

INJECTABLE TRACKING SURVEY

BLUE STAR
Injectable Marketing Program
Social Marketing Company
12-14 Landmark Building
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April 1999

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Injectable Trucking Survey (ITS)

EXECUTIVE SUMMARY

Introduction

The Social Marketing Company (SMC) is implementing an injectable marketing program (in the name of Blue Star) in selected urban and semi-urban areas of Bangladesh from June 1998. After about 5 months of field operation this study was initiated by SMC to get a comprehensive feedback of the field situation. The field-work of the study has been conducted among selected providers, trained assistants of those providers and acceptors of injectable from the provider areas as per an agreed methodology.

Objectives

The specific objectives of the study are to:

- Observe the blue star outlets for the display of IEC and promotional materials
- Identify the level of attention and interest of the providers and assistants towards the injectable program.
- Identify the profile of successful providers of injectable
- Assess the quality of injectable services received by the clients and their attitude towards the present offering through Blue Star
- Collect opinion and suggestions of all concerned on better program performance.

Study Design and Methodology

The data for the survey were collected through direct interviews with the doctors, their assistants and the clients. For the purpose separate questionnaires were developed based on the objectives of the survey. In addition, some observation data were collected on selected promotional materials. The selection of both doctors and clients was made purposive to incorporate in the sample the variety existing in population and presented in the report accordingly.

Study Coverage

28 Blue Star outlets (17 pharmacy, 6 chamber, and 5 clinic) selected purposively from all over the four SMC divisions

28 doctors including 15 females, and 5 high 13 medium and 10 low performer

27 trained assistants of the doctors

131 injectable clients of Blue Star (New-108, Switch – 23)

Findings from the Provider Interviews

- More than three-fourth of the doctors described their contribution as counseling the clients, patients and service seekers about injectable and providing them with the same according to their choice.
- All but three doctors reported that they were getting their injectable clients mostly from among their own patients and known circle.

- Majority of the doctors felt that the people had moderate interest on injectable and about one-third observed fewer people to have interest in injectable.
- A large majority of the doctors reported positive public responses on the publicity materials displayed in the outlets.
- Less than one-fourth of the doctors reported that the patients frequently asked about family planning or injectable and about 60% informed doing it occasionally.
- None of the doctor reported of facing any serious problem or unpleasant situation in their 3-4 months of experience of providing injectable under Blue Star.
- Pushing of injection: Twelve doctors informed that they did not push injectable by their own. Of the remaining the doctor or both doctor and assistant pushed injectable.
- Price Charged for Injectable Including the Consultation Fees: Fifteen doctors reported that they were receiving Taka 10-20 for the first dose of injectable. Five doctors reported taking Tk. 50/- for the same. Only 3 doctors told that they took more than Tk. 50/- with a maximum of Tk. 100/-. For the second dose, almost similar charge (slightly less) was reported.
- Screening: The doctors in general emphasized on the physical fitness of the clients to advise injectables. Mention of specific contra-indications was relatively less. Only one doctor reportedly followed checklist for screening injectable clients. Suitability of injectable for lactating mothers was mentioned by only one doctor.
- Training: Eighteen doctors thought that the training was sufficient; others felt it was not sufficient for an important issue like injectable service providing. They also stressed the need for regular orientation for efficient handling of problems on injectable.
- Perceived benefit: Eighteen doctors thought that they were benefited being associated with the Blue Star program and the benefit they described was in respects of academic and client services. Only one doctor mentioned about monetary benefit. Only five doctors thought that the number of patients they treated might increase being associated with the program.
- Fifteen doctors admitted that they were enjoying the program. They enjoyed because they had the feelings of satisfaction due to contributing to the number one national problem like over population. They also described their professional satisfaction in providing an advanced method like injectable.
- Anything special in the Blue Star program: Eight doctors informed that they did not observe anything exceptional in the program, which they might like very much. Three doctors welcome the doctors' involvement in the injectable service delivery and suggested SMC to commit everything possible to hold their interest in the "Blue Star" program.
- Weaknesses: Nineteen doctors indicated the major drawback of the Blue Star program as its inappropriate and insufficient publicity or propaganda. Many of them became frustrated because, according to them, SMC did not comply with their commitment of massive propaganda and publicity for the Blue Star program. Seven doctors mentioned lack of efficient program management in some form.
- Six doctors were either not interested or in hesitation to continue with Blue Star because of the load and that the associated return was low.
- Suggestions: For a rapid increase in the number of clients, most of the doctors emphasized on undertaking promotion activities by SMC in local and mass media, three doctors suggested using satisfied injectable clients, two doctors suggested deploying field workers to motivate the clients and one doctor for utilizing the rural medical practitioners (RMP). Showing mobile film, organizing seminars/meeting with the people, massive posturing and leafleting etc. were also suggested by a few doctors. Four doctors suggested to make provision of monetary incentives for the doctors and assistants for their contributions.

Findings from the Assistant Interview

- ◆ Twenty three out of 27 respondents attended the training on injectable organized by SMC.
- ◆ All the sample Assistants reportedly motivated the potential clients for injectable and/or informed them about the lesser degree of side effects of the method and of other advantages. The following contribution were also mentioned:
 - Pushing the injectable to the clients
 - Client check up
 - Maintaining injectable stock
 - Distributing the injectable cards to the clients
 - Destroying the syringes used after injection of Depo-Provera
 - Cooperating the doctors in every stages of Blue Star service delivery etc.
- ◆ Knowledge: The assistants were found quite knowledgeable about the objectives of the program and their roles in it. Nineteen respondents described the objectives as to provide injectable contraceptive services to the clients under the supervision of the trained doctors to reduce the rate of population growth the country. Some of them also described the objectives as to make injectable contraceptive (Depo-Provera) commercially available in the pharmacies and private clinics. Five respondents described the objective of Blue Star was to introduce additional cost-effective and easier contraceptive methods in the commercial sector.
- ◆ Interest: Majority of the Assistants (16) felt that the people had moderate interest on injectable, 7 respondents thought it was fairly high, and 4 described that the public interest was low about injectable.
- ◆ Benefit Derived/expected: Except three all Assistants thought that they were benefited being involved in the Blue Star program. Thirteen respondents thought that they were benefited through the training and/or being introduced to many people being associated with the Blue Star program, which might benefit them in future. Eight respondents felt that they got the opportunity to serve the country in the field of population problem. Five respondents described the benefit in term of the payment they were getting for pushing the injectable. Four respondents hoped that SMC might provide them with monetary incentives for their services in near future.
- ◆ Promotional Materials: All the respondents admitted of positive public responses on the publicity materials, displayed in the outlets. Twenty-one respondents described the posters as the effective promotional materials, 19 gave the verdict in favor of this signboard (glow-signs).
- ◆ Suggestions: Nineteen respondents suggested vigorous publicity campaigns for the injectable in the TV, Radio and Newspapers to make it popular. They also suggested to put poster massively around the injectable outlets highlighting the advantages of the injectable as a contraceptive method. Eight respondents proposed of showing mobile films on injectable in every suitable places of the community. Two respondents felt the need of field motivators for door to door counseling. One respondent suggested taking actions to restrict GOB supplied injectable to come in open the market. Some of them suggested increasing monetary incentives by SMC for the outlets.

Findings from the Client Interviews

Use of Contraceptive Methods: A large majority (72%) of the clients used oral pill in the past. Use of other methods was quite low among them (e.g., condom 32%, IUD/Norplant 13% and traditional method 4%). About 5 percent of the "New" users of injectable did not use any method in the past.

The major reasons for choosing Blue Star as mentioned by the switch clients were non-availability, distance and inconvenient timing in the previous place. More than a quarter of the clients mentioned that they came to the Blue Star outlets for better service and convenient timing.

Persons accompanying the clients: Visit to the doctors for injectable alone was quite high (35%) among the clients and even higher to the female doctors (50%). On the other hand the "new" injectable clients had visited the doctors accompanied by their husbands more often than the "switch" clients (33% against 17%).

Persons who pushed injection: More than one third (37%) of the clients reported that the injectable they received were pushed by the doctors themselves. The high performing doctors pushed injection in about 60 percent of the cases which was less than 30 percent for both medium and low performing doctors. Majority (58%) of the sample clients of female doctors and only 22 percent of the clients of the male doctors got injectable pushed by the doctors.

Decision for choosing the Blue Star for injectable: Majority (52%) of the "New" clients and comparatively less (35%) proportion of switch clients had frequent visit to the Blue Star doctor.

In finally deciding about the method, the doctor and the husband had the prime role either singly or jointly. Doctors' influence was more prominent for new clients, low performing doctors and female doctors.

Payment for Injectable

Majority (59%) of the clients spent Tk. 20 or less with higher such proportion for switch clients

The high performing doctors charged very low. Charging of fees for injectable was inversely proportioned to the performance of doctors.

Female doctors charged more fees than the males.

Side-effect: Majority of the clients reported of having faced side-effect after taking injection. About 40 percent of those who reported side-effect consulted doctors and 17 percent took treatment/medicine. Two of them reported of having treated to other doctor for their problem. The clients of medium and low performing doctors tolerated side effect more than the high performers.

Counseling: Lack of counseling could be observed from the interviews. About a quarter of the new clients told that they were not informed about any merit or demerit of injectable before taking injectable. Two clients told that they even did not see the doctor.

Satisfaction and Dissatisfaction: Although dissatisfaction was quite low (7%) among the respondent clients, it was comparatively high among Switch clients, clients of medium & low performing doctors and of male providers. The reasons for dissatisfaction were mainly due to cost of services and side-effect.

Perceived Advantages: Clients in large majority felt that getting injectable in a private facility had lot of advantages. These were: 1) easy to get services; 2) better service; 3) Time saved; 4) Known doctor/atmosphere etc.

Suggestions for promotion: For greater local promotion of injectable, the more frequently mentioned suggestions were:

- Motivation of potential acceptors through home visit/group discussion
- Posturing on the walls and suitable places
- Using existing clients to promote among others
- Advertising in local newspapers
- Arranging referral from other facilities; etc

Discussions and Conclusions

Program Management

A large majority of the doctors and almost all the assistants held positive attitude and were found interested towards the injectable program. However, some of the doctors were found hesitant about continuing with the Blue Star. More responsibilities and less return appeared to be the main reasons behind their losing interest.

The doctors could hardly charge their normal fees from the injectable clients. The high performing doctors were seen to charge less for injectable and client satisfaction/ dissatisfaction was found related to the price charged.

In a situation where the doctors have very little financial incentive at least in the short run, it poses a challenge to the program managers to keep the interest of the doctors alive with the program and keep it moving. SMC Blue Star program might need to take up appropriate schemes according to the expectation of the doctors and Assistants to hold their interest towards the program. However, those who are not at all interested to continue should be replaced as soon as possible.

Apart from the facts mentioned above, lack of objective monitoring and supervision was also there. For example:

- The providers were seemed not serious about keeping adequate record of their clients particularly the detail address of them which was necessary to reach a client's home;
- There seemed to remain some scope of improving outlet level promotion;
- The doctors in general were not very thorough about indications and contra-indications of injectables and not much careful in screening, counseling and providing injectables.

For achieving a greater success of the program it is necessary that the program persons and the supervisors remain watchful about the dos and don'ts of the providers. Identifying the lapses/mistakes at an early stage and correcting those in the field contributes a lot to the success of the program like this.

Profile of Successful Injectable Providers

It is not easy to describe the profile of successful injectable providers from interviews of only 28 doctors because they were selected purposively as high, medium and low performance category. However, a few observations could be made from the client interview results.

Satisfaction of clients was quite high among the clients. The two major reasons for dissatisfaction were: 1) Higher price charged and 2) Side-effect encountered. As the high performing doctors charged comparatively less, satisfaction was higher there. They were also seen to push injection more often by their own hand than the low performers. The female providers were also seen to prefer by the clients. Regarding side-effect there was hardly any variation observed by the doctor category.

Quality of Injectable Services Provided

Quality of care of injectable, in the strict sense of the term, fell short of the program as many of the new clients received very little or no information on injectable before they got it. The influence of the doctor and the husbands, singly and jointly, were the prime deciding factor reported by the clients. Moreover, majority of the clients interviewed, reported of having faced side-effect after

