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FIELD NOTE

**LAUNCHING A SOCIAL MARKETING PROJECT FOR IMMUNIZATION
IN METRO MANILA**

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Lorna, wife of a construction worker in Metro Manila and mother of three children all under six, was busy on Friday morning preparing breakfast for her husband and children. She still had many chores to do--wash her children's clothes and her nine-month old baby's dirty diapers. However, the night before she heard an ad on the radio announcing that on Friday there would be free measles vaccinations at the health centers. She recalled seeing a commercial on her neighbor's TV which showed a mother with a baby in the emergency room of the hospital. The baby had suffered complications from measles. Lorna was convinced that whatever happened she would take her baby in for a measles vaccination. Lorna was determined to go today. So, she quickly finished preparing breakfast. She would get the baby ready and go to the health center. Today's laundry could wait.

A major aspect of social marketing for child survival programs is the demand creation activity. How is demand created? Through media alone? How important is the person out in the field providing the product or service?

In the commercial world, media advertising can promote almost any product--for example, a line of women's cosmetics. A customer walks into a department store already familiar with a specific cosmetic line because it has been advertised on television, radio, or in women's magazines. At the cosmetics counter she finds a salesperson who has also been trained to make the most of every encounter with a customer--possibly to entice the customer to buy a whole line of cosmetics. The salesperson knows that she is selling beauty, and not just cosmetics. She has thought about what motivates her customer. She knows her words and her behavior may be just as powerful an influence upon the customer as any ad might be.

Who are our sales force counterparts in the social marketing of child survival? The sales force includes the health center staff: physicians, nurses, midwives, or health workers who deal directly with mothers and their babies. Like the woman behind the cosmetics counter, the members of this sales force should be trained to make the maximum use of every encounter with mothers. To do this, they must be both fully educated about the "product" they are promoting (both its benefits and potential costs) and sensitive to the concerns of their clients--chiefly mothers. They must also be

motivated and rewarded for filling this role, or their interactions with the clients may be counterproductive.

BACKGROUND OF THE MEASLES CAMPAIGN

From February to May of 1988, the HEALTHCOM Project assisted the Philippines Department of Health in conducting a pilot immunization campaign in the Metro Manila area. The campaign owed much of its success to an informed and supportive "sales force." Immunization, even more than some other child survival interventions such as ORT or nutrition, relies heavily on good coordination within the health delivery system--making sure supplies are available, the cold chain is maintained, and proper records are kept. An intensified demand creation activity, such as special radio and television broadcasts or promotions of special vaccination days, puts additional strain on the system. The following field note examines how the health workers were brought into the Philippines measles effort so that they became the pivotal actors (or actresses) in the delivery, as well as "selling," of good health to their clients.

The Philippines Department of Health (DOH) decided to conduct a pilot project in the Metro Manila area, or the National Capital Region (NCR), as a preliminary to a nationwide intensification in order to test strategies and gain experience from the practical management of mass media and health center activities. The campaign was coordinated by the National Immunization Committee. EPI guidelines were set by the Maternal and Child Health Service of the DOH and communication activities were planned by a team from the HEALTHCOM Project and the Public Information Health Education Service (PIHES) of the DOH.¹

The campaign focused on measles. Why measles? This disease is not usually thought of as the most deadly for children. The Department of Health aims to raise the full immunization level (for six diseases) among children under one from 70 percent (in 1988) to 90 percent by 1993. How would a campaign on a single disease fit into this strategy? The DOH chose to focus public attention on measles for several reasons:

- measles had the lowest coverage of all the vaccine-preventable diseases (22.9 percent, based on card-verified data);
- measles is the last vaccination in the immunization series.
- measles is recognized by mothers as a dangerous disease.

As the last vaccination in the series, measles could be used as a "hook" to recapture system dropouts and to give children any other vaccinations that they lacked. The full schedule immunizes a child against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles. These are given according the following regimen: one dose of BCG vaccine for newborns, three doses of DPT and three doses of oral polio vaccine, and one dose of measles vaccine with the last of these--ideally between 9 and 12 months of age. A child who is not vaccinated against measles is therefore likely to be missing other vaccinations as well.

ASSESSMENT OF THE TARGET GROUP

The primary target group for the campaign was mothers in the lowest socioeconomic classes having children under two years old. Fifty-five percent of this group said they used the public health services for their children and 71 percent said they had used the municipal health services at some time. Research previously conducted by the World Health Organization, the Demographic Research and Development Foundation, and data from the Metro Manila EPI monitoring system provided some information about vaccination practices among this group. More detailed information about their attitudes, knowledge, and practices was collected by the the Annenberg School for Communication through a baseline survey in October of 1987 among 320 low-income mothers in the target region.² The survey also studied exposure to different mass media channels. The team conducted interviews and observations of mothers and health workers at eight health centers in Metro Manila to study the health delivery system and the interactions between health workers and clients. This research provided a solid basis on which to set objectives, create messages, select media, and design comprehensive program plans.

COMMUNICATION STRATEGY

The basic strategy of the campaign was extremely simple: to promote a single day of the week for free measles vaccinations. Friday was selected as this special day for the three months of the campaign period. It was also advertised as a day of extended hours: all health centers in the Metro Manila area would be open from 8 A.M. to 8 P.M. Although vaccinations at the health centers are always free, they are not in fact always available every day of the week. A reluctance to waste vaccines, for example, can easily lead a health worker to avoid opening a vial which can provide 10 to 20 doses if it seems that many children will not be showing up that day. This results in a "missed

opportunity" to vaccinate. (Opportunities are also missed when a child with a slight fever is turned away or a busy health worker fails to note that a child who has come for some other service is in fact behind in vaccinations.) By focusing attention on a specific day of the week, the campaign placed a special burden on the system, but also meant that health centers would be prepared to open new vials and to concentrate resources on additional "customers." Although the campaign mentioned only measles, health workers were instructed to watch for children missing other vaccinations as well. Focusing the mother's attention on a specific day would encourage her to think about her child's immunization status and urge her to action.

The chief demand creation activities consisted of broadcast and print materials to inform mothers about the special opportunity on Fridays and the extended hours. This "tactical" information was combined with a "thematic" message about the danger of measles. Research indicated that mothers might not be aware that measles could be life-threatening, leading to pneumonia or meningitis and sometimes death. PIHES and HEALTHCOM contracted an advertising agency to produce a 60-second TV spot and a 60-second radio spot to dramatize the danger of measles to young children. The spots voiced a simple message: "It only started as measles..." and a simple slogan: "Save baby from measles--immunize him/her." They used a short drama sequence showing a child being rushed into the emergency room, while her distraught mother watches helplessly. (The child is later shown in recovery--the team wanted to scare mothers but not terrify them.) These spots were broadcast Sunday through Wednesday. The agency also produced two 15-second TV spots and a 15-second radio spot to reinforce the times and places of the vaccinations, and the target age group (9-12 month olds). The 15-second spots were broadcast every Thursday and Friday. The television spot quoted the secretary of health and the short spots used respected movie celebrities as spokespersons for the campaign. Focus groups with mothers helped select authorities who would be credible to the target audience.

Market research helped assure that television or radio messages would reach 70 percent of the heaviest viewers/listeners twice a week. This broadcast effort alone, however, would have been incomplete. Social marketing emphasizes that there are four elements of a successful intervention--the four P's--product, price, place, and promotion. "Place," the health center, is really the intersection between the forces of demand and supply. If the health center is not prepared for the customer or motivated to act as a true "sales force," the product may not "sell." The measles campaign therefore included a special phase which is familiar to commercial marketers but less familiar to

those involved in social and health programs. This phase is known as the "launch." The launching of the Metro Manila measles campaign tackled some potential problems associated with the "place" of the campaign, and turned health providers into a truly motivated sales force.

WHY HAVE A "LAUNCH?"

"Launching" is a term distinct from "planning" and "implementation." Launching, in fact, serves as the connecting link between these two phases. It takes place after the target group has been selected and the messages determined, after the media materials have been produced and are ready to be aired or distributed. It is a collection of well-timed activities which give initial momentum to the campaign and energize everyone involved. The launching phase serves to cement the relationship between the communication and service delivery components of the project.

Although marketing or communication people usually design a launch, the service delivery people play the key roles. They are the "frontliners" of the campaign activities. The Metro Manila measles intensification also enlisted the help of another set of "frontliners"--the press. The launch therefore included two basic elements: a series of sales conferences and a press conference.

As in many countries, health centers in the Philippines are often looked upon by mothers as "places" with a high "price." They are frequently overcrowded and the wait can be long. Health workers are usually overworked. Staff are sometimes perceived of as irritable and cranky. Supplies are not always sufficient.

This situation could easily have been aggravated by the three-month measles campaign. Health workers were being asked to perform yet more tasks. They would have to fill out weekly forms now (in contrast to their previous monthly forms) indicating how many children were vaccinated. They would be given a variety of promotional materials to distribute. Demand upon their supplies would increase. Moreover health workers throughout the city were asked to work overtime one day a week with no monetary compensation. Many noted that their health centers are located in dangerous areas where street fights or drug abusers create trouble after dark. A number of health workers refused to believe mothers would really come after 5 P.M. Local tradition says that it's dangerous to bring a baby outside after dusk, because the evening dew--or hamog--can give the child a head cold.

The sales conferences, therefore, were designed not only to mobilize the health workers but to provide an opportunity for them to air difficulties and resolve potential conflicts. And not least important, the conferences were a mechanism for distributing materials, explaining the rationale for the campaign, and providing refresher training in immunization norms and protocol.

THE "SALES" CONFERENCES

The DOH/HEALTHCOM team held a total of eight conferences for groups of 50-60 people approximately three weeks before the campaign began. Each of Metro Manila's 331 health centers sent a physician and a nurse or midwife to participate in the afternoon-long sessions. The local health officer opened each conference, giving the even an air of seriousness and authority. He explained that the measles campaign was part of a major new effort and that the health workers themselves would be agents of change--the "infantry" of the Department of Health. The first goal of this session was thus to boost the morale of the salespersons, who would in turn affect that of their clients.

A team including the regional director of health from the National Capital Region and representatives from PIHES/HEALTHCOM and the ad agency which produced the radio and television spots explained the importance of the "sales force" in motivating mothers. The participants learned that their health centers would receive materials to help them create a festive and welcome atmosphere. They also learned that their performance would be monitored and that the cities and municipalities showing the highest performance, and the highest increase in performance, would receive plaques signed by the secretary of health and the NCR regional director. The winners would be featured on television. There were also plans for the secretary of health to visit the high-performing health centers on Fridays, complete with press coverage. Celebration and healthy competition thus combined to energize the staff.

Much of the conference was devoted to supplying the staff with essential technical and logistical details about the up-coming campaign. The orientation covered the following areas:

Rationale for the campaign and campaign messages— The participants learned that media messages would explicitly direct mothers to the health centers for free measles vaccinations. They learned that health center staff would therefore play two roles: that of "salespersons" for the campaign, and also as "suppliers" of the service which would be in high demand as a result of the media promotions. They would need to

be prepared for this heavy demand upon resources and logistics. They also learned the reasons that measles had been chosen as a "hook," and that the campaign was expected to increase other vaccinations as well. In this sense, mothers and health workers did not receive the same messages: health workers knew the campaign had a dual role and needed to be prepared to support both of these.

Orientation to the radio and television spots— The ad agency presented the three radio spots and the story boards for the three television spots to the health workers and explained when these would be broadcast. The agency and PIHES/HEALTHCOM presented the rationale for the campaign slogans: "It only started as measles...." and "Save baby from measles--immunize him/her."

Review of clinical immunization guidelines— The NCR Regional Director distributed a technical hand-out and clarified the relevant immunization policies. Although this presentation was described as a clinical "review," it was the first organized presentation of EPI norms for many of the health workers and was designed to clear up some misunderstandings. Among the most important facts were: that measles vaccines should be given to infants between 9 and 12 months of age; that a child of any age coming to the health center without other vaccinations (such as DPT or OPV) should receive these; and that a child should be vaccinated if he or she has a slight cold or cough or fever less than 38.5 c.

Previous studies on health center activities showed that some policies were not being followed and that noncompliance was often a major factor in low immunization coverage. For example, studies confirmed that physicians and nurses often turned away infants with colds, coughs, or slight fevers. In discussing these guidelines, health center staff explained that if a sick child would suffer complications after being vaccinated, this would reflect on their credibility. The conference presentors encouraged staff to conform to the norms, and also clarified areas in which flexibility might be good.

Explanation of special materials for health centers— The participants learned that each health center would receive a collection of special "point-of-purchase" materials to create a welcoming environment. These included:

- a blue and white plastic banner to hang over the health center on Fridays, reading:

**"Please come in. Free immunization every Friday.
DOH/NCR."**

- 18 feet of yellow and blue plastic pennants (or bandaritas) to hang across the health center on Fridays, with the messages:

"Free measles vaccination.

Every Friday. In your health center.

Save baby from measles--immunize him/her.

8 a.m.-8 p.m. every Friday."

- four T-shirts for health center staff to wear on Fridays, reading:

"Save Baby from Measles. Immunize him/her.

DOH/NCR Immunization Team."

- 40 yellow and blue bumper stickers to pass out, reading:

"Save Baby from Measles. Immunize him/her.

Free, every Friday in your health center."

- two posters to display in the health center (one thematic and one tactical, giving times and places).
- three cartoon posters to display in the health center (with stories designed to display common myths about measles or vaccinations).

The health workers received an installation guide listing the materials and giving instructions on when and how to display them. Because the campaign was planned on a rush schedule, the print materials could not be handed out at the sales conferences. The team explained that each municipality should send someone on a designated date to pick up the items and distribute them to the health centers. That the participants valued these materials and took their role seriously is reflected in the fact that each municipality came to collect their items on the designated day.

Preparation for roving street health campaign— The staff were encouraged to set up large colorful umbrellas that would be supplied to them, and distribute materials about the campaign at busy areas near the health centers. Some of the print materials, such as the posters, could also be displayed at these points.

MONITORING AND FEEDBACK MECHANISMS

An important third role to be played by the health center staff during the measles campaign was also explained to them at the sales conference. In addition to promoting the campaign messages and actually delivering the health services, the staff would be a crucial link in monitoring the success of the activities. This role was presented as both a task and an opportunity. The communication team explained a new weekly monitoring and feedback form, which had a space for each day of the campaign and a record of how many vaccines of each type were dispensed. A municipal or city health officer would collect the forms each Tuesday. The team explained how to use the forms and emphasized that they were not meant as a device for evaluating workers, but rather for gathering feedback on the campaign. The forms contained a space for "comments and suggestions." Thus, if health workers experienced a problem with vaccine supply, or noted that mothers in fact were not taking advantage of the extra hours, they would have a way of relaying this information to management. Most importantly, the monitoring forms would be a way of documenting the successes of the health workers' efforts.

At each step in the conference the health workers were invited to share their ideas and their concerns. The most common complaint was the extra, uncompensated hours. Health workers were particularly disgruntled over this requirement, since they were not convinced mothers would take advantage of the evening hours. The team dealt with the issue in two ways. They emphasized that the campaign was an experiment and that the situation would be monitored as the weeks went by so that policy could be changed on a health center by health center basis if appropriate. They also suggested that staff talk to their individual superiors about the possibility of taking other time off to compensate for the extra hours. The opportunities to air some of these concerns during the conference and to continue providing feedback through the weekly monitoring forms made the staff feel their opinions were valued and that they were partners in the campaign effort.

THE PRESS CONFERENCE

The day before the media launch, the PIHES/HEALTHCOM team organized one additional pre-campaign "big bang" activity to focus public attention on the project. They invited representatives of the major papers and broadcast media to a one-and-a-half hour press conference presided over by the secretary of health. The secretary remarked on public health efforts in the context of other recent upheavals--in particular, the people's revolution bringing about a change in government. Explaining that the

Philippines is a country characterized by conflict, confrontation, and celebration, he announced that health centers should be places of celebration. The "theme" of festivity and constructive energy was reiterated, therefore, at the highest levels. The NCR regional director showed the three commercials to the press, and both officials fielded questions. The following day, articles about the measles campaign appeared in all the major dailies and on the front pages of several of them.

RESULTS—THE DATA AND THE WORKERS' RESPONSES

The pre- and post-test conducted in January before the campaign and then in May after the campaign, indicated the media efforts and the sales conferences were a dramatic success. A comparison of first quarter figures for 1988 and for those of the same time period in 1987 showed that measles immunization rates increased 133 percent and full immunization rates increased by 82 percent. In addition, mother's awareness and knowledge regarding vaccinations increased in several respects. Awareness of vaccination as a protection against measles increased from 37 percent to 74 percent. Awareness of Friday as an immunization day rose to 52 percent. The number of mothers who had visited a health center within the last three months increased from 37 to 51 percent.

The monitoring forms themselves contributed to the campaign's success. Many health centers used the "comments and suggestions" space to communicate problems. Some noted shortages of syringes and needles. This information was fed back immediately to DOH-NCR, which responded promptly. One health center reported that its banner had been stolen, and this was quickly replaced. Several noted that mothers were not coming in the evening hours. A few health centers volunteered suggestions, such as "the secretary of health should also visit the low-performing health centers to give them a morale booster," or "Why don't we give rewards to mothers of fully-immunized children, like T-shirts." Health workers in one municipality noted that private pediatricians were "backbiting" the measles project, telling people that the DOH vaccines were not effective because they were locally made. The department was able to reassure health workers.

The systems set up by the campaign as an "experiment" proved efficient and health centers adopted some of them on a permanent basis. Friday has been maintained as a vaccination day throughout Metro Manila. Although the extended late hours have been dropped, health workers have found it convenient to promote a specific day for this activity.

Based upon the communication strategy used in the Metro Manila campaign, the Department of Health planned a nationwide urban intervention which also used measles as a "hook" to get mothers into the health centers to complete the full immunization series. The nationwide mass media campaign was launched in March of 1990 and continued through September. A single day of the week, this time Wednesday, was promoted as the day for free vaccinations at the health centers.

An important lesson learned in the Metro Manila campaign was that health workers must not only be knowledgeable about the immunization policies of the DOH but must also be prepared to implement them. For example, "missed opportunities" to vaccinate continued to be a problem during the pilot campaign, partly because health workers were reluctant to give multiple vaccinations during a single visit. Because of this, the nationwide campaign preparations also included a series of "sales conferences" similar to those of the Metro Manila campaign, this time emphasizing the appropriateness of giving all antigens that a child is eligible for in a single visit. The sales conferences were provided to health workers at the municipal, district, provincial, and regional levels.

LESSONS LEARNED

Although it may be difficult to quantify the impact of different media upon a successful campaign, it is clear that multiple channels, combined with face-to-face activities, reinforce each other. In any child survival intervention, the direct interactions between health workers and mothers and their children affect health practices and attitudes in powerful ways. Informing and involving this "infantry" in efforts to increase demand among a target audience are crucial, especially when the results of that increased demand will have a profound affect on the health delivery system.

Activities to "launch" an intervention by bringing this sales force on board contribute substantially to the impact of other promotional activities. The launch is a special phase of marketing and can provide an initial spurt of energy to a campaign and motivate service providers to become enthusiastic partners in it. Although these activities can be seen as good public relations on the one hand, they also bring the service delivery side of the equation into harmony with the demand creation side. The launch can provide a forum for sharing technical information, for fielding questions, resolving conflicts, and for cementing relations between those involved in the intervention.

NOTES

1. A detailed description of the planning process, the creation of materials, and the methodology employed in the Metro Manila campaign is provided in Managing a Communication Program on Immunization: A Decision-Making Guide. etc.
2. Annenberg School for Communication, University of Pennsylvania.