

VIVA! Campaign: An Important Step in Improving Congolese Lives

VIVA! is a ground-breaking, innovative social and behavior change campaign that promises sustainable progress among those with the greatest vulnerability in the Democratic Republic of the Congo (DRC).

In just over a year of implementation, amidst a pandemic, stock outs, staffing shortages and socio-political insecurity challenges, the VIVA! campaign, designed and implemented by USAID's Breakthrough ACTION project, has shown promising effects and visible momentum. Campaign surveys show that people exposed to VIVA! are more likely to report essential household health practices (EHHP) and facility-based care-seeking.

Accordingly, health service reminder tickets indicate that participation in VIVA! activities can be linked to service use. Qualitative research complements these results to showcase the individual and societal change that has sparked from participation in VIVA!.

In FY22, Breakthrough ACTION will transition the responsibility for implementing the VIVA! campaign to the Integrated Health Project (PROSANI). The transition from Breakthrough ACTION to PROSANI must in turn continue to the local partners, as we build the capacity of Congolese to overcome the barriers identified in the formative research.

Sustainability is a crucial factor in the choice of a social and behavior change approach. Periodic demand creation campaigns, such as the mini campaigns implemented currently by PROSANI, serve the function of boosting service uptake within a specific timeframe. This alone will not result in continued behavior change but may be a supporting complement to the continuous implementation of the VIVA! campaign.

With its deep roots of community design and the momentum of positive results, Breakthrough ACTION advocates for continued fidelity to the campaign design during this transition, expansion, and beyond. To this end, PROSANI will need sufficient resources and support, as well as clear prioritization by USAID, and continued technical assistance from Breakthrough ACTION.



What is the VIVA! Campaign?

The VIVA! campaign is a package of activities which target priority health behaviors and is built upon important insights gathered through the Human Centered Design (HCD) process and by applying the principles of Behavioral Economics (BE): fun, easy, attractive, social, and timely (“FEAST”). The campaign’s carefully designed interactive activities were co-created, tested, refined, and adapted to address the needs of communities across the project implementation areas. Grounded in practical solutions identified by community members themselves to address difficult health issues, the VIVA! campaign makes a critical contribution to sustainable progress in the health status of those in greatest need in the DRC.

Breakthrough ACTION began with a key design question: How might we encourage EHHP and facility-based care-seeking for pregnant women and parents of children under age five experiencing diarrhea, cough, and fever? Through a user-centered process we arrived at a set of integrated solutions (which began as prototypes and now serve as campaign interventions) that may be bundled and have produced results anticipated in our theory of change. In this way, Breakthrough ACTION carefully identified insights to drive innovation.

Insights	Activity	Intermediate Indicator/Changes	Outcomes
Caretakers are not capable of recognizing when symptoms become severe enough to seek treatment at a health facility. Knowledge about health is limited to ‘sensitization’ provided from the RECOs. Households that have been reached or have contact with RECOs have more knowledge of healthy behaviors. Lack of experience and ignorance provide a fragile environment for young women who are recently married, and who become pregnant. Their education about pregnancy and childbirth comes from in-laws, who may not know much more, and whose desires for grandchildren may put women at risk.	Market Quiz, Couples Parties, 42502 Healthline, RECO Home Visits	Knowledge and attitudes about symptom severity Knowledge of the services offered at HC Belief in benefits of EHHP	Increased practice of key accelerator behaviors including care seeking at health facilities for children under age 5
Healthcare expenses are secondary or tertiary behind expenses for food and education. A delay in treatment seeking, increased costs as multiple solutions are tried and higher pressure for health facilities to treat very sick children and adults. Price uncertainty is a source of worry and anxiety, and ultimately a barrier to formal health service use. In many cases, people approach health facilities without knowing the exact price of the services that will be provided to them. This creates a feeling of unease and a preference towards sticking to what is known to them, or the option of paying in kind. The lack of financial means causes couples to minimize the risk of not being treated well and not delivering their babies in a health center. Families are making health care decisions based on cost, access, cultural considerations, and proximity, rather than on quality of health outcomes.	Cost Comparison, Savings Banks	Perception that health services are affordable Perceived barrier of health service costs	Increased care-seeking at health centers Increased satisfaction with health center
Women’s work is not considered work since these tasks do not represent any economic benefit for the household. However due to the multiple tasks and responsibilities women must complete each day, childcare for the infants is filled with risk. Responsibility for childcare is not shared with the husband of the household. The husband is the principal decision-maker for seeking treatment or care. He is not well equipped to decide between therapies - traditional, religious or modern, and acts as a barrier to any care. The lack of couple’s conversation and interactions are a threat to empathy and understanding between them.	Couples Parties	Couple communication about EHHP and care seeking Self-efficacy & Intention to use services, including ANC and delivery Participation of men in health decision-making	Increased practice of key accelerator behaviors including FP, ANC4
People would accept to pay for health services if the services are not disappointing. Information about a bad experience with health providers/ health facilities spreads fast. Trust between the community and the health system is often missing. Although all religious leaders and traditional healers are not trained in health, people trust and rely on them for guidance in care. Even though they could be bridge for safe healthcare, they are, in most cases, an obstacle. If the religious leader decides to treat an illness, the person will no longer go to a health facility.	Quality Health Centers	Perceptions of health center quality Favorable attitudes about using health facilities	Increased satisfaction with health center

Figure 1. Example insights gained from VIVA! activities.

What are the VIVA! Campaign activities?

VIVA! campaign activities are led and facilitated by trained community health workers and health agents and include the following¹:

- **Savings Boxes:** Savings Boxes are introduced to assist families to save for health expenses, as well as other important household expenses. This is integrated into most VIVA! campaign activities.
- **Cost Comparisons:** Participants identify common non-essential items that cost the same as various health services, such as antenatal care (ANC) visits, childbirth, family planning (FP), and malaria treatment costs in this interactive game.
- **Couples Parties:** Married couples (parents of children under five years old) are led through lively health-related games and discussions.
- **Market Quizzes:** Vendors and shoppers play highly interactive games in the marketplace regarding health topics.
- **Quality Health Centers:** Clients are invited to discreetly place tokens in boxes to rate the quality of the services received at the health facility.
- **Healthline 42502:** Listening Groups meet to listen and discuss various health messages on the 42502 service, participate in VIVA! campaign's Cost Comparison game and learn about the Savings boxes.
- **Libala Ya Bosesembo:** Popular health-focused TV quiz show which launched the VIVA! campaign in 2020, much like the Couples Parties.



Credit: Breakthrough ACTION

What is the evidence that the VIVA! Campaign is effective?

Breakthrough ACTION has monitored VIVA! using activity reports, periodic mini surveys to gauge intermediate effects, qualitative interviews with campaign participants, and a referral ticket system to measure service use attributable to campaign activities.

Tracking Implementation

The VIVA! campaign is currently implemented in eight health zones in three **provinces** (Haut Katanga (HK), Kasai Oriental (KO), and Sud Kivu (SK)) in **120 health areas**. Reporting data show that **3,138 community health workers (RECOs)** and **9,354 community leaders**, including religious and traditional leaders, as well as other civil society actors, have been involved in the implementation of the campaign. From the campaign launch in March 2020 until September 2021, **466,160 people participated** in community-level VIVA! interventions.

¹ Please refer to the Annex for more detailed information on each activity.

Breakthrough ACTION has worked with the provincial health divisions to conduct periodic mini-household surveys of VIVA! implementation in communities, interviewing a sample of 100 people in rotating provinces to gauge exposure to the campaign and assess associated intermediate and behavioral outcomes. From the latest survey²:

- 87.3 % of respondents had heard of the VIVA! Campaign
- 70.6% remembered seeing the VIVA! Campaign logo in the last three months
- 60.8% of respondents agreed with the statement that the VIVA! Campaign was relevant to their or their family's lives

Breakthrough ACTION explored the practice of specific behaviors linked with the campaign for relevant sub-groups of respondents, comparing those who had versus had not heard of VIVA!

TABLE 1: VIVA! CAMPAIGN EXPOSURE AND PRIORITY HEALTH BEHAVIORS		
IN THE LAST 3 MONTHS...	HEARD ABOUT VIVA! CAMPAIGN % (N)	NOT HEARD ABOUT VIVA! CAMPAIGN % (N)
Sought information or treatment for diarrhea for their child (among those with children under 5 years)		
Yes	64% (48)	44.4% (4)
No	36% (27)	55.6% (5)
Sought information or treatment for fever for their child (among those with children under 5 years)		
Yes	72% (54)	55.6% (5)
No	28% (21)	44.4% (4)
Discussed family planning with partner (among married)		
Yes	78.6% (66)	42.9% (3)
No	21.4% (18)	57.1% (4)
Set aside money for household health needs (among married)		
Yes	73.8% (62)	57.1% (4)
No	26.2% (22)	42.9% (3)

² Source: Survey on VIVA! exposure and associated effects in Haut-Katanga, August 2021.

Campaign exposure was pervasive and thus sample sizes of unexposed are very low. However, we note the large differences in practice of behaviors by exposure. For example, 64% and 72% of parents of children under five reported exposure to the VIVA! campaign sought treatment for diarrhea and fever, respectively. Among parents who had not been exposed to the VIVA! Campaign, only 44.4% sought treatment for a child with diarrhea, and 55.6% sought treatment for fever. Similarly, 78.6% of married couples who had been exposed to VIVA! reported having discussed family planning with their partner in the three months preceding the survey, compared to 42.9% of married couples who had not reported exposure. Finally, 73.8% of VIVA! exposed married couples had put money aside for eventual health needs, compared to 57.1% of couples not exposed to VIVA!

Stories of Change

Interviews from the Significant Change qualitative study (2020) in Sud Kivu and Haut Katanga illustrate VIVA!’s potential.³ Community members are enthusiastic about VIVA! activities, and link their participation in campaign activities to increased service use, men’s involvement in family health, and shifting community norms:

“The benefits of the Market Quiz: when we are sensitized, many people are interested in the subject...and now our children do not suffer as much, and when they suffer or show symptoms, we bring them directly to the health center.”

— Woman, Sud Kivu

“I have seen a big change since the Market Quiz began. Certain men - though they are not yet many - have started to accompany us to ANC.”

— Woman, Sud Kivu

“I adopted a contraceptive method, and I am very grateful to VIVA! for leading my husband to accept it and reach a consensus about family planning.”

— Woman, Sud Kivu

“Neighbors have started to follow us to the health center when their young children are sick, compared to before when they used healer prophets.”

— Woman, Haut Katanga

Cost comparison and Savings box activities are helping overcome client barriers about price uncertainty and perceived affordability, while Quality Health Center has encouraged facilities to make changes that reinforce the value of their services:

³ Source: Qualitative results of VIVA!-Sud Kivu & Haut Katanga, Jan & Oct 2021, CCP.

“[Before the cost comparisons] people thought services were expensive, so they paid for medication from the pharmacy {without going to services}.”

— Woman, Haut Katanga

“People go to the health center because after participating in the [cost] comparison with our daily spending, we realize the price of services is affordable.”

— Man, Haut Katanga

“I am aware that to have health and stay healthy depends on finances and quality [services]. So, in my family we have set up a savings policy, an account to meet the health needs of the family, and this makes it easier for us to access health care.”

— Woman, Sud Kivu

“[Since Quality health center] we now come to the health center more than before because the nurses nicely welcome us, and you can see the cleanliness.”

— Woman, Haut Katanga

From these stories we see how the VIVA! campaign has affected individual and community perceptions and norms and contributed to increased practice of preventive health behaviors, service utilization and satisfaction.

Assessing Impact

In late June 2021, Breakthrough ACTION introduced reminder tickets to assess the link between VIVA! and use of health services. The results were remarkable and impressive. Overall, 15,600 tickets were distributed during VIVA! events, and 11% of people who received reminder tickets went to the health center for services, though there was significant variation by province (21% in HK, 6% in KO, 11% in SK). This is an important variation to monitor and explore.

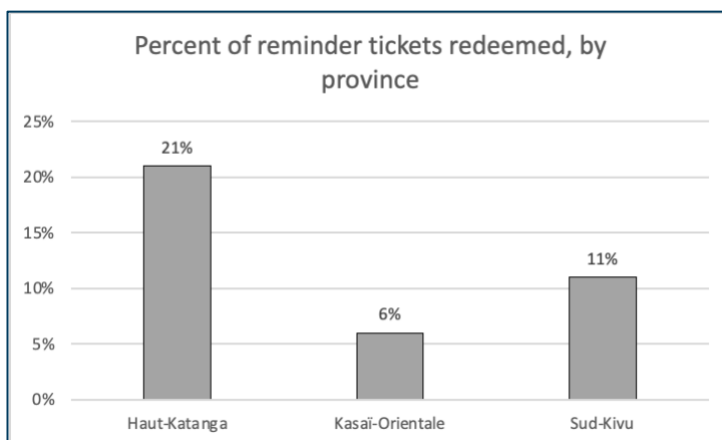


Figure 2. Percent of redeemed reminder tickets, by province

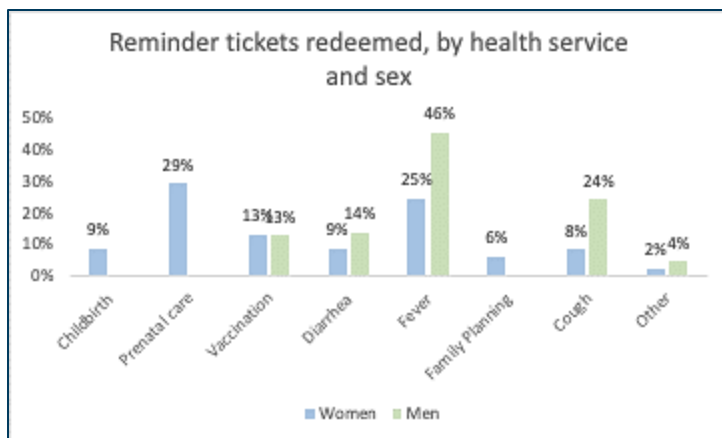


Figure 3. Percent of redeemed reminder tickets, by health service and sex

The tickets collected at health centers had been distributed at the couple’s parties (25%), the 42502 listening clubs (23%), and the market quizzes (21%).

Reminder tickets were associated with the use of a range of services, which differed by sex. Most tickets were redeemed by women (69%), who most used tickets for antenatal care visits (29%) and child fever (25%). Men most redeemed tickets for child fever (45%) and cough (24%).

What are the next steps?

The VIVA! campaign has shown promising results and visible momentum. The campaign has touched lives and sparked behavior change. In FY22, Breakthrough ACTION will transition the responsibility for implementing the VIVA! campaign to the Integrated Health Project (PROSANI). The transition from Breakthrough ACTION to PROSANI must in turn continue to the local partners, as we build the capacity of Congolese for sustainable health progress.

Periodic demand creation campaigns, such as the mini campaigns implemented currently by PROSANI, serve the function of boosting service uptake within a specific timeframe but will not result in continued behavior change. However, they may be considered as a supporting complement to the continuous implementation of the VIVA! campaign.

Breakthrough ACTION advocates for continued fidelity to the campaign design, allocation of sufficient resources by PROSANI, clear prioritization by USAID, and continued technical assistance from Breakthrough ACTION.

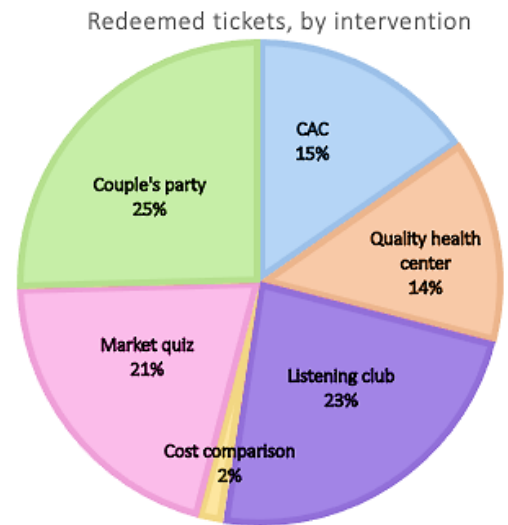







Figure 4. Percent of tickets redeemed, by intervention

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Annex: Description of Key VIVA! Interventions

	<p>Market Quiz</p> <p>In the markets throughout the BA intervention areas, community health workers organize lively, short quizzes with sellers and shoppers on health topics like malaria, ANC, WASH, FP, EBF, etc. where everyone can hear the questions, responses and correct answers. The Savings Boxes are presented during the contest as well. At the end of each quiz, reminder tickets are distributed to participants to remind them to attend the health facility.</p>
	<p>Couples Parties</p> <p>Small events where married couples (parents of children under 5 years old) are led through games and discussions by a community facilitator or RECO. Couples are invited to participate in a quiz about their knowledge of health topics like malaria, ANC, WASH, EBF, and FP. The cost comparison game is played and savings boxes are also presented, discussed and offered to the couples. The event is open to other couples who want to observe and learn. During the event, couples who are interested in family planning or in learning about different methods can consult in private with a professional counselor. At the end of the event, reminder tickets are distributed to everyone to encourage them to use the health services.</p>
	<p>Cost Comparisons</p> <p>This interactive game challenges participants to identify costs of non-essential household items that cost the same as of health services such as ANC, facility-based delivery, FP or malaria treatment at the health center. The community quickly understands that the health services are no more expensive than commonly consumed items like sugar, phone credits, flip flops, coffee, or cigarettes.</p> <p>The Essential Household Health Practices are also discussed during the debriefing about the cost comparison game, and participants are offered soap in order to highlight the importance of handwashing, which is especially important for people who spend the day at the market handling food and vegetables.</p>
	<p>Savings Boxes</p> <p>The savings banks are presented with lessons about how couples can set savings goals and differentiate between emergency and planned expenses. The goal of the savings boxes is to overcome financial difficulties and reluctance to use health services by offering information sessions on financial education, soliciting pledges for individual saving, and providing two savings boxes, one exclusively for health services and one for other planned family expenses.</p>
	<p>Quality Health Center</p> <p>The Quality Health Center is a system for evaluating health centers that allows the community to anonymously evaluate their local health center. The evaluation is based on three criteria: politeness/respectfulness of providers, the availability of personnel, and the cleanliness of the facility. These three criteria are represented by three compartments of a small, portable box that is accompanied by green, orange, and red cards that the community uses to vote and thus provide their feedback on their most recent visit to the health center. The box is managed and maintained by the RECOs and are opened at the end of each month during monthly health zone meetings in order to analyze the feedback and take corrective action at the health center level.</p>