

**Expanding choice and increasing access through social marketing: Offering the Standard Days Method in Ecuador, Benin, and Democratic Republic of Congo**

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I will be presenting today on the Institute for Reproductive Health's experience in offering a fertility-awareness based method through social marketing programs in Ecuador, Benin, and the Democratic Republic of the Congo.

# Introduction

- Many couples risk unplanned pregnancy due to inaccessible or poor quality services.
- Programs are challenged to provide services to more users with fewer resources.
- Expanding the range of family planning options provided through pharmacies is potentially a cost-effective strategy to address unmet need.



The need for appropriate, high-quality family planning services is substantial and growing in many parts of the world, especially in sub-Saharan Africa. Studies of unmet need show that many couples who want to avoid a pregnancy or delay the next pregnancy, are not using an effective method of contraception, or are using an otherwise effective contraceptive incorrectly. Some common reasons given include fear of side effects, lack of knowledge or access, and costs

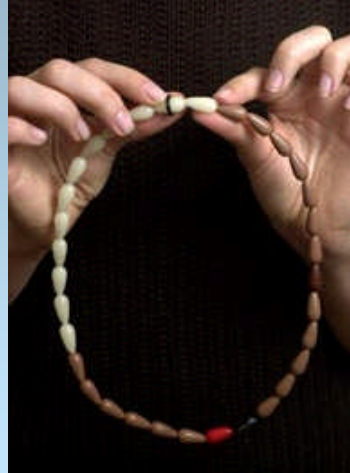
While unmet need is growing in sub-Saharan Africa, where contraceptive prevalence is lowest, unmet need remains even in countries where contraceptive prevalence is high, such as in Latin America. Due to rapid growth in the population and numbers of couples interested in planning and spacing births, reproductive health programs in developing countries are challenged to provide a greater variety of products and services to a rapidly increasing number of users while facing stagnant or decreasing donor funding for contraception. Thus, efforts to meet this unmet need must involve cost-effectively expanding options and access to couples. One possible strategy would be to educate women about alternative sources of contraceptive supply such as pharmacies.

# The Standard Days Method

Expanding access to the Standard Days Method® (SDM) through pharmacies could reduce unmet need.

The SDM, a fertility awareness based method:

- Is for women with menstrual cycles between 26 and 32 days
- Identifies days 8-19 of the cycle as fertile
- Is used with an inexpensive color-coded string of beads
- Is 95% effective when used correctly.



Social marketing concepts have been successfully applied to increase access and use of many modern contraceptives but no information exists on socially marketing a fertility-awareness based methods. During the rest of the presentation I will focus on the experience of the Standard Days Method in Ecuador, Benin, and the Democratic Republic of the Congo.

Some of you may already be aware of the Standard Days Method, developed by the Institute and currently available in several countries in Africa, Latin America, and Asia.

For those of you not familiar with the method,

The Standard Days Method can be used by women with cycles between 26 and 32 days, it identifies days 8-19 of the cycle as the fertile days, and is used with CycleBeads™, a color-coded string of beads.

Many people also find that CycleBeads are an important factor in gaining the man's support to use the method. It is very visual – he can literally see when the woman is on a fertile day.

Most importantly and what differentiates the Standard Days Method from other natural methods is that is based on sound research. Efficacy studies showed it to be 95% effective when used correctly.

## Partners and Sites

- **Implementing organizations:**

- Ecuador: **CEMOPLAF**
- Benin and DRC: **PSI local affiliates**

- **Public and private clinics and pharmacies in Urban, Peri-Urban, and Rural areas**



The Institute partnered with organization that already had in-country experience in social marketing family planning methods. In Ecuador we partnered with CEMOPLAF, a private FP agency and with PSI in Benin and Africa.

The study was conducted within public, private clinics and pharmacies part of the implementing organizations networks.

## Potential Market

**In all 3 countries the potential market is defined as:** MWRA (15-49) that has never used or not currently using a method or using an ineffective method (periodic abstinence or withdrawal) and dissatisfied with current method.

Country	Total MWRA (millions)	Potential Market	Potential Market (million)
Benin	1.6	25%	.4
DRC	15	43%	6.5
Ecuador	.95	10%	.1

Note: data based on community survey

Before developing the social marketing plan, the implementing organizations defined the target audience for the Standard Days Method using the most recent demographic and health data available in each country. The potential market for the method was defined as women of reproductive age not using or using an ineffective method or dissatisfied with their current method.

As I mentioned previously, Benin and DRC were selected as sites because of their low CPR and potential high demand for the Standard Days Method.

Even though the potential demand was low in Ecuador due to high CPR and a smaller potential market, it provided the Institute with the opportunity to test a social marketing plan in which there is the potential for pharmacists to make a profit.

# Social Marketing Plan

## Ecuador

### Mass Media

- TV Campaign

### Provider, pharmacist Detailers training

### Other IEC

- Posters, fliers
- Community talks
- Home Visits
- Health Fairs
- Loud Speaker

### Provider Incentives

- Pricing schemes
- Incentives: T-shirts, Polo shirts, Caps, pens



## DRC and Benin

### Mass Media

- Radio (DRC)
- TV/Radio (Benin)

### Other IEC

- Posters
- fliers
- Over branded CB insert/box
- Pharmacy open house events
- Community theater shows

### Provider Incentives

- Incentives: T-shirts, Caps, Note pads



Based on existing marketing research, the implementing organizations in each country developed a social marketing plan that included mass media as well as IEC materials and community outreach activities to raise awareness of the Standard Days Method at a national and community level. In Benin and DRC, PSI over branded CycleBeads with their Confidence label of contraceptives including packaging materials.

Provider incentives to motivate sales and were also part of the plan.

## Retail Price of the Product: CycleBeads

	CycleBeads Price/unit		Pills Price/unit	
	Unit	1yr	Unit	1yr
DRC (subsidized)	\$1.25	\$1.25	\$.20	\$2.60
Ecuador (cost-recovery)	\$5	\$5	\$2.83	\$36.79

**Manufacturer's price/unit to social marketing organization –  
Ecuador (\$1.44); DRC (\$.97)**

The retail price for CycleBeads was set comparable to that of pills in pharmacies. In both African countries, the price was subsidized. In the DRC, it was cost-recovery.

However, please note that the manufacturer's cost was \$1.44 in Ecuador and \$.97 per unit in the DRC.

# Training Curricula



## Clinic-based Providers

- One day SDM Training in all countries

### Learn:

- About the method
- Eligibility Criteria
- User instructions
- Couple Communication
- Follow-up

## Pharmacists/assistants

- 1 day training in Benin/DRC
- 1 hour training in Ecuador

### Learn:

- Same as providers in DRC/Benin only
- SDM 5 Point Service Protocol in all countries

Training was also a critical part of the social marketing strategy and the curricula used for clinic-based providers differed from that of pharmacists. Training in Ecuador differed from Benin and the DRC. In Ecuador due to time constraints, the training was given in a 1 hour session in separate area in the back of the pharmacy while in both African countries pharmacists received the same 1-day training as a clinic-based providers.

Both providers and pharmacists were provided with IEC materials to make clients aware of the method and other provider job aides and a pharmacy service protocol to be able to inform clients on method use.



## Evaluating the Social Marketing Strategy

- **Community surveys** to measure the impact of the SDM media campaign.
- **Simulated Client** to measure the quality of information provided by clinics and pharmacies.
- **Follow-up study:** to compare correct SDM use between pharmacy and clinic SDM clients.
- **Service Statistics** to measure sales at clinics and pharmacies.
- **Other data:** SDM clinic user form, hotline number monitoring, monitoring press coverage.



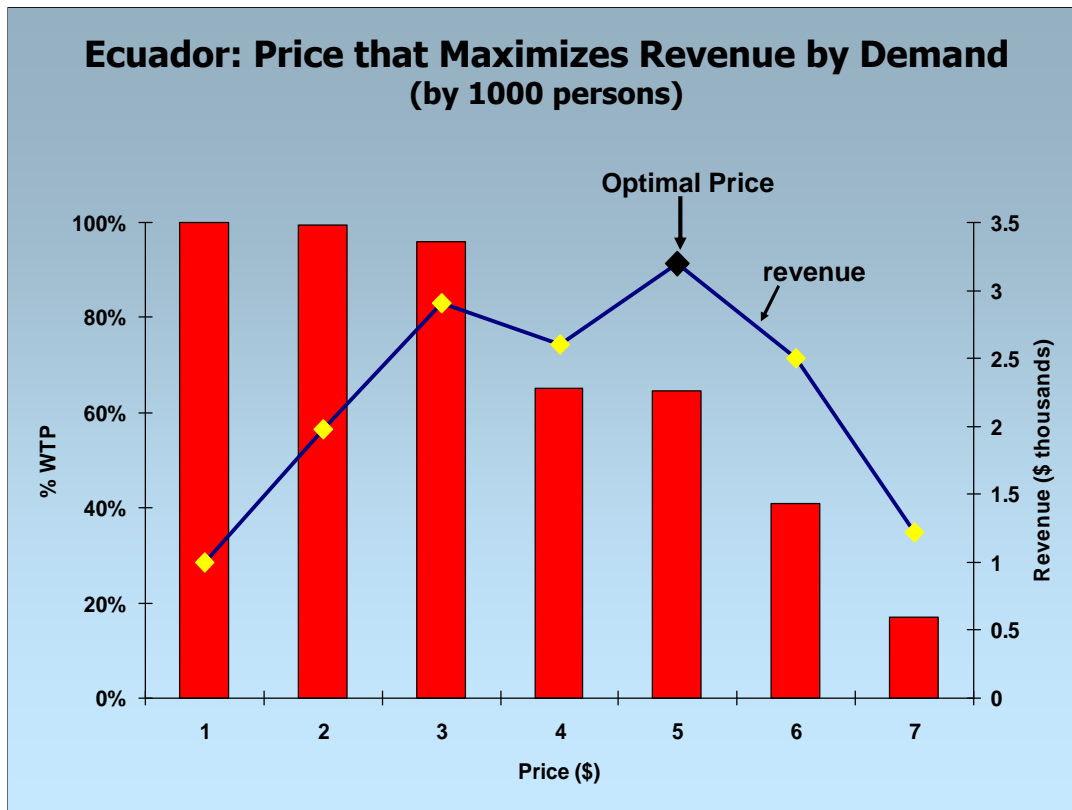
Being the first time a fertility-awareness based method was being offered through pharmacies, program managers and private sector wanted evidence that pharmacies and other retail outlets were a feasible alternative for the Standard Days Method. The study measured impact of the media campaign through community surveys, quality of information provided by providers and pharmacists through simulated clients, ability of pharmacy users to use the SDM correctly as compared to clinic users through a follow-up study, and demand was measured through service statistics.

## SDM Knowledge and Interest in Using

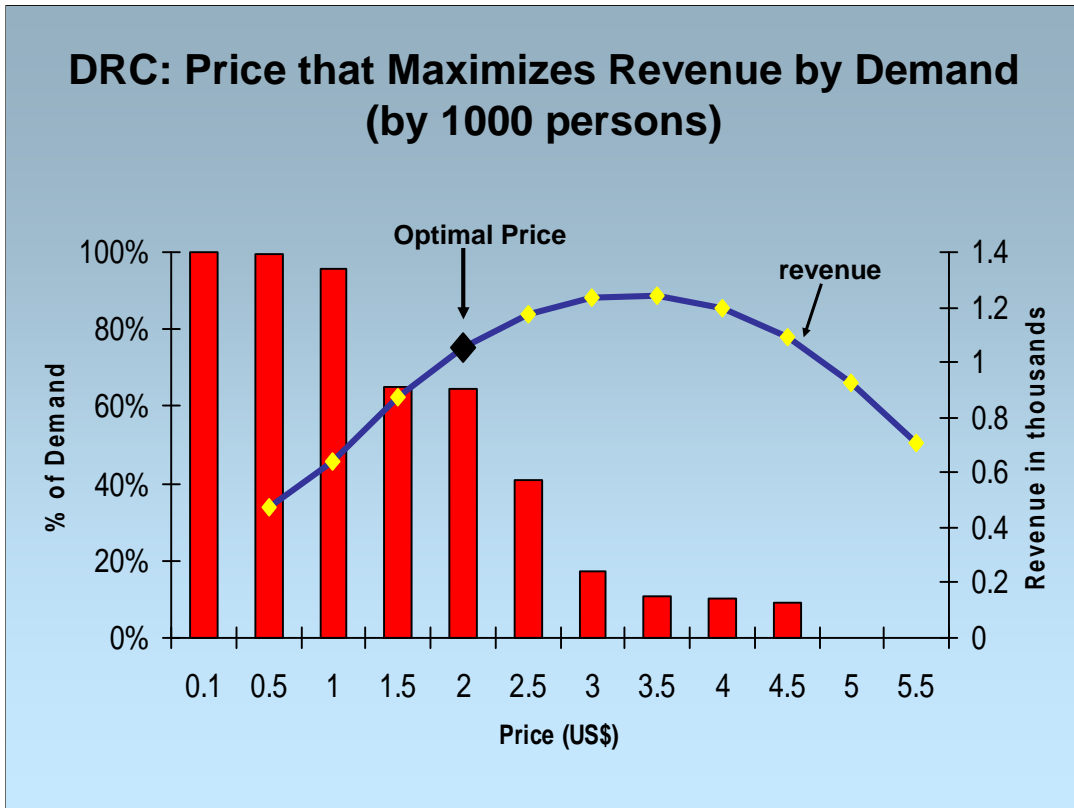
	Knowledge		Interest in Using	
	Before	After	Before	After
<b>Ecuador (n=800)</b>	6%	31%	27%	32%
<b>Benin (n=400)</b>	36%	64%	59%	70%
<b>DRC (n=500)</b>	19%	23%	93%	94%

Results from the community survey showed that in Ecuador and Benin there was a significant increase in knowledge of the SDM due to the mass media campaign. However the increase was less significant in the DRC where perhaps use of radio did not have the same impact as TV which augmented clinics and other sources of information.

Women in each country were also asked about their interest in using the SDM. Interested increased in each country though more significantly from 59% to 70% in Benin. However, interest in using the SDM was already high in the DRC and changed very little due to the campaign.

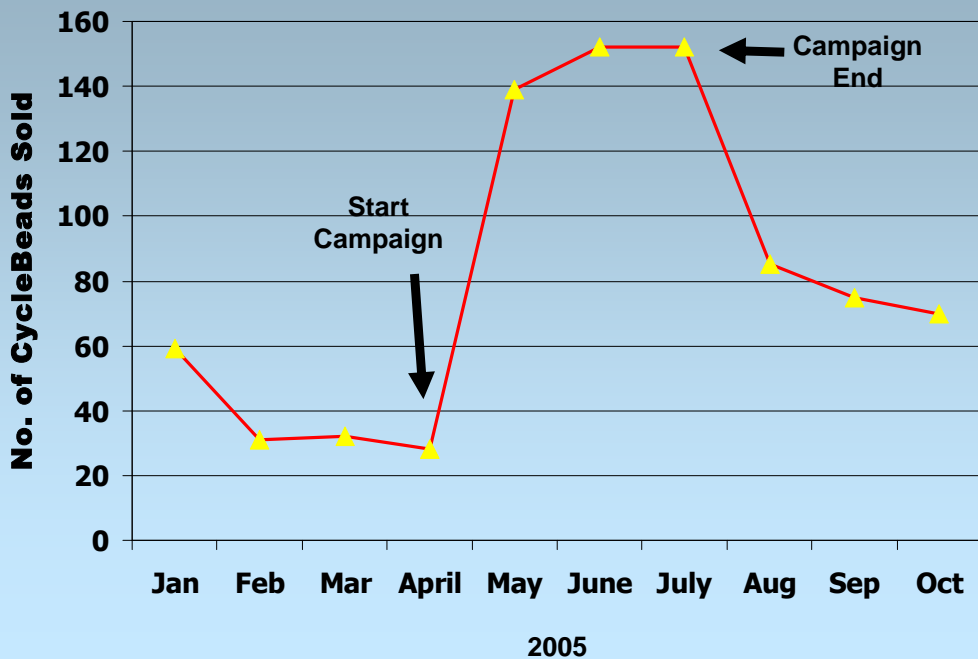


In each country, price was determined or adjusted based on willingness to pay data collected during the community survey. The data was used to set a price for the SDM according to the price that maximizes revenue for the clinic or pharmacy and according to the demand for the product. In this example from Ecuador, the results showed that if the price of CycleBeads was set a US\$1, the demand for the SDM would be at 100% in the community- basically everyone would be willing to pay at least a dollar. As income from sales of the SDM continue to rise as the price increases from \$3 to \$4 demand remains, until the price reaches \$5.00. Income at that point falls off steeply, indicating that setting a price of \$5.00 will maximize revenue for the vendor.



The same effect is seen in the DRC, where the much lower price clients are willing to pay is reflected in this graph. The price that maximizes revenue and maintains at least 75% of demand is \$2.00.

## CycleBead Sales to Pharmacies in Ecuador



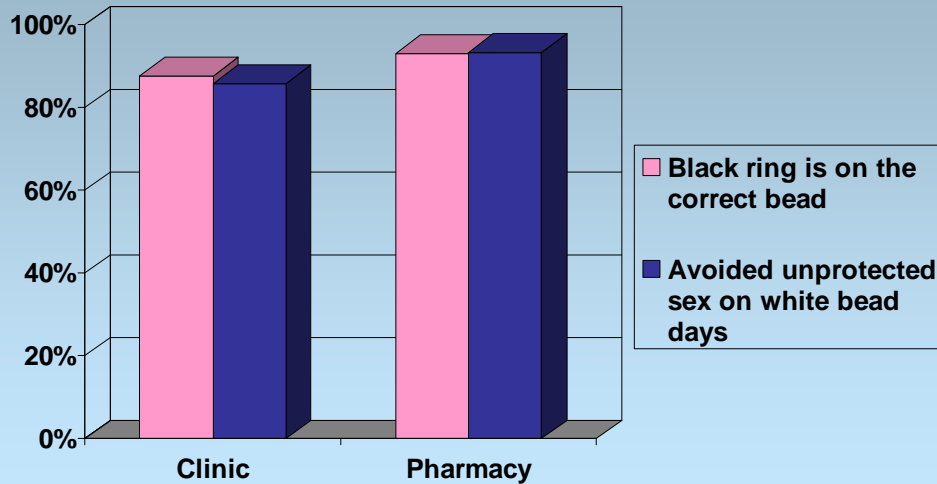
Pharmacists were initially skeptical in offering the method but the social marketing campaign helped reduce these concerns. As the graphs shows, sales of CycleBeads from CEMOPLAF to pharmacies increased during the campaign and stabilized at rates above pre-campaign levels.

## Quality of Information: Eligible User Profile

	Ecuador		Benin	
	Clinic N=44	Pharm N=27	Clinic N=24	Pharm N=24
Gave spontaneous Information	96%	20%	100%	63%
Mentioned requires abstinence or condoms	96%	34%	96%	67%
Determined cycle length	78%	9%	96%	38%
Showed instructional insert	89%	61%	58%	41%

Results of simulated client visits to clinics and pharmacies showed that pharmacists gave less spontaneous information on method requirements and use than clinic based providers. Not surprising since they normally do not provide information spontaneously about any method of family planning. However pharmacists in Benin did better perhaps because they received longer training than pharmacists in Ecuador. Though Pharmacists who were asked were willing and provided correct information.

## Can pharmacy clients use the SDM correctly?



Source: Follow-up study results from Benin

In addition to pharmacists skepticism, programs managers also worried about the ability of SDM users to be able to use the method correctly when obtaining it from a pharmacy. The FU study compared pharmacy and clinic users' and results demonstrate that pharmacy users were able to use the method as correctly as clinic users based on two indicators of correct use as seen on the slide. These results suggest that pharmacy clients are motivated to use the method because they purchase it and figure out how to use the method by either reading the instructional insert or having someone explain it to them.

## Conclusions

- Quality of SDM information provided by clinics was better than pharmacies.
- Information provided by pharmacies for the SDM was similar to other methods.
- Mass media had an impact on sales but traditional community-based IEC activities could have similar impact at a lower cost.
- SDM pharmacy client are able to use the SDM as correctly as those who obtain it with full counseling from a clinic.



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## Implications for Social Marketing Programs

- Maintaining pharmacy interest in a new product depends on an adequate marketing campaign that can include mass media coupled with other forms of interpersonal communication.
- The SDM is a method that can easily be offered by other commercial sectors such as retailers and general good stores.
- The SDM reaches new family planning users and increases demand/sales for social marketing programs.
- Sales from CycleBeads could cross-subsidize CBD programs – most SDM users are at the community level.
- In countries with high market potential, pharmacies are an effective channel but programs will have to subsidize because they may not be able to pay the markup price.

So, now I would like to talk about some implications for social marketing programs considering offering a fertility awareness-based method such as the Standard Days Method

First, maintaining pharmacy interest depends on an adequate marketing campaign that can include mass media coupled with other forms of interpersonal communication to ensure awareness and correct method use.

Results indicate that the SDM is a method that could also be easily offered by other commercial sectors such as retailers and general good stores.

We also know that The SDM reaches new family planning users and increases demand/sales for social marketing programs.

Sales from CycleBeads could cross-subsidize CBD programs – many SDM users are at the community level.

In countries with a high market potential such as Benin and the