hotline will target primarily women of reproductive age in need for birth-spacing or for birth-limiting, as well as youth. The hotline will be staffed by HWUP trained counselors who can give accurate information about contraception to callers. Counselors will answer general questions about family planning, tackle key myths, provide information regarding safety and effectiveness of modern contraceptives, and will encourage callers to seek additional services through an appointment with their health providers for more targeted counseling and information on use of modern contraception. Working with WH&FP on the hotline will provide further

opportunity to build this organization's capacity on BCC, and to contribute to the sustainability of the hotline.

2. Website

Target Audiences: Youth, WRA, MRA, SP

Period of implementation: Year1-Year5

Potential Partners: Website development and maintenance will be done in cooperation with WH&FP. International partners and funding agencies, such as Swiss Development Cooperation (SDC), UNFPA and UNICEF expressed interest in providing informational and know-how support for the website. Additional know-how and promotional support for the website (and hotline) will be sought through private sector partners (PSPs), as well as MOH and MOSP. Other USAID projects, such as Bibliomist, will be approached to provide additional support for wider dissemination of information regarding the website and the hotline.

The website will be among the first communication tools to be developed as part of the HWUP media efforts. This channel will be used to target all men and women of reproductive age with up to date, evidence based, and user friendly information about the benefits of family planning and the safety and effectiveness of modern contraceptives. It will also seek to dispel common myths and information about hormonal methods and IUDs and inform target audiences about where to buy or obtain contraceptives.

At the same time, to make visitors trust the website it is important to mention possible side-effects of different contraceptives. There will be a special section addressing common mild side effects (such as why women should not discontinue the use of contraceptive pills after just a few months, a common practice in Ukraine and former Soviet-Union countries; or breakthrough bleeding).

Interactivity of the website will be ensured by internal and external tools. Internal tools will include an online Q&A Contact form integrated into the website with opportunity to ask questions and obtain answers from a WH&FP/HWUP trained moderator. HWUP do not envision the possibility of discussion directly on the website – only questions and answers.

The external tool to ensure interactivity of the website and to provide additional information to the website visitors (if they wish to do so) will be a messaging forum. We will base the discussion thread on one of the most visited health forums in the country that will be invited to become partner of the HWUP (e.g. Likar.info). The website relevant section named "Forum" will automatically transfer the visitors to the Family Planning discussions at this external health Forum. To ensure coordination between hotline and forum messaging it is envisioned that Hotline counselors will be moderating discussions and answering questions at both the hotline and forum affiliated with the website.

The website will also have a section where users will be encouraged to seek follow-up consultations from their health providers to discuss more in-depth a specific method, or emerging side effects, or to obtain a prescription for an appropriate contraceptive method. It is envisioned that a special section will exist with addresses of the health facilities which can provide FP services all over Ukraine. Depending on the available funding and partners support, HWUP will explore having the "health professionals" contact section as an interactive map based on Google Maps engine.

It is planned for the website to have sections on Women's Reproductive Health, Men's Reproductive Health including information about STIs, unintended pregnancy and information on where to seek FP/RH services.

3. Social media

Target Audiences: Youth and Young adults

Period of implementation: Year2-Year4

Potential partners: HWUP staff will work with social media professionals to develop its activities and approaches. If successful, it is envisioned that the social media program may be transferred to the WH&FP or another partner NGO after the HWUP ends. A special training on social media in connection with health aspects will be needed for HWUP and WH&FP staff.

The social media channel will be used mostly to target youth and young adults (married or unmarried), and will be employed to disseminate FP/RH key messages, as well as to drive traffic to both the website and hotline.

There is evidence that most Ukrainian youth who use the internet regularly are registered with the social network "Vkontakte," which is described as the "Russian Facebook." In order to reach audience in Vkontakte, the HWUP will develop a special page/group with the following info: materials, announcements about events, links to video-materials and other announcements aiming at sharing key messages and encouraging youth to visit the website and/or call the hotline. HWUP will explore doing additional Social Media Marketing actions of promoting the Vkontakte for BCC purposes among youth.

4. Wikipedia

Target Audiences: WRA, MRA, SP, PM

Period of implementation: Year2-Year3

Potential partners: HWUP will work closely with UNFPA and WHO to use evidence-based materials (including peer-reviewed) to inform the respective Wikipedia pages. The HWUP staff and interns will implement this activity and will closely monitor it to provide updates.

Wikipedia will be primary targeting youth and young adults in cities that have easy access to internet and prefer use of internet versus other media. Nowadays not many Ukrainians seek for information in printed media or encyclopedias and prefer searching information in Internet. That is why Wikipedia became one of the most researched (but not always reliable!) sources of information. Strength and weakness of Wikipedia are the same – content is written by common users who must link their changes of the content to some reliable sources.

Most of the articles on modern contraception in Russian and Ukrainian versions of Wikipedia are based on outdated sources, Soviet-times studies and are full of myths. Given that Wikipedia can be accessed by anyone in search for information through internet, it is important to update these articles with new information linked to new studies (to be posted on the web-site). This will help to make image of modern methods of contraception positive and will help HWUP to generate more traffic to the website. If people would like to learn more they will follow the link mentioned as the source of information.

5. Training for journalists

Target Audiences: Trained journalists will reach: WRA, MRA, Youth, SP, PM

Period of implementation: Year2; Year5

Potential partners: HWUP will use the experience and methodology of the Together for Health (TfH) project, and will seek partnering with UNFPA, UNICEF and NGOs in priority oblasts to conduct these trainings and the follow-up activities.

The experience of the predecessor TfH project demonstrates that journalists lack modern, evidence-based information on FP/RH, which lead to inaccurate articles and other negative materials in media. HWUP will conduct trainings for journalists aiming at building reliable and evidence-based knowledge about FP/RH and the HWUP itself. Trainings will be held in each of the new 12 oblasts, but also at the national level if the project funding allows. One output of these trainings will be to generate and/or obtain additional news coverage on FP/RH and HWUP work in oblast level magazines, newspapers, and online media.

6. Printed media

Target Audiences: WRA, MRA, SP, PM

Period of implementation: Year2-Year5

Potential partners: key stakeholders at the national and local levels (MOH, MSP, UNFPA, WH&FP, oblast health departments, and local NGOs) will seek opportunities to present benefits of FP methods and provide expert consultations and comments to journalists on RH issues.

This channel will target mainly women of reproductive age married or in-union. HWUP will seek opportunities to cooperate with women's magazines on health issues and lifestyle (e.g. Cosmopolitan, Natalie, Pink, Elle) to provide expert support in writing articles on reproductive health and family planning.

HWUP will be involving journalists to participate in large public awareness events (e.g. World Contraception Day, Valentine's Day, Family Planning Week, etc.) to generate media and public interest. At the oblast level HWUP will work with local media to establish some FP/RH columns in newspapers, and bring FP/RH themes to local TV and Radio programs without funding such media initiatives.

7. Television and radio public service announcements (PSAs)

Target Audiences: WRA, MRA, Youth (for radio), SP, PM

Period of implementation: Year2-Year4

Potential partners: This is as costly and most debatable communication channel in terms of cost-effectiveness. Some partnering possibilities exists with TVs and/or radio stations to develop and air TV and radio PSAs—if MOH, MOSP and relevant oblast partners make all necessary proceedings regarding PSA placement.

Due to existing budgetary constraints and huge cost for TV and radio advertisement, HWUP will explore the possibility to run TV and radio advertisements only as PSAs⁴.

⁴ The production of a relatively modest TV spot can go up to \$20,000-30,000 per /piece.

Once the television and radio PSAs are developed, they can be broadcasted in a variety of ways. However, there is no guarantee that the TV or radio station will actually pick-up these PSAs and run them for free. HWUP will seek to place the produced PSAs into the national public TV channels, regional oblast television channels (public and private), regional radio and closed-circuit television in health clinics or other places (e.g. pharmacies) or on plasma screens or TV on public transportation. In addition, the spots may be posted on social media sites such as YouTube (YouTube will allow to be linked to and from websites and online media, so it may increase the amount of people who will view/hear each spot).

The previous analysis undertaken by the HWUP staff has demonstrated that production of one TV PSA is more expensive than a radio PSA production. However, the project has previous experiences with TV broadcasting of PSAs, while radio PSAs broadcasting would require additional resources. At the same time, the same analysis have shown that TV channels don't have high effectiveness outside of "prime time" because of their low ratings (especially among young people).

Taking into account all the budgetary and technical constraints described above, HWUP still believes that successful broadcasting of PSAs on national TV or radio channels will give the communication strategy a national level visibility. It is planned that TV and radio PSAs will include information about the website and hotline.

8. Television and radio talk shows

Target Audiences: WRA, MRA, Youth, SP, PM

Period of implementation: Year2-Year5

Potential partners: HWUP staff will work with national and oblast level experts through governmental and non-governmental partners

HWUP will seek to arrange for well-known and trusted experts to appear on TV and radio talk shows (e.g. "Sandbox for newly married" – First National TV Channel, "About life" – Inter TV Channel, "Rules of Life" – STB TV Channel etc) to discuss FP/RH topics. As each new oblast is rolled out, the HWUP will work with local NGO partners to identify appropriate television and radio talk shows on oblast TV and radio stations.

9. Outdoor Advertisement

Target Audiences: WRA, MRA, Youth

Period of implementation: Year2-Year4

Potential partners: We consider to work with Association of Outdoor Advertisement, which will be able to provide in-kind support for displaying the materials during seasons with low-advertisement events. The concepts and designs will be discussed and agreed with the members of the BCC subgroup of the UNFPA led RH partners Group.

This channel involves placing advertisements on billboards, city-lights and other outdoor space such as electronic billboards, plasma screens, etc. The main goal of the outdoor efforts is to promote hotline number/website and to bring attention to general FP aspects (by displaying key messages).

10. Print materials

Target Audiences: Youth, WRA, MRA

Period of implementation: Year1-Year5

Potential partners: partnership with UNFPA, UNICEF, WH&FP, International HIV/AIDS Alliance, and PSPs will be sought for review, updating, printing and distributing of print materials

This channel involves the development and use of various information, education and communication materials (IEC), such as brochure, flyers, cards etc. to be distributed through health providers and during population awareness events. It is anticipated that the following IEC materials will be developed: general brochure with FP methods; Tiahr compliant poster; brochure with information on barrier methods/male condoms; brochure with information on hormonal contraceptive methods; various cards and brochures/flyers with key messages and information on website and hotline. Starting from Year 2, all print materials will carry information about the website and hotline.

To ensure full compliance with family planning laws and policies, key materials produced under this strategy will include information about all methods of contraception while providing additional information about modern methods that are widely available and accessible in Ukraine, namely: male condoms, hormonal contraceptives and IUDs. This will ensure that demand creation is synchronized with actual supply.

The print materials will be mainly made available in priority oblasts, but will be placed on the website so all oblasts of Ukraine have access to them..

F. Other Communication Channels

1. Awareness Events

Target Audiences: Youth, WRA and MRA

Period of implementation: Year1-Year5

Potential partners: local level NGOs through the NGO grants program, MOH and MOSP

The HWUP will hold public awareness events in the targeted oblasts, to increase the public's knowledge about the benefits of family planning and to generate news coverage about the FP/RH themes. Awareness events will leverage existing community festivals and celebrations as well as popular international days, such as World Contraception Day, Family Planning Week, Valentine's Day, Youth Day, World AIDS Day, etc.

2. Educational sessions

Target Audiences: Youth, WRA

Period of implementation: Year2-Year5

Potential partners: HWUP will train educators representing staff and volunteers working for/with HWUP stakeholders, such as MOH, MOSP, and NGOs. The model of collaboration

between the USAID supported TfH project and PSPs in the former 15 partner oblasts will be used for expansion of similar cooperation into the HWUP priority oblasts.

The HWUP will train a cadre of educators in each oblast and these trained educators will then conduct educational sessions for population using the manual and materials developed by HWUP.

The predecessor TfH project has been successful in organizing training of (educators) trainers among selected staff of health professionals, social workers or NGOs staff and volunteers working at the community level. The educators in the new 12 oblasts will organize a range of BCC educational sessions either through their working place programs, or with support from the HWUP and/or PSPs (mainly targeting youth at universities and colleges).

3. Tool Kits

Information kit for health service providers

Period of implementation: Year2-Year5

Potential partners: MOH and UNFPA, PSPs

This channel will serve to follow-up with providers (after the basic FP/RH 5-day training) to update their knowledge with evidence based medical (EBM) information regarding new/updated contraceptive technologies, as well as with information reinforcing strategy key messages and dispelling myths (e.g. some IUDs are recommended for 10 years of use; benefits and possible side effects of oral contraceptives; information about new methods as they become available, etc). These informational kits will include job aids or other EBM materials, which will be delivered through short trainings/seminars or supervision visits to improve quality of services.

The health providers will also receive immediately after their trainings the “The Future is Worth Planning” sticker with appropriate messages (ask/have you asked your doctor about FP?) and will be asked to display it within their health facilities.

Information kit for policy makers

Period of implementation: Year3-Year5

Potential partners: WH&FP, UNFPA and MOH

Once the advocacy package is updated (using previously developed advocacy materials through the TfH project as well as international expertise), HWUP will conduct roundtables and seminars on the importance of FP as a social, economic, gender and human rights aspect and distribute these packages.

The policy/advocacy NGO grants program (to be organized in the second half of the HWUP), will also support advocacy activities at the local level. Through these grants, oblast level NGO partners can use the advocacy package and the evidence of successful policy implementation to promote new executive orders, protocols and MOH directives that will support FP/RH service delivery.

G. Visibility and Branding

The previous TfH project's BCC experience shows that there is a number of challenges to accommodate communication messaging and tools with the standard requirements for branding and marking. Some of those include: refusal from oblast media to broadcast products marked with outside logos (interpreted by them as not necessary for a PSA); "relative crowding" of various logos (USAID, the project, JSI) which sometime take important amount of space on the printing materials; difficulties to keep focus and attention of target audience on the main messaging if various entities and official names are used concomitantly. Moreover, using the USAID, HWUP, JSI combination of logos, in addition to the "Future is Worth Planning" (FWP) logo, will pose additional difficulties for presentation of the website, introduction and/or marketing for the social media, or answering the hotline.

Therefore, to ensure the communication identity of the strategy it is proposed that the "Future is Worth Planning" (FWP) logo will be the *exclusive umbrella "branding"* to be placed on various campaign communication products, such as website, hotline, social media, billboards, TV/radio spots, flyers, brochures, etc. It is expected that using exclusively the FWP logo will help ensuring consistency of messaging within the framework of the Communication Strategy, will build strong visibility and will attract additional attention from national and regional mass-media and the targeted population groups.



It is also proposed that the USAID logo will be used selectively on key project informational and training materials such as press release, brief strategy presentations, BCC/clinical/ policy training materials, Tiahrt poster and the general project's brochure with information about contraceptive methods.

H. Communication Themes and Messages

Using the life stage approach to promote the use of modern contraceptives, the strategy will work through the following four themes:

- 1. Promote the benefits of family planning methods in order to improve attitudes about family planning and contraception;*
- 2. Promote the benefits of condoms to prevent unintended pregnancy and HIV in order to increase its subsequent use as a FP method;*
- 3. Promote the benefits of various hormonal contraceptive methods in order to dispel myths about them and increase their use; and*
- 4. Increase demand for FP/RH information and services by advertising the newly available communication channels and service delivery points that offer general FP information, FP counseling and contraception services.*

The four themes and their key messages are presented below in the following tables. They come in a logical flow, starting with Theme 1 that brings public attention to FP/RH and continue with Themes 2 and 3 which aim to build positive attitudes towards contraceptive use.

Theme 1: Promote the benefits of Family Planning and modern contraception		
Objectives	<ul style="list-style-type: none"> • Increase target audiences awareness about the benefits of family planning (in general) • Improve attitudes about modern contraceptives 	
Expected Result	<ul style="list-style-type: none"> • Men and Women of reproductive age know the benefits of family planning and have positive attitudes about modern contraceptive methods 	
Main audience	<ul style="list-style-type: none"> • Men and Women of reproductive age; Youth 	
Secondary audiences	<ul style="list-style-type: none"> • Health providers • Media, general public • Policy makers, civil society organisations in regions 	
Key messages	<ul style="list-style-type: none"> • Unintended pregnancy can be prevented by using a modern contraceptive method correctly • You can now choose from many methods that are safe to use for many years. • “The future is worth planning” • “Family Planning/Contraception is a better choice” 	
What do we want audience to: <u>FEEL? (emotion)</u> <u>Modern</u> <u>Safe</u> <u>Informed (choice)</u> <u>In control</u>	<u>THINK? (reason)</u> Modern family planning methods are safe and effective. Modern family planning methods are easy to use.	<u>DO? (call to action)</u> Explore more by: Visiting the website Calling the hotline Making an appointment with a health provider (seek services)
Partners <u>Ministry of Health, Ministry of Social Policy, UNFPA, SDC, WHO, UNICEF, International HIV/AIDS Alliance in Ukraine, Regional State Oblast Administrations</u>		
General/national communication channels: website, hotline, news coverage, TV and Radio talk-shows, outdoor advertisement, public awareness events, journalist training, print materials for population (on general FP methods and poster compliant with Tiaht requirements), information toolkit for service providers.		

Theme 1: Promote the benefits of Family Planning and modern contraception

Specific oblast actions⁵:

Action package 1 (Family planning week, Middle of May)⁶:

Action Package 1 includes public awareness events conducted in regions by NGOs in the framework on NGO grants program, dissemination of printed materials, outdoor advertisement, educational sessions, IPC and others.

Action package 2 (World Contraception day, 26 September):

Action Package 2 includes street events, dissemination of printed materials during such events, conducting of educational sessions, participation of experts in television and radio talk-shows, dissemination of printed materials through service providers

Timing

On-going for national tools/activities. Action packages have dedicated dates.

Hotline and Website have to be developed and launched before the start of the Outdoor Campaign or PSA development, in order to be included in both outdoors and PSAs.

PSA will be developed before the end of 2012 for further dissemination starting in 2013. The development process will include but will not be limited to focus groups discussions, testing of PSAs script, etc.

Other activities will be implemented according to the annual workplans.

⁵ Oblast level activities will be conducted in addition and/or in parallel to the national ones.

⁶ This communication strategy will have 5 action packages that will be used intermittently for all themes.

Theme 2: Youth and Family Planning		
Objectives	<ul style="list-style-type: none"> • Increase effective condom use among young men and women (to prevent both unintended pregnancy and STIs/HIV/AIDS) 	
Expected Result	<ul style="list-style-type: none"> • Target audiences are aware that use of condoms is the most effective way to prevent both unintended pregnancies and STIs/HIV/AIDS 	
Main audience	<ul style="list-style-type: none"> • Sexually active youth and unmarried women and men of reproductive age 	
Secondary audiences	<ul style="list-style-type: none"> • Media, general public • Policy makers, civil society organisations in regions 	
Key messages	<ul style="list-style-type: none"> • Protect your future (by preventing unintended pregnancies and STIs/HIV/AIDS) • Condom is an easy way to keep your life and health safe • Condoms are part of modern living for men and women • “The future is worth planning” • “Condoms are a better choice” 	
<p>What do we want audience to:</p> <p><u>FEEL? (emotion)</u></p> <p>“Cool” and modern for choosing condoms.</p> <p>Good about protecting their bright future.</p> <p>Secure</p> <p>Safe</p>	<p><u>THINK? (reason)</u></p> <p>Condoms are the best choice for preventing pregnancy, STIs, and HIV.</p>	<p><u>DO? (call to action)</u></p> <p>Buy and use condoms</p> <p>Visit the website.</p> <p>Call the hotline.</p> <p>Visit the specific page/profile in Vkontakte</p>
<p>Partners</p> <p><u>Ministry of Health, Ministry of Social Policy, UNFPA, UNICEF, International HIV/AIDS Alliance in Ukraine, Regional State Oblast Administrations</u></p>		
<p>General/national communication channels:</p> <p>Social media, website, hotline, IPC, specific barrier contraception print materials for population and health providers, flyers and posters (especially the ones in youth friendly clinics), outdoor advertisement, dissemination of correct FP/RH information through Wikipedia, radio PSAs.</p> <p>Specific oblast actions:</p> <p><u>Action package 3 (Saint Valentine’s day. 14 February):</u></p> <p>Include educational events for young people at Universities, street events in Oblast centres through NGO grant program, dissemination of specific flyers\brochures on FP/RH including the one on barrier methods of contraception.</p>		

Theme 2: Youth and Family Planning

Action package 4 (Student's day. 17 November):

Will include awareness and education events for young people and dissemination of flyers/brochures on FP/RH/ barrier contraception.

Action package 5 (HIV/AIDS day: 1st December):

Include educational events in Oblast centres with free HIV\STIs testing in Mobile laboratories supported by HIV/AIDS Alliance.

Timing

On-going for national general tools/activities. Action packages for oblast activities have dedicated dates.

Other activities will be implemented according to the annual workplans.

Theme 3: Promote the benefits of hormonal methods of contraception		
Objectives	<ul style="list-style-type: none"> • Improve attitudes about hormonal contraceptives by dispelling the myths and misinformation perpetuated around hormonal contraceptive methods (e.g. “hormone phobia”, “body needs a rest”, “hormones are not natural”) 	
Expected results	<ul style="list-style-type: none"> • Women and men of reproductive age know that hormonal methods of contraception are safe, reliable and easy to use • WRA and MRA have information about these methods and are able to choose the best for them 	
Main audience	<ul style="list-style-type: none"> • WRA and MRA – married and unmarried/living in union couples and women of reproductive age seeking birth-spacing or birth-limiting 	
Secondary audiences	<ul style="list-style-type: none"> • Youth and young adults • Health providers • Media, general public • Civil society organisations in regions 	
Key messages (to be finalised)	<ul style="list-style-type: none"> • Hormonal contraceptives are safe to use for many years; • Contraceptive pills are safe and highly effective to prevent unintended pregnancy. • Newest contraceptive pills contain small doses of active ingredients and have negligible side effects. • “The future is worth planning” • “Oral/hormonal contraceptives are a better choice” 	
<p>What do we want audience to:</p> <p><u>FEEL? (emotion)</u></p> <p>Secure that hormonal contraceptives are safe.</p> <p>Confident that pills are safe and effective.</p> <p>Feel like a modern woman.</p> <p>Attracted to hormonal/pills because they are a modern choice.</p>	<p><u>THINK? (reason)</u></p> <p>Pills are a safe and effective way to prevent pregnancy.</p> <p>Hormonal methods do not harm the body.</p> <p>Side effects from the pill or other hormonal are few and rare.</p>	<p><u>DO? (call to action)</u></p> <p>Explore more by:</p> <p>Seeking services from a health provider.</p> <p>Calling the hotline for more information.</p> <p>Visiting the website for more information.</p>
<p>Partners</p> <p><u>Ministry of Health, Ministry of Social Policy, UNFPA, WHO, Regional State Oblast Administrations</u></p>		

Theme 3: Promote the benefits of hormonal methods of contraception

General/national communication channels:

Website, hotline, IPC, news-coverage in printed media with specific articles and Q&As dispelling myths, social media, specific oral/hormonal contraception print materials for population and health providers

Specific oblast actions:

Action package 1 (Family planning week, Middle of May):

Action Package 1 includes public awareness events conducted in regions by NGOs in the framework on NGO grants program, dissemination of printed materials, outdoor advertisement, IPC and others.

Action package 2 (World Contraception day, 26 September):

Action Package 2 includes street events, dissemination of printed materials during such events, conducting of educational sessions, participation of experts in television and radio talk-shows, dissemination of printed materials through service providers

Action package 4 (Student's day, 17 November):

Action package 4 will include awareness and education events for young people and dissemination of Tiahrt compliant flyers/brochures on FP/RH/barrier contraception.

Timing

On-going for national tools/activities. Action packages have dedicated dates.

Other activities will be implemented according to the annual workplans.

Theme 4: Increase demand for FP/RH information and services		
Objective	<ul style="list-style-type: none"> • Increase demand for the newly available information channels (that offers FP general information: website, hotline, social-media) and for the services of newly trained medical providers (that offers FP counselling and contraception services) 	
Expected Results	<ul style="list-style-type: none"> • Target audiences know where to get help and advice, and use these sources of information 	
Main audience	<ul style="list-style-type: none"> • Men and women of reproductive age 	
Secondary audiences	<ul style="list-style-type: none"> • Media, general public • Policy makers, civil society organisations in regions 	
Key messages	<ul style="list-style-type: none"> • Ask your doctor to help you chose the best method for you • You can ask professionals for advice – we have a range of reliable sources of information for you, e.g. website, hotline, health providers, etc. • “The future is worth planning” • “Contraception is a better choice” 	
<p>What do we want audience to:</p> <p><u>FEEL? (emotion)</u></p> <p>Good and confident about making a modern choice.</p> <p>Confident that modern contraception is safe.</p> <p>Trust in health providers.</p> <p>Trust in the information presented on the website or given over the hotline.</p>	<p><u>THINK? (reason)</u></p> <p>Modern family planning methods are safe and effective.</p> <p>Modern family planning methods are easy to use.</p>	<p><u>DO? (call to action)</u></p> <p>Seek services from a health provider displaying the “future is worth planning” logo</p> <p>Visit the website</p> <p>Call the hotline</p> <p>Make an appointment with your family doctor of ob-gyn (seek services)</p>
<p>Partners</p> <p><u>Ministry of Health, Ministry of Social Policy, UNFPA, SDC, WHO, UNICEF, International HIV/AIDS Alliance in Ukraine, Regional State Oblast Administrations</u></p>		
<p>General/national communication channels:</p> <p>News coverage, outdoor advertisement, PSA, social media and specific informational materials that will prominently display and/or advertise the website name, the hotline number</p> <p>Specific oblast actions:</p> <p><u>Action packages 1 to 5</u></p>		
<p>Timing</p>		

Theme 4: Increase demand for FP/RH information and services

On-going for national tools/activities. Action packages have dedicated dates.

Hotline and Website have to be developed and launched before the start of the Outdoor Campaign or PSA development, in order to be included in both outdoors and PSAs.

PSA will be developed before the end of 2012 for further dissemination starting in 2013. The development process will include but will not be limited to focus groups discussions, testing of PSAs script, etc.

Other activities will be implemented according to the HWUP annual workplans.

I. Illustrative matrix of themes, communication channels and tools

Communication channel/theme	Theme 1	Theme 2	Theme 3	Theme 4
<i>General/National</i>				
Hotline	+	+	+	+
Website	+	+	+	+
Social Media and Social Networks, including other online activities and internet presence		+		+
Wikipedia	+	+	+	+
Printed media and news coverage	+	+	+	+
Radio and/or TV PSA	+			+
TV/radio talk-shows	+		+	+
Outdoor advertisement	+	+		+
<i>Oblast level communication channels and tools – IPC mainly through NGO grants program (in addition to the National ones)</i>				
AP (Action Package) #1 – Family Planning Week	+	+	+	+
AP #2 – World Contraception Day	+	+	+	+
AP #3 – Saint Valentine’s Day		+		+
AP #4 – Student’s Day		+		+
AP #5 – AIDS Day		+		+
Training for journalists	+	+	+	+
Educational Sessions	+	+	+	+
Print/IEC materials (flyers\leaflets\posters\ postcards)	+	+	+	+
Tool kit for SP	+		+	+
Tool kit for PM	+			

J. Potential Risks

There are some risks that the HWUP might face during implementation of the strategy. It is expected that classical Risk Management mechanism will be used to deal with these risks, which includes: establishing the context, identification of the potential risks and probability of occurrence, and deployment of possible responses that will be provided by project staff, key opinion leaders, trained counselors and representatives of other stakeholders and counterparts..

Risk	Probability of occurrence	Possible Response
Religious organizations consider most methods of contraception to be equal to abortion – unacceptable	High	There are natural family planning methods
Widespread thinking is that contraception will have bad influence on demography	Medium	We are talking about unintended pregnancies which are most likely to end in abortions. Using modern contraception instead of not properly performed abortions will help to preserve reproductive health for further successful deliveries.
Contraception is not very convenient theme for mass media	Medium	Reproductive health issues are vital for Ukrainians. Lack of correct information and a prevalence of FP/RH myths can be harmful to the reproductive health of population. These myths and associated FP/RH themes have to be unveiled and covered professionally.

K. Timeline

The strategy will be implemented in two phases. *The first phase*, occurring during the first two years of the HWUP, involves the development and design of communication tools (website, hotline, outdoor, PSAs, print media, etc.), and training materials and curricula (e.g for educators, journalists, hotline counselors, etc.) at the national level. This phase will also involve some rollout of activities and materials at the national and local levels, for example, placing articles in newspapers and magazines, training journalists, using media to drive traffic to the website and hotline, etc.

The second phase, occurring largely over the years two-four of the HWUP (with some overlap with the first phase) will involve adjusting this strategy for implementation in each new oblast as they are phased in. Each oblast will strive to tailor this communication strategy to develop a local communication plan tailored with local specifics, needs and potential to attract and interest additional partners. Once the strategy and materials are locally adapted, they will be implemented and rolled out according to each oblast’s needs and situation on the ground.

The rollout of the communication activities in each oblast will be synchronized, when and where possible, with the provider trainings conducted under objective two of the HWUP. This is necessary to ensure that the strategy is creating demand for services that are available and of quality.

L. Monitoring and Evaluation

The Monitoring and Evaluation (M&E) of the HWUP National Communication Strategy is based on the USAID approved Program Monitoring and Evaluation Plan (PMEP) and Cumulative Indicator Matrix. Illustrative indicators of the Communication Strategy include:

General HWUP PMEP indicators:

- Percentage of WRA in participating oblasts who have been exposed to a FP message at least once during the past three months (target: at least 5% to increase between measurements)
- Percentage of WRA who have positive attitudes towards hormonal contraceptive methods (target: at least 7% increase over the life of the HWUP)
- Percentage of WRA who believe that hormonal contraceptive methods are safe (target: at least 10% increase over the life of the HWUP)
- Number of NGO/CSOs that received small grants to provide FP/RH information and/or advocacy (targets: 8 NGOs for Y1-3 and 4 NGOs for Y4)
- Number of BCC activities designed and implemented by local NGOs that received small grants to provide FP/RH information (target: 80 activities for Y1-3, 40 activities for Y4)
- Number of people reached by BCC including through education sessions, interpersonal communications, special events, mass media and IEC materials, peer-to-peer education, school-based education, social media, etc.: (target: at least of 50% of the total population of reproductive age, women and man)
- Number of educators/trainers trained to provide educational training/services (BCC) on FP/RH (target: at least 10-15 educators/each of the 12 new oblasts)

Other illustrative indicators (after beginning of implementation, per oblast):

- Number of articles in printed media after implementation of each action package
- Number of news report on TV and radio
- Number of participants attending awareness and public mobilisation events
- Number of participants in the trainings for journalists
- Number of people who called the hotline
- Number of people who visited website
- Number of people who visited and/or “liked” the social media page
- Number of people reached by educational sessions: minimum 20 persons per training, 3 trainings per month in each oblast
- Number and frequency of outdoor advertisement/placements

HWUP will report on its quarterly and annual performance reports the evolution of these indicators (at national level and by priority oblasts) and will use it to adjust the strategy implementation at the national and local levels.

Appendix A: Desk Review

To inform the national family planning communication strategy, the following documents were reviewed by JSI:

1. Focus Group Reports, USAID Together for Health, 2009-2011
2. Family Planning Knowledge, Attitudes, and Practices Assessment, USAID/Ukraine, November 2010
3. Family Planning and Contraceptive Security Assessment, USAID/Ukraine, November 2010
4. Baseline and Endline Assessments Report: Lviv, Kharkiv, Dnipropetrovsk, Odessa, Poltava, Volyn, and Vinnytsa Oblasts, USAID Tfh, September 2010
5. Baseline Assessment Report: Kharkiv and Lviv Oblasts, USAID Tfh, January 2008
6. The Impact of Clinical Training on Health Providers' Family Planning and Reproductive Health Practices, USAID Tfh, August 2008
7. Ukraine Demographic and Health Survey, USAID/MACRO and Ukraine MOH, 2007
8. Knowledge and Attitudes to Family Planning and Reproductive Health in Ukraine, USAID Tfh, December 2006

Appendix B: List of Stakeholder and Individuals Consulted

During the strategy development process, HWUP staff and consultants conducted individual and group meetings with the following family planning stakeholders in Ukraine. The purpose was to solicit their input and opinions regarding the development and implementation of the national family planning / reproductive health communication strategy.

1. Galyna Maystruk, Iryna Skorbun, and Olena Panchenko, Women's Health & Family Planning Foundation
2. Pavlo Zamostyan, Assistant Representative, UNFPA Ukraine
3. Oksana Devuschak, Ministry of Health, Ministry of Social Policy of Ukraine
4. Olga Sushnytska, Internews Ukraine
5. Anastasia Trotska, EU Women and Children's Rights in Ukraine Communications Component (2009-2011)
6. Tetyana Tatarchuk, Chief Children's OB/GYN of Ukraine, Ministry of Health
7. Yulia Zavhorodnia, Natalia Rakhmail, Svitlana Demchuk, Natalia Antoniuk, Oblast Technical Coordinators, Healthy Women of Ukraine Program
8. Tetyana Litvinova, Viktoria Verenysh, Olena Golotsvan, National BCC Trainers, Healthy Women of Ukraine Program
9. Tetyana Dolishna, Editor in Chief, *TOBI* magazine
10. Vladislav Golovinov, Product Manager, Women's Health Care and Zubov Anton, Product Manager, Women's Health Care, Bayer Schering Pharma
11. Anna Sukhodolska, Communication for Development Officer, UNICEF
12. Svitlana Dubyna, Vis NGO, Vinnytsya
13. Galyna Dyakonova, High School Teacher in Astronomichne village, Vinnytsya
14. Lyuba Kyrylyuk, Specialist at the City Center of Social Services for Families, Children, and Youth, Vinnytsya
15. Natalia Kucheruk, OB/GYN, Maternity House #2, Vinnytsya
16. Olexiy Gorlov, Curator and Oksana Ilyasevych-Bogorodova, Director, Social Advertising Market
17. Kostiantyn Pertsovskiy, Senior Communications Manager, International HIV/AIDS Alliance in Ukraine
18. Oksana Kirilenko, Marketing manager, Radio Roks
19. Kostyantyn Ryzhkov, National project coordinator, EBED Project

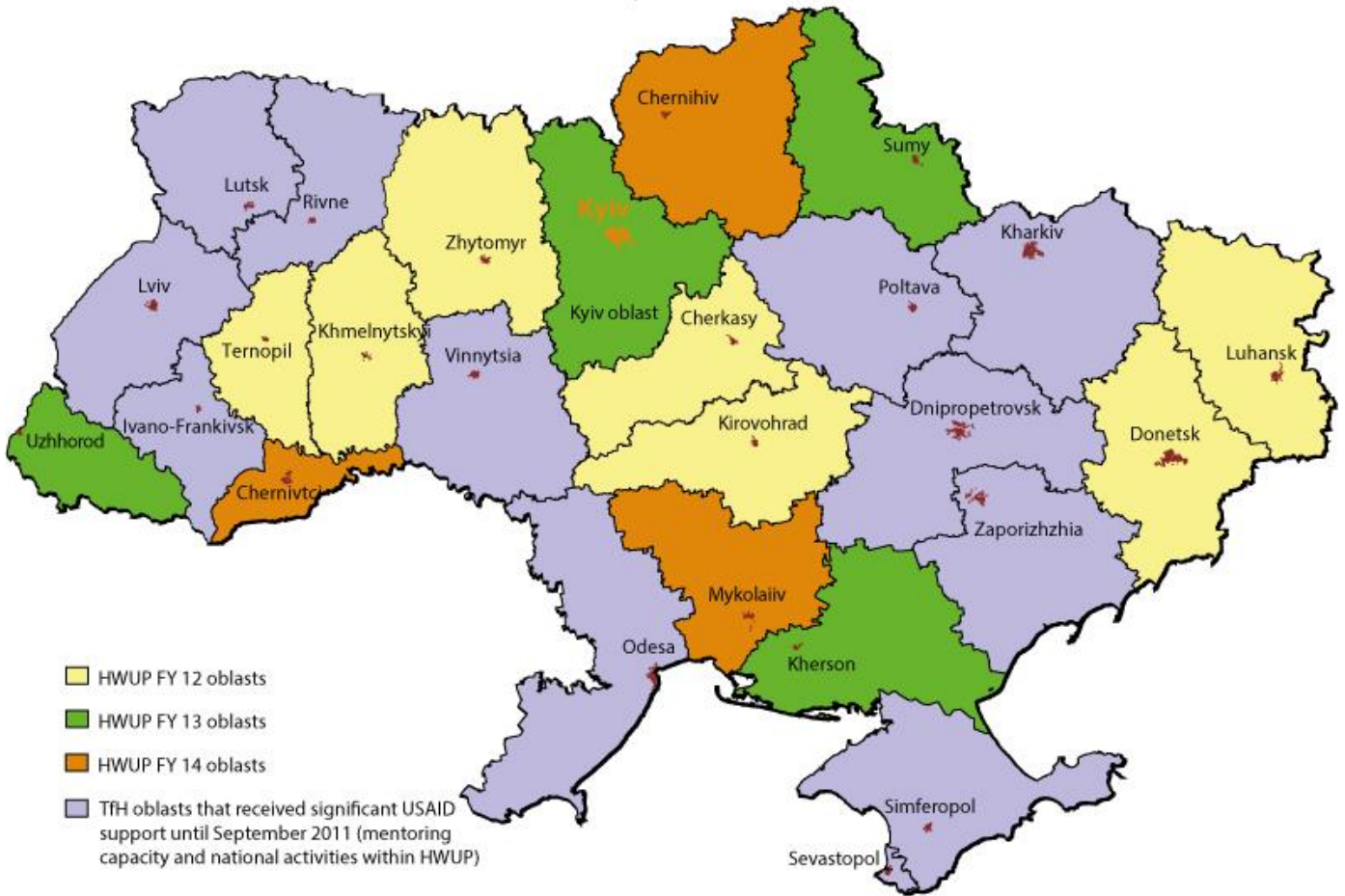
USAID staff who contributed to the development and review of this document:

20. Bradley Cronk, Director of the Office for Health and Social Transition, USAID
21. Olha Myrtsalo, Senior Development and Communication Officer
22. Tatiana Rastrigina, Senior Project Management Specialist, USAID

Appendix C: Map of Oblasts Targeted by Healthy Women of Ukraine Program

Healthy Women of Ukraine Program - oblast roll-out schedule (FY 12 - FY 14)

April 2012



Appendix D: Common Myths and Misinformation⁷

Frequently mentioned beliefs about the pill:

- Women need a rest period after two to three months (alt. six months, one year, two years)
- Pills have bad general impact on health and have a lot of side effects, as they intrude into the hormonal balance of a woman's body.
- Pill-taking leads to getting fat.
- They provoke masculine features (facial hair).
- Pills cause fertility problems.
- Pills can cause infertility.
- Hormonal pills affect the liver.
- Pills are too risky for a woman's health.
- Hormonal level and liver tests must be performed prior to prescribing pill use.

Common beliefs and misperceptions about IUDs:

The predominant belief about IUDs (repeated many times and in all focus groups):

- IUDs can remain in place for only three years (alt. five years).
- Women using IUDs need a rest period. After three years/five years, it must be removed and the body allowed to rest.

The second most shared and repeated belief about IUDs:

- IUDs can grow into the body and then they need to be surgically removed.

Also, very frequently stated:

- IUDs are harmful and have a lot of side effects, including reproductive health problems.
 - "IUDs cause cancer."
 - "IUDs cause inflammations, infections."
 - "IUDs cause a heavy period, permanently."
 - "IUDs can cause fibroids."
 - "IUDs can cause infertility."

⁷ All information in this appendix is taken from the USAID/Ukraine Family Planning Knowledge, Attitudes & Practices Assessment, November 2010.

Appendix E: List of Potential Partners

On March 23, 2012, the Healthy Women of Ukraine Program presented the draft of this strategy to a group of national family planning stakeholders, under the auspices of the Reproductive Health Partners group. As a result of this meeting, it was agreed to create a technical working group to focus on reproductive health communication. This was a critical first step in building support for the activities laid out in this strategy. At the meeting, several organizations expressed interest in helping with the development, production and implementation of the strategy. They are:

1. Ministry of Health
2. Ministry of Social Policy
3. Women's Health and Family Planning NGO
4. UNFPA
5. WHO
6. Swiss Development Cooperation
7. UNICEF
8. International HIV/AIDS Alliance in Ukraine⁸
9. Bayer Schering Pharma
10. MSD/Merck
11. Tobi magazine

HWUP stays opened for cooperation so in case some other players in the FP/RH areas express the desire to join implementation of this communication strategy.

⁸ HIV/AIDS Alliance may be providing condoms to be used for distribution at various public awareness events.