



REVIEW OF DFID APPROACH TO SOCIAL MARKETING
ANNEX 7: POLICIES OF PARTNER ORGANISATIONS

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The DFID Health Systems Resource Centre (HSRC) provides technical assistance and information to the British Government's Department for International Development (DFID) and its partners in support of pro-poor health policies, financing and services. The HSRC is based at IHSD's London offices and managed by an international Consortium of seven organisations: Aga Khan Health Services Community Health Department, Kenya; CREDES-International, France; Curatio International Foundation, Georgia; IDS (Institute of Development Studies, University of Sussex, UK); IHSD (Institute for Health Sector Development, UK); IHSG (International Health Systems Program, Harvard School of Public Health, USA); and the Institute of Policy Studies, Sri Lanka.

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ANNEX 7:

POLICIES OF PARTNER ORGANISATIONS

1. USAID

USAID has a multi-dimensional approach to funding SM programmes all within the Center for Population, Health and Nutrition Bureau for Global Programs (PHNC).

USAID pioneered the employment of social marketing practice over the past 30 years within two broad areas of work:

- Within Contraceptive Social Marketing (CMS) centred around the supply and promotion of FP and HIV/AIDS commodities through commercial sector distribution channels.

Within a wide-range of maternal and child health programmes that offer a mix of applications of social marketing. These range from the commercial distribution of commodities (such as ITNs for malaria prevention) through programmes that use marketing techniques to promote (and improve) public sector and NGO service provision (primarily in FP, RH and maternal & child health and nutrition).

USAID has two global programme that specifically address SM commodities delivery: the **NetMark** ITN project that is managed by the Academy for Educational Development (AED) and **AIDSMark** STI/HIV/AIDS barrier methods project managed by Population Services International (PSI).

SM also forms a significant component of the **Commercial Market Strategies (CMS)** project designed to bring international FP commodity manufacturers into partnership and to introduce to NGOs modern business practices, and managed by Deloitte Touche Tohmatsu (and will be re-tendered this year). Populations Services International and The Futures Group are partners within the project. CMS has also tested innovative market segmentation strategies designed towards the holistic development of total markets within countries (notably India) through integrating support to manufacturers' own brands, SM brands and public sector brands, through the Futures Group.

A wide range of global programmes support SM projects. These include:

- **DELIVER** – logistics and management to FP, HIV/AIDS, child survival and other health initiatives
- **CENTRAL CONTRACEPTIVES PROCUREMENT** -- commodities supply
- **POLICY** – building RH, FP, HIV/AIDS policy environments in public and NGO sectors
- **MEASURE** – evaluation TA
- **VISIONS (Nigeria)** – FP/RH strengthening

Alternatively SM components are embedded within broader programmes. These projects cover a wide range of both STI/HIV/AIDS, RH, FP and child survival programmes and across a wide range of applications of marketing technologies within behavioural change

communications activities and within partnerships and technology transfers between the private, NGO and public sectors, and include:

ADVANCE Africa – Designed to scale up the use of sustainable, quality FP and RH services in Africa.

IEC Project – Designed to enhance RH and other family health services through IEC / health education approaches.

CHANGE Project – Designed to provide TA on behavioural change / social marketing / IEC interventions to child and maternal health and nutrition programmes worldwide

LINKAGES Project – The principal USAID initiative for improved breastfeeding and related maternal and child dietary practices and includes IEC and social marketing / behavioural change components.

BASICS Project – A core programme of USAID's Child Survival strategies that includes integrated approaches to child health within which behavioural change and social marketing approaches are a part.

MOST Project – Covers the enhanced delivery of micronutrients to vulnerable populations including Vitamin A, iron deficiency and fortified foods. Includes issues of demand generation and supply through behavioural change communications and social marketing.

USAID's primary contractors within the behavioural change application of social marketing include The Academy for Educational Development who are one of the pioneers of social marketing within the MCH agenda (and who manage the NetMark ITN project), and Johns Hopkins University Centre for Communications.

Within the CSM field Population Services International are USAID's primary contractor with The Futures Group.

2. KFW AND SOCIAL MARKETING

KfW prefaced its response by pointing out that the policy making function is vested in the Ministry of Economic Co-operation and Development (BMZ) and that KfW and GTZ should be regarded as implementing agencies. BMZ is in the course of developing a new strategy against HIV/AIDS, which in addition to maintaining support for proven effective instruments will focus on supporting global alliances, partnerships with the private sector, and positioning the fight against HIV/AIDS within poverty reduction strategies.

KfW does not regard itself as having a particular geographic focus to its SM projects. It has existing projects in Asia and West, Central, East and southern Africa, and is preparing regional projects for Central America and the Caribbean. While BMZ has initiated a priority setting process, limiting the number of recipient countries and the number of sectors in each country, HIV projects are considered cross-sectoral and have hitherto been exempted from the limitation process.

The major part of KfW financing of SM is focused on reproductive health including HIV/AIDS prevention, though some other products are financed (ITNs, ORS). This focus is partly attributable to the origin of funds specifically earmarked for these purposes. In the last two years, KfW has begun to explore the funding of VCT and prevention of mother-to-child transmission programmes

Although KfW considers behavioural change as the key purpose of social marketing, it is restricted by its mandate from financing projects which are exclusively concerned with behaviour change. However, all social marketing programmes include generic elements, and greater adoption of behaviours such as abstinence and faithfulness (not linked to use of any product) are seen as major objectives. The most fruitful approach is perceived to be a combination of product oriented and behaviour change messages, as in the "100% Jeune" programme in Cameroon, which achieved significant behavioural change among young people (abstinence, delayed sexual debut, faithfulness) as well as increased demand for condoms. In the Central American and Caribbean projects, anti-stigmatization and anti-discrimination elements are included.

In line with the targets of German Development Co-operation, SM programmes target the urban and rural poor. However, there are other categories regarded as at special risk, including youth, CSWs, MSM.

KfW engages with a range of SMOs according to their technical and financial capacity and regional experience. When it engages international SMOs, it does not automatically require them to associate with local NGOs, but it has supported the development of national SMOs in some countries, including Ivory Coast and Burkina Faso.

In principle, in accordance with KfW regulations, contracts are awarded after international competitive bidding, but derogations are possible in situations where there is no competition, or in joint funding situations, in which cases the procedure must be approved by the partner Government

KfW expects the recipient government to be responsible for implementation (it sees itself as a financing rather than implementing institution) though it expects that the government will---as a rule---transfer the implementation to a SMO under a contract which must be approved by KfW. In some countries, advisory or steering committees have been established. KfW tries to ensure that on one hand, the SMO has sufficient authority for day-to-day management, and on the other hand, that programmes are planned and implemented strictly in line with Government policies. In regional projects, the recipients are legal entities, the Central American Development Bank and CARICOM. In these cases, adherence to national policies is assured through the creation of advisory committees, chaired by UNAIDS, which involve any relevant stakeholders in the region.

KfW monitors projects at least yearly, and in addition has mid term reviews and final evaluations of all projects. Historically sales figures were the main indicator of success, but a wider range of instruments is increasingly used to monitor efficiency and effectiveness of implementation, appropriateness and relevance of instruments, coverage as well as impact. However, KfW acknowledges that measuring impact on target groups in terms of knowledge, attitudes and behaviour change is not yet satisfactory and needs to be intensified.

BMZ has commissioned a study under the heading: "Bilateral HIV/AIDS control programmes of German Development Co-operation" which partly overlaps with the DFID Review. Its subject is "an analysis of the effectiveness and economic efficiency of various distribution strategies for condoms within the framework of bilateral HIV/AIDS control programmes of German Development Co-operation". The German study is narrower in terms of product range, in that it is exclusively concerned with condoms, but broader in terms of distribution modalities, since it is not exclusively focused on SM. In addition to effectiveness and efficiency, the study will examine issues of sustainability, relation to poverty and gender relevance. The consultants are due to report in the autumn. At the time of last contact, there were no preliminary results available.

3. THE NETHERLANDS GOVERNMENT AND SOCIAL MARKETING

The overall development programme of the Netherlands Government is focused on particular countries in two categories. The 19 + 3 countries are Bangladesh, Benin, Bolivia, Burkina Faso, Eritrea, Ethiopia, Ghana, India, Macedonia, Mali, Mozambique, Nicaragua, Rwanda, Sri Lanka, Tanzania, Uganda, Vietnam, Yemen and Zambia, + Egypt, South Africa and Indonesia. Social marketing projects are or have been supported in Ethiopia, Guinea Bissau, Tanzania, Zimbabwe and Haiti.

The interest of the Netherlands Government in social marketing is clearly centred on its wider concern with the HIV/AIDS epidemic. It gives such priority to the development challenge of HIV/AIDS that it is the largest donor to both UNAIDS and UNFPA, and it was a founder donor to the International AIDS Vaccine Initiative. There are multiple strands to the overall response to the epidemic, but a heavy emphasis is given to prevention. Some Dutch development policy is implemented through national and international NGOs and networks. Through these organisations, the Netherlands encourages social marketing of condoms and other contraceptives, iron tablets and vitamin supplements to poor people, dissemination of information on HIV/AIDS, research, and recognition and protection of the rights of people infected with HIV and their next of kin (e.g. AIDS orphans). Notwithstanding the dominant concern with HIV/AIDS, some of the social marketing programmes, for example in Ethiopia, are described as being for both family planning and HIV prevention.

For example Population Services International (PSI) receives core-funding from the Netherlands for social marketing of male and female condoms and other contraceptives, and for providing iron tablets and vitamin supplements to poor people (NLG 18M over the period 1998-2001).

Although a wide range of BCC activities is supported, it appears that all SM projects are product related. Policy on targeting specific beneficiaries has not been developed as yet, and there is no systematic view on the circumstances in which social marketing should be deployed in preference to other types of intervention.

PSI appears to be the favoured beneficiary of Netherlands Government support. Not only does it receive core funding, but also it is the agency supported by most bilateral programmes. In Ethiopia, the DKT project is supported.

The Netherlands Government expects the international NGO to work with a local partner, which suits PSI well since it has national affiliates in each country where it is active. In principle, projects are contracted after a competitive tendering process. The role envisaged for the host country government is, eventually, that of facilitator and quality control agent. It is pointed out that SWAp type support is preferred in the priority countries.

On monitoring and evaluation, the Netherlands Government has no specific reporting requirements. There is interest in developing more insight into the effects of the social marketing interventions.