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# Democratic Republic of Congo (DRC)

## Cell Phone Hotline Spreads Family Planning Information in DR Congo



Mobile Educators target men with family planning messages.

PSI and its local affiliate ASF are implementing the FPP (2003 2008) to increase the use of modern contraceptive methods among women of reproductive age and their partners in Kinshasa and in mostly urban areas of Equateur, Bas Congo, Nord Kivu, Sud Kivu, Katanga, Province Orientale, and Kasai Occidental in the DRC.

In addition to *la Ligne Verte*, PSI and ASF work with existing nongovernmental organizations (NGOs), private and public sector clinics, and pharmacies

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### INTRODUCTION

The cell phone is changing life in Africa, in ways and on a scale almost impossible to overstate. “To the astonishment of the industry, people living on a few dollars a day have proven [to be] avid phone users... The reason is simple: A mobile phone can dramatically improve living standards by saving wasted trips, providing information about crop prices, summoning medical help, and even serving as a conduit to banking services. ‘The cell phone is the single most transformative technology for development,’ says Columbia University economist and emerging markets expert Jeffrey Sachs.”<sup>1</sup>

The mobile communication market in Africa has grown twice as fast as the global market and has significantly contributed to expanded access to opportunities and information for a majority of the continent’s population. Mobile phones now account for close to 90 percent of all telephone subscribers in Africa,<sup>2</sup> and this holds true for the DRC.

Today, people throughout the DRC are gaining high-quality information about family planning, thanks to *la Ligne Verte*, a first-of-its-kind, toll-free hotline made possible by cell phone technology and by PSI’s Family Planning Project, or FPP (see box below). The hotline allows the FPP to reach unprecedented numbers of people in this vast, infrastructure-deficient nation.

This case study describes how PSI set up and managed *la Ligne Verte* (which means “hotline” in French). It also explores the lessons it has learned thus far that may point to the use of cell phone technology as a powerful new tool in the health education toolkit, and especially in countries like the DRC that are almost devoid of communications infrastructure, including standard telephone networks and roads.

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*Perhaps most interestingly, the study casts cell phone hotlines as a particularly attractive resource to a segment of the population historically difficult to reach with family planning information: men of reproductive age.*

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*Population Services International (PSI) and partner Association de Santé Familiale (ASF) use an array of communication channels to spread accurate information on family planning and contraceptive methods as part of their Family Planning Project (FPP) in the Democratic Republic of Congo (DRC). One of these channels is the cell phone hotline, or ligne verte, the first of its kind in the nation.*

*People in the DRC are communicating with one another and with the world at large as never before thanks to cell phone technology, which is reaching all corners of the vast country (in contrast to moribund landlines that, at the turn of the century, were available to less than one percent of the population). PSI’s Ligne Verte allows cell callers to speak confidentially to trained mobile educators in Kinshasa, to ask about methods and side effects, and to get referrals to clinics or sales points in the callers’ own neighborhoods. PSI and ASF advertised *la Ligne Verte* via mobile educators and posters at clinics and pharmacies throughout the country. The hotline number and hours are printed on items such as pocket calendars that are given away during FPP’s information-education-communication (IEC) activities in eight of the DRC’s 11 provinces.*

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to provide comprehensive training and ongoing support to health care providers and mobile educators to make high-quality information, counseling, and products accessible to low-income individuals in underserved regions of this vast country. The FPP socially markets five contraceptive methods (hormonal and natural, all under the *Confiance* brand) and, with services and products in place, uses an array of activities—such as la Ligne Verte—to increase knowledge of family planning and respond to interest in and questions about modern contraceptive methods.



La Ligne Verte number is shared during an IEC session on family planning.

## FPP ADDRESSES KNOWLEDGE GAP WITH INNOVATIVE APPROACH

Accurate information on fertility trends and family planning in DRC has been difficult to obtain over the past decade. Violence and turmoil, combined with lack of resources, meant that comprehensive health and demographic surveys were largely suspended. Until very recently, much of the information guiding health programming in the DRC was projected from data collected in the 1990s, assumed from data collected in neighboring countries with similar population and health patterns, or based on the 2001 Multi Indicator Cluster Survey (MICS 2),<sup>iii</sup> which until last year was the only demographic survey carried out in the DRC since the mid-1990s. When PSI launched *la Ligne Verte* in 2005, the modern contraceptive prevalence rate (CPR) was estimated by MICS2 at 3 to 4 percent of women of reproductive age in union, less than half the rate of a decade earlier.

Preliminary findings from the 2007 Demographic and Health Survey include the following:

Total fertility rate		6.3 children/woman
CPR:	Modern methods*	6%
	Traditional methods	15%
Unmet need		50%

\*Male condoms account for half of modern method use.

Numerous factors contribute to the low CPR and high unmet need. On the demand side are traditional preferences for large families and a still-high mortality rate among infants and children. But from the supply side, most notably, a decade of violence and unrest (1994-2003 and ongoing in the northeast) shattered the health and family planning system throughout the country. Additional factors are the dismal and worsening state of the DRC's transportation network, poor communication infrastructure, and the population's low exposure to media such as radio and television. These factors make it extremely difficult to spread health messages.

Knowledge of two or more methods of family planning is strongly correlated with the uptake of a method; but in DRC, the level of knowledge— especially of modern contraceptives—is extremely low. The scant body of research

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*PSI experienced some technological difficulties in setting up and running the hotline, as may be expected when launching a new technology application in a difficult operating environment. To date, the provider VODACOM has proved willing and able to pioneer the hotline alongside PSI and ASF, and to resolve technological problems as they arise.*

*Throughout 2007, callers made between 600 and over 2,000 calls a month to la Ligne Verte. PSI notes that the volume of hotline calls (and location of callers) tends to correlate to FPP's IEC and other activities on the ground; that a small but important number of calls is arriving even from provinces where PSI is not directly implementing the project; and that most callers want more information about, or wish to purchase, contraceptives. But the most evident and perhaps the most surprising aspect of the hotline to date is that the great majority—more than 80 percent—of callers are men of reproductive age. This unexpected outcome merits further scrutiny: men are an extremely important audience if family planning is to be accepted, but have been notoriously difficult to reach via more standard communication methods.*



indicates that only 30 percent of women are able to spontaneously cite the pill as a second modern method (the male condom was cited much more often).<sup>iv</sup> This is consistent with a PSI study that found only one-third of respondents could cite two modern methods of family planning.<sup>1</sup>

These findings are reinforced by anecdotal evidence: PSI's FPP staff regularly noted low knowledge levels during informational events and interpersonal communications in the project zone. Many participants stated that the project's education activities were the first time they had ever heard of family planning. This feedback was so consistent during the first 18 months of the FPP that staff began to look for a way to provide information to people who were not directly reached by PSI's activities, but who wanted information on family planning and modern contraception.

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*PSI and ASF took advantage of the burgeoning cell phone network in the DRC and designed la Ligne Verte as an important new way to resolve these problems. The toll-free hotline was the first of its kind in the country and represents a true innovation in providing information to people who otherwise do not or cannot make use of other sources of facts and referrals for family planning.*

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## PROJECT APPROACHES

### *Launching and Operating the Hotline*

If knowledge of two or more methods of family planning is strongly correlated with the uptake of contraception, having a discussion about family planning is even stronger: A woman is three times more likely to adopt a modern method if she has a conversation with a knowledgeable person.

To increase the number of such discussions, the FPP launched *la Ligne Verte* in early 2005. By dialing a toll-free number, callers can speak to a trained educator and get accurate information about birth spacing in general, the correct use of family planning methods and how to avoid unwanted pregnancy, and the nearest ASF or ASF partner clinic.

An important feature of *la Ligne Verte* is the assurance of caller anonymity.

The hotline call center is located in the PSI/ASF office in Kinshasa. The system operates via a contract with VODACOM, the largest cell phone service in DRC. All calls from VODACOM phones are free to the caller; at the end of each month, the FPP pays VODACOM the equivalent of 36¢ per call received. Each call is limited to 2 minutes.

<sup>1</sup> Kayembe, P. K., A. B. Fatuma, M. A. Mapatuano, and T. Mambu. 2006. Prevalence and determinants of the use of modern contraceptive methods in Kinshasa, Democratic Republic of Congo. *Contraception*, 74, 400-406.



### **The Time Is Right for a Cell Hotline**

*The DRC is a vast nation whose villages, towns, and cities are largely isolated from one another. Fewer than 3,000 kilometers of paved road serve the country's 60 million people, and there are barely 10,000 fixed telephone lines, according to the CIA Factbook. The result: Information spreads by word of mouth or, at best, over the radio.*

*In this context, the introduction of cell towers and cell phones has been life-changing. By 2006, according to the World Bank, 7 percent of Congolese were cell subscribers, and 50 percent lived in an area where cell service was available—this is up from less than two-tenths of a percent for fixed line coverage. The numbers have grown since then.*

*When Vodacom launched operations in 2002, it predicted revenue of \$25 to \$30 per user per month, an astounding amount in a country whose gross national income is about \$130 per person per year (according to the World Bank). Entrepreneurship is alive and well: Cell subscribers often rent phone time to others, so dozens of people may use a single phone.*

The phone number for *la Ligne Verte* is printed on all *Confiance* pocket calendars, which are widely distributed by mobile educators during the FPP's mass and individual information sessions; it is included in PSI/ASF clean delivery kits as well.

The number is also broadcast in radio and television spots, is printed on many of the product posters that decorate the walls of partner health clinics, and for a time was posted on billboards.<sup>2</sup>

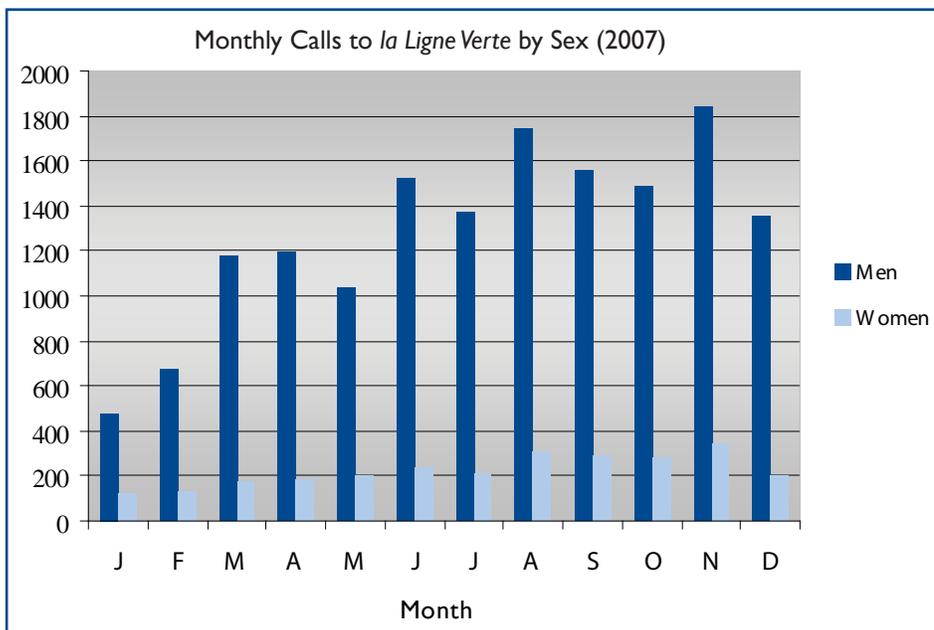
The hotline is open to calls from Monday through Friday, 8:00 a.m. to 4:30 p.m. The FPP's trained educators staff the line. The project has a pool of 27 such educators in Kinshasa; all received comprehensive training in family planning and outreach communication, and they carry out family planning education in public places such as markets and neighbourhoods and in private homes. The mobile educators rotate from their field positions two at a time for 3-month shifts on *la Ligne Verte*.

The FPP offers the hotline as one element of an integrated package of services. The mobile educators who answer calls have a list of all PSI/ASF partner clinics and pharmacies in the country and readily refer callers who want to begin or change a family planning method to the nearest partner pharmacy or clinic where they can consult further with a PSI/ASF trained clinician.

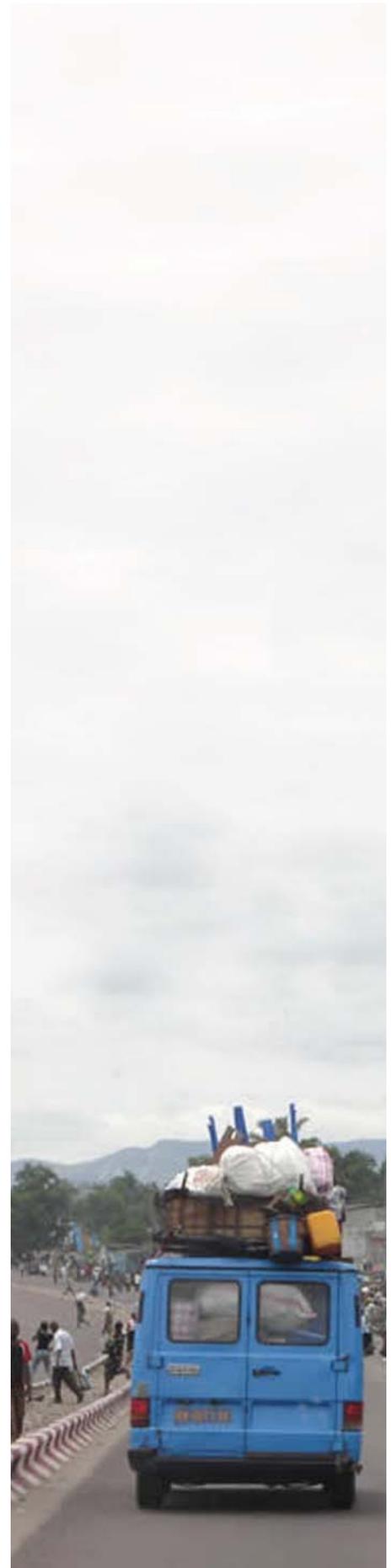
### Monitoring the Hotline

Hotline staff record all calls in a logbook, including basic demographic information on the caller (sex, age, and marital status, but not, of course, identifying characteristics that would impinge on anonymity), the caller's location, and the nature of his or her query. Twice a month, the data is amassed and analyzed at the national and provincial levels.

Information is also sorted by province and reported back from Kinshasa to the FPP's provincial offices every month. Among other data, each province can see what questions have been asked and what standard responses were given to callers. This helps reinforce consistency of information across the program.



<sup>2</sup> Billboards throughout the country were overwritten with campaign messages for the national elections, mid- to late 2006.





## Technological Challenges

PSI and partner ASF were the first to establish a toll-free number in the DRC. The process was lengthy and required negotiations with two phone companies before an arrangement was reached with VODACOM.

The FPP's current contract with the cell company includes the stipulation that phone calls last no more than 2 minutes each. While most questions and concerns can be addressed in that time, some callers could benefit from a longer conversation. Often the answer to a caller's original question leads to more questions.

Technical difficulties can prevent the hotline from receiving calls. Unfortunately, this is fairly typical in the DRC and not specific to the hotline or to VODACOM. When the hotline does go down, VODACOM can usually rectify the problem within a day.

## KEY FINDINGS

*Men make up the vast majority of callers to la Ligne Verte.*

When PSI and ASF created the hotline, they hoped it would respond to the needs of women of reproductive age, who represent the family planning program's primary target group. Surprisingly, it is men who make the overwhelming majority of calls to *la Ligne Verte*. In 2007, 84 percent of hotline callers who sought family planning information were men, while women made just 14 percent of all calls (the other 2 percent of callers asked about different topics).

All calls made to the hotline are free, so lack of money to pay for a call is not a factor (although it is likely that men have better access to cell phones in the first place). Likewise, it is unlikely that men are more exposed to information about the hotline than are women, since most of the FPP's family planning messages primarily target women. The *Confiance* pocket calendars printed with the hotline's number are distributed at community events, and during home visits. Although these two activities do not focus primarily on men, a large number of clients being reached are men. While our clinic activities certainly focus primarily on women, the community outreach is designed to reach all audiences and nearly half of our mobile educators are men.

**Calls to *la Ligne Verte*, by Province (2007)**

Province	# Calls	%
Katanga	7,372	40.7%
Kinshasa	5,245	28.9%
Province Orientale	1,529	8.4%
Bas Congo	898	5.0%
South Kivu	789	4.4%
Kasaï Occidental	636	3.5%
Equateur	554	3.1%
North Kivu	338	1.9%
Maniema	281	1.5%
Bandundu	255	1.2%
Kasaï Oriental	239	1.3%
<b>TOTAL</b>	<b>18,136</b>	<b>100%</b>
Non-FP calls	238	n/a



A family planning Mobile Educator shares the hotline number while providing information on family planning.

### ***Project activities correlate with hotline calls.***

In 2007, the greatest number of hotline calls came from provinces where the FPP is present (shaded rows in table on following page). Still, calls came from all provinces.

Katanga province accounts for the greatest number of calls to the hotline, most likely because the FPP operates in five cities and towns there, more than any other province in DRC. Katanga is also home to more than 20 partner clinics and more than 50 partner pharmacies. All of these carry PSI/ASF's contraceptive brand *Confiance*, carry out Information, Education, and Communication (IEC) activities, and promote the hotline.

In Kinshasa, the capital, the high percentage of hotline calls may be linked to the high number of mobile educators (27 in the city alone) who directly promote the hotline as part of their education campaigns. Kinshasa is also home to 20 partner clinics and 106 partner pharmacies and wholesalers, which also promote *la Ligne Verte* through posters and distribution of *Confiance* calendars.

While the majority of calls originate from provinces where the FPP operates, more than 750 calls came from Maniema, Bandundu, and Kasai Oriental, where PSI is not directly implementing the project.

### ***Frequently Asked Questions***

Hotline staff record each caller's question(s) in the logbook. The most frequently asked questions are about the following:

- Location of *Confiance* partner sites
- Side effects of contraceptives
- General information about the line of *Confiance* products
- Proper use of specific products
- Information on other ASF programs, products, and services.

## **LESSONS LEARNED**

### ***Men in the DRC have a higher unmet need for family planning information than anticipated.***

At the outset of the hotline's creation, the FPP staff imagined that women of reproductive age would primarily use the hotline to ask questions about birth spacing and contraception, and that men would be a far smaller group of callers. Instead, men make the overwhelming majority of calls, demonstrating their interest and curiosity in family planning.

Historically, family planning projects tended to focus solely on women. With time, it became apparent to practitioners that men's participation in contraceptive decisions was essential if family planning were to be embraced by a given population. In fact, men's lack of knowledge about female contraceptive methods often led to suspicion about their use increasing the opportunity to engage in sexual relations with other men.<sup>v</sup> Projects have struggled to find appropriate, effective ways to reach men; cell phone technology and hotlines may be a breakthrough in this arena, perhaps especially in places like the DRC where other modern forms of communication have not kept pace with progress in the rest of the world.

Additionally, studies have shown that men are less likely than women to seek health care in traditional settings<sup>vi</sup> and that social norms may limit their clinic attendance.<sup>vii</sup> There is no indication that this is different in the DRC.

The FPP must take into account men's need for information as it evaluates and adapts its work during the last months of the current project. It will certainly continue to operate *la Ligne Verte* as a cost-effective means of offering women and men throughout the DRC a way to gain accurate and confidential information on family planning.

***Two minutes per call is not adequate.***

Although hotline pretesting indicated that 2 minutes were adequate to answer most questions, the mobile educators who staff the hotline have found that this is often insufficient to respond to many concerns after recording each caller's basic information. When a call is interrupted, a caller can simply dial again for another 2 minutes of discussion. The FPP believes that allowing 3 minutes per call would address the problem; it will negotiate with VODACOM once the current contract nears its end. Also potentially partnering with other phone networks currently operating in DR Congo could possibly increase the number of minutes allowed for each call.

***Call data could be mined to further evaluate and guide programming.***

Given the surprise that men call far more frequently than women, and the types of questions asked by callers, PSI recognizes that the hotline's call data be more closely analyzed as a means of monitoring family planning needs and questions outside of the immediate reach of FPP's education activities. *La Ligne Verte* was not originally designed as a monitoring tool for larger program activities, but its data can and should be used to help guide future program direction and messaging. Calls to the hotline open a unique window on the concerns of Congolese people regarding family planning, and can indicate where changes should be made to program communication.

Similarly, close analysis of the locations from which hotline calls are made versus where communication activities are underway will help the FPP better evaluate and compare the results of its local IEC work. For example, an influx of calls from one province following IEC activities may mean that the hotline number is being easily disseminated throughout a community. Alternatively, it may mean that IEC messaging was unclear or confusing. Also, analyzing calls from provinces where the project is not currently active may reveal more about how family planning messages are spreading beyond areas of direct activity.



*Women writing down the hotline number during a community education session on family planning.*

## **RECOMMENDATIONS FOR REPLICATING LA LIGNE VERTE**

The FPP's experience in the DRC indicates that a hotline is a valuable asset in a program that aims to increase knowledge, acceptance, and use of family planning methods; it is perhaps especially important where other forms of communication are not readily available. Such a hotline must have trained operators at its disposal to answer calls and should keep regular hours that are easy to remember. The hotline's number should be widely and consistently distributed through as many channels of communication as possible.

Data from calls should be regularly analyzed and used to guide program activities. Further, the FPP recommends that others who implement hotlines strike a careful balance between anonymity and call time on one hand, and the opportunity to collect useful data about callers and their concerns on the other.

PSI's current scope of work does not allow it to research why *la Ligne Verte* is proving more appealing to men than to women. Yet this is a question of great interest, and any organization that implements a hotline is encouraged to explore the topic. Are men simply more inclined to try new technologies? Are they more likely to have the money to subscribe to or rent a cell phone? Do women find the technology inaccessible, or do they not have sufficient privacy to make telephone calls? Research results promise to be enlightening and may be useful in (a) making hotline technology even more attractive to men and (b) offering a product that is also useful to women.

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- <sup>i</sup> Ewing, J. 2007. Upwardly mobile in Africa. *Business Week*, September 13 2007. Available at [http://www.businessweek.com/globalbiz/content/sep2007/gb20070913\\_705733.htm](http://www.businessweek.com/globalbiz/content/sep2007/gb20070913_705733.htm).
- <sup>ii</sup> International Telecommunications Union, External Affairs and Corporate Communications Division. 2008. *ICTs in Africa: Digital divide to digital opportunity*. Available at [http://www.itu.int/newsroom/features/ict\\_africa.html](http://www.itu.int/newsroom/features/ict_africa.html).
- <sup>iii</sup> UNICEF Statistics and Monitoring Section, *Monitoring the Situation of Women and Children*. Available at <http://www.childinfo.org/>.
- <sup>iv</sup> Kayembe, P. K., A. B. Fatuma, M. A. Mapatano, and T. Mambu. 2006. Prevalence and determinants of the use of modern contraceptive methods in Kinshasa, Democratic Republic of Congo. *Contraception*, 74, 400-406.
- <sup>v</sup> Sternberg, P. 2000. Challenging machismo: Promoting sexual and reproductive health with Nicaraguan men. *Gender and Development*, 8(1), 89-99.
- <sup>vi</sup> Collumbien, M., and S. Hawkes. 2000. Missing men's messages: Does the reproductive approach respond to men's sexual health needs? *Culture, Health and Sexuality*, 2(2), 135-150.
- <sup>vii</sup> Wegner, M. N., et al. 1998. Men as partners in reproductive health: From issues to action. *International Family Planning Perspectives*, 24(1), 38-42.
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Pocket calendar for "La Ligne Verte"

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