

SOMARC OCCASIONAL P A P E R S

N U M B E R 2 3
N O V E M B E R , 1 9 9 7

Building Support of Contraceptive Social Marketing Through Advocacy: SOMARC in Kazakstan and Uzbekistan

.....

Randy Thompson
Terry Baugh
Dee Bennett

WHAT IS AN ADVOCATE?

An advocate promotes an idea, cause or program in order to build support for it or to influence individual or organizational decision-making. An effective advocate speaks up when needed and works with other people or organizations to expand the base of support for the program, issue or cause. Advocates provide information so people can make informed choices and decisions that affect their lives and their community.

The kind of advocate selected to espouse a particular cause depends on the target for influence. However, whether the advocacy purpose is to influence government leaders to change national policy or to persuade a woman to use modern contraceptives to space her family, good advocates are not just born, but made through a systematic program of training in advocacy techniques. They must have adequate information about the issue and their own role to be able to effectively represent the cause.

To understand advocacy, it is necessary to first understand where and how people get their information and what sources they trust. In the case of contraceptive social marketing (CSM) programs, information can be obtained from many places: work and school, the media, health professionals and other advisors, peers and coworkers, family and friends. If an issue is substantial or controversial, individuals will seek more information sources, and the issue in question must be supported by endorsements from people who are respected by those an organization needs to influence. ▲

CONTENTS

What 's an Advocate?	1
The Role of Advocacy in SOMARC	2
Central Asia Advisory Boards and Peer Advocate Program	4
Lessons Learned	8
Conclusion	10
References	10

1

THE ROLE OF ADVOCACY IN SOMARC

Social Marketing for Change (SOMARC) uses advocacy to gain crucial support for its country programs from opinion leaders, government officials, health professionals, religious leaders and other stakeholders. SOMARC projects use advocacy to reach the consumer both interpersonally and through the media to provide information and at the grass roots level to directly influence individual behavior. Contraceptive social marketing programs use advocacy to:

- Build awareness of, and support for, the program
- Build product awareness, motivate product use and generate product sales
- Provide information about proper child spacing and to promote its benefits in countries where there are often cultural norms promoting large families, as well as conflicting religious or pro-natalist views
- Build an understanding of the role modern contraceptives can play in the improvement of maternal and child health (or, in achieving population goals, if that is a priority of the country), and
- Create a climate that will support and sustain the sale of a broad range of contraceptives in the private sector

SOMARC has successfully used advocacy to:

- Create a more receptive environment for the introduction of CSM products, services or programs,
- Enhance the credibility of SOMARC messages among various audiences,
- Influence government and regulatory policy and
- Motivate behavior change among health professionals and consumers.

SOMARC country programs are concerned with various categories of opinion leaders which includes those who:

- Create policy
- Create and implement programs
- Influence policy makers and program leaders
- Influence the way policies and programs are portrayed (especially the media)
- Influence the attitudes and priorities of individuals, constituencies, associations and institutions at neighborhood, community, regional and/or national levels.

Frequently, long-held attitudes and misconceptions must be changed. In each SOMARC country, it is necessary to reach and obtain the support and cooperation of many public and influential audiences.

One of the reasons SOMARC trains healthcare providers – doctors, nurses, midwives and pharmacists — in contraceptive technology and counseling is to gain their support of the methods and concepts behind the program, as well as improve their technical skills.

In addition, SOMARC has developed a comprehensive speaker and media training program to provide influential supporters with the necessary skills to promote the program. However, many individuals and groups needed to implement and support SOMARC programs often do not fully understand the program's purpose, its



SOMARC

Occasional Paper No. 23

2

area of responsibility within family planning, how social marketing works and how and why it uses commercial marketing tools to reach consumers and influentials. Without this understanding, advocates may be unwilling or unable to effectively represent the program when support is critically needed.

Recognizing this, SOMARC developed a formal orientation approach designed to inform and gain support and cooperation of key opinion leader audiences. The SOMARC programs in the Central Asian Republics of Kazakstan and Uzbekistan provide examples of this comprehensive approach to orienting and gaining support of influentials involved in family planning and population development.

At the same time, SOMARC also recognized that the neighborhood reach of grass roots influentials is a key complementary reinforcement to motivating individual behavior change. The SOMARC program in Uzbekistan provides an example of efforts to reach out directly to the consumer at the community level.▲

SOMARC

Occasional Paper No. 23



Central Asia Advisory Boards and Peer Advocate Program

.....

Challenges faced in the former Soviet Central Asian Republics of Kazakstan and Uzbekistan are very different than those in any other area where SOMARC works. It is important to note that these are not developing countries in the traditional sense. Unlike many developing countries where literacy and skills are low, the Central Asian Republics are resource-rich countries with highly-educated consumers.

Also unlike most developing countries, there is no population problem in the Central Asian Republics, as women in the former Soviet Union have a long history of effective fertility control. Contraceptive prevalence is high, with nearly half of all women of childbearing age using some form of contraception, primarily modern methods. Nevertheless, because of limited availability and substandard quality of contraceptives, they have traditionally depended upon induced abortions, which have been freely available in government facilities, or IUDs for fertility control. Too-frequent use of abortions has created a reproductive health problem because resulting infections caused gynecological problems and rendered many women infertile.

After the breakup of the Soviet Union, government resources of the newly independent republics were inadequate to provide contraceptive services. As a result, contraceptive shortages intensified, prices skyrocketed, and dependence on abortions, already high, increased.

THE SOMARC PROGRAM IN CENTRAL ASIA

USAID was asked to provide assistance to the governments of the former Soviet Republics of Central Asia in their efforts to achieve market and democratic reforms, and to support the social sector during the transition to a market economy. In 1993, as part of both that transitional support and market reform effort, USAID asked SOMARC to develop a social marketing program using commercially procured contraceptives.

The contraceptive social marketing program developed by SOMARC has become known as the Red Apple program because all participating providers — pharmacies, clinics, and doctor's offices — as well as the products carry the Red Apple logo. The Red Apple logo assures women the products and services being offered are safe, high-quality and affordable.

SOMARC ADVISORY BOARDS

To foster an environment of collaboration, in 1994 SOMARC created Reproductive Health Advisory Boards in both republics. The boards were composed of Ministry of Health officials, prominent physicians, pharmaceutical representatives (SOMARC partners), members of women's organizations and religious leaders, and influential private business people.

The boards' responsibilities were to provide input, help review consumer and provider educational materials and promotional pieces, and make the program sensitive to the political and cultural environment. The formation of these

SOMARC

Occasional Paper No. 23



boards marked the first time in the Central Asian Republics that the public and private sectors sat at the same table to discuss common interests and worked together on a unified project.

The boards were critical to program acceptance in each republic. Board members served as the program's "public face" when meeting with the press and other influential audiences. Selected spokespeople underwent extensive media training sessions by SOMARC representatives to brief them on key program messages and teach them important skills to use when being interviewed by reporters. In ensuing press conferences and media interviews, these spokespeople were able to discuss the program, deliver important information, and present it in the appropriate light to gain acceptance.

Broadcast interviews and print articles on the program were analyzed for content and information. Feedback on the messages communicated or missed opportunities was given to spokesperson to help them improve their interviewing techniques and ability to articulate important messages to the listener or viewer about the Red Apple products and the program.

Beyond talking with the media, board members provided valuable counseling to SOMARC managers regarding program direction. All advertising (print ads and tv spots on oral contraceptives and Depo-Provera) and promotional materials ("Ask Me" posters, method specific brochures, pharmacists guides, pins and plastic bags) were presented to the boards prior to public launch for the members' review, comments and approval.

In reviewing these materials, the board members helped identify potential problems, such as pro-natalist sentiments as ethnic Asians struggled to regain the cultural traditions and ethnic balance they had lost under Soviet rule. This insight helped SOMARC to position the program in a culturally sensitive manner, anticipate road blocks and plan for potential opposition. Board members also provided the political support necessary for a marketing approach.

It is important to note that the SOMARC marketing approach – to provide products in the commercial sector to those who could afford to buy them and to promote those products to create demand – was often in direct conflict with long-held beliefs of "entitlement to social services for all" under Soviet rule and a command mentality of distribution. Basic western marketing principles were often very difficult for board members to understand and they often disagreed with SOMARC's approach. Frequent board meetings reminded members of the project's purpose and the opportunities the contraceptive social marketing project offered for privatization. The often heated discussions were invaluable to SOMARC representatives in understanding the mindset of members and helped immeasurably in negotiations with private sector distribution and retail partners.

Product marketing began in late 1994 in Kazakstan and in the fall of 1995 in Uzbekistan. Since the CSM programs beginnings, the source of supply for contraceptives has shifted from the public to the private sector, demonstrating the viability of the commercial pharmaceutical sector. As the program has expanded and private sector participation increased, additional members have been added to the boards, thus continuing the dialogue between the public and the private sector.

SOMARC

Occasional Paper No. 23



The boards are now reconvened when there are new program developments, but individual board members continue to provide informal counsel to SOMARC management on a regular basis. The environment of cooperation and trust created prior to program launch has fostered the development of a private, commercial market for contraceptives in these Republics.

RED APPLE PEER ADVOCATES IN UZBEKISTAN

A second advocacy project implemented in Uzbekistan focused on interpersonal intervention through consumer peer counseling. The Red Apple Consumer Education Pilot Project was designed to improve the knowledge and awareness of modern contraceptive methods among women and men of Uzbekistani mahallas (Muslim communities).

While SOMARC's advertising and public relations activities were successfully building awareness of Red Apple contraceptive products, many women were still suspicious of side effects of hormonal contraceptives. These fears were generated by years of low quality products as well as misinformation and myths that are not easily dispelled, particularly without the support of doctors who were equally skeptical of hormonal methods. According to some women, many doctors simply suggest IUDs to avoid questions about pills and injectables that they do not want to discuss due to the lack of information and/or disbelief in a method.



SOMARC designed a pilot peer counseling program within mahallas to bring information directly to consumers. SOMARC-trained female residents of each mahalla were available in the "Red Apple rooms" on a daily basis for a period of two months to offer free counseling and information services to other residents. (The rooms were called Red Apple because of the red apple logo and identification created for the SOMARC products and services.)

SOMARC's objectives through the peer-counseling program:

- ❖ Provide information on family planning and contraception in a one-on-one setting,
- ❖ Make consumers aware that modern methods are available in pharmacies, thereby increasing demand,
- ❖ Provide a referral service to SOMARC-trained doctors and Red Apple pharmacies
- ❖ Compel doctors to discuss the various methods when queried by educated consumers
- ❖ Better equip women to make the correct contraceptive choice by providing consumer education materials and information on the different methods
- ❖ Gain consumer support for the Red Apple program and its products.

The pilot was launched in January 1997 in three mahallas, two in Tashkent and one in Samarkand. Selection criteria for peer advocates included: willingness to serve as a peer counselor, an open mind regarding modern contraceptives, at least a vocational education, flexible schedule (either a homemaker or able to take time off of work), and respected in the community. Once women were selected, SOMARC held

SOMARC

Occasional Paper No. 23



training seminars. Many of these women began the training with minimal knowledge about modern supply methods of contraception. Most were familiar with IUDs, and almost all had experienced at least one abortion.

The five-day seminar included a two-day intensive course covering all modern methods, followed by a counseling and training component, and finished with two days of practice via role plays and presentation skills before a live audience.

The Red Apple rooms set up in the mahallas were decorated with Red Apple posters, product posters, and educational charts and drawings to allow maximum visual exposure to information. Counselors were given Red Apple brochures on contraceptive methods, informational sheets for orals and injectables in both Uzbek and Russian, as well as a family planning flip chart in Russian to refer to when counseling. Counselors were also supplied with a list of trained doctors to whom they could refer their clients for further consultation. Additionally, each room was supplied with a list of pharmacies carrying Red Apple contraceptives, their addresses and phone numbers. Counselors had samples of Red Apple contraceptive packages to show their clients.



The peer advocates worked every morning except Sunday and one to two times a week in the afternoon, spending an average of 30 minutes with a client. Women most often came to the Red Apple rooms with questions on modern contraception or other reproductive health issues (e.g., menopause, infertility, sexuality), questions about IUDs (including switching from IUDs to another method), and questions on correct use of contraceptives.

The pilot project was effective in providing correct and accurate information and updating communities' knowledge of modern contraceptive methods. The Mahalla Rooms were strongly supported by local officials and the media and brought additional attention to the Red Apple program as the first in Uzbekistan to provide information to women through their peers.

All peer advocates in the pilot became active supporters of the Red Apple program and continue to lobby on behalf of the program. Additionally, these women are now recognized in their community as points of contact for information, which they continue to disseminate informally. The Mahalla Advocacy Project is currently being expanded to other areas of Uzbekistan.

A similar program has been instituted in the contraceptive social marketing program in Pakistan. The Mohalla Sangast are staffed by lady home volunteers (LVH) and takes the information and services into the homes of the communities women.▲

SOMARC

Occasional Paper No. 23



Lessons Learned

.....

Create a strong supportive environment before the program is launched. Based on experiences in several SOMARC countries, a critical lesson learned and applied in Central Asia is that such projects must focus not only on product marketing, but also on creating and nurturing a supportive environment. Where there is the potential for significant opposition, consider creating an Advisory Board, with at least two individuals on the board capable of and committed to speaking on behalf of the program. Understand, however, that other spokespersons not on the board will also be needed to effectively reach some of the opinion leaders you need for program support.

Build alliances early. In each SOMARC program, alliances need to be built with opinion leader groups prior to the launch of program marketing efforts, early on in which to implement programs. Although such efforts are very time-consuming, the support of key influentials can save much time and avoid unnecessary complications. The Central Asian programs demonstrate the benefits of obtaining influential support in avoiding problems in the early stages of program development and throughout the life of the program.

Continue to update your supporters. It is not enough to brief opinion leaders in the early stages of your program. Each time there is a new development, it is important to brief influentials and get their perspective. If you don't brief them on new developments, someone else may and their point of view may be very different. Opposition to programs can build over time and keeping a "finger on the pulse" of your supporters is critical.

Just as issues change, so do people within organizations. Establish regular communications briefing meetings, and make personal presentations to those influentials who do not attend. In Central Asia, new briefings and spokesperson training sessions were conducted as new individuals moved into positions of leadership and prominence, both in the government and the emerging private sector.

Provide potential spokes-person advocates and other influentials with a good overview of contraceptive social marketing and the individual country program. These programs clearly demonstrate the need to provide potential spokesperson advocates and other influentials working in population and development with an overview of social marketing in general and the SOMARC program in particular, including a contraceptive product orientation. Orientation meetings should be held, both individually and with groups of influentials working in the area of health and population, as well as key opinion leaders.

Influentials must understand the basics of contraceptive technology, particularly where hormonal contraceptives are offered. In countries where the SOMARC program offers only a condom, the need for extensive contraceptive technology training is far less. However, today SOMARC programs in most countries offer multiple hormonal products and many offer long-term methods. It is critical that influentials, both at high levels and at grass roots, understand the basics of how these products work, their health benefits and risks so that they can address the common misconceptions that exist, due to ignorance and to opposition efforts to discredit the program.

SOMARC

Occasional Paper No. 23



Train only those who are truly committed to advocate on your behalf. And who can attend all training sessions. It is better to have a small, well-trained and committed cadre of spokespersons than a larger, less trained and less committed group. Don't be afraid to explain the commitment you need up front. Only invest the training time in people who are willing to make the necessary commitment to training and to the speaking engagements and interviews. It is difficult for most influentials to commit to spend three to five unpaid days in any training, so you need to be somewhat flexible. If a truly committed spokesperson cannot make part of a planned training session, schedule a private training at a mutually convenient time.

Select spokespersons who are respected within their own constituencies. Not all spokespersons are appropriate for, or need to speak to, the media. For certain audiences, it is equally or more effective to have respected individuals within local organizations who can influence others through interpersonal communications.

Augment opinion leader advocates and mass media efforts with grass roots, interpersonal programs to directly reach consumers and local community members. The Uzbekistan pilot Red Apple Consumer Education Project in mahallas demonstrated the effectiveness of peer advocacy in informing women and providing important referral services.

Monitor the performance of your advocates. Analyze media coverage and speaking engagements and interpersonal interactions and provide feedback to your spokespersons on how successful they were at delivering the desired message. Debrief them after a speech, an interview or counseling session and provide them with specific examples of areas where they communicated effectively and where they need improvement.

Hold refresher trainings with all levels of advocates. The training investment is long term and must be reinforced at regular intervals. Once programs have a trained core group of advocates, refresher training should be held every six months, and whenever a new product or program effort is undertaken.

Ensure that local country representatives understand the need for integration and support. SOMARC managers around the world need to understand the integrated communication tools at their disposal to gain support of influential audiences, including grass roots public relations and communications techniques for working with influentials in their programs.

To address this need SOMARC developed a Communications and Program Orientation Workshop for SOMARC managers to provide the necessary social marketing, contraceptive product orientation and basic overviews of grass roots public relations and communications techniques for working with influentials. This workshop prepares SOMARC managers and communications personnel to recruit and orient those who are going to join the SOMARC project as spokespeople, as network physicians, as private or public sector partners and to prepare these managers to serve as advocates for their country programs. SOMARC managers now participate in training so they can conduct the SOMARC Program orientation meetings in their own countries.▲

SOMARC

Occasional Paper No. 23



CONCLUSION

As a result of these experiences and insights gained in these and other contraceptive marketing programs, SOMARC has developed a Leadership Communications effort. The purpose of this effort is to gain support for SOMARC programs among others working in the area of population and development, help these groups to improve their own grass roots and influential communications efforts and to develop more committed SOMARC spokespersons and advocates. In addition, SOMARC projects around the world have recognized the need to increase advocacy efforts, both to gain support of influentials early in program development and to develop better informed and more committed advocates. Perhaps most important, SOMARC projects now look to creating advocates to reach both key opinion leader audiences and consumers through the media and interpersonal channels.▲

REFERENCES

Ruschman, D., Smith, S., and Thompson, R., May 1997, *Using Social Marketing in Central Asia to Develop a Commercial Market for Contraceptives*, The Futures Group International, Washington D.C.

Gokun-Silver, Margarita, May 1997, *Red Apple Consumer Education Pilot Project*, The Futures Group International, Washington, D.C.▲

SOMARC

Occasional Paper No. 23



SOCIAL MARKETING FOR CHANGE

Social Marketing for Change (SOMARC) is a contraceptive social marketing project which provides moderate- to lower-income couples in 43 developing countries with greater access to contraceptives. Products are sold through private sector outlets, such as pharmacies, street kiosks and doctors offices at a price that is affordable to these women. The U.S. Agency for International Development funds SOMARC III, which is managed by The Futures Group International.

SOMARC gives women the opportunity to purchase contraceptives rather than having to depend on receiving them from government clinics, which often involve long waits and product outages. SOMARC programs also ease the burden of governments to supply contraceptives to all low income women. Projects are designed to stimulate local businesses and sustain development – using local professionals and using or creating indigenous distribution companies, advertising agencies, public relations firms, market research firms and promotion agencies. SOMARC provides extensive training to each of its local partners to improve their technical and business capabilities.▲