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"The Peru health literacy campaign" case study presented at the Social Communication and Marketing Workshop, Nairobi, 10-17 Feb 1985. UNICEF

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Notes

4 pp

Details objectives, target, strategy, products and marketing of the campaign and discusses problems faced. Health impacts not available yet, but some lessons learned.

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CASE STUDY

THE PERU HEALTH LITERACY CAMPAIGN (ON-GOING)

- Question:** Can themes like ORT, Family Planning and Immunization successfully interact in a single social marketing program?
- Objective:** Increase demand for and improve the use of ORS, contraceptives, and immunizations through an umbrella campaign which links all three themes to "responsible parenthood."
- Target:** ORS for all children under three-years-old. Immunization for urban and semiurban children under one year of age. Family planning for 1.5 million couples of childbearing age who do not wish to have more children and are not using contraceptives or who do not want to have more children but are using "traditional" methods such as herbs, teas, and rhythm.
- Strategy:** Strategy is to mount a Health Literacy Campaign, including broadcast, print, and interpersonal support on key messages in each area, held together by an umbrella theme of "responsible parenthood." Family planning messages stress that modern methods really work and congratulate couples using modern family planning methods. ORT Messages stress that ORS is good for all diarrheas and provide both a mixing container (plastic bag) and clear instructions on how to mix and give the litre packets. Immunization messages focus on popularization of an immunization card and calendar which health workers fill in and give to mothers as an explicit reminder of when to return for next immunization.

Printed materials for mothers are packaged as a "Health Bag" — a colorful envelope containing the EPI card, the ORS plastic bag and two packets, and two illustrated booklets on ORT and Family Planning methods. The calendar is printed on outside of "Health Bag." These are distributed by health workers at all levels of the systems. Radio and TV broadcasts are sequenced and pulsed to coincide with diarrhea season, to promote three intense immunization sweeps at three month intervals, and to provide regular family planning promotion intensified at intervals between other two programs. Special attention was given to decision-maker support including newspaper articles and a national press conference.

**Production
of ORS:**

For the first year the campaign is targeted primarily at people in urban and semi-urban areas where services are now available, permitting the MOH to strengthen their ability to meet demand in the rural areas. Local pharmaceutical production of packets of ORS to be distributed free under the name SALVA-ORAL by the Ministry of Health and sold under the name SALVADORA by commercial pharmacists. Name similarity deliberate effort to associate positive consumer reputation of commercial product with new government product and to improve the accuracy of mixing and administration of commercial product through widespread dissemination of correct instructions with government product.

Vaccine

Supplies: Inadequate for National program — initial promotion limited to Lima which constitutes one-third of total population.

Contraceptives: Stocks are provided largely by U.S. and are presently adequate. Concern about health system personnel willingness to distribute.

Marketing and

Promotion: Joint program of public and private sectors. MOH contracts local advertising and market research firms to develop promotion strategy which benefits both private and public sector products. Market research reveals 1) key family planning audience includes couples who want no more children but who use only traditional methods or resist all methods due to fear of effectiveness and safety; 2) primary ORS problem included a lack of adequate mixing and administration knowledge despite widespread availability of commercial ORS product and inadequate health system marketing of its own ORS product; 3) belief that ORS is good for only some diarrheas, and 4) lack of immunization services serious constraints to national program, but even where service is available biggest problem is lack of explicit information to mothers on when to return for next immunization, and mothers' concern with side effects.

Results: Actual campaign began in September 1984 and continues through April 1985. Impact data being collected but not yet available.

Within MOH establishment of ORT, EPI and Family Planning as priority programs, reducing from 12 to 3 the number of primary targets for 1984-5. Development and analysis of high quality consumer research on these health problems in Peru. Initial model of public-private collaboration in health areas developed and tested.

Problems:

- How to provide face-to-face support through a public sector mechanism (MOH) plagued with strikes and work stoppages.
- Need to ensure that communication program does not promote services more rapidly than they are available.
- How to influence health professionals to support program.
- How to segment campaign to provide for different levels of program development among the three themes.

Lessons

Learned:

- Importance of explicit preparation of public and private sector institutions to work together.
- Fundamental necessity of pretesting as means to correct significant design errors.
- Importance of understanding existing consumer attitudes toward diarrhea as means of developing effective message strategy.