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# EVALUATION OF THE COMPRI-A SOCIAL MARKETING PROGRAM BY USAID IN THE ISLAMIC REPUBLIC OF AFGHANISTAN

Nov 1 – Dec 13, 2008

This report was produced for review by the United States Agency for International Development (USAID). It was prepared under contract with Checchi and Company Consulting, Inc. and its Subcontractor the Louis Berger Group (LBG) through USAID's Afghanistan "Services under Program and Project Offices for Results Tracking" (SUPPORT) Project. The report was prepared by Richard Pollard, Team Leader, (under contract LBG) and Dr. John Davies, under contract with Checchi and Company.



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**DECEMBER 2008**

**DISCLAIMER:**

The views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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# ACRONYMS AND ABBREVIATIONS

AHS	Afghanistan Health Survey
APES	Policy Environment Score
ASMO	Aryana Social Marketing Organization
BCC	Behavioral Change Communications
BPHS	Basic Package of Health Services
CHW	Community Health Worker
CTO	Cognizant Technical Officer (USAID)
COMPRI-A	Communications for Behavioral Change Expanding Access to Private Sector Health Products and Services for Afghanistan
EOP	End of Project
FP	Family Planning
IEC	Information, Education and Communications
IR	Intermediate Result
IQC	Indefinite Quantity Contract
KAP	Knowledge, Attitudes and Practices
LOE	Level of Effort
MCH	Maternal and Child Health
MOPH	Ministry of Public Health (Afghanistan)
MSH	Management Sciences for Health
NGO	Non-Government Organization
OC	Oral Contraceptive
OCP	Oral Contraceptive Pill
ORS	Oral Rehydration Salts
PEST	Policy Environment Score Tool
P/PPTF	Public-Private Partnership Task Force
PMP	Performance Monitoring Plan
PSP	Private Sector Partnership
SMO	Social Marketing Organization
SO	Strategic Objective
SOW	Scope of Work
TB	Tuberculosis
TMA	Total Market Approach
UNFPA	United Nations Family Planning Association
USAID	United States Agency for International Development
WHO	World Health Organization

# 1. EXECUTIVE SUMMARY

## 1.1 COMPRI-A DEVELOPMENT OBJECTIVES

The Communications for Behavioral Change Expanding Access to Private Sector Health Products and Services for Afghanistan (COMPRI-A) Project is a four-year, \$20,908,505 project launched in April 2006 and managed by Constella Futures. It works to harness the resources and infrastructure of the private/ commercial sector in the supply of family planning and a range of Maternal and Child Health (MCH) products and services aimed, particularly, at women and children under five years of age.

The project meets the goals and strategies of the Ministry of Public Health (MOPH) and The United States Agency for International Development's (USAID) core health Strategic Objectives and Intermediate Result 7.1.

**Environment.** The project works within an environment where civil society and health services have been crippled by over 30 years of war and civil strife, and where health conditions are among the worst in the world, with a contraceptive prevalence rate for modern methods estimated at only 15.4% (Afghanistan Health Survey (AHS) 2005); only 30.3% of pregnant women avail themselves of anti-natal care (AHS 2006) and 25,000 women die of pregnancy-related complications per year (World Health Organization (WHO) 2005).

Within this context the project seeks to work with the vibrant, although largely unregulated, private/ commercial sector. The private sector accounts for over 72% of all health expenditures in Afghanistan (WHO health expenditure accounts data).

## 1.2 PURPOSE AND METHODOLOGIES OF EVALUATION

USAID wished to undertake a mid-term evaluation of the project with a view to capturing lessons learned; seek fine-tuning recommendations to end of project (EOP), and to guide strategies for a follow-on project that would be implemented by the Afghan Social Marketing Organization (ASMO) that the project would create by EOP.

The evaluation team was led by Richard Pollard under a subcontract to The Louis Berger Group, Inc.(LBG), from Checchi and Company Consulting, Inc. with Dr. John Davies and two cooperating country nationals (CCNs) employed through Checchi and Company, under USAID's Afghanistan Services under Program and Project Offices for Results Tracking (SUPPORT) Project. The team will be in-country between November 1 and December 13, 2008.

The evaluation process involved producing a self-assessment questionnaire to be completed by Constella Futures; team interviews with COMPRI-A managers and partners, stakeholders and grantees, and visits to review markets and activities in Kabul, Herat and Mazar-e-Sharif.

## 1.3 PRIMARY FINDINGS AND RECOMMENDATIONS

**Summary.** The evaluation concluded that the project had met, or exceeded, all its commitments as expressed in its defined obligations to USAID and in its approved work

plans. However it must be noted that the evaluation of the quantitative achievements of the project was somewhat limited. The project's Performance Monitoring Plan (PMP) has no quantitative targets against which progress may be measured. The project reports increases to sales, numbers of outlets opened and numbers trained as percentage increases rather than to targets established. At the same time the project had re-launched its product lines in 2007 and been concentrating its efforts to this end. However the evaluation suggests that, at this mid-point, the project has reached a successful level of maturity and the time was right to begin to move to more mature models of social marketing practice in its strategic direction. These issues involve deepening Behavioral Change Communications (BCC) strategies to more fully address the social, familial and cultural imperatives that impede the creation of new users, and how they may be convincingly overcome. Present brand promotional activities do not guarantee that new users are being created; moving towards "manufacturers" models of social marketing practice beyond managing "own" brands; establishing targets to cost recover all commodity costs including those of donated product; to add targets to the PMP, and improve tracking mechanisms to meet those targets. The evaluation appreciated that not all these applications may be realized to end of project but that they would form important strategic development goals for the sustainable entity that will remain.

The above forms the essential background to the recommendations made in this evaluation.

#### **1.4 INTERMEDIATE RESULT 1 – RECOGNITION & COMMUNICATIONS**

COMPRI-A manages an impressive array of communications components within this Intermediate Result (IR) including an integrated mass media program based primarily on national radio with some sponsorship of TV programs and serials, and billboards and point-of-sale material. Community-based initiatives include supply of cassettes to support community groups under their own JSJ program and those of Non-Government Organization (NGOs); support to developing midwives initiatives through the Midwives Association as well as mullah's and imams to support maternal and child health messages; the use of mobile video units; and support to the Information Education Communication (IEC) Unit at the MOPH.

The project reports that one constraining element is the need to obtain MOPH approval for all materials and that this has been the cause of some program delays.

**Evaluation Inputs and Recommendations.** In general the evaluation team was impressed by the level of effort and effectiveness of the COMPRI-A communications program. However the project presently emphasizes brand promotion. This is understandable as new brands were launched in 2007. The recommendation is to appreciate that brand promotion activities are most appealing to those users already inclined to practice family planning or use the Maternal and Child Health (MCH) products promoted. This may mean that many present users are switching brands from the range of competitive brands in the market that are priced to compete with their brands, and this dilutes the effectiveness of the COMPRI-A project's impact. It is suggested that to EOP the project shifts its emphasis more explicitly towards addressing the social and familial imperatives needed to create new users through a more mature application of BCC processes; in creating message strategies that specifically address these social impediments; tracking behavioral change results at select sites, and more clearly understanding the extent to which the project is contributing to the creation of new users.

In addition it is recommended that the weight of radio broadcasting be increased and, as far as budgets allow, a greater balance be created between community-based communications initiatives and mass media. In the longer term the new ASMO social marketing entity, and new program, should expand the BCC remit to addressing new users and services across all Family Planning (FP) methods and the total package of basic services across all providers, as a BCC specialist organization. The sustainability of efforts through midwives has been successfully achieved through the Midwives Association. Efforts to replicate this through other professional medical associations has been more difficult and will take time to mature. In addition the evaluation suggests that the project segments its BCC effort between urban and rural target audiences; promote “packages” of services to designed target groups and better link community-based messages with mass-media support messages, and addresses approval processes at MOPH by streamlining the process through an annual review and approval timetable.

## **1.5 INTERMEDIATE RESULT 2 – ACCESS**

Within IR 2 COMPRI-A sets out to increase its reach and effectiveness of communications training across a range of providers with an emphasis on reaching low-income families in rural areas; to expand the number of product sales outlets also in rural areas; to better integrate field activities across sales, communications, outreach and within monitoring and evaluation processes.

To date over 12,000 providers have been trained across pharmacists, physicians, midwives, Community Health Workers (CHWs), shopkeepers, and NGO staff; and almost 4,000 community influencers across school teachers, CARE sponsored widows, community shuras, mullahs, and women of reproductive age and husbands.

The evaluation team was impressed by the quality of training and “certification” of those trained as well as the quality and effectiveness of the established National Training Center (NTC).

The project and field sales staff are working well to define the need to expand sales outlets in rural areas, within the contexts of a steady increase in outlets to 4,843 to date.

**Evaluation Inputs and Recommendations.** The evaluation recommends that training and outlet development reports more clearly articulate the urban and rural mix; that the project continue to emphasize training of female counselors; that the project strengthen its integration efforts at the community level through a series of rural test market exercises to better understand how cross-integration occurs between the various community-based communications activities and, mass media, and between the communications efforts and community based access to commodities and services. In this way the whole social marketing program is seen as one integrated whole. At the same time the project should explore the issue of “competition” between free public sector, NGO and CHW distribution and at least between NGOs and CHWs explore the potential for offering consumers a choice of free and low-cost commodities. In this way some may well choose to pay for a preferred brand, and this may well open up more synergies between the project and these entities.

The evaluation notes that while the effort to open up urban retail outlets from the supply side is clearly important, that one key issue is that the market in Afghanistan is dynamic

and that it can respond to demand put on shops to stock products if consumer demand is there. It is for this reason that the evaluation recommends strengthening the demand generation component in rural areas, as far as budgets will allow, and through more applications of local radio, more audio cassettes to support communications; a broadening of the numbers involved in community-base communications, and other local forms of communication.

### **1.6 INTERMEDIATE RESULT 3 – INCREASE USE OF PRODUCTS**

Sales performance in 2008 has been impressive. Condom sales are up 20%; injectables 11%; water treatment over 300%; Oral Rehydration Salts (ORS) by a factor of almost 12. Only Oral Contraceptive (OC) pills show a small decline as stocks of old Population Services International (PSI) product and heavy stocking in 2007 moved through the distribution system. The evaluation team acknowledges this achievement in the light of the fact that new brands had to be launched in 2007; that there is evidence of quite strong competitive pressure from a range of informally imported brands, Marie Stopes SM brands and one other domestic ORS brand all quite competitively priced to COMPRI-A products.

**Market Inputs.** The evaluation team found reasonable stocking levels in the three urban and per-urban markets it reviewed. Inputs from wholesalers and retailers were positive to all brands although a few expressed the view that they had dropped the COMPRI-A condom and OC pill after price increases in 2007; that price increases, followed by price decreases had led to some wholesalers losing money on stock and this caused some dissatisfaction. All wholesalers and retail outlets stressed that safe water products sales were seasonal. In Mazar-e-Sharif, particularly, there appeared to be a strong level of NGO demand on wholesalers and most stated that COMPRI-A brands were not price competitive as their profit margins were lower than those offered by informal imports. In the same place the Constella Futures Regional Sales Executive claimed that NGO's purchased commodities from wholesalers (notably BRAC (NGO) and Ibn Sina) and provided commodities free. As a result he seemed less inclined to explore the potential for community-based distribution initiative. This was not the case in Herat where the Regional Sales Executive was actively supplying mid-wives with starter stocks to sell FP commodities, even those operating within or close to free public clinics.

COMPRI-A has worked well with its domestic manufacturer of safe water and ORS and is well advanced in launching a new iron folate tablet for 2009.

**Evaluation Inputs and Recommendations.** The evaluation team requested that COMPRI-A supply what they knew about their market share across the distribution system and across the total provision of FP services in Afghanistan. They estimated that at the retail level they had a 61.3% market share for condoms; 74.0% for OC pills; 58.9% share of injectables; 50.5% share of safe water products, and 20.2% ORS market share. These data is to be confirmed after further analysis of a recent Retail Audit. The project is also working with the MOPH to better define the total market in Afghanistan and the relative contribution of each sector of supply.

The evaluation team also requested information on the cost per Couple Years of Protection (CYP). COMPRI-A reported an estimate of just over \$13 across all FP products. These data is to form part of the project's component to better understand the

total market in Afghanistan for which a workshop on modeling techniques is planned for early 2009.

The evaluation recommends that the issue of seasonality of the safe water product be addressed.

It does not propose the addition of any other product launches to EOP owing to the Level of Effort (LOE) involved. However explorations of new products should continue for a follow-up project. It is noted that the present manufacturer is considering an OC and injectable product line.

Over the longer term, and more within the remit of ASMO and a follow-on project, the evaluation team suggests that attention be paid to informal imports. The significant presence of these brands where some, but not all, may be below acceptable standard is an important aspect of the Afghan market. The move to a social marketing model that employed a broader “manufacturers” model of unsubsidized products receiving promotional and technical support across a much larger range of products would be suggested. One factor would involve the domestic registration of those brands that met quality. Regional brands could be considered, notably ex-Pakistan. The expansion of domestic production to a broader set of manufacturers needs to be considered.

## **1.7 INTERMEDIATE RESULT 4 – Policy**

IR 4 seeks to build a policy initiative to develop a strategic platform for implementing Public/ Private Partnerships (PPP) and social marketing practice centered on the MOPH. This may be said to be a broadening of existing policy and implementation in contracting out support to the delivery of the MOPH’s Basic Package of Health Services through grants to NGOs.

**Evaluation Inputs and Recommendations.** This component has been well conceived and good progress has been made in its implementation. A PPP Task Force has been established and links made to the Consultancy Group for Health & Nutrition (CGHN) and Health Care Financing & Sustainability Task Force. A first step has been made to launch the initiative through the Association of Private Hospitals that demonstrated the potential for practical PPP relationships across such issues as contracting out immunization services; issues of cross-referrals., and support to family planning, TB and malaria, as examples.

The Initiative is also linked to project components in support of the development of Medical Associations.

The MOPH has agreed to establish a permanent PPP initiatives office. Space has been allocated and renovated. The Ministry will appoint a Director and the project fund an Advisor/Coordinator as well as a secretary and driver.

The evaluation suggests that, in the longer term, the role of social marketing should be integrated into the management of PPP initiatives through the development of an umbrella platform. The Total Market Approach (TMA) is suggested. Within this approach TMA sets out to address the broad issue of contraceptive security and the sustainability (and efficiency) of health financing across all sectors. It seeks to segment

the total market across consumers according to capacity to pay, and segments supply across the public, NGO, social marketing and commercial sectors between those who require free services and those able to pay. In this way health subsidies may become better targeted and more efficient; PPP agendas expanded into an integrated national system, and further innovations developed, such as voucher schemes, community-based health savings and insurance schemes, and franchised networks of private/ social marketing entities that cross-refer patients between the public and NGO sectors. More details on the utilization of social marketing expertise within TMA is represented in a PowerPoint Presentation that forms a part of this evaluation, and in Appendix E.

## **1.8 OPERATIONAL RESULTS 5 – EFFICIENCY AND ORGANIZATIONAL DEVELOPMENT**

OR 5 sets out to build the operational efficiency of the COMPRI-A and its management and staff, and is implemented within the contexts of building the sustainable Social Marketing NGO, ASMO, by early 2010 through phasing in of operations between the two entities. It also seeks to strengthen the integration of sales, IEC and training departments; improve field data collection and reporting requirements to USAID.

**Evaluation Inputs and Recommendations.** The evaluation team was impressed by the progress that had been made with this component. Processes to establish ASMO, with BearingPoint, are well advanced; staff training conducted in-house and in Bangkok and Dubai. Integrating efforts are bearing fruit as is field data collection, and internal operational systems are being constantly refined and up-dated. Quarterly and annual reports are routinely presented to USAID. The evaluation team could not be presented with a completed PMP and requested that this be made available. The final document presented does not include targets for achievement, and it is recommended that these be added. The evaluation suggested that the strategic conceptualization of ASMO could be further refined, and these concepts are presented in the draft new program description in Appendix E.

## **1.9 FINANCIAL REPORT**

The project reports contract expenditure of \$12,690,759 from April 1, 2006 to October 31, 2008 out of a present total budget of \$20,908,505. It has expended 61% of its project budget over 65% of project time. Income from sales is projected over the life of the project at \$2,783,000.

## 2. INTRODUCTION & BACKGROUND

### 2.1 ENVIRONMENT

Afghanistan's civil society and health services have been crippled by over 30 years of war and civil strife. With the return to democratic governance significant strides have been made to improve health services. In 2002 the MoPH began this strategic effort through the implementation of a Basic Package of Health Services (BPHS) designed to address the health and reproductive health needs of Afghanistan Society, implemented through rebuilding the public health services and infrastructure and to develop and work with the NGO community.

Health conditions in Afghanistan are among the worst in the world. Infant mortality rates remain high (129/1000 – AHS 2008, JHU); only 30.3% of women avail themselves of anti-natal care (AHS 2006). WHO estimates (2005) that 25,000 women die, per year, of complications in pregnancy/delivery, and 85,000 children die from malnutrition.

United Nations Family Planning Association (UNFPA) estimate CPR for modern methods at 16%; the 2005 AHS puts the figure at 15.4%; the COMPRI-A baseline at 26% in Kabul, 29% in other select urban areas and 18% in select rural areas.

WHO estimates that private sector health expenditures account for 72.5% of all health spending in Afghanistan and 27.5% of all health expenditures are public sector.

The COMPRI-A project sets out to meet the National Health goals of the MOPH and USAID's core Strategic Objectives – “A better educated and healthier population” and IR 7.1 “Improved health of women of reproductive age and children under the age of five years” through harnessing the inherent strengths and capabilities of the private sector in order to: “Increase access to and use of a selected quality basic health products and services by women of reproductive age and children under the age of five, especially in rural and underserved areas”.

### 2.2 PROJECT HISTORY

In 2002 the MOPH implemented its BPHS, which is designed to address the health concerns of disadvantaged families with an emphasis on mothers and young children. USAID responded to the BPHS through the Social Marketing Project, which was managed by PSI. The Project launched branded contraceptive products along with a safe water product; the brand names were owned by PSI. This project was terminated in 2005 and was temporarily continued through the Management Sciences for Health (MSH) REACH project. USAID created the COMPRI-A Project under the PSP Indefinite Quantify Contract (IQC), and awarded management to Constella-Futures in February 2006. Launch date was April 2006. However only generic communications could be conducted owing to PSI's retention of brand ownership, until July, 2007 when new brands were launched by COMPRI-A.

## 3. PURPOSE & APPROACH TO EVALUATION

### 3.1 TIMING & PURPOSE

USAID Afghanistan requested a mid-term evaluation of the COMPRI-A project to be undertaken at the end of 2008. The primary purpose was to assess progress to date in achieving deliverables; to recommend any shifts to project strategies and implementation effort over the second half of project, and to help guide strategies and directions for a new follow-on project that would be implemented through the establishment of a local social marketing entity that would become operational by March 2010.

The Scope of Work (SOW) envisaged a final, detailed evaluation report of findings and recommendations, along with an annexed report outlining the new program description. Two power point presentations (short and long versions) on the private sector and social marketing were additionally requested.

The SOW envisioned an evaluation process that involved a self-assessment questionnaire, produced by the evaluation team and guided by a set of specific questions provided in the SOW, and to be completed by Constella Futures. The evaluation team would assess the quality and effectiveness of implementation through a series of field trips, market and stakeholder visits, and analysis of the project's implementation efforts and reports.

A copy of the SOW is attached at Appendix A.

### 3.2 TEAM APPROACH AND SET-UP OF ACTIVITIES

The evaluation team arrival in Country on November 1, 2008; held a briefing and orientation meeting with USAID on November 2; held an introductory meeting with Constella Futures on November 3; finalized their work plan and presented it to USAID on November 6 (see Appendixes B and F), and completed the self-assessment questionnaire for Constella Futures on November 8 (see Appendix D).

### 3.3 BRIEF OVERVIEW OF PROJECT

The COMPRI-A Project is a four-year \$20.9 million initiative awarded under the USAID PSP IQC to Constella Futures International in February 2006 and start date of April 1, 2006. It operates in 26 Provinces of Afghanistan. The primary focus of the project is to build the capacity of the private sector to provide affordable health and family planning products to low-income groups, presently comprising condoms, OC pills, injectable contraceptives, a chlorine safe-water product and ORS. The project's behavioral change initiatives specifically target women of reproductive age and the health needs of children under 5 designed to increase knowledge, understanding and use of the range of family planning and child-survival products along with a range of other health interventions, as well as targeting influencers around these behaviors, and building an advocacy environment around social marketing and the utilization of public/ private partnerships in meeting the family planning and health goals of the Islamic Republic of Afghanistan (IRoA).

The project is managed under four Intermediate Results (IR) frameworks (1-4) and one Operating Result (5):

1. Recognition, Knowledge and Behavioral Change Communications
2. Access and Availability of Products and Services
3. Increased Use of Products
4. Improved Policy Environment for Public/ Private Sector Partnerships
5. Organizational and Management Efficiency Improvements

The project's PMP is structured on a 2007 baseline, to be repeated in end 2009, and a set of operational monitoring and evaluation tools. The project reports quarterly and annually to USAID.

## 4. EVALUATION TEAM COMPOSITION & ACTIVITIES

### 4.1 TEAM COMPOSITION

The evaluation team comprised two international consultants – Richard Pollard (Team Leader) and John Davies, supported by two CCNs, who support with translation and research – Haidery Ghulam Jan and Khan Mohammad Poya.

John Davies was contracted through Checchi and Company Consulting, Inc, and Richard Pollard through a subcontract with LBG.

### 4.2 SUPPORT

The consultancy was managed under contract with the USAID SUPPORT project managed by Checchi and Company Consulting, Inc, and supported by that project's staff and facilities infrastructure in Kabul.

### 4.3 ACTIVITIES

Following the steps to set-up the evaluation process over the first 8 days of the assignment the evaluation team spent the following nine days being briefed at the MOPH, with the USAID Cognizant Technical Officer (CTO), and began the process of market exploration in Kabul including meeting Kabul-based project partners; training sessions with pharmacists and midwives, and visited the project's operations and the wholesale and retail markets in Herat and Mazar-e-Sharif.

The team then held a series of meetings with the COMPRI-A senior management and staff and continued their assessments within the Kabul market and with project partners over the following two weeks, while beginning the process of detailed analysis of data and inputs in beginning to draft its report and recommendations.

COMPRI-A presented their response to the self-assessment questionnaire on November 30 and this was reviewed by the evaluation team over the following three days, including requests for clarifications from COMPRI-A management.

The Draft Evaluation Report will be delivered to USAID on or before December 6. For a detailed schedule of activities see Appendix F.

## 5. EVIDENCE & FINDINGS OF ANALYSIS

The evidence of findings and analysis is presented within the IR Framework of the project, for convenience and clarity.

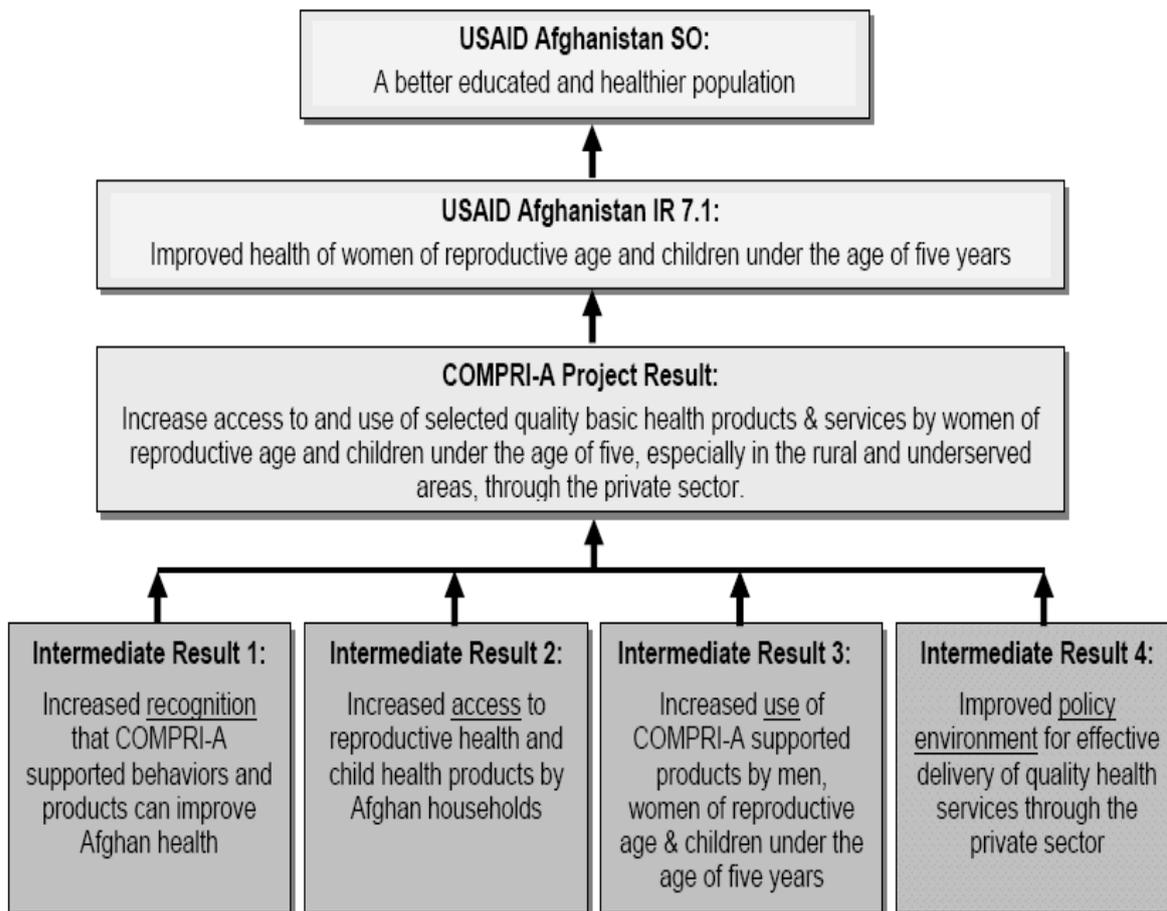
At the outset the evaluation team's assessment is that the COMPRI-A project has met or exceeded all the objectives established for it in its original Request for Proposals (RFP) and in the SOW and work plans established from the project's inception in April 2006 to October 31 2008.

The evaluation, however, points out that the program does contain some weaknesses in the qualitative tools available to assess performance over time. For example the projects PMP has not established targets to be measured from the 2007 Baseline, and sales volume increases, the numbers of product sales outlets and the numbers of persons trained by the project are all reported in quarterly and annual reports as percentage increases over prior period, rather than percentages of a target to be achieved. At the same time the necessary data and information to accurately assess the contribution of the project within the totality of the national family planning and MCH arena was simply unavailable in the environment of Afghanistan.

At the same time the project has significantly matured over time and the evaluation team's considered views were that the quantitative assessment tools employed and some of the BCC and social marketing technologies employed, could begin to move to more mature models over time, even though the full extent of these applications may not be realized until the end of project and would, then, form important strategic development goals for the sustainable entity that will remain.

The above forms the essential background to the recommendations made in the evaluation. The evaluation was significantly supported by the self-assessment questionnaire produced by COMPRI-A and provided to the team on November 30.

The evaluation team's analysis is based upon the four intermediate results shown in Figure 1. Figure 1 is the conceptual framework used by the COMPRI-A project to indicate how achievements in the intermediate results lead to achievements at higher program levels.

**FIGURE 1. COMPRI-A Project Results Framework**

## 5.1 IR 1 – RECOGNITION AND COMMUNICATIONS

These findings by the Evaluation Team are based on a combination of observations in the field, discussions with COMPRI-A managers, meetings with partnering organizations and a variety of relevant documents including the COMPRI-A Annual Progress Reports, Quarterly Reports, and the recent COMPRI-A Self-Assessment Report.

### 5.1.1 ROLL-OUT INTEGRATED SOCIAL MARKETING COMMUNICATIONS PROGRAMS – BRANDED AND GENERIC.

COMPRI-A's IEC/BCC Department manages the Social Marketing communication activities. Operational tasks include defining and describing primary and secondary target groups, designing detailed work plans, designing formative and quantitative studies, sub-contracting for production of packaging and communication materials, managing promotion of branded and generic advertising, managing distribution of new point-of-sale materials to sales outlets, assisting subcontractors to design and implement audio cassettes, radio spots, TV spots, erect billboards, sponsor sports events, produce and implement mobile outdoor cinema shows, and explore possibilities of obtaining private sector sponsorship of radio and TV shows.

PSI used brand advertising when launching the Project's original brands in 2004. But in 2006, the new managers of the Project – Constella-Futures – used only generic advertising, featuring three topics: diarrhea disease prevention, malaria prevention and reproductive health. Since September 2007, Constella-Futures has managed brand marketing of the USAID-owned products.

An example of COMPRI-A's BCC achievements during July to September, 2008 is shown in Table 1, which outlines the BCC mix, including mass media spots and programs. Although radio spots for COMPRI-A products were aired over a seven-month period in 2007-2008 in various languages, the frequency per day was relatively low, namely twice daily, rather than four times daily, which is commonly-used to promote commercial products. Some of the programs shown in Table 1 were created and distributed by Aina Media – a full service agency that specializes in advocating and ameliorating social issues.

COMPRI-A officers explained that much of the BCC Workplan was generated without the benefit of the Knowledge, Attitudes and Practices (KAP) results, which arrived several months after products were launched; the Rapid Assessment Report and the Willingness to Pay Report were probably of some formative value although they could not provide a cause and effect link between specific BCC messages and specific changes in the KAP of targeted segments.

**Analysis.** COMPRI-A's IEC/BCC Department has successfully developed and coordinated the BCC activities – most of which have been aimed at promoting COMPRI-A's own products, as indicated in Table 1, rather than generic promotion. Perhaps as a consequence of this emphasis on its own brands, the project has also placed greater emphasis on measuring sales of its own brands, but not on other brands, including no-name brands. Information in Table 1 does not differentiate between urban and rural BCC.

**Table 1. COMPRI-A Project Intermediate Result 1: Increased recognition that COMPRI-A supported behaviors and products can improve Afghan health**

<b>Component 1.1: Roll-out Integrated Marketing/ Communication Programs (Branded and Generic).</b>	<b>Achievements</b>
<b>Radio spots for Safe Water System (Abpakon) and Dehydration Prevention messages (Shefa)</b>	<ul style="list-style-type: none"> <li>• Radio spots broadcast 3 times a day through RTA nationally and to targeted provinces with a high incidence of MMR.</li> <li>• The spots will be distributed in all 34 provinces of Afghanistan on pick time.</li> </ul>
<b>Sponsorship of Radio and Television Health Programs – Safe Water Systems, and Dehydration prevention.</b>	<ul style="list-style-type: none"> <li>• TV and radio health program explored to identify the best channel.</li> <li>• RTA and private Health radio channels will be one of the candidates.</li> </ul>
<b>Television Serial sponsorship of birth spacing health messages including concept development &amp; production.</b>	<ul style="list-style-type: none"> <li>• Re running of multi episodes TV serial focused on Birth Spacing brands promotion and generic messages of birth spacing, through Ariana network starting from 23 Oct up to 12 Dec 2008</li> </ul>
<b>Broadcasting of three short movies on Birth Spacing, Water System and De-hydration Prevention.</b>	<ul style="list-style-type: none"> <li>• As a result of the success of the safe blood day television campaign, the COMPRI-A Project developed and broadcast three promotional television advertisements movies on birth spacing, safe water system and dehydration prevention messages.</li> </ul>
<b>NGO information Cassettes developed and distributed Covering Khoshi OC, Khoshi IC, Asodagi Condom, Abpakon SWS and Shefa ORS. Also will be distributed by MoWA Female community shuras.</b>	<ul style="list-style-type: none"> <li>• The COMPRI-A IEC/BCC program has completed the production of an audio cassette tape providing generic health and product specific information on birth spacing, safe water systems and dehydration prevention from diarrhea disease</li> </ul>
	<ul style="list-style-type: none"> <li>• The audio cassette health information tape distributed is ongoing nationally through the COMPRI-A project sales and training team, the HSSP project and the Afghan Midwives Association network.</li> </ul>
<b>Development of Billboards promoting “Abpakon and Shefa” in key provinces.</b>	<ul style="list-style-type: none"> <li>• Billboards promoting Safe Water System (Abpakon) and Oral Re-hydration Salts (Shefa) in 6 provinces developed. Extensions approved from Nov 2008-Jan. 2009.</li> <li>• Billboards locations under review to improve exposure.</li> </ul>
<b>Distribution of Point of Sales materials – Pen/Clock/Dangler/Plastic curry bag / Prescription Pad / Posters / Leaflet s</b>	<ul style="list-style-type: none"> <li>• The Distribution of POS materials are ongoing and the POS materials are distributed nationally.</li> <li>• Distribution of POS through grantee NGOs in more than 10 provinces on going</li> </ul>

There is little evidence in the COMPRI-A reports about who is buying and using contraceptives, for example whether the users are new users of contraception or whether they have simply switched from their usual brand to the COMPRI-A brand, or perhaps have switched to a different provider. It is therefore not easy to measure all the impacts of the BCC activities.

**Recommendation A.** COMPRI-A should consider shifting its communications evaluation from sales of its own brands to behavior change performance. This effort should address the underlying social, familial and behavioral constraints to family planning and to promote its continued use by new users. This element should be strengthened by regarding it as the core imperative of the project to EOP, with brand-specific promotion as an added strength. This step would lead to a further shift that would include aiming all communications – whether called IEC or BCC or advocacy or advertising, or promotion – toward improvement of maternal, newborn and child health through promotion of all reliable products and services, including those that belong to other agencies or in other sectors, and include, for example the important contribution of breastfeeding to delay pregnancy. It may be expected, owing to budgetary constraints, that this final shift would not come fully into effect until the follow-on project.

**Rationale.** The immediate shift to BCC approaches to attract new users is aimed at the risk that present brand promotions are shifting consumers from other competitive brands and thus diluting the effectiveness of the program. In the longer term this evaluation accepts that the primary aim of the project is to improve mother and child health through increased use of generic and specific brands of proven, high quality products. Such promotion follows standard marketing practices and, aside from recommendations to increase the weight of effort, is successfully being achieved.

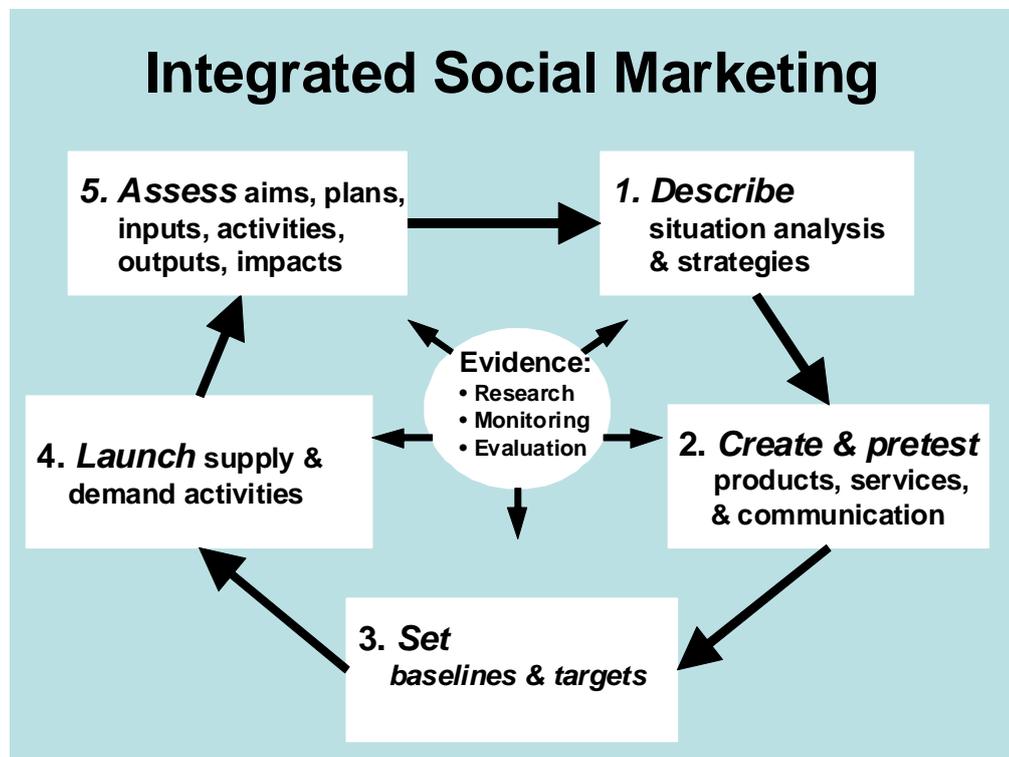
There is a large unmet need for birth-spacing expressed by respondents' replies to COMPRI-A's KAP survey: more than one out of five women wanted to reduce their fertility but were not using a contraceptive. These women need to know about the contraceptives they can use to ensure a birth interval of three years, and their families need to know how they can assist the women to obtain and use those reliable methods, *regardless of the brand*. The Project should therefore engage in generic promotion of birth spacing, plus promotion of traditional methods as well as specific modern contraceptive methods, to the extent that budgets allow.

**Recommendation B: Rural and Urban BCC.** COMPRI-A should separate its Behavior Change Communication activities according to urban and rural settings because there are several important cultural and practical differences between the two.

**Recommendation C: Evidence-Based Approach.** COMPRI-A should attempt to relate changes in usage patterns of all products to its communication activities. This will require evidence generated by BCC tracking studies that can link specific messages to changes in buying habits. Such an evidence-based approach should apply to every step in the marketing process, as shown in Figure 2. When evidence is gathered at every step through special research studies, routine monitoring and evaluation of BCC, analysts can assume, with some certainty, that, for example, COMPRI-A' community meetings may have led to suddenly increased numbers of insertions of Intrauterine Devices (IUDs) at government clinics, or that TV serial dramas led to new users of products shown in the serial drama, or that young mothers began correct breastfeeding practices that led to more

protection against unwanted pregnancies. Importantly, the strengthened Management Information System (MIS) will collect and report such changes across all sectors and brands. Later, ASMO will have the task of refining the BCC system by creating behavioral baselines along with monitoring and evaluation tools.

**FIGURE 2. Integrated Social Marketing**



**Recommendation D: Nomenclature.** A simple change of name of COMPRI-A’s IEC/BCC Department to the BCC Department will have a good outcome, namely that the Department is dedicated to changing behaviors.

**Rationale.** (1) Mentioning IEC and BCC is unnecessary. (2) The most important work the Department can do is to foster profound behavior change, for example to give children with diarrhea more liquids instead of less liquids, or to help new mothers to be sure to breastfeed a new baby immediately after birth, rather than waiting for the colostrum stage to end. (3) The title, “Behavior Change Communication Department” implies the correct goal of the Department in a strong, dynamic way. Furthermore, the shorter name does not prevent the Department from providing information, such as press announcements, reports or brochures about the Project or its work.

### **5.1.2 CONTINUED SUPPORT TO THE MOPH HEALTH PROMOTION TASK FORCE.**

The MOPH-led Health Promotion Task Force (HPTF) coordinates IEC/BCC activities, including those created by COMPRI-A. Coordination includes vetting and approving COMPRI-A communication campaigns prior to implementation. However, turn-around time between submission and approval appears to be quite long, thereby preventing COMPRI-A from implementing its various campaigns in a timely manner.

COMPRI-A has helped the HPTF to move toward a stronger public-private-partnership including familiarizing HPTF members with Social Marketing principles. COMPRI-A has offered to do more but has found only modest interest among MOPH members who tend to see PPP in terms of the government's regulatory role.

**Recommendation.** To decrease the turn-around time for approvals of individual communication campaigns, COMPRI-A could work with the chief executive of the Task Force to approve each Annual BCC Workplan, fully informing the chief executive about the results of materials pretesting, and the approval process within COMPRI-A (or the ASMO Board of Directors). COMPRI-A or, later, the Chairman of the Board of ASMO could then present its entire Annual IEC/BCC Workplan to the Task Force.

**Rationale.** Such annual systems have been successfully implemented elsewhere, especially after the Social Marketing activities have been shown to succeed without substantial negative reaction from the public or from stakeholders.

### 5.1.3 SUPPORT TO KEY PRIVATE PROFESSIONAL HEALTH ASSOCIATIONS

COMPRI-A has provided support to BCC initiative in several professional associations, including the Association of Private Hospitals, the Medicine Services Union, the Afghan Industrial Association (pharmacists) the Afghanistan Pharmacy Association and the Afghan Midwives Association (AMA). Results have been mixed. The Project undertook a Capacity Assessment Workshop for the Association of Private Hospitals, as well as a detailed situation analysis of the potential for developing an enhanced National Private Hospital Association. The relationship with the AMA has been very successful, including financial support for production of the AMA newsletter; technical and financial support for IEC materials, along with refresher training for midwives in a variety of topics at the NTC. The AMA has also distributed and used COMPRI-A's IEC audio cassettes.

**Constraints.** The Project also attempted, with limited success to date, to stimulate the Medical Services Union and the Afghan Pharmacists Association to merge; nevertheless, COMPRI-A may succeed if they continue with this ambitious undertaking. The CHWs are a special case: it appears they are not organized even though there are many of them – more than 20,000 – and have been trained to provide very useful services.

**Recommendation: Strong Opportunities.** COMPRI-A will probably discover that continuing support for the Midwives Association and for CHWs will be very cost-effective.

**Rationale.** Midwives are a precious human resource because they have life-saving skills and because they have chosen to serve women who need help in a time of danger, namely, during the perinatal period; in fact, they save many lives and prevent the family catastrophes that occur when mothers of young children die. CHWs, whether or not they become organized, could be of increasing value to COMPRI-A, for example, as early contacts and organizers for COMPRI-A's snowballing efforts aimed at setting up integrated Social Marketing activities in villages. Perhaps one of the first snowballing steps could be to identify CHWs in target villages, then approach them with a view to engaging their assistance in introducing COMPRI-A to their village.

#### 5.1.4 CAPACITY BUILDING STRATEGIC PARTNERSHIPS.

COMPRI-A has proactively attempted to develop the capacity of important partnerships including the MOPH, NGOs and private agencies. For example, COMPRI-A communication experts often work with partnering agencies to help them ensure adequate quality.

**Recommendation.** COMPRI-A should consider undertaking a joint needs assessment with AINA media to ascertain the types of technical assistance AINA might want or need, then invest in short-term technical assistance as required.

**Rationale.** AINA may be a rarity inasmuch as its preferred activities are in the same social sector as those of COMPRI-A, namely improving the health and nutrition of disadvantaged families. Consequently, helping AINA to “do a good job even better” could pay dividends for all concerned over time.

#### 5.1.5 MONITORING & EVALUATION

COMPRI-A provides Monitoring and Evaluation (M&E) of its communication activities through its Research, M&E Department, its IEC/BCC Department, and its Sales Department. However it appears that M&E is often conceptualized as a combination although in practice they are different, as described in the recommendations that follow.

**Recommendations.** It may be beneficial for COMPRI-A to define monitoring of the BCC component as observation and reporting of day-to-day BCC field operations such as provider training, use of in-store displays, and comprehension of provider-client interpersonal counseling. Such monitoring can be implemented by a combination of COMPRI-A’s regional representatives supplemented by market research agencies, when needed.

In the sense of BCCs, evaluation could be defined as assessment of the impact of BCC activities on knowledge, attitudes and practices. COMPRI-A has set up a sophisticated KAP survey system, and published the results of its baseline KAP and can therefore assess KAP changes over time after completing a second round. COMPRI-A can also use KAP survey results to provide some formative information for developing and assessing BCC activities. Unfortunately, COMPRI-A could not use the first round of KAP for formative work because the KAP results were reported after launching the new products; because the KAP survey was designed independently of the behavior change messages it can not provide a tracking mechanism for the messages. However, some of the KAP results can be used to help form the more general messages and materials at any time, for example, the project could help overcome the barriers to adoption of modern contraceptives by implementing “Tell the Truth” activities, then tracking the activities and measuring behavior changes in some test market sites where results could be measured, for example, husband and wife actively discussing uptake of contraception for the first time, or visiting an NGO clinic to obtain a contraceptive for the first time after being introduced to birth spacing topics when listening to a COMPRI-A audio cassette.

COMPRI-A could apply the monitoring and evaluation definitions described above and use them, as needed, to measure activities in each step of the Integrated Social Marketing system shown in Figure 2, above. These definitions and activities for M&E should serve COMPRI-A well in the future, specially in the context of the Total Market Approach.

### 5.1.6 QUALITATIVE RESEARCH ON PRIMARY TARGET GROUPS AND INFLUENCERS

COMPRI-A has undertaken qualitative studies on primary groups, and to a lesser extent on influencers of the primary groups. For example, COMPRI-A completed a Willingness to Pay study among primary targets, and among pharmacists. But the Evaluation Team has not yet seen qualitative research on family influencers, such as mothers-in law and husbands, concerning the most effective messages that could lead to interpersonal discussions, including interspousal discussions, specially among rural families.

**Recommendation.** COMPRI-A could profitably use qualitative methods, such as in-depth interviews and Program for Ethnographic and Evaluative Research (PEER) to undertake rapid assessments of family influencers and community influencers in rural areas, that could provide insights needed by COMPRI-A's IEC/BCC Department and media professionals to tailor messages and media for various target segments.

### 5.1.7 AT THE COMMUNITY LEVEL, BUILD GREATER AWARENESS OF THE RECOGNITION FOR & NEED OF MCH PRODUCTS

COMPRI-A's IEC/BCC work at the community level is off to a good start, specially training of midwives, doctors, pharmacists and CHWs as counselors. Some NGOs have been helpful at the community level, specially to assist with mobile cinema and community meetings (Mohalla Sangat).

However, the Evaluation Team has not seen reports about involvement of some of the government's 20,000 CHWs, the unpaid volunteers who are supervised by the community health center staff and given essential drugs for free distribution, and being trained to provide injectable contraceptives.

**Recommendation.** COMPRI-A could strengthen its cost-efficiency and cost-effectiveness by continuing to use all *three media* in a more coordinated way interpersonal communications, community media and mass media. Community media will be specially important in Afghanistan's rural areas where communities tend to be culturally defined and where "everybody knows everybody". COMPRI-A can design test and introduce special BCC "packages" of messages for each target segment, for example, brides-to-be, that can be adapted for use in villages and in cities. The package could be tested in a few test markets for a few months, where it will be rigorously monitored and evaluated, then strengthened before snowballing it.

## 5.2 IR 2 – INCREASED ACCESS

### 5.2.1 INCREASE THE OVERALL COST-EFFECTIVENESS OF THE CURRENT TRAINING CURRICULUM FOR MAXIMUM IMPACT

**Refresher Training for Health Providers and Influencers.** COMPRI-A reported training 30 NGO staff members to be Trainers of Trainers (TOT), and has trained larger numbers of providers and influences each year, as shown in Table 2.

Year	Numbers
2005	1,041
2006	3,366
2007	3,780
2008	8,570

COMPRI-A's Training Department has trained private sector health providers, including pharmacists, doctors, midwives, shopkeepers, CHWs, NGO staff in a wide range of topics such as birth spacing with COMPRI-A products, safe water systems, dehydration prevention therapies, infection control in clinics, and clinics. In addition, COMPRI-A has trained Community Influencers such as school teachers, community shuras, mullahs, household members and NGO workers. For example, during the most recent quarter –July to September, 2008 -- the project's internal Training Department trained more than 1,300 private providers, while NGOs contracted by the Project trained more than 2,100 additional individuals. The Project has also trained school teachers in Safe Water Systems and Dehydration Prevention Therapies. These field training activities have been coordinated with the sales, marketing and M&E Departments within the Project, as part of an initiative to more directly relate and link increases in local product demand and sales with targeted training. Although COMPRI-A training is geared to refresher training of experienced health professionals, some midwives reported that they had received no training about how to *counsel clients* in their basic training and were grateful to be introduced to such training for the first time in their lives through COMPRI-A. The Evaluation Team also witnessed trainers making good use of modern participatory training methods, such as white-board diagrams for questions and answer sessions, and role-playing demonstrations of clinical procedures, such as hand-washing, by participants while the trainer and other participants observed and offered shaping comments.

**Recommendation.** Continue to emphasize training of female providers in counseling techniques.

**Rationale.** Women-to-women counseling is known to be a key activity in informing disadvantaged mothers about life-saving health interventions and persuading them to become new users or perhaps to “trade-up” to the most reliable contraceptives such as injections or IUDS.

### 5.2.2 INCREASE THE REACH OF TRAINING EFFORTS INTO RURAL AREAS.

The Evaluation Team did not visit villages because of security concerns. COMPRI-A reports of training do not always separate urban and rural trainees but it is probably fair to assume that some trainees reside in rural areas.

It should be noted that in the July – September, 2008 Quarterly Report, the Sales Department reported opening up retail opportunities in rural areas.

**Constraints.** Opening up training programs (and distribution channels) in rural areas is costly, especially when local population may be relatively small, as are shopping bazaars. Furthermore, rural community campaigns involve relatively long travel times and relatively small numbers of providers per village. These constraints help to explain why commercial organizations are slow to invest resources in rural marketing and undertake careful feasibility studies before investing in rural marketing.

**Recommendation A.** COMPRI-A's rural selling-in of products is a worthy effort but should be part of an *integrated* Social Marketing campaign, for example when expanding from urban areas to set up a rural test market. Rural test markets could be based near periurban areas served by COMPRI-A, providing opportunities for "snowballing" from the periurban area into the villages. Snowballing refers to the ability of a rolling snowball to grow in weight and strength as it gathers more snow. Successful snowballing of marketing hinges on application of integrated activities rather than piece-meal roll-outs of some components and not others. The integrated activities require rapid assessments, advocacy among community leaders and the local CHW, formative studies, provider training, and product distribution followed by BCC activities that use all three BCC channels: interpersonal counseling, community (group) media and mass media.

**Recommendation B.** Everyone will benefit if COMPRI-A's Training Reports provide separate lists of urban people and rural people trained.

**Rationale.** Separating urban activities from rural activities will help Project monitors, evaluators, observers and planners to track and assist expansion of COMPRI-A's activities into rural areas.

### 5.2.3 BETTER MANAGE INTEGRATION AND COORDINATION OF FIELD CUSTOMER SERVICE ACTIVITIES

COMPRI-A appreciates that all field activities across the training of specific providers; the work of the sales force to ensure those trained either have access to commodity supplies or know how to recommend to their clients where they may obtain them, and to integrate these issues into IEC/BCC message and media strategies, as well as to integrate the effort into the monitoring and evaluation tools of the project.

**Recommendation.** In general the evaluation team appreciated that this ongoing component is working well but felt that more could still be done to more firmly establish distribution linkages with NGO partners, midwives and with such providers as CHWs in order to link community-based activities with sales of products directly, and offer a choice between free commodities and low-priced social marketing commodities to those who would prefer to pay. Presently the project appears to regard free distribution as

undercutting social marketing sales (see self-assessment document). While this is essentially correct other programs worldwide accept that one of their tasks is to shift consumers from free services to paid services and that many are willing to do so as a matter of consumer choice even if the same provider offers both options.

#### 5.2.4 INCREASE NEW RETAIL SALES OUTLETS IN RURAL AREAS AND TO EXPAND PROVINCIAL REACH THROUGH ADDITION OF NEW STRATEGIC DISTRIBUTION AND WHOLESALER PARTNERS

COMPRI-A continues to emphasize the need to expand rural access through opening up more wholesalers, retailers and pharmacies “down market”. The evaluation team supports this on-going strategic direction but was unable, from data supplied, to assess the actual effectiveness of this component on a numerical basis and the extent to which sales are impacted by this strategy. It is noted that sales in rural areas account for 59% of total sales (2007 data).

COMPRI-A is concentrating its efforts to expand distribution through emerging distributors in five Provinces – Paktya, Paktika, Khost, Kunar and Nuristan.

**Recommendation.** The evaluation team appreciates that rural sales are heavily influenced more by consumer demand at the retail level and this, in turn, leads to demand on wholesalers, and that the fundamental key to increasing rural sales is to create this demand on the distribution system from the bottom up. This would include more emphasis on local radio, promotional activities, traditional media along with expanded creation of demand at the community level through mosque-based initiatives, CHWs, midwives, community group activities, and NGOs.

### 5.3 IR 3 – INCREASED USE OF PRODUCTS

#### 5.3.1 INCREASE PRODUCT SALES

The project manages an effective, computerized sales and stock reporting system. Sales of all products have shown significant increases since inception.

**Table 1 – Sales Performance**

	2004	2005	2006	%	2007	%	2008	%
<b>Condoms</b>	1,389,548	3,549,643	5,211,288	47%	5,721,420	9%	6,858,276	20%
<b>OC pills</b>	112,978	506,942	1,017,722	101%	1,041,152	2%	934,332	(10%)
<b>Injectables</b>	29,759	195,189	221,960	14%	302,019	36%	336,455	11%
<b>Chlorine</b>	99,762	252,829	199,905	(21%)	63,860	(68%)	276,067	332%
<b>ORS</b>	-	-	218,080	-	1,594,900	631%	13,574,873	1198%
PSI	REACH		COMPRI-A					

It is noted that COMPRI-A does not report actual sales to sales targets but only percentage increases from prior periods. Consequently the evaluation team could not evaluate successes in reaching targets.

**Constraints.** The above sales achievements have been accomplished in the face of significant constraints. All Family Planning and safe water products had to be rebranded

and were re-launched, in 2007, owing to trademark ownership issues with the prior project. A new ORS product was launched in 2006. This was coupled with significant price increases as willingness to pay studies showed that this was practical and would enhance cost recovery. Replacement brand performance is, also, naturally inhibited by the need to clear old brands out of the distribution pipe-line. In 2007, quality control issues necessitated a recall of the chlorine water treatment brand. This appears to have been conducted efficiently and with little disruption to trade relations, although it caused a significant drop in sales for that year. It must also be noted that switching hormonal contraceptive users, particularly OC pill users, from one brand to another is not an easy task and contains risk because customers become used to, and trust, brands they know and they feel comfortable with, and are generally reluctant to switch brands. It must also be noted that wholesalers in Herat reported to the evaluation team that a significant number of returned refugees from Iran had become accustomed to the hormonal brands provided to them in that place, and that distributors had responded to this demand by importing these brands. This is a good example of the strength of brand loyalty in the hormonal contraceptive market. COMPRI-A managed to accomplish this brand shift without loss of sales.

The first full year of performance of new brands can be assumed to be 2008 and, in that year, the project demonstrated very significant sales performance: condom sales up 20%; injectable sales 11%; safe water achieving the highest sales ever (over 270,000); ORS achieving a remarkable launch to over 13 million packs in 2008, and only OC pills recording a slight decrease owing to the high level of stock held over from the old brand (in 2006) and new brand stocking of the market (in 2007).

**Competitive brands:** All COMPRI-A products are the sole brands registered for sale in Afghanistan, however informally imported brands actively compete in the marketplace. The evaluation team found brands imported from Iran (hormonal contraceptives); China and India (condoms); Pakistan (Social Marketing injectable contraceptives and condoms, and a commercial ORS brand), and a domestic ORS brand (in Kabul), as well as Marie Stopes' socially marketed condoms and hormonal contraceptives. A generic condom brand was also found in the Herat wholesale market, made by Double Butterfly in China and stamped "not for resale". This was presumably leakage from the public or donated NGO sectors. In general the pricing of these imported brands, whether social marketing or commercial, are set quite competitively to COMPRI-A's social marketing brands, and is a relatively unique feature of the market in Afghanistan.

There are no reliable data on the volume of sales of these competitive brands.

**Wholesaler Attitudes to COMPRI-A Products.** The evaluation team found positive attitudes to COMPRI-A products among wholesalers, notably their confidence in the quality of their products. The general wholesale environment exists within a commercial sales framework and wholesalers regard COMPRI-A products as they do all other products, that is that COMPRI-A's marketing aim is to compete with rival brands both in price and quality. Two somewhat negative comments were received. One, that the price increases enacted in 2007, followed by a smaller price decrease, left some wholesalers with stock that they could not sell at a profit. This was seen as poor marketing management. Some dropped the COMPRI-A condom and OC pill brands for this reason and retained only the injectable. Secondly not a few wholesalers mentioned that they actively compete with each other to win bids let out by NGOs for commodity supply, and

that they try to sell COMPRI-A products as offering a better guarantee of quality. However bids are highly competitive (between wholesalers) and COMPRI-A margins that are lower than margins within the informal import market do not allow these brands to compete in NGO bid processes. The end effect of this environment may be that at least some NGOs are accessing low or inferior quality products.

The general wholesale environment, as expressed by wholesalers, was that the market for FP products was increasing and that importers, as well as COMPRI-A products, were meeting demand but that the COMPRI-A products were becoming significantly less competitive in price, and imports were increasing and were very price competitive.

The same general environment existed for ORS in competition with the imported Pakistan Davisalt brand and Orsilon from Red Lion Pharma in Kabul. Not a few wholesalers reported that they received higher profit margins from the Pakistan ORS brand and, because of this they were better able to discount prices to win NGO bids with this brand than with the COMPRI-A brand.

A general wholesale and retail attitude was that the water treatment product was only required in summer months and that sales were generally low during colder months.

Most wholesalers and COMPRI-A Sales Executives requested more promotional spend for COMPRI-A products, notably to stress quality issues and to use more TV and, particularly, local radio.

**Distribution.** The evaluation team was not able to undertake a thorough analysis of the total distribution system other than to note that in the three urban and peri-urban markets that they thoroughly explored (Herat, Mazar-e-Sharif and Kabul) through interviews with wholesalers, pharmacies, general shops, stalls and kiosks in both up-market and down-market environments that COMPRI-A products were in stock in their Regional Warehouses and across a wide range of wholesalers and retail outlets.

COMPRI-A reports that they have increased the total number of outlets served since project start in April 2006 to October 2008 from 3,788 to 4,843 – a 40% increase while total sales of all products combined have increased by over 300%.

The evaluation team endeavored to explore the extent to which informal, community networks were actively engaged in COMPRI-A sales in rural communities outside of Herat and Mazar-e-Sharif. In Herat the Regional Sales Executive was actively engaged in opening up sales through midwives through providing them with starter-stocks to develop a revolving fund for re-purchase. We visited one midwife (for security reasons we were unable to visit more). She operated out of a small room at the gate of the MOPH clinic near a relatively poor community outside of Herat city. She was trained as part of a group by Costella Futures in Kabul. She sells contraceptives at cost and purchases at wholesale prices. She claims most of her “clients” were happy with the prices charged and the service, although some claimed they could purchase less expensive brands from their local pharmacy.

The Regional Sales Executive in Herat was, also, actively exploring sales to NGOs, particularly for the water treatment product. We visited one NGO, WASA, who were

negotiating a supply of water treatment product with United Nations Children Fund (UNICEF) funding.

The situation in Mazar-e-Sharif appeared quite different. The Regional Sales Executive and wholesalers all reported that the active opening of community-based distribution systems was not a vital element for COMPRI-A because of the active engagement of NGOs in accomplishing this task, and they supply free products to consumers. BRAC was particularly mentioned, as well as Save-the-Children and Ibn Sina.

**Market Share.** The COMPRI-A team is to be applauded for its successes in accomplishing the sales levels that have been achieved for all products, notably in 2008. The 2006 KAP study does indicate the market share of the original PSI brands but does not define competitive brand use by name nor indicate the extent to which the commercial market is influenced by public and NGO distribution, and NGO procurement through wholesalers.

**Cost Effectiveness.** The project is not required to track the cost effectiveness of its commodity distribution and promotional efforts. At the request of the team COMPRI-A estimated its total costs per CYP for all FP products at \$13.09.

Its impact on a CYP basis per method, over time was also provided, on request, as follows:

<b>Table 2. CYP achieved April 1, 2006 to March 31, 2007 – Year 1</b>				
<b>Product</b>	<b>Unit sales</b>	<b>CYP factor</b>	<b>CYP achieved</b>	<b>% CYP by method</b>
OCP	998,806	15	66,454	37%
Condoms	5,323,404	120	44,362	25%
Injectables	268,234	4	67,059	38%
<b>TOTAL CYP</b>			177,874	
<b>Table 3. CYP achieved April 1, 2007 to March 31, 2008 – Year 2</b>				
<b>Product</b>	<b>Unit sales</b>	<b>CYP factor</b>	<b>CYP achieved</b>	<b>% CYP by method</b>
OCP	1,124,844	15	74,990	41%
Condoms	4,851,004	120	40,425	22%
Injectables	277,185	4	69,296	37%
<b>TOTAL CYP</b>			184,711	
<b>Table 4. CYP achieved April 1, 2008 to September 31, 2008 – 6 months of year 3.</b>				
<b>Product</b>	<b>Unit sales</b>	<b>CYP factor</b>	<b>CYP achieved</b>	<b>% CYP by method</b>
OCP	271,296	15	18,086	19%
Condoms	3,730,174	120	31,085	32%
Injectables	187,025	4	46,756	49%
<b>TOTAL CYP</b>			95,927	

The above tables demonstrate the CYP achieved per method over the first two years and the first half of the third year. At this point with the relatively new launch of all products and the particularly slow sales of OCPs at the beginning of the third year it is not possible to determine from the present data whether consumer demand is shifting between methods and that shift is reflected in sales.

COMRI-A reported to the evaluation team that they are not directly supporting the commodity costs for the domestically produced ORS and safe water products and as there FP products are donated they do not report the extent to which sales revenues recover commodity costs.

**Recommendations:** It would be useful for COMPRI-A to report CYP achieved in its quarterly and annual reports and provide comments on any observable shifts in method preferences.

It is also recommended that the project routinely reports its costs per CYP and its costs per product sold for non-family planning commodities, and measures cost effectiveness shifts over time.

In preparation for laying the foundations for assessing cost recovery and sustainability strategies for the long-term it is suggested that the project reports its income from sales as a percentage of the raw cost of commodities (whether donated or not).

### 5.3.2 NEW PRODUCT ADDITIONS

COMPRI-A is working with the manufacturer of safe water and ORS products to establish a production line for iron folate, and marketing plans, brand name and packaging issue are underway. Khalid Irshad Pharmaceuticals is moving well to develop raw materials sourcing and the production line (pill mold equipment supplied through the project). Launch is expected mid-2009. The Company, itself, advised the evaluation team that they are, also, interested in the prospects for developing an OC pill and injectable contraceptive.

The project is in the process of conversion from Depo Provera (Pfizer) to Megestron (Shering) as the social marketing injectable contraceptive. New pricing and packaging have been developed.

A wide range of additional social marketing products are potentially of interest, and are under consideration or review by the project and the New Product Round Table. It is probable, and the evaluation team endorses, limited commitments to launching significant new products to EOP owing to the LOE that is being expended by the project at this time, and pending a clearer articulation of the balance between “own brands” and “manufacturers” approaches to social marketing as well as clarifications on strategies to address informal imports and regional brands, and the potential hand-over of marketing functions to supported domestic manufacturers. All these issues will, more likely, be addressed as strategies for the new, domestic Social Marketing Organization (SMO) to address over time.

**Recommendations.** The project should consider the implications of providing donor support to only one domestic manufacturer. It is, for example, noted that the Red Lion ORS product has been domestically launched and, assuming that it meets quality product and management standards and is competitively priced, support to that brand as an additional choice for consumers would be reasonable. This approach will avoid a potential assertion that USAID funding discriminates between one manufacturer and another. In the longer term sustainability of the commodities supply-side may well shift more to general support to a range of manufacturers and preferred importers more along

the “manufacturers” model of social marketing support to the commercial sector, rather than the retention of specific brands by the SMO as “own brands”. Presently supported manufacturers would, also, take more responsibility for their own distribution over time.

### **5.3.3 CONDUCT RETAIL AUDITS**

A new retail audit was conducted in the July/ September quarter of 2008 and data are being analyzed now. It is expected that these data will allow for a better articulation of brand coverage and stock in the market; the extent of imported sales, and market share.

At the request of the evaluation team COMPRI-A endeavored to assess the relative market share of COMPRI-A products at the retail level and reported in the self-assessment questionnaire estimates at 63.3% for condoms; 74.0% for OC pills; 58.9% for injectables; 50.5% for safe water, and 20.2% for ORS.

These estimates will be fine-tuned through the recently completed retail audit.

### **5.3.4 GAIN CONSENSUS ON CPR RATES AND MARKET FORECAST**

COMPRI-A is in the process of articulating its market share for FP delivery and supply in Afghanistan. This is an important element in assessing relative contribution and in assessing relative costs. Within the framework of PPP collaboration the project proposes to conduct a workshop early in 2009 on modeling techniques and to establish a baseline of the current and future market for FP products in Afghanistan.

**Recommendations.** The COMPRI-A project should continue to develop sales and marketing strategies along the same broad lines as it has been doing.

The project should specifically look into the report that water treatment products are considered as seasonal, and consider adding the winter risk to bad water into its IEC spend.

The project is encouraged to more clearly define its market share and contribution to the national FP and health agenda through the process of articulating the contribution of the public, NGO and commercial/ private sectors as against the social marketing sector.

The issue of informal imports will be better illuminated as a result of up-coming retail audits. In the longer term these imports cannot be ignored because below-standard products in the market add to consumer risk and can, potentially, lead to consumer rejection, particularly of hormonal contraceptives. However where commercial or social marketing imports meet quality standards, and are low-priced, longer-term strategies should consider support to regional brands in appropriate ways, including domestic registration of them. In this way a broader range of brands would be promoted by the project under an approved, quality “umbrella” campaign for each product line.

## **5.4 IR 4 – POLICY**

### **5.4.1 PUBLIC PRIVATE PARTNER TASKFORCE AND INITIATIVE**

COMPRI-A has managed an effective policy initiative to build a strategic platform for PPP and social marketing activities within the IRoA, centered on the MOPH. Strategically this may be seen as broadening, into the private sector, the MOPH policy of

harnessing NGO resources in support of delivering the Basic Package of Services through grant mechanisms.

COMPRI-A worked to establish a PPP Task Force comprising members from a range of Ministries, Private-sector Associations and members and multi-lateral agencies (including WHO), gaining approvals for the terms of reference, policies and activities of the initiative, and conducting the first Workshop. COMPRI-A acts as a secretariat for meetings; the dissemination of Working Papers, the development of initiatives; liaison with a range of other Ministries and players, including the Consultative Group for Health & Nutrition and the Health Care Financing & Sustainability Task Force, and the production of a newsletter.

The program is actively moving this initiative forward through agreement with the MOPH to establish a permanent office for PPP initiatives based at the Ministry. The office renovation has been completed. The office will be overseen by an appointed Director from within the MoPH and will be staffed by an externally appointed Advisor/Coordinator with a secretary and driver supported by COMPRI-A.

The project tracks the impact of its Policy initiatives through a Policy Environment Score Tool. This tool demonstrates solid achievements to date in creating the necessary platforms for the future evolution of PPP as a core focus of Ministry's national strategies. At the same time it has to be appreciated that while substantial progress has been made, the articulation of PPP within the contexts of sustainable health financing will take time to fully mature.

The evaluation team found solid support for this initiative at the MOPH and among its various stakeholders. This is a significant accomplishment. However expectations of moving the PPP agenda significantly forward to the point where substantive contracting in and contracting out between the public and private sectors will likely take some time to mature.

#### **5.4.2 ADVOCACY AND SUPPORT FOR PRIVATE SECTOR HEALTH PROVIDERS**

COMPRI-A worked with the Association of Private Hospitals in Afghanistan representing 53 active members; undertook a survey of services provided in 2006 which demonstrated the potential for private sector contributions to the national health agenda, notably in such services as immunization under PPP contracts, and family planning as well as to establish cross-referral systems for communicable diseases such as TB. Continued technical support to this component is being expanded through a grant to AADA as the project expands its hospital base.

Other on-going activities include the promotion and training of private pharmacists in contraceptive use; research into the impact of price controls on pharmaceuticals and essential drugs in Afghanistan; an initiative to strengthen the umbrella Medical Services Union association through integrating the Afghanistan Pharmacists Association into that umbrella Union; continued expansion and development of community-based midwives as FP communicators and commodity providers, and moving to address the broader issues of drug quality and informal drug and FP commodity imports.

The component is supported through television clips promoting the certification of quality pharmacists, doctors and midwives to provide quality FP and contraceptive services.

COMPRI-A is actively working within the PPP initiative to expand its remit to cover other essential drug and service delivery areas including, potentially, TB and malaria.

### **5.4.3 SUPPORT FOR SOCIAL MARKETING INITIATIVES**

Within its Policy remit COMPRI-A continues to strengthen the remit of social marketing practice and the integration of that practice into a broader range of products, services and close collaboration within IEC and BCC agendas across all players and sectors. It proposes to develop a private sector health provider Rights and Advocacy primer in 2009.

**Recommendations.** The evaluation does not suggest that the COMPRI-A project make any substantial changes to its strategies or activities within the Policy framework.

In the longer term the program should consider moving towards a TMA, although it is not to be expected that any significant progress is likely to be accomplished within the time-scale of the present project. TMA sets out to address the broad issue of contraceptive security and the sustainability (and efficiency) of health financing across all sectors. It provides inputs to public sector policy in respect to the long-term financial security agenda. It seeks to segment the total market across consumers according to capacity to pay, and segments supply across the public, NGO, social marketing and commercial sectors between those who require free services and those able to pay. In this way health subsidies may become better targeted and more efficient; PPP agendas expanded into an integrated national system, and further innovations developed, such as voucher schemes, community-based health savings and insurance schemes, and franchised networks of private/ social marketing entities that cross-refer patients between the public and NGO sectors. More details on the utilization of social marketing expertise within TMA is represented in a power pint presentation that forms a part of this evaluation, and in Appendix 5.

## **5.5 OR 5 – EFFICIENCY AND ORGANIZATIONAL DEVELOPMENT**

### **5.5.1 STAFF CAPACITY BUILDING**

Staff capacity building forms an important remit of the project, not least in view of the agreed strategy to develop a long-term, sustainable organization in Afghanistan that would be managed by its core senior local staff, at EOP.

COMPRI-A is managing a robust staff development program. Staff skills assessment and employee performance tools are in place and capacity building initiatives implemented. These include language and computer skills training and training in cross-cutting issues between departments and implementation components. A library has been established. A measure of concentration has been made in the establishment of a Grants & Sub-contracts department that is now fully functional and expects to expand grant awards from some \$600,000 in 2007 to over \$2 million in 2008 and in 2009.

Staff training has been conducted in Bangkok on IEC/BCC and in Dubai on advanced accounting and research.

At the end of 2008 and into 2009 COMPRI-A is developing improved office manuals for each of its key operational areas, and will be conducting an annual assessment of its warehousing operations and functions in mid-2009.

### **5.5.2 INTEGRATION OF SALES, IEC AND TRAINING DEPARTMENTS**

COMPRI-A is well aware that there are important issues that cut across sales, promotional and training components of the project. The most obvious are that the commodity supply side is influenced by the level of effort and quality of the IEC/ BCC and demand generation side and that training in FP provision will achieve success, from the provider side, only if consumers end up consistently using FP commodities, hence the ideal link between those who counsel on FP practice who are those well placed to supply commodities directly where that is practical and possible. The project managed cross-training to staff on these issues and seeks to coordinate its field operations between its sales, IEC and training personnel and activities.

### **5.5.3 IMPROVED FIELD DATA COLLECTION**

COMPRI-A is improving its field data collection activities across the capture of IEC/BCC field activities; sales reports and training activities by districts and provinces monthly, quarterly and annually.

### **5.5.4 IMPROVEMENT TO OPERATIONAL SYSTEMS**

Operational systems are monitored and evaluated on a consistent basis and formally reviews, annually. The evaluation team did not undertake a thorough financial audit, as this was not the aim of the evaluation.

### **5.5.5 ESTABLISHMENT OF ARYANA SOCIAL MARKETING ORGANIZATION (ASMO)**

COMPRI-A is well advanced in its planning and processes for establishing ASMO. An initial strategic positioning and mission statement has been approved by the MOPH and USAID. A business plan and transition plans are under development, supported by BearingPoint. This includes the formal issuance of grants to ASMO to begin engagement in IEC/ BCC activities end 2008/ early 2009.

**Recommendation.** The evaluation suggests that the process to establish ASMO is well in hand. The key challenges are to formulate the long-term strategic “positioning” of the organization within both the BCC (social and behavioral change) and PPP national agendas across a broader remit than just selling commodities. ASMO would expand its remit through the provision of state-of-the-art technical resources to support the implementation of BCC activities across all health interventions and a strategic range of PPP initiatives.

### **5.5.6 SUPPORT USAID REPORTING REQUIREMENTS**

COMPRI-A routinely reports its activities to USAID on a quarterly and annual basis along with work plans for the next quarter. It has begun to enter data into USAID’s Geo-based System and TriNet database systems.

The evaluation notes that the project reports sales, training and IEC activities by volume and by percentage increases but not to any specific targets. In addition COMPRI-A could

not present the evaluation team with the PMP that had either its baseline indicators in place nor any targets for EOP accomplishment. It was also noted that no mid-term KAP was planned, only an EOP KAP. The above issues meant that the evaluation team could not assess the precise values of accomplishment to targets and could only assess success based on numerical increases and improvements to the implementation effort. At the same time it could not assess the extent to which the project is moving towards fulfilling EOP targets.

**Recommendation.** COMPRI-A needs to finalize the baseline KAP; add targets for accomplishment to it; report targets for each of its components and progress in achieving them.

### **5.5.7 FINANCIAL REPORTS**

The project reports contract expenditure of \$12,690,759 from April 1, 2006 to October 31, 2008 out of a present total budget of \$20,908,505. It has expended 61% of its project budget over 65% of project time. Income from sales is projected over the life of the project at \$2,783,000.

## 6. RECOMMENDATIONS SUMMARY

### 6.1 IR 1 – RECOGNITION AND COMMUNICATIONS

#### 6.1.1 BRANDS AND GENERIC

COMPRI-A should consider shifting its communications evaluation from sales of its own brands to behavior change performance. This effort should address the underlying social, familial and behavioral constraints to family planning and to promote its continued use by new users. This element should be strengthened by regarding it as the core imperative of the project to EOP, with brand-specific promotion as an added strength. This step would lead to a further shift that would include aiming all communications – whether called IEC or BCC or advocacy or advertising, or promotion – toward improvement of maternal, newborn and child health through promotion of all reliable products and services, including those that belong to other agencies or in other sectors, and include, for example the important contribution of breastfeeding to delay pregnancy. It may be expected, owing to budgetary constraints, that this final shift would not come fully into effect until the follow-on project.

#### 6.1.2 RURAL AND URBAN BEHAVIOR CHANGE COMMUNICATION

COMPRI-A should separate its BCC activities according to urban and rural settings because there are several important cultural and practical differences between the two.

#### 6.1.3 EVIDENCE-BASED APPROACH

COMPRI-A should attempt to relate changes in usage patterns of all products to its communication activities. This will require evidence generated by BCC tracking studies that can link specific messages to changes in buying habits. Such an evidence-based approach should apply to every step in the marketing process, as shown in Figure 2. When evidence is gathered at every step through special research studies, routine monitoring and evaluation of BCC, analysts can assume, with some certainty, that, for example, COMPRI-A' community meetings may have led to suddenly increased numbers of insertions of IUDs at government clinics, or that TV serial dramas led to new users of products shown in the serial drama, or that young mothers began correct breastfeeding practices that led to more protection against unwanted pregnancies. Importantly, the strengthened MIS system will collect and report such changes across all sectors and brands. Later, ASMO will have the task of refining the BCC system by creating behavioral baselines along with monitoring and evaluation tools.

#### 6.1.4 NOMENCLATURE

A simple change of name of COMPRI-A's IEC/BCC Department to the BCC Department will have a good outcome, namely that the Department is dedicated to changing behaviors.

#### 6.1.5 MOPH APPROVALS

To decrease the turn-around time for approvals of individual communication campaigns, COMPRI-A could work with the chief executive of the Task Force to approve each Annual BCC Workplan, fully informing the chief executive about the results of materials pretesting, and the approval process within COMPRI-A (or the ASMO Board of

Directors). COMPRI-A or, later, the Chairman of the Board of ASMO could then present its entire Annual IEC/BCC Workplan to the Task Force.

### **6.1.6 MIDWIFE OPPORTUNITIES**

COMPRI-A will probably discover that continuing support for the Midwives Association and for CHWs will be very cost-effective.

### **6.1.7 CAPACITY BUILDING**

COMPRI-A should consider undertaking a joint needs assessment with AINA media to ascertain the types of technical assistance AINA might want or need, then invest in short-term technical assistance as required.

### **6.1.8 IEC/BCC M&E**

COMPRI-A could define monitoring of the BCC component as observation and reporting of day-to-day BCC field operations such as provider training, use of in-store displays, and comprehension of provider-client interpersonal counseling. Such monitoring can be implemented by a combination of COMPRI-A's regional representatives supplemented by market research agencies, when needed. For the BCC component, evaluation could be defined as assessment of the impact of BCC activities on knowledge, attitudes and practices. COMPRI-A could apply the monitoring and evaluation definitions described above and use them, as needed, to measure activities in each step of the Integrated Social Marketing system shown in Figure 2 above. These definitions and activities for M&E should serve COMPRI-A well in the future, specially in the context of the TMA.

### **6.1.9 RESEARCH:**

COMPRI-A could profitably use qualitative methods, such as in-depth interviews and PEER to undertake rapid assessments of family influencers and community influencers in rural areas, that could provide insights needed by COMPRI-A's IEC/BCC Department and media professionals to tailor messages and media for various target segments.

### **6.1.10 COMMUNICATIONS COST EFFECTIVENESS**

COMPRI-A could strengthen its cost-efficiency and cost-effectiveness by continuing to use all three media: interpersonal communications, community media and mass media. Community media will be specially important in Afghanistan's rural areas where communities tend to be culturally defined and where "everybody knows everybody". COMPRI-A can design test and introduce special BCC "packages" of messages for each target segment, for example, brides-to-be, that can be adapted for use in villages and in cities. The package could be tested in a few test markets for a few months, where it will be rigorously monitored and evaluated, then strengthened before snowballing it.

## **6.2 IR 2 – INCREASED ACCESS**

### **6.2.1 FEMALE PROVIDERS**

Continue to emphasize training of female providers in counseling techniques.

### **6.2.2 TEST MARKETS:**

COMPRI-A's rural selling-in of products is a worthy effort but should be part of an integrated Social Marketing campaign, for example when expanding from urban areas to set up a rural test market. Rural test markets could be based near periurban areas served by COMPRI-A, providing opportunities for "snowballing" from the periurban area into the villages. Snowballing refers to the ability of a rolling snowball to grow in weight and strength as it gathers more snow. Successful snowballing of marketing hinges on application of integrated activities rather than piece-meal roll-outs of some components and not others. The integrated activities require rapid assessments, advocacy among community leaders and the local CHW, formative studies, provider training, and product distribution followed by BCC activities that use all three BCC channels: interpersonal counseling, community (group) media and mass media.

### **6.2.3 URBAN/ RURAL:**

Everyone will benefit if COMPRI-A's Training Reports provide separate lists of urban people and rural people trained.

### **6.2.4 FIELD COORDINATION:**

In general the evaluation team appreciated that this ongoing component is working well but felt that more could still be done to more firmly establish distribution linkages with NGO partners, midwives and with such providers as CHWs in order to link community-based activities with sales of products directly, and offer a choice between free commodities and low-priced social marketing commodities to those who would prefer to pay. Presently the project appears to regard free distribution as undercutting social marketing sales (see self-assessment document). While this is essentially correct other programs worldwide accept that one of their tasks is to shift consumers from free services to paid services and that many are willing to do so as a matter of consumer choice even if the same provider offers both options.

### **6.2.5 DEMAND GENERATION AND INCREASING RURAL DISTRIBUTION**

The evaluation team appreciates that rural sales are heavily influenced more by consumer demand at the retail level and this, in turn, leads to demand on wholesalers, and that the fundamental key to increasing rural sales is to create this demand on the distribution system from the bottom up. This would include more emphasis on local radio, promotional activities, traditional media along with expanded creation of demand at the community level through mosque-based initiatives, CHWs, midwives, community group activities, and NGOs.

## **6.3 IR 3 – INCREASED USE OF PRODUCTS**

### **6.3.1 CYP REPORTS:**

It would be useful for COMPRI-A to report CYP achieved in its quarterly and annual reports and provide comments on any observable shifts in method preferences.

### **6.3.2 COSTS PER CYP:**

It is also recommended that the project routinely reports its costs per CYP and its costs per product sold for non-family planning commodities, and measures cost effective shifts over time.

### **6.3.3 INCOME FROM SALES:**

In preparation for laying the foundations for assessing cost recovery and sustainability strategies for the long-term it is suggested that the project reports its income from sales as a percentage of the raw cost of commodities (whether donated or not).

### **6.3.4 DOMESTIC MANUFACTURE:**

The project should consider the implications of providing donor support to only one domestic manufacturer. It is, for example, noted that the Red Lion ORS product has been domestically launched and, assuming that it meets quality product and management standards and is competitively priced, support to that brand as an additional choice for consumers would be reasonable. This approach will avoid a potential assertion that USAID funding discriminates between one manufacturer and another. In the longer term sustainability of the commodities supply-side may well shift more to general support to a range of manufacturers and preferred importers more along the “manufacturers” model of social marketing support to the commercial sector, rather than the retention of specific brands by the SMO as “own brands”. Presently supported manufacturers would, also, take more responsibility for their own distribution over time.

### **6.3.5 CONTINUE PRESENT SALES STRATEGIES:**

The COMPRI-A project should continue to develop sales and marketing strategies along the same broad lines as it has been doing.

### **6.3.6 WATER TREATMENT:**

The project should specifically look into the report that water treatment products are considered as seasonal, and consider adding the winter risk to bad water into its IEC spend.

### **6.3.7 MARKET SHARE AND CONTRIBUTION:**

The project is encouraged to more clearly define its market share and contribution to the national FP and health agenda through the process of articulating the contribution of the public, NGO and commercial/ private sectors as against the social marketing sector.

### **6.3.8 SM MODELS:**

The issue of informal imports will be better illuminated as a result of up-coming retail audits. In the longer term these imports cannot be ignored because below-standard products in the market add to consumer risk and can, potentially, lead to consumer rejection, particularly of hormonal contraceptives. However where commercial or social marketing imports meet quality standards, and are low-priced, longer-term strategies should consider support to regional brands in appropriate ways, including domestic registration of them. In this way a broader range of brands would be promoted by the project under an approved, quality “umbrella” campaign for each product line.

## **6.4 IR 4 – POLICY**

### **6.4.1 CONTINUE:**

The evaluation does not suggest that the COMPRI-A project make any substantial changes to its strategies or activities within the Policy framework.

#### **6.4.2 BROADENING THE PPP AGENDA:**

The evaluation team suggests that Policy and implementation environment for PPP initiatives and the role of social marketing within it may be more clearly articulated through a TMA (or some similar terminology), as outlined elsewhere in this evaluation report, learning from similar programs in India, Indonesia, the Philippines and elsewhere. It is noted that the PSP One Initiative has significant resources in support of building PPP agendas and strategies. Essentially this requires a more solid articulation of the role of social marketing management in defining long-term, equitable delivery of health services across all providers to all consumers, leading to improved health financing efficiency and sustainability. The platform for these strategies involves a clear articulation of the total market and the relative cost of subsidy expenditures within each market. A power point presentation on this approach forms part of this evaluation report.

### **6.5 OR 5 – EFFICIENCY AND ORGANIZATIONAL DEVELOPMENT**

#### **6.5.1 ASMO POSITIONING:**

The evaluation suggests that the process to establish ASMO is well in hand. The key challenges are to formulate the long-term strategic “positioning” of the organization within both the BCC (social and behavioral change) and PPP national agendas across a broader remit than just selling commodities. ASMO would expand its remit through the provision of state-of-the-art technical resources to support the implementation of BCC activities across all health interventions and a strategic range of PPP initiatives.

#### **6.5.2 KAP STUDY:**

COMPRI-A needs to finalize the baseline KAP; add targets for accomplishment to it; report targets for each of its components and progress in achieving them.

# APPENDIXES

# A. SCOPE OF WORK

## USAID/Afghanistan's Social Marketing Program

### I. PURPOSE

To conduct a mid-term evaluation of COMPRI-A and make necessary recommendations according to findings.

### II. BACKGROUND

USAID/Afghanistan re-opened in 2002 following decades of civil conflict and pressing humanitarian needs. USAID/Afghanistan has made substantial contributions to the reconstruction of the health sector through service delivery by various projects, such as Tech-Serve, Health Service Support Project, Support to Wazir Akber Khan Hospital and the Social Marketing Project (COMPRI-A).

The USAID-funded Social Marketing Program (COMPRI-A) is currently being implemented by Constella Futures International. The current contract was signed February 15, 2006 and will end March 3, 2010. Prior to the award of this contract, USAID/Afghanistan was supporting Population Services International (PSI's) social marketing program and PSI's social marketing program under the REACH project.

COMPRI-A is a social marketing and behavior change communication program designed to increase access to and use of health products for women of reproductive age and children under five by working through the private sector in Afghanistan, providing direct project coverage in 27 provinces.

The Project focuses on improving the capacity of the private sector to provide health products including oral and injectable contraceptives, condoms and child survival products (Oral Rehydration Salt, and safe water systems) and services in Afghanistan. The program is facilitated using a four pronged social marketing approach covering:

- Sales and Distribution
- Behavior Change Communication
- Research, Monitoring and Evaluation
- Policy, Advocacy and Development

The project promotes healthy behaviors of individuals, families and communities through mass media campaigns on television and radio and develops policies and partnerships between the public and private sectors to create an environment for the delivery of quality health services and products in the private sector.

COMPRI-A Project is in its second year of implementation and is in the process of establishing a local entity beyond the project's four-year term to conduct social marketing activities designed to increase access to and use of quality basic health products and services by women of reproductive age and children under five (5) in Afghanistan. By March 2010, a local social marketing entity is to be established and the operational systems and processes that are key to its sustainability are to be in place.

### III. METHODOLOGY

Before initiating assessments, the evaluation team will develop evaluation questions guiding the evaluation process which will be approved by OSSD before the evaluation process begins. The Evaluation Team will use the following methodology to conduct the evaluation.

Document Review/Data Analysis: Team members will review the Constella Futures International contract; USAID/Afghanistan strategy document; REACH evaluation report; PSI and Constella Futures International documents including KAP study, sales reports, financial and product pricing data; other relevant documents.

Key Informant Interviews: The team will conduct interviews and focus groups with a variety of stakeholders including MOPH staff, vendors, clients, USAID staff, other donors, sub grantees and manufacturers in Afghanistan.

Self Assessment: Constella Futures International Afghanistan will respond to a self assessment questionnaire put together by the Evaluation Team and approved by OSSD for final use. The team will review the answers and discuss with Constella Futures International Afghanistan management. The following are required evaluation questions:

1. According to the key stakeholders, what is the technical quality of the program's activities?
2. How do you rate the success of the project against the defined program objectives and what are your recommendations to help inform future work plans in the current contract to ensure goals are met?
3. What is the quality of the program indicators and what are your recommendations?
4. What will be the plan for sustainability for the local organization that is currently being planned for by COMPRI-A; i.e., what can realistically be expected from this nascent organization?
5. What are your recommendations regarding the viability of introducing new products; e.g., soap, multivitamins, etc.?
6. After determining feasibility, what are your recommendations regarding the program's capability of selling products at cost?
7. What are your recommendations on how sale figures may be increased?
8. Does it make sense to link COMPRI-A with Pakistani social marketing and public-private partnership programs? If so, provide a simple road map in the Final Report for achieving this linkage.

#### **IV. DELIVERABLES**

The team will be responsible for producing the following final deliverables:

- List of Study Questions provided to OSSD within two days of arrival in Kabul.
- Work Plan and schedule provided to OSSD within five days of arrival in Kabul.
- Draft & Final Questionnaire that will be used for self- assessment, to be approved by OSSD.
- Power Point Presentation on private sector and social marketing concepts (a long and a short version).
- Evaluation Report (following standard reporting format and Branding Guidelines), including clear and concise answers to questions, and recommendations.

- Included as an Annex in the Final Report will be a draft new program description and Scope of Work for a follow-on program.
- The evaluation team will take at least five field trips.
- A draft Final Report will be due no later than five days before the Evaluation Team is scheduled to depart Kabul, and said Final Report will be limited to 45 pages, excluding Annexes, and include a copy of the original Scope of Work for this activity. An outline of the Final Report is provided below:

#### **Executive Summary**

The Executive Summary will state the development objectives of the program/project evaluated; purpose of the evaluation; study method; findings; conclusions, lessons learned and future design implications.

#### **Table of Contents**

##### **Introduction**

The context of what is evaluated including the relevant history demography socioeconomic and basic political arrangements.

##### **Body of the Paper**

1. The purpose and study questions of the evaluation. Brief description of the program
2. Team Composition.
3. Evidence /Findings and their Analysis --of the study related to the questions.
4. Conclusions drawn from the analysis of findings stated succinctly.
5. Recommendations.

**APPENDIXES** shall include:

1. A copy of the scope of work,
2. The relevant USAID targets and results (Operational Plan Program Elements)
3. A list of documents consulted
4. Individuals and Agencies contacted
5. Technical Topics including study methodology if necessary
6. Schedule of activities in an Excel format.

#### **V. TEAM MEMBERS**

The Evaluation Team shall consist of two expatriates with 10+ years of social marketing expertise in low-income countries with USAID and/or other donors, and two CCNs as translators administrative assistants. Team members will be required to travel to pre-determined locations throughout Afghanistan to obtain an understanding of the program's field activities.

A six day work week is authorized for this activity. This activity is proposed to begin in Kabul on or about Nov 1 – Dec 12, 2008.

## B. TEAM APPROACH TO EVALUATION

### COMPRI-A Evaluation Afghanistan

#### Approaches to Evaluation

*Richard Pollard*

*John Davies*

November 5, 2008

#### A. Overall Approaches

##### **1. General**

**M&E** -- Review program PMP and indicators against implementation and identify strengths/ weaknesses of M&E components; assess progress to date and future projections; identification of constraints of M&E processes to inform future program directions; comment on appropriateness of indicators and any suggestions for improvement; quality of present M&E (monitoring) tracking and reporting to USAID; utility and use to refine program.

**Operational Cost Effectiveness** – Review cost effectiveness of operational components; marketing and sales, warehousing and packaging, procurement including logistics management and forward projections; advertising and promotional production and dissemination expenditures; overhead and management; expenditures to target to date and to EOP.

**Program Cost Effectiveness** – Review promotional reach and frequency targets and budgets; analyze cost of reaching beneficiaries and cost data on message delivery and cost per BC impact as available. If necessary recommend improvements. Analyze promotional budgets in relation to future sales projections. Analyze costs per commodity sales. Analyze any known impacts of promotional spend to uplift of use of public and commercial sectors provision. Analyze trends in cost effectiveness. Analyze policies and strategies towards self-sustainability targets as appropriate.

**BCC Management** – Analyze behavioral change component management and implementation processes: how behavioral change messages are created and BC inputs/ outputs tracked, monitored and evaluated. Assess robustness of baselines and evaluation tools. Assess how well the program collaborates with all others significantly active in the BCC agenda. Assess value of gender issues employed. Assess reach and frequency strategies to meet BCC targets. Assess value of BCC inputs in the creation of new users; in sustainability of correct use; drop-out rates; switchers from public or commercial sector.

**Environment** – Review market environment across all commodity providers: public sector, NGO or other non-formal inputs to market, commercial sector both formal and informal. Assess inputs to market ex Pakistan and potentials for effective linkages with Pakistani social marketing programs. Assess market share and shifts in market share over time. Assess extent to which the program collaborates with these other market entities. Thoroughly explore the distribution environment for over-the-counter and ethical drugs in urban and rural areas and the extent to which supply constraints contribute to dampened demand or whether low demand dampens demand on the distribution system. Explore economical ways to better create demand and access to commodities through informal and innovative rural networks.

**Sustainability** – Review program's approaches to establishing a sustainable entity; its management and cost strategies and modalities. Prospects for introduction of new products; its efforts to create domestic manufacture and future potentials. Explore the potential for higher-priced brand extensions and new brands and products that might be sold at higher levels of cost recovery; full cost recovery or even for profit and cross-subsidy. Provide

necessary recommendations. Assess the program's attention to program sustainability; adherence to cost recovery strategies and to budgets and line-item costs. Explore approaches to establishment of local organization; progress to date, and its potential for financial, management and technical sustainability at EOP.

2. **Ministry of Health** – Assess MoH awareness of social marketing and appreciation of program, knowledge of its impact and sense of ownership; satisfaction and quality of collaboration. Assess any specific collaborative implementation efforts. Assess program's impact on MoH policies and strategies. Gather data on MoH coverage and relative impact of communications and commodity supply; what formal or informal networks are employed by MoH as extension activities within communities. Gather data on MoH procurement – sourcing and levels of supply past and future. Explore MoH strategies on FP methods and synergies with program. Assess MoH appreciation of program collaboration on messages and gender approaches.
3. **NGO Partners** – Assess the strategic use of NGO partners; message and commodities delivery linkages; support to M&E inputs; inputs to message and BCC strategies; quality and improvements to training and skills development capacities; general quality of collaboration and support; strengths and weaknesses of collaboration arrangements. Contractual arrangements. Define future potentials. Assess partners' appreciation of the program's technical inputs; assess the sustainability of program inputs.
4. **Commercial Partners** – Assess commercial distributors and wholesalers enthusiasms towards program's products and brands; pricing structures; packaging; mark-ups and satisfaction of profit; adequacy of promotional spend; quality and appropriateness of messages; adequacy of deliveries; future demand expectations; relevance of brands within the competitive market; its competitive positioning to other commercial brands. Seek suggestions for improvement
5. **Advertising & Promotional Resources** – Assess available media production and dissemination resources and quality/ cost of resources used. Assess innovations in media use; propose further innovation as applicable. Assess media planners' perceptions of the program's media plans and how to improve.
6. **Domestic Market Development** – Understand trends in the domestic marketplace; the sourcing of brand and commodities by importers and commercial agents; the structure and relationship of importers and distributors; the use and availability of specialist detail men addressing the pharmaceutical market; any trends towards domestic branding or re-packaging; domestic manufacturing potentials for mass-consumer goods and pharmaceuticals; the role of Pakistan sourcing; the establishment of Pakistan-based importers and in-house agencies of international firms. Assess strategies for new, sustainable SM entity specializing in low-cost commodities and brands; its potential impact on the purely commercial sector and its strategies to develop markets through subsidized and unsubsidized “own brand” or “manufacturers” models; its role in creating new markets and the cost and time-frames involved; its role in creating a total market approach over the short-, medium-, and long-terms.

7. **Multi-lateral Agencies and Other Donors/ Projects** -- Review multi-lateral and other donor agencies' inputs on the effectiveness, coverage and policy/ strategies of the public sector as well as funding sources; knowledge and awareness of social marketing and the program specifically; attitudes to; collaboration with, and the quality of that collaboration.

## C. USAID TARGETS AND RESULTS

## D. CONSTELLA FUTURES SELF-ASSESSMENT DOCUMENT

# E. DRAFT NEW PROGRAM DESCRIPTION

## COMPRA-EVALUATION December 2008

### Draft - Proposed New Social Marketing Program

This draft proposal is the result of a deliverable included in the Scope of Work of the November-December, 2008 Mid Term Evaluation of USAID's COMPRI-A Project.

#### Opportunity Analysis

This section answers the question: to what degree is there an opportunity for a follow-on project to the COMPRI-A Project? The analysis begins with this summary of the environment for social marketing of health activities in Afghanistan, and concludes with a brief description of the opportunity.

**Health conditions** in Afghanistan are among the worst in the world. Infant mortality rates remain high: 129/1000 – (AHS 2008, JHU), and WHO (2005) estimates that 25,000 women die each year from complications in pregnancy/ delivery, while about 85,000 children die from malnutrition. Infectious disease continues to be a major problem, including diarrheal diseases, vaccine preventable diseases, malaria and TB.

**Maternal health indicators** remain very low as a result of cultural practices and lack of health systems capacity. Approximately four out of five deliveries occur at home and many of these births lack trained attendants. Main barriers to lowering maternal morbidity and mortality include a lack of trained female health workers and low levels of knowledge and practices of appropriate health behaviors, including many mistaken beliefs about care during pregnancy, birthing, care of newborns and contraception, including breastfeeding behaviors.

**Nutritional status** is an important underlying factor that affects morbidity and mortality among disadvantaged families. An estimated 20% of babies are born with low birth weight (below 2.5 Kg) which indicates fetal and maternal malnutrition.

**Contraceptive prevalence rates (CPR)** remain lower than in most other countries in the region. UNFPA has estimated the CPR for modern methods at 16%, the 2005 AHS puts the figure at 15.4%, while the COMPRI-A baseline KAP reported a range of 9 – 51% in various urban areas, and only 18% in rural areas. The KAP results also indicated substantial differences of use of modern methods by literacy levels. 31% of literate respondents reported using modern methods, including OC pills 7%, IUD 7%, and condoms 11%, while 20% of illiterate respondents reported using modern methods, including pill 9%, injectable 6% and condoms only 2%. Measurement of lactational amenorrhea method (LAM) was not included in the KAP report but may be quite high

because of universal and lengthy duration of breastfeeding (although the quality of breastfeeding has been queried, especially among disadvantaged mothers).

**Unmet need for contraception** is high. The KAP survey identified a large unmet need for contraception: about one out of five female respondents indicated that they currently wanted to delay or avoid conception but were not using a contraceptive.

**Private health services** account for almost 75% of all health expenditures. Nearly all private sector health expenditures are paid in cash. Non-Government Organizations provide a substantial amount of health services. USAID's COMPRI-A Project has used social marketing principles to harness a wide range of private resources aimed at increasing distribution of MCH products such as oral rehydration solution (ORS), modern contraceptives and safe water solution supported by Behavior Change Communications aimed at increasing use of the products. COMPRI-A has recently registered a non-profit organization capable of managing future social marketing enterprises.

### **Conclusion: The Opportunity**

Analysis of the environment described above indicates an exceptional opportunity to apply an integrated Social Marketing approach to improving mother and child health in Afghanistan, including large increases in contraceptive prevalence and longer birth intervals. COMPRI-A has demonstrated the benefits of the social marketing system, and has identified a large unmet need for contraception. Its new Afghanistan Social Marketing Organization (ASMO) is poised to manage new MCH activities.

### **Approaches to Implementation of the New Project**

Approaches are the important principles, concepts and methods that can guide implementation of this proposed project. These key approaches do not include goals or objectives, activities, outputs or results.

#### **1. The Social Marketing Approach**

The three core specialties of the Afghanistan Social Marketing Organization are:

- ❖ **Public/ private sector partnerships (PPP)** with a broad agenda to define the full range of Public Private Partnerships that are applicable to Afghanistan. In broad terms this would follow a similar process to that implemented by the MoPH in its contracting out of the Basic Package of Services to NGOs but across the private and commercial sectors, and may include activities such as contracting out necessary services, patient referrals between sectors, voucher schemes, community-based savings plans, health insurance plans, and franchised management of specified ASMO services to individuals, non-profit organizations and private entrepreneurs.
- ❖ **Not-for-profit marketing** of affordably-priced commodities and services to low-income groups. The maturity of social marketing practice in Afghanistan could lead to

a strong Total Market Approach (TMA) that encompasses health-related products and services in the public sector, NGO sector and private sector, as described in the next section. It will move beyond support of a limited range of products and brands and move more towards support of a broad range of manufacturers and importers under “umbrella” and “franchised” products and brands that meet quality and price criteria, including the potential to develop franchised networks of service delivery.

- ❖ **Exemplary Social Marketing** that aims to develop the social and behavioral change methodologies that will lead to profound improvements in the behaviors of defined target audiences so that health-related outcomes of the population may be improved. The development of sound, integrated Social Marketing programming will be of interest to all sectors engaged in social and behavioral change activities in Afghanistan. ASMO will, therefore, become a solid focal point for comprehensive planning, management and assessment of all aspects of Social Marketing of health products including profiling of target groups, formative and baseline studies, distribution of products to appropriate outlets, training of providers, integrated Social Marketing activities and an important technical resource to a range of public, non-profit and project implementation agencies at work in Afghanistan across all three sectors: public, private and non-profit. Figure 1 shows the cyclical management process including the centrality of *evidence*.



Figure 1. Integrated Social Marketing

## 2. The Total Market Approach

Strategically ASMO will need to encapsulate its approach through defining a terminology that best describes its activities. The Total Market Approach (TMA) (or any similar terminology) is suggested. TMA sets out to:

- ❖ **Integrate the total market of consumers**, defined by capacity to pay, with the total market of providers, whether they provide free, partially subsidized or fully cost-recovered services, across all sectors so that all consumers, irrespective of their capacities to pay, are equitably served efficiently and cost effectively.
- ❖ **Seek policy and implementation initiatives** to better target scarce public, donor and NGO resources to the most poor and most vulnerable and, as appropriate, develop cost recovery mechanisms to those who can afford to pay.
- ❖ **Harness the resources and efficiency of the private/ commercial sector** to supply health services and commodities to those who can afford to pay, across a range of capacities to pay, in both urban and rural areas. It seeks to fulfill the objective of “Making markets work for the poor”.
- ❖ **Develop collaborative partnerships** between all sectors; modalities for patient referrals; contracting in and contracting out, and cross-financing through vouchers or savings/ insurance schemes.
- ❖ **Create adequate demand** to ensure that the commercial sector can respond with mass-market pricing that is affordable to low income consumers, and to create demand among all other sectors.

## 3. The Competitive Approach

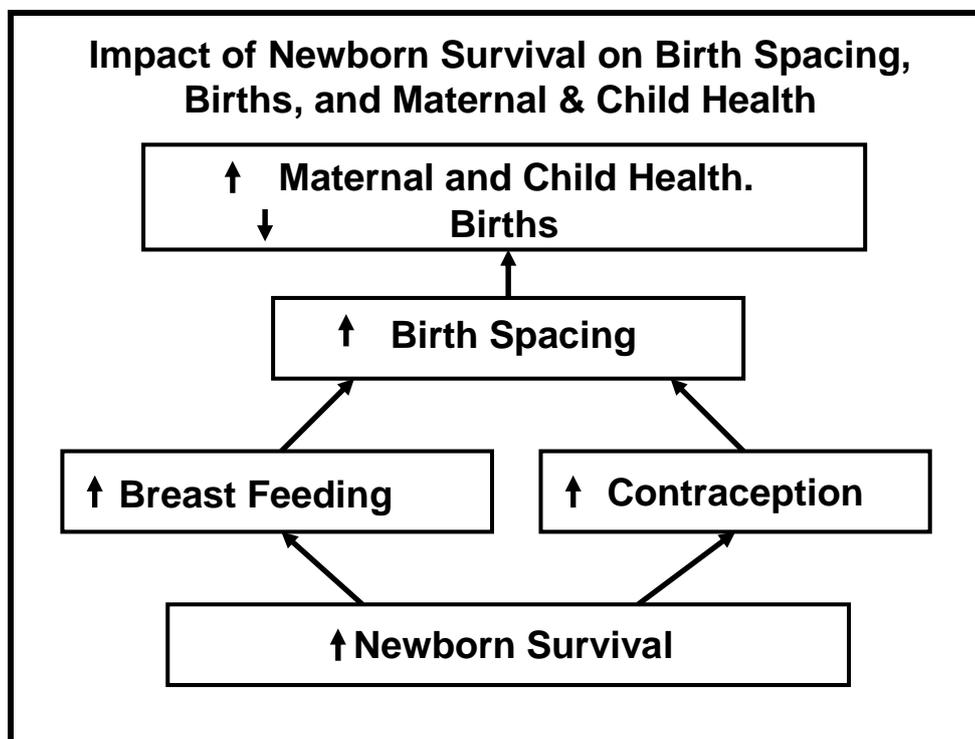
The Competitive Approach should be used only to compete against the many deadly MCH-related misbeliefs, myths and harmful behaviors that abound in Afghanistan. The Competitive Approach seeks to integrate the efforts across all providers and to mitigate “competition” between a Social Marketing organization and their colleagues such as other MCH organizations, programs, projects, products or services. In the Total Market Approach, they are important allies and colleagues in the battle to improve Maternal and Child health, including campaigns against harmful behaviors.

## 4. The Birth Cycle Approach.

The Birth Cycle Approach can strengthen each mother’s progress through pregnancy, birthing, breastfeeding and birth spacing. This approach flows from the government’s Health Support Service Project (HSSP) that works to expand coverage, access and use of key maternal and newborn health services across a continuum of care. As shown in Figure 2, below, this continuum of care results in fewer births *and* better health for mothers and children. Importantly, most of the interventions required for this approach are maternal-channeled – they are *provided to the mothers and mothers-to-*

*be for their own benefit and for the benefit of their unborn children and their surviving children.*

When planners follow this Birth Cycle approach they learn to include and/or add only those new products that will strengthen the birth cycle, for example Safe Delivery Kits, Emergency Contraceptives, IUDs and Nutrition Education.



**Figure 2. How Newborn Survival Leads to Fewer Births and Better Health**

### Key Characteristics and Components of the New Project

1. **Overall objective:** To increase newborn survival, infant survival, maternal survival and birth spacing as shown in Figure 2, among disadvantaged families, such as those who live in rural areas and urban slums. Implementing Figure 2 will be a key factor in reaching the dual goals of this project. The arrows in Figure 2 indicate the direction of change; for example when a newborn child survives -- instead of dying, as so many do -- breastfeeding will continue, then reliable contraceptives can be introduced, resulting in longer birth intervals which lead to *two desired goals*: improved health for mothers & children *plus* lower birth rates.
2. **Rural access.** Increase access to products by snowballing from established areas to new areas with the help of trained local CHWs and NGOs.
3. **Behavior Change Communications.** Use all three media – Interpersonal Communication (IPC), Community media and mass media – to:
  - ❖ **Implement the birth cycle approach through targeted BCC packages.** The Birth Cycle Approach shown in Figure 2 leads to development of Behavior Change Communication “packages” for each stage of the cycle. For example, the BCC package targeted at brides-to-be could include tetanus

toxoid shots, iron folates and more food during pregnancy and lactation. The package for pregnant women could include the brides-to-be package plus antenatal check-ups, counseling about signs of pregnancy complications, information about hand-washing for birth attendants, how to use a Safe Delivery Kit and a few key behaviors needed to ensure correct care of the newborn, such as the importance of immediate and exclusive breastfeeding as well as information about reliable contraceptives that could extend the birth interval to suit the couple's needs and wants. Importantly, these same BCC packages could also be targeted at mothers-in-law and grandmothers.

- ❖ **Develop community leaders as communicators.** Involve local Community Health Workers, mullahs, shuras and traditional media to assist ASMO to organize villages and to implement the birth cycle interventions.
  - ❖ **Combine interpersonal communications and community media in rural areas.** These two media will work very well together in villages because they can be tailored to address – in depth – the social, cultural, familial and behavioral constraints that impede the uptake of self-seeking health behaviors. ASMO may wish to employ technical assistance from organizations that specialize in social change to undertake social and anthropologic research processes to produce understandable and effective messages that will overcome the constraints.
  - ❖ **Implement a multimedia “Tell the Truth” BCC Strategy.** This activity will aim to replace the most widespread, harmful MCH misbeliefs, taboos and myths with true facts. Implementing this strategy could save many lives.
4. **Institutional sustainability.** Manage the Project through the Afghan Social Marketing Organization (ASMO), under the auspices of the MOPH PPP initiative and its integrated interface with MOHP programs and the NGO sector. ASMO could strengthen its operations from time-to-time by contracting with national and international agencies that specialize in upgrading specific technical activities such as organizational management, financial management, MIS, specialty marketing, state-of-the-art advocacy methods, new clinical methods, Behavior Change Communication and preventive MCH interventions.
5. **Financial Sustainability.** Financial sustainability could be enhanced through a combination of activities such as:
- ❖ Supporting brands with low ex-factory prices that do not require subsidies.
  - ❖ Contracting to be the sales agent for imported brands of appropriate products in exchange for a fee and registration costs. As sales and profits increase, move domestically supported brands to more of a commercial relationship acting as their sales agents for a fee.
  - ❖ Becoming a sales agent for premium brands of *core products* such as condoms, emergency contraception and flavored ORS at profit-making prices. This strategy has two benefits: it expands the market size by offering a product at a price that up-market users prefer to pay; and it generates funds that can be

used to subsidize costs related to low-priced brands. ASMO should accept, however, that such cross-subsidization will probably provide a relatively small percentage of total budget requirements.

- ❖ Disregarding the temptation to market profit-spinning products other than core products because planning them, launching them and nurturing them can be expensive while their sales levels may remain smaller than anticipated because markets for popular high-priced products may be close to saturation. Furthermore, commercial marketers may be actively pursuing the most profitable products in markets that are not yet saturated. And marketing non-core products could sap the energies required to market core products.
  - ❖ Note that as demand increases for ASMO's own in-house brands, the project will move increasingly toward a manufacturers' model where subsidization of commodities will decrease, while ASMO will spend larger proportions of its budget on demand generation.
  - ❖ Consider increasing income by charging fees for BCC services and for training private sector providers, especially doctors.
  - ❖ Seek project funding from several donors to help ensure long-term continuity and to avoid downturns in cash flow between projects.
6. **Explore regional cooperative possibilities.** Consider supporting high-quality regional products and services including contraceptives and oral rehydration solution (ORS), and other products that fit well into the pregnancy-birth-newborn-contraception cycle.
  7. **Extended project duration.** Commit to a project life of ten years or more, because this ambitious, but highly focused proposal will require prolonged expansion, including development of test markets followed by extensive snowballing.
  8. **Management.** The proposed ASMO Organization Chart, which is attached as Annex A, expresses an effective management organization capable of sustaining Social Marketing practice including the Total Marketing Approach and Behavior Change Communications.

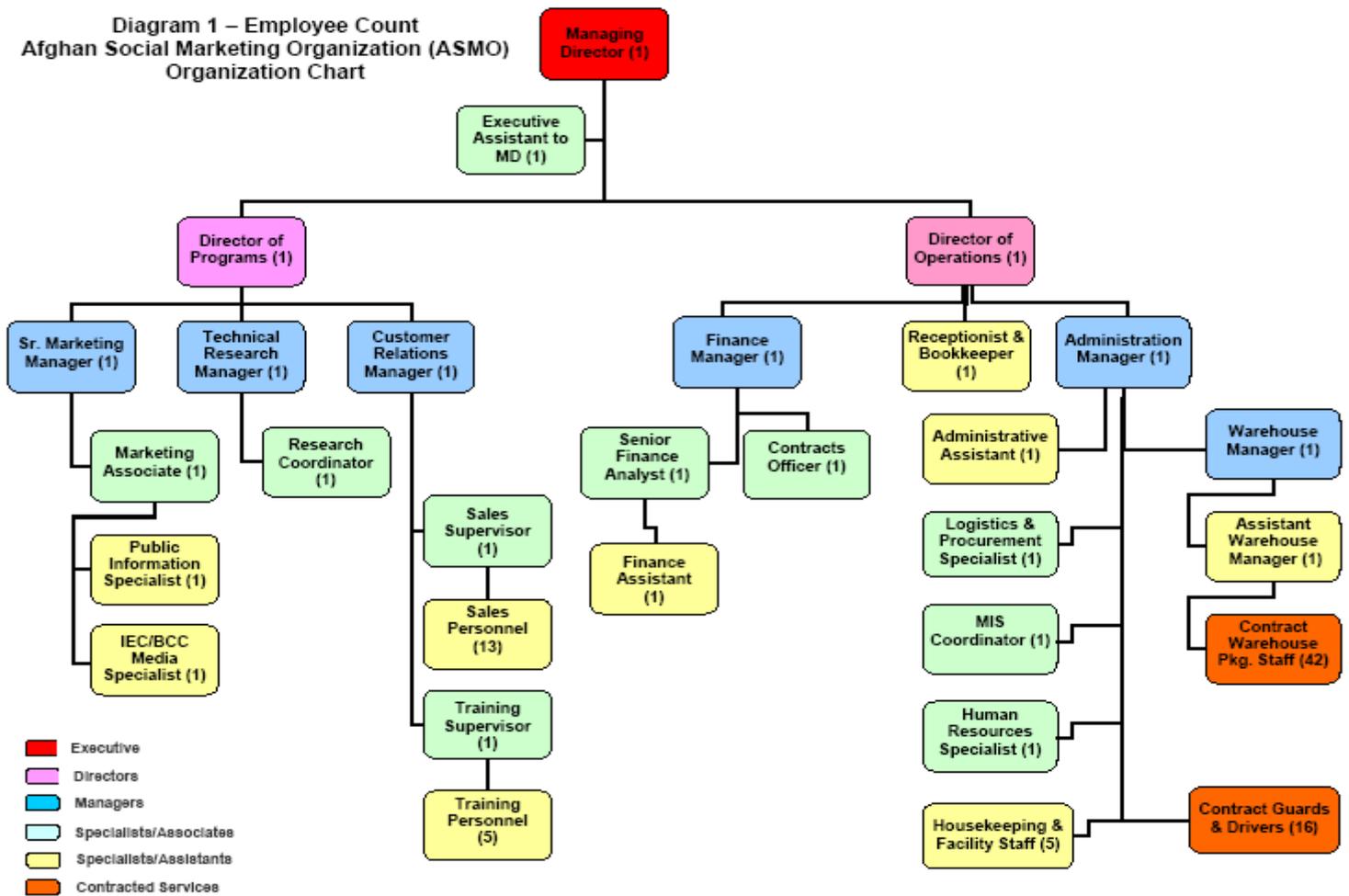
### **Next Steps: a Suggestion**

The next steps forward for this draft could include a half-day technical discussion among stakeholders and potential stakeholders including officers from MOPH, other government departments, donor agencies, NGOs and technical specialists including researchers and private sector specialists. Goals of the discussion would include strengthening the proposal, identifying potential funding sources, and scheduling next steps.

\* \* \* \* \*

**ANNEX A: ASMO ORGANIZATION CHART, NOVEMBER, 2008**

**Diagram 1 – Employee Count  
Afghan Social Marketing Organization (ASMO)  
Organization Chart**



## F. SCHEDULE OF ACTIVITIES

Day	Date	Activity
Sat	1-Nov-08	Arrive Kabul - Briefing on Support Compound & Security/Mobile phones distributed
Sun	2-Nov-08	<b>USAID/OSSD - Introductions &amp; briefing on SOW</b>
Mon	3-Nov-08	Meeting w/Russ Fortier/COP COMPRI-A/Constella & Shaun O'Neil/Constella
Tue	4-Nov-08	Documents review -- begin draft workplan and assessment questionnaire
Wed	5-Nov-08	Interviews with ARRAF; Briefing from Shaun O'Neil; Documents review
Thu	6-Nov-08	Finalize & submit workplan to OSSD/CTO/Met & Discuss if appropriate. Doc review
Fri	7-Nov-08	Non-Work Day - Documents review
Sat	8-Nov-08	Draft self assessment questionnaire/submit to OSSD and finalize.
Sun	9-Nov-08	MoPH Meetings; meetings COMPRI-A team managers (if time permits)
Mon	10-Nov-08	Kabul Interviews, market studies
Tue	11-Nov-08	To Herat
Wed	12-Nov-08	Heart Interviews, market study
Thu	13-Nov-08	To Kabul
Fri	14-Nov-08	Non-Work Day -- Field Trip Notes
Sat	15-Nov-08	To Mazar-e-Sharif
Sun	16-Nov-08	Mazar Interviews, market study
Mon	17-Nov-08	To Kabul
Tue	18-Nov-08	Kabul interviews, market study
Wed	19-Nov-08	Trip Report
Thu	20-Nov-08	Kabul interviews, market study
Fri	21-Nov-08	Non-Work Day - Field Visit Notes and documents review
Sat	22-Nov-08	Kabul Interviews; Draft Report
Sun	23-Nov-08	Kabul Interviews; Draft Report
Mon	24-Nov-08	Kabul Interviews; Draft Report
Tue	25-Nov-08	Kabul Interviews; Draft Report
Wed	26-Nov-08	Kabul Interviews; Draft Report
Thu	27-Nov-08	Kabul Interviews; Draft Report
Fri	28-Nov-08	Non-Work Day
Sat	29-Nov-08	Kabul Interviews; Draft Report
Sun	30-Nov-08	Kabul Interviews; Draft Report
Mon	1-Dec-08	Kabul Interviews; Draft Report
Tue	2-Dec-08	Draft Report
Wed	3-Dec-08	Draft Report
Thu	4-Dec-08	Draft Report
Fri	5-Dec-08	Non-Work Day
Sat	6-Dec-08	Draft Final Report submitted to OSSD/CTO
Sun	7-Dec-08	Draft Power Point Presentations
Mon	8-Dec-08	Draft Power Point Presentations
Tue	9-Dec-08	Draft Power Point Presentations/ Finalize Library materials at SUPPORT
Wed	10-Dec-08	Exit Briefing with OSSD - TBC --
Thu	11-Dec-08	Final Report Submitted to OSSD
Fri	12-Dec-08	Non-Work Day
Sat	13-Dec-08	Travel Day - Team leader R. Pollard departs
Sun	14-Dec-08	Travel Day
Mon	15-Dec-08	
Tue	16-Dec-08	
Wed	17-Dec-08	
Thu	18-Dec-08	Travel Day- J. Davies departs

## G. INDIVIDUALS AND AGENCIES CONTACTED

Agency for Assistance and Development of Afghanistan (AADA)  
Abdul Abed, Director for Capacity Building

Afghanistan Center for Training and Development (ACTD)  
Dr. Sediq, Deputy

AINA Media and Culture Center  
Mr. Brajesh Verma, Country Director

Afghanistan Midwifery Association (AMA)  
Pashtoon Azfar, President

Afghanistan Rehabilitation and Reconstruction Agency Fala (ARRAF)  
Abdul Wadood Hazeq, President

Afghanistan SUPPORT Project  
Mr. Hoppy Mazier, Chief of Party  
Mr. Paul King, Deputy Chief of Party  
Ahmad Waheed Ahmadi, Admin Manager  
Mike Jennings, Security Manager, US Protection and Investigations

Association of Private Hospitals  
Ahamad Parwiz Yousifi, Foreign Relations Senior Officer

Afghan Hospital (Private)  
Dr. Shir Ahminulla, Director

Bakhtar Development Network (BDN)  
Qutratulla Nasrat, Program Director

COMPRI-A Project  
Mr. Russ Fortier, Chief of Party  
Shaun O'Neill, Operations Manager  
Dr. Ebrahim Hieder, Policy Adviser  
Dr Iqbal Rohani, Training Manager  
Dr. Mohammad Anees IEC/BCC Manager  
Mohammad Shapoor Ikram, Program Management Specialist  
Dr. Abdul Hadi Hazartzai, M&E/ Research Manager  
Moheb Ali Yawar, Finance Manager  
Abdul Wali Mansoori, Regional Sales Executive  
Azizulla Aubi, Regional Sales Executive

Ibin Sina  
Dr. Parwiz, Research Manager

Khalid Irshad Pharma

Dr. Homayoon, Executive Director

Ministry of Public Health (MOPH)

Dr. Faizulla Kakar, Technical Deputy Minister

Dr. Ahmad Jan, Planning and Policy Department

Dr. Aqela Noori, Family planning Department

Ministry of Women Affairs

Dr. Marghalere Khara, Health Director

Ministry of Haj and Religious Affairs

Ahamad Parwiz Yousifi, Foreign Relations Senior Officer

Management Science for Health (MSH)

Steven Solter, Technical Director

Medicine Service Union

Dr. Shir Ahmad, Director

USAID/Afghanistan

Sarah Smith, Cognizant Technical Officer

Adriana Lazineca, Director Program Information

Heather Smith, Deputy Office Director

Randolph Augustin, Health, Population, Nutrition Officer

Md. Shapor Ikram, Program Management Specialist, Health

Thomas Muga, SUPPORT Cognizant Technical Officer

## H. DOCUMENTS CONSULTED

*Afghanistan Community Development Councils*. ANDS Working Group. October 5, 2005.

*Afghanistan COMPRI-A Literature Review*. COMPRI-A Project. June, 2006.

*Afghanistan presentation at the conference on “Celebrate the ten-year anniversary of the Innocenti Declaration”*. Ghulam Haidar Rafiqi. UNICEF Afghanistan. March 16-17, 2000.

*Birth Spacing: A Training Course for Community Health Workers*. COMPRI-A Project (Training Department) March 2007.

*Safe Water Systems and ORS: A Training Course for Pharmacists*. COMPRI-A Project (Training Department) March 2007.

*COMPRI-A Annual Report for USAID: Communication for Behavior Change-Expanding Access to Private Sector-Health Products and Services in Afghanistan*. COMPRI-A Project. January 1st, 2007-December 31st, 2007.

*COMPRI-A CYP and \$/CYP*. COMPRI-A Project. April 1, 2006 – Sept 30, 2008.

*COMPRI-A Project Budget Summary*. COMPRI-A Project. April 1, 2006 – September 30, 2008.

*COMPRI-A Social Marketing Project: Annual Progress Report*. COMPRI-A Project. October 2006-September 2007.

*COMPRI-A Social Marketing Project: Executive Summary*. COMPRI-A Project. December 8, 2007.

*COMPRI-A Social Marketing Project: Project Related Work Plan*. COMPRI-A. October 1st, 2008-March 31st 2010.

*COMPRI-A Social Marketing Project: Quarterly Report*. COMPRI-A Project. July-September 2008.

*COMPRI-A Social Marketing Project: Research Studies*. COMPRI-A Project. September 24, 2008.

*COMPRI-A Social Marketing Project: Retail Store Check – Sampling Plan*. RM&E Team, Kabul. May 14, 2008.

*COMPRI-A Social Marketing Project: Self- Assessment Report*. COMPRI-A Project. Nov, 2008.

*COMPRI-A Social Marketing Project: Work Plan (Oct 1-2008 – Mar 31, 2010.)* Constella Futures International. October 26, 2008.

*COMPRI-A Social Marketing Project: Year 2 Work Plan.* COMPRI-A Project. (October 1, 2007 September 30, 2008). Final Version – September 30, 2007.

*COPMRI-A Social Marketing Project: Training Curriculum.* COMPRI-A Project. March 2007.

*Data for Action Plan Report for USAID (September 1st, 2008 - September 30, 2008):* COMPRI-A Project. PSP-One. Revised March, 2008.

*Estimated Population of Afghanistan.* Central Statistic Organization. 2008-2009.

*IbnSina Monthly Report on Provision Training Course to COMPRI-A Target Groups.* IbnSina Staff in Zabul Province. (Undated)

*KAP Baseline Study (Knowledge, Attitudes and Practice), Afghanistan, 2007.* COMPRI-A Project. November 10, 2007.

*Mass Media & Reproductive Behavior in Pakistan, India and Bangladesh: Demographic and Health Surveys Analytical Report No.10.* Macro International Inc. Calverton, Maryland, USA. Westoff, Charles F., & Bankole, Akinrinola. 1999.

*Maternal-Newborn-Child Health Continuum of Care: A Collective Effort to Save Lives.* Erin Sines, Anne Tinker and Julia Ruben. (Undated)

*Mid-Term Evaluation of USAID's Social Marketing of Health Products.* Population Services International. April, 2005.

*NGOs Training Report.* COMPRI-A Project. October, 2008.

*ORS Perceived Quality Report.* COMPRI-A Project (Research, Monitoring and Evaluation Department) February, 2007.

*Performance Management Plan, September 27, 2006.* COMPRI-A Project. Nov 25, 2008.

*Performance Management Plan, November 25, 2008.* COMPRI-A Project. Nov 25, 2008.

*PSI Self Assessment Document.* Population Service International (PSI). 2005.

*Quarterly Report for USAID (April 1, 2008 — June 30, 2008).* COMPRI-A Project. USAID/Constella Futures International. April 30, 2008.

*Quarterly Report for USAID (July 1—September 30, 2008).* COMPRI-A Project. USAID/Constella Futures International. October 31, 2008.

*Quarterly Report for USAID (January 1— March 31, 2008).* COMPRI-A Project. USAID/Constella Futures International. April 30, 2008.

*Rapid Assessment Report.* ALTAI. October, 2006.

*Report on the Performance of IQC Projects Under the Private Sector Program.* Fiscal Year, 2007: 10/1/06 – 9/30/07. (Revised March 2008)

*Training Strategy Paper.* Iqbal Roshani, Mary McCabe, February 2008. (Revised, 2008)

*UNICEF Statistics: Afghanistan.*

[http://www.unicef.org/infobycountry/afghanistan\\_statistics.html](http://www.unicef.org/infobycountry/afghanistan_statistics.html) (Undated)

*Willingness to Pay Study, Constella-Futures.* (Undated)

# I. SHORT INTRODUCTION FOR TMA

## J. INTRODUCTION TO TMA