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REVIEW OF DFID APPROACH TO SOCIAL MARKETING

ANNEX 3: DFID FINANCIAL COMMITMENT TO SOCIAL MARKETING

SEPTEMBER 2003

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

This report was produced by the Health Systems Resource Centre on behalf of the Department for International Development, and does not necessarily represent the views or the policy of DFID.

Title: Review of DFID Approach to Social Marketing
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ANNEX 3:

DFID FINANCIAL COMMITMENT TO SOCIAL MARKETING

1. INTRODUCTION

The Terms of Reference require "a determination of the level and extent of DFID funding and support for social marketing – both centrally and through bilateral funds. This should include the specification of the SMO receiving support".

This annex provides the information that it has been possible to obtain from a range of sources. There is no single, central point where this information can be found within DFID and information is generally inaccessible. SM projects are funded both centrally (including through the Seed corn Fund (later the Health and Population Scheme), the Knowledge Fund, the Civil Society Challenge Fund and the Joint Funding Scheme) and through bilateral funds using *accountable grants* and *contracts* as contracting vehicles. Around 95% of SM funding has been from bilateral sources. The Prism system is not capable of providing the information needed for this kind of analysis. The MIS Code Number was not always available, without which East Kilbride cannot respond to enquiries. Significantly, the term "social marketing" is not mentioned in DFID's Project Header Sheet Guide (including input sector codes and PIMS). DFID officers in the field have, understandably, other priorities when it comes to responding to our queries about MIS codes and levels of commitment.

The tables in this Annex here have been pieced together from many sources and crosschecked where possible. Despite these uncertainties, the trends are clear and increasing the accuracy of the data is unlikely to significantly alter the broad conclusions that have been drawn.

Appendix 1[1] to this Annex provides a list of the projects that have been funded using bilateral funds since 1995, the last date when such a review was undertaken. This shows the MIS Code (when known), the project title, the country, the region, the estimated start and completion dates, the commitment of funds, the SMO, and the type of contract – when known. The data is presented in country order.

No breakdown of the annual allocation or utilisation of funds *within individual projects* is available from within DFID. Although this is theoretically available if the MIS codes are known for all projects, and if those responsible for the five funding sources have the time to undertake such an analysis, it has not proved possible to obtain such a breakdown. In the absence of actual annual data, the total commitment on each project has been divided by the number of years the project is operational[2]. Clearly, expenditure is not committed

[1] Not included in this draft report as data still being collected and analysed

[2] For example, April 1998 – March 2002 is taken as five years (occurring in five calendar years) and the expenditure is divided equally between those five years.

equally over the life of a project. However, given the large number of projects with a wide range of start and finish dates, it is likely that periods of higher and lower expenditure will average out.

A bar chart shows the growth in SM commitment (Figure 1) whilst tables show the levels of commitment by country (table 3), by different types of activity (table 4) and by SMO (table 5).

2. FUNDS COMMITTED TO SOCIAL MARKETING (1992 – 2008)

Annual financial commitments to SM from bilateral sources are shown in Figure 1 and Table 1. Commitment to SM started in 1991 and increased steadily until 2000. The next year it doubled and remained the same in 2002 before declining slightly in 2003. Commitment for 2003 onwards reflects only that which had been approved as at 31 March 2003. Actual commitment will increase as further projects are approved. The figures up to 1994/5 (in italics) are taken from the May 1997 Review of ODA Sexual and Reproductive Health Social Marketing Projects. The figures from 1994/5 onwards (not in italics) are from the current research. 1994/5 is the cut-off period and the commitment for that year identified by the earlier report and by the current report is significantly different.

The figures on total expenditure on sexual and reproductive health in column 2 for the period 1985 – 1994 came from the 1997 Review. Those for 1999 – 2003 were provided by DFID only on 25 July 2003, just as this report was being finalised, and are a sum of the following sub-headings:

- Communicable Disease Control (74004)
- Health Education (74005)
- Reproductive Health (74009)
- HIV/AIDS Cross-cutting health (74011)
- Multi-sector response HIV/AIDS (74012)

However, in the same communications DFID states that using such sector information will “vastly understate the 'total' expenditure as it excludes Humanitarian Assistance, Direct Budget Support, Financial Aid etc all of which are not allocated a sector. Many DFID projects are now multi sector, whilst others cover various elements of a broad sector but are coded at a general sector level.

An exercise is currently underway to give a true 'health' figure which will include an allocation for the categories listed above.”

Total bilateral commitment on the 73 SM projects identified during the period 1991 – 2008 is just over £216 million – with an average cost of a fraction under £3 million per project, ranging from a minimum of £81,000[3] to a maximum of £52.8 million (Nigeria). Project term varies from a minimum of 6 months to a maximum of 8 years.

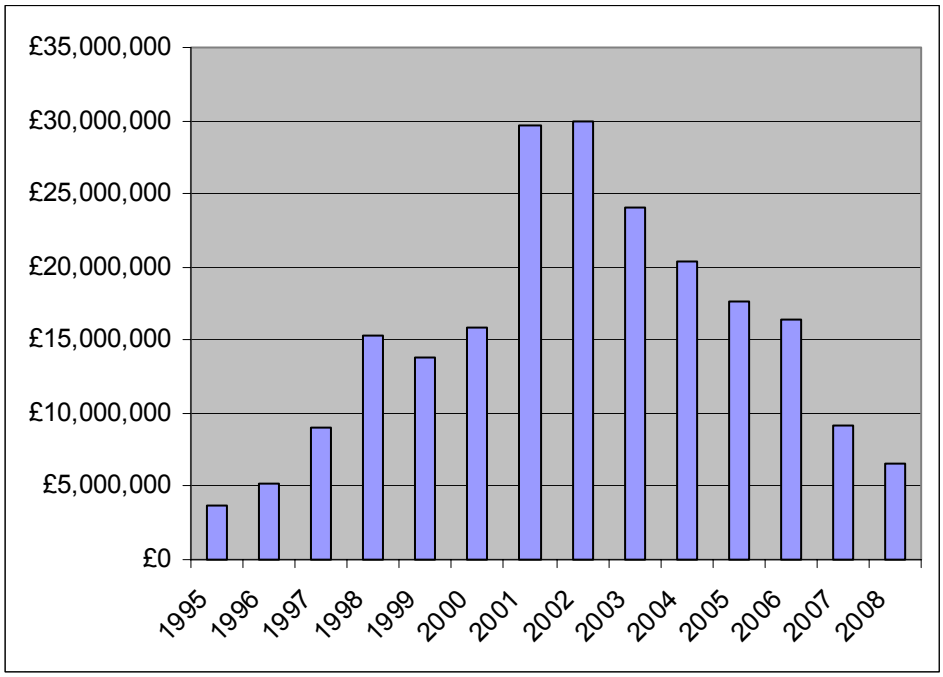
[3] excluding feasibility studies and training courses

TABLE 1. Commitment of bilateral funds on sexual & reproductive health and on social marketing

Year	Total commitment (£million)	SM commitment (£million)	% SM commitment
1985	*19,997*	-	-
1986	*18,002*	-	-
1987	*15,899*	-	-
1988	*16,710*	-	-
1989	*17,298*	-	-
1990	*23,897*	-	-
1991	*26,497*	*0.037,249*	0.12
1992	*28,617*	*0.105,562*	0.37
1993	*31,905*	*0.268*	0.83
1994	*46,253*	0.482 *(0.180)*	0.37
1995 (b)		3,699 *(2,232)*	4.00
1996		5,156	
1997		8,971	
1998		15,310	
1999	64,169	13,826	21.5
2000	93,659	15,888	16.7
2001	100,095	29,619	29.6
2002	117,899	29,924	25.4
2003	152,337	24,046	15.8
2004		20,418	
2005		17,685	
2006		16,412	
2007		9.099	
2008		6,600	
TOTAL		216,654	

Figures in italics are from the 1997 report

Figure 1. Bilateral funds committed by DFID to Social Marketing projects



3. CURRENT COMMITMENT OF BILATERAL FUNDS TO SM PROJECTS

The bilateral funds committed to the 22 SM projects that are *currently in operation* amount to just over £140 million. Of this, 78.5% is committed to projects focused on HIV/AIDS (including general education on STIs and family planning), on women focused-family planning projects (including work with CSWs) and on general reproductive health and 21.5% is committed to the prevention of malaria. Of the total of £140 million, 39% is committed to Nigeria (of which 96.5% is for CSM/FP) and a further 28% is committed to three other major projects –

- Ghana AIDS partnership (7.2%)
- Kenya ITNs (12.9%)
- Promotion of safe motherhood (7.9%).

The full list of currently funded projects (as at 31 March 2003) is shown in table 2 below.

Table 2. Value and term of SM projects currently in operation

CURRENT SM PROJECTS FUNDED BY DFID

Case study projects highlighted

	Country	Contract term	Value (£)	ITN	CSM/FP	SMO
1	Asia Region HIV/AIDS	Jan 01 - July 04	2,000,000		2,000,000	PSI?
2	Bolivia CSM	Mar 01 - Feb 04	2,100,000		2,100,000	?
3	Burundi HIV/AIDS	Sept 01 - Aug 03	959,000		959,000	PSI
4	Cambodia CSM (PSI figures)	Jan 00 - Jan 06	3,215,938		3,215,938	PSI
5	Central America HIV/AIDS	Jan 01 - Dec 03	249,359		249,359	PSI
6	China HIV/AIDS	Jun 00 - Mar 05	6,186,950		6,186,950	FGE
7	Ghana AIDS partnership	Jul 01 - Jul 06	10,000,000		10,000,000	Local
8	India AIDS control	Sept 00 - Mar 06				?
9	Kenya ITNs	Aug 01 - Aug 06	18,113,167	18,113,167		PSI
10	Mozambique condoms	Sept 99 - Aug 03	1,388,270		1,388,270	PSI
11	Mozambique HIV prevention	Apr 01 - Dec 06	3,423,666		3,423,666	PSI
12	Namibia VCT for HIV	Jun 01 - May 05	958,019		958,019	PSI
13	Nigeria CSM/HIV	Aug 01 - Jul 08	52,800,000		52,800,000	PSI
14	Nigeria ITNs (no cost extn)	Mar 02 - Sep 04	1,800,000	1,800,000		FGE
15	Promotion of Safe Motherhood	Oct 97 - Mar 04	11,000,000		11,000,000	PSI
16	Rwanda CSM	Sept 01 - Aug 04	895,998		895,998	PSI
17	SADC Regional AIDS	Jan 02 - Mar 06	1,905,987		1,905,987	PSI
18	S Africa AIDs	Feb 99 - Dec 04	5,787,193		5,787,193	PSI
19	Tanzania ITN	Oct 97 - June 07	8,930,000	8,930,000		PSI
20	Togo FC to CSWs	Nov 00 - Oct 03	249,928		249,928	PSI
21	Zambia ITNs	Jan 03 - Jan 06	1,400,000	1,400,000		PSI
22	Zimbabwe BCC	Jan 02 - Jan 06	6,800,000		6,800,000	PSI
	TOTAL VALUE		**140,163,440**	**30,243,167**	**109,920,280**	

4. ANALYSIS BY COUNTRY

Countries in which DFID has funded SM projects using bilateral funds are listed below.

Table 3. Countries to which DFID bilateral funds have been committed for SM

COUNTRY	TOTAL COMMITMENT	% OF TOTAL
Bangladesh	3,570,000	1.64
Bolivia	3,000,000	1.38
Brazil	26,582	0.01
Burundi	959,900	0.44
Cambodia	6,150,713	2.83
China	6,268,751	2.89
Congo	500,000	0.23
Cuba	502,360	0.23
Ghana	10,000,000	4.61
India	14,031,271	6.45
Kenya	26,603,973	12.26
Laos	81,103	0.04
Mozambique	7,891,936	3.64
Myanmar	1,875,065	0.86
Namibia	1,373,385	0.63
Nicaragua	607,260	0.28
Nigeria	73,023,235	33.65
Pakistan	14,844,965	6.84
Russia	258,982	0.19
Rwanda	895,998	0.41
South Africa, Republic of	5,787,193	2.66
Southern Africa	1,905,887	0.88
Tanzania	8,954,000	4.13
Thailand	1,078,732	0.50
Togo	249,928	0.15
Uganda	406,050	0.19
Zambia	1,996,684	0.92
Zimbabwe	9,717,612	4.48
Generic/worldwide	11,000,000	5.06
Africa regional	99,185	0.05
Asia Regional	1,999,630	0.92
Central America	249,359	0.15
Miscellaneous	1,047,760	0.48
TOTAL	**216,654,599**	

7 countries have each received more than 4% of total commitment on SM and have absorbed 72.5% of the total commitment – namely Ghana, India, Kenya, Nigeria, Pakistan, Tanzania and Zimbabwe. Over 33% of total commitment has been made to Nigeria.

5. ANALYSIS BY ACTIVITY

The utilisation of bilateral funds can be allocated into the following broad activities

a) Projects addressing primarily HIV/AIDS and other STIs plus general education on STIs and family planning mainly using CSM (referred to as CSM projects)
b) Projects addressing family planning or STI prevention focused on women (including CSW), using oral contraceptives or female condoms (referred to as FFP projects)
c) Projects addressing malaria – primarily through ITNs (referred to as malaria prevention projects)
d) Projects more generally addressing reproductive health (referred to as RH projects) and which may include some elements of (b).

The allocation between activity of the £216 million committed during the period 1994 – 2008 is as follows:

Table 4. Utilisation of DFID funds on SM projects by category

Category of project	**% of total funds**
Projects focusing on HIV/AIDS including general education on STIs and family planning.	69.00
Women-focused family planning projects, including work with CSWs	6.40
Malaria prevention projects	16.30
Reproductive health projects	7.90
Miscellaneous	0.40

6. ANALYSIS BY SMO

Contracts can be allocated under the following SMO headings:

a) PSI and PSI(E)
b) Futures Group Europe
c) Managed by local organisations
d) Other European/international SMOs (Crown Agents, British Council, Liverpool School of Tropical Medicine, MSI, UNICEF)
e) Unallocated – SMO not known

The value of bilaterally-funded projects analysed by SMO (in £ and %) is shown in table 5.

Table 5 Analysis of SM commitment by SMO

Projects managed by:	**Value of projects (£**	**% of SM funding**

	million)	
PSI	161.52	77.6
Futures Group Europe	17.96	8.6
Local organisations	15.22	7.1
Other EU/intl SMOs	10.57	5.4
Unallocated/not known	6.70	1.3

7. OTHER SOURCES OF FUNDING

SM activities, as distinct from SM projects, have been funded from other sources within DFID. These include the Joint Funding Scheme (JFS), the Knowledge Fund (KF), the Seed corn Fund and the Civil Society Challenge Fund. As an example, over the implementation period 1998 – 2004 PSI has secured funding valued at just over £1,6 million from these sources. Of this, 18% was from the Seed corn Fund, 12% from the Knowledge Fund, 40% from the CSCF and 30% from the JFS. These projects will be subject to formal evaluation on their completion.

The Health and Population Department (HPD) provided funding specifically for innovation and research through the Seed corn Fund, which evolved into the DFID Health and Population Scheme. It was established in 1995/6 as a mechanism by which innovative and high risk interventions to (a) improve sexual, maternal or reproductive health or (b) reduce suffering from communicable diseases should be tested in operational settings. Priority was given to projects that provided an operational response with the potential to make a direct and significant impact on these areas. The maximum award for each project was £200,000 over two years and the annual funding was in the order of £1.3 million. Grants were given in the areas of sexual and reproductive health, family planning, social marketing and HIV/AIDS. Successful grantees included the London School of Tropical Medicine, Marie Stopes International, Family Care International, PSI, Population Concern, AVSC, IPPF, The Futures Group, Plan International, SCF, LSE, CARE, Cambridge University, University of Birmingham and the Naz Foundation. Total funding from this source is estimated as being in the region of £8 million – a part of which was committed to SM.

In addition, HPD allocated what were called core grants for research and innovation to PSI of a total of £6 million over the period 1999/2000 - 2002/3. These funds were placed within PSI's discretionary fund, access to which was through bids from PSI country managers. Such bids had to focus on the most vulnerable segments of society with effective, cost-efficient and increasingly innovative health interventions. The range of activities financed by such funding, the lessons learned and how these lessons were applied – as well activities funded by the JFS, CSCF, KF and Seed corn Fund are provided in appendix 2 to this Annex. Activities included the following[4]:

- Communications campaign for the poorest in Nigeria
- An MCH programme in India which attracted £1 million in additional funding
- Anti-malarial activities in Madagascar – which attracted $2.7 million in additional funding

[4] Source: Appendix 2 to this Annex (prepared by PSI) and Update Report on the impact provided by Discretionary Core Grant Support to PSI (February 2002).

- A franchised model for VCT in Zimbabwe
- An STI treatment kit to reduce gonoccocal and chlamydial infections in both men and women in Africa and Asia
- Cura-7 kits in Madagascar containing condoms, antibiotics and educational material
- MCH products introduced into 10 countries
- Start-up ITN projects in Madagascar, Kenya, Burkina Faso, Rwanda, Zambia and Myanmar
- The promotion of the female condom in southern Africa, in Bolivia, and some Asian countries.
- The development of knowledge of the client base through client exit surveys, in an effort to overcome the limitations of aggregate sales data as the principal output measure.
- The development of natural mosquito repellents in Bolivia (jointly with the LSHTM)

In addition, some funds were used for maintaining operations in countries where funding had been suspended.

Lessons have been learned and applied in a number of fields including VCT, STI diagnosis and treatment, outreach in malaria treatment, application of the female condom, PMTCT, maternal child health in the field of water treatment and ORS, harm reduction in HIV/AIDS, development of mosquito repellents and appropriate anti-malarial treatment doses and packaging for children and treatment of iodine deficiency disorder. PSI also produced a number of useful research synthesis reports. Reporting was through presentation of an annual report, an example of which is appended to this Annex. The relevant contracts state that HPD will arrange for monitoring visits to take place, if required, As such monitoring visits did not take place, there is no firm basis on which formal judgements can be made by this report. However, the nature and extent of the activities, the lessons learned and their application suggest that there could be benefit from continued access to such funding for innovation and research on a challenge fund basis – accessible to all parties with relevant ideas, capacity and experience.

8. ANALYSIS BY CONTRACTUAL RELATIONSHIP

Although an indication of the type of contractual relationship has been given in the supporting table, in only a few instances is there firm information available. This is inadequate to make a meaningful analysis.

9. LESSONS LEARNED AND RECOMMENDATIONS

DFID's internal information system currently lacks the capacity to provide information relating to projects that fall within the category "social marketing", a term that is not included in the Project Header Sheet Guide. Further, it proved difficult to obtain information on MIS codes (which are generally not known to the SMOs) and without which East Kilbride is unable to identify, or

provide information on, specific projects. As a result of that, the following information was not definitively available:

- actual expenditure (as against financial commitment or contract budget);
- whether a contract or an accountable grant;
- whether funded centrally or from a country budget;
- the actual project term as against the original term in the PM.

DFID will need to consider how such information can in future be captured should exercises of this kind be repeated.

APPENDIX 2. THE NATURE, COST & APPLICATION OF LESSONS LEARNED FROM DFID'S FUNDING TO PSI FOR INNOVATION AND RESEARCH[5]

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
Core Grant Funding 2000 Funded by HPD	Support for new and ongoing reproductive and maternal child health projects in 19 countries throughout Africa, Asia and Latin America. **Purpose**: Increase the contribution of the private sector to the informed use of health products and services among low-income people worldwide.	April 2000 – March 2001	£ 2 Million	$2.7 Million	**Key Activities:** DFID Core Grants supported country programmes in Asia, Latin America, Africa and Eastern Europe; a series of regional initiatives; global research and technical assistance; and special efforts to increase the marketing of ITNs, Voluntary Counselling and Testing (VCT), Micronutrients and ORS. [6]	**Results:** Consistently increasing health impact and diversity of health subsectors addressed: • 17 % increase in Couple Years of Protection (CYPs) Expanded marketing of non-traditional products and services: • PSI portfolio increased to 167 products in 63 countries. Critical issues in social marketing effectiveness evaluated and analysed: • Major working papers (12), presentations at professional conferences (9), peer-reviewed articles

[5] Funding Mechanisms have included Core Grant from Health and Population Division, Joint Funding Scheme, Seedcorn Fund, Knowledge Fund and Civil Society Challenge Fund
[6] DFID Core Grant funding was provided to a range of new and ongoing programs where they could make a vital contribution to health impact and sustainability. Because of the vast range of activities, only specific new programs and direct innovations are discussed in selected areas.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
						(19) and methodological tools and guidelines developed and disseminated (3).
					Specific Innovations:	**Specific Innovations:**
					HIV/AIDS	**HIV/AIDS**
					VCT: DFID Core funding was used to explore and expand the services offered by voluntary counselling and testing (VCT) centres in East and Southern Africa.	**VCT:** DFID core funds allowed PSI to integrate family planning and sexually transmitted infection (STI) diagnosis and treatment into VCT stand-alone centres. Integrated services are now being expanded worldwide. DFID funds also allowed PSI to develop a model for VCT in public sector sites, whereby the government provided space and logistical support, and PSI supplied the staff and management. This became a model for an increasing range of VCT public/private sector partnerships between PSI and governments worldwide
					STI Diagnosis and Treatment: PSI used DFID Core Grant funds to support the launch and initial	**STI Diagnosis and Treatment**: PSI is now working with governments and

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					distribution of STI treatment kits designed to combat the spread of sexually transmitted diseases, which can facilitate the transmission of HIV/AIDS, and to explore partnerships with governments in order to make the treatment more available through public sector facilities. **Malaria** **Targeting the poor with ITN Social Marketing**: When PSI's ITN social marketing initiatives encountered problems reaching rural and at risk populations in East and Southern Africa, PSI used DFID Core Grant funding to expand the reach of targeted communications campaigns to the poorest rural populations.	ministries of health worldwide to integrate distribution of the kit into public programs for the Syndromic management of STIs. **Malaria** **Targeting the poor with ITN Social Marketing**: DFID Core Grants funded innovations in outreach strategies that resulted in significant improvements in knowledge of malaria transmission among low-income target groups. PSI also used DFID core support to fund small scale entrepreneurs to deliver ITNs to hard to reach areas, and then used that model in other countries where the existing distribution system did not provide sufficient means to reach poor populations.
Core Grant Funding 2001 Funded by HPD	Support for new and ongoing reproductive and maternal child health projects in 22 countries throughout	April 2001 – March 2002	£ 2 Million	$3.5 Million	**Key Activities:** DFID Core Grants enabled PSI to expand scope and impact of social marketing interventions in order to target a wider a larger and more vulnerable	**Results:** Consistently increasing health impact and diversity of health subsectors addressed: • 7% increase in couple

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
	Africa, Asia and Latin America. **Purpose**: Increase the contribution of the private sector to the informed use of health products and services among low-income people worldwide.				population with effective and innovative interventions. **Specific Innovations:** **HIV/AIDS** **PMTCT**: PSI used DFID Core Grant funding to support the launch of pilot prevention for the mother to child transmission of HIV/AIDS (PMTCT) services in Ugandan private sector	years of protection (CYPs) • 114% increase in person years of malaria protection (PYMPs) Expanded marketing of non-traditional products and services: • An increasing number of countries expand the portfolio of products and services offered Critical issues in social marketing effectiveness evaluated and analysed: • Major working papers (14), presentations at professional conferences (11), peer-reviewed articles (19) and methodological tools (1) and reports (20) developed and disseminated **Specific Innovations:** **HIV/AIDS** **PMTCT**: Because of the lessons learned from the initial implementation, PSI revamped training procedures and now provides continual service

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					ante-natal clinics. 20 providers were initially trained and brought into the franchised network. Implementation of PMTCT with private sector franchisees revealed problems with the provision of the post-natal nevirapine dose, and problems with the retention of trained employees in selected clinics compromised the effectiveness of counselling. **Maternal Child Health** **Water**: DFID Core funding supported the provision of safe water treatment Tanzania. **Oral Rehydration Salts (ORS)**: PSI pioneered the social marketing of ORS in Asia, and expanded the distribution of ORS in West Africa and Latin America with DFID Core Grant	monitoring in all franchises to maintain the quality of the counselling offered. PSI is now also exploring various incentives to bring the mother back to the clinic for the second nevirapine dose, and is conducting a nationwide PMTCT information campaign for the Ugandan Ministry of Health. **Maternal Child Health** **Water:** PSI's distribution of safe water treatment was most effective when accompanied by the dissemination of key behaviour change communications regarding hygiene and sanitation. Safe Water System (SWS) treatment social marketing and behaviour change communication is now being distributed in a growing number of PSI countries. **Oral Rehydration Salts (ORS)**: PSI used Core Grant funding to promote a wider range of maternal child health products including ORS.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					Funds.	Where donor funding could not sustain successful ORS programmes, DFID Core Grant funds helped ORS projects maintain a secure availability of commodities. In some cases, DFID Core Grant funding provided enough support to make the ORS products financially sustainable through continuing programme income.
Core Grant Funding 2002 Funded by HPD	Support for new and ongoing reproductive and maternal child health projects in 26 countries throughout Africa, Asia and Latin America. **Purpose**: Increase the contribution of the private sector to the informed use of health products and services among low-income	April 2002– December 2002	£ 2 Million	$4.5 Million	**Key Activities:** DFID Core Grants supported pilot projects, products and activities. DFID Core Grant funds also supported or sustained PSI affiliate operations in countries where regime policies or social instability limited the financial support that donors could provide. Core Grants leveraged external donor funding, ensuring sustainable impact for PSI programs.[7]	**Key Outputs:** Consistently increasing health impact and diversity of health subsectors addressed: • 31 % increase in health impact from 2001 Expanded marketing of non-traditional products and services: • Portfolio of products expanded to 25, with more affiliates offering a broader range of products.

[7] DFID Core Grant funding was provided to a range of new and ongoing programs where they could make a vital contribution to health impact and sustainability. Because of the vast range of activities, only specific new programs and direct innovations are discussed in selected areas.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
	people worldwide.					Critical issues in social marketing effectiveness evaluated and analysed: Major working papers (4), presentations at professional conferences (12), peer-reviewed articles (8) and methodological tools (9) and reports (25) developed and disseminated
					Specific Innovations:	**Specific Innovations:**
					HIV/AIDS **Harm Reduction:** DFID Core Grant funding allowed PSI to negotiate with the Chinese government to set up peer education centres for injecting drug users in order to minimize the risk of infection of HIV/AIDS.	**HIV/AIDS** **Harm Reduction:** The harm reduction peer education centres provided a testing ground for new initiatives with one on one harm reduction interventions. This intervention also provided the opportunity for PSI to establish a working relationship with the Chinese government.
					Malaria **Treatment:** PSI used DFID Core Grant funding to launch several pre-packaged treatment options for prompt and effective treatment of malaria, including pre-packaging of existing therapies such as chloroquine for children under five years and in	**Malaria** **Treatment:** PSI research indicated that proper compliance with anti-malarial treatment was undermined by inappropriately dosed treatment for children under five and in populations where

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					countries where existing therapies proved ineffective due to drug resistance, prepackaged artemesinin combination therapy.	new drug therapies were being introduced. Core funds allowed PSI to develop appropriate packaging including consumer oriented instruction inserts and appropriate drug dosages, now being distributed in other countries in Africa and Asia.
					Diagnosis and Prevention: DFID core funds also sponsored the development of rapid test kits for the diagnosis of malaria, and natural mosquito repellents for the prevention of malaria in Asia and Latin America.	**Diagnosis and Prevention:** Continued research into the health impact of natural mosquito repellents was funded by the Gates Foundation, and PSI is now launching a repellent along with an ITN in Peru.
					<u>Maternal Child Health</u> • **IDD:** DFID Core grant funding supported the launch of Iodine treatment to combat the physical and mental repercussions of iodine deficiency disorder (IDD).	**<u>Maternal Child Health</u>** • **IDD:** While PSI had experimented with the social marketing of IDD in Asia, DFID Core Grant funds allowed the introduction of the iodized salt product in to Eastern Europe, an initiative that expanded to other countries. Other Core Grant funds supported additional product and marketing

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
						support in Eastern Europe. Today, PSI's Romania programme is a testing ground for an advanced hybrid model of social marketing, whereby programme income can support a more substantial portion of operations.
Reproductive Health Communication Activities for Young Adults and Women in Cambodia Funded by Seedcorn Fund	Aim: To inform and educate young adults, particularly young women, on safer reproductive health practices. Primary Activities/Outputs: Mass media programmes, specifically a radio soap opera series, radio call-in shows and a reproductive health advice column.	1998 - 2000 25 months	£186,555		The mass media campaign focused on birth spacing and HIV/AIDS awareness and prevention, with special emphasis on proper usage of birth control devices and correct ways to prevent HIV and other sexually transmitted infections. In addition, small behaviour change sessions focused on empowering women to feel confident in negotiating condom use. The final evaluation showed that Cambodian youth are more familiar with RH issues, many started to use contraception and that they feel more comfortable discussing RH issues with adults. There were difficulties in accessing the impact of the project because	All research methods standardised More condom promotional efforts were targeted at youth. Lessons learnt from producing the soap opera and advice columns were used to develop a new series aimed at garment factory workers. Lessons learned included the importance of repetition of messages in a simple format

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					methodologies used in the baseline and KAP surveys were not standardised.	
Condoms and Culture: Improving Adolescent Reproductive Health in Russia Funded by Seedcorn Fund	Aim: To expand the awareness and accessibility of condom use for STD/AIDS and pregnancy prevention in the St. Petersburg region of Russia. Primary Activities/Outputs: 1. Increased awareness of safer sex behaviours through the design and development of communications activities. E.g. a festival promoting condom use and the adoption of safer sexual behaviours; 2. Increased access to condoms by the target group through the distribution of a branded condom and the use of mass media techniques.	1998 - 1999 2 years	£104,188	£4,472,914 AIDSMARK	Working with a variety of NGOs, cultural organisations and government bodies, the project proposed the design and development of unique communication activities culminating in a festival promoting condom use and the adoption of safer sexual practices. The project was successful in that it received further funding from other donors allowing activities to expand to high risk groups. The institutional and financial sustainability have been of PSI/R has been enhanced. By the end of the project PSI/R had become a registered Russian NGO and established a reputation among local and federal government officials for the high level and quality of it's work. The use of traditional arts to disseminate non traditional messages was also successful because the target group was involved in the design process themselves. The main challenge of the project was that whilst the MOH supported BCC	Using the materials developed in St Petersburg, the SM project was expanded to Moscow and Saratov (AIDSMARK funding).

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					activities, they felt that social marketing gave PSI/R an unfair advantage over other and equally legitimate commercial concerns. As a consequence any organisation that promotes and sells a product regardless of the aims behind the project or source of activity is taxed. This was not envisaged prior to the project and has had financial implication regarding sustainability and the ability of PSI/R to target the poorest of the poor	
Private Sector Social Marketing Innovation in Cuba. Funded by Knowledge Fund	Aim: To increase safer sexual behaviour among Cuban men and women, particularly those at high risk of HIV/AIDS/STIs, such as youth and informal CSWs and their clients. Primary Activities/Outputs: 1. Development and distribution of an affordable, branded condom; 2. Multi-layered communications campaigns that appeal to young people.	2000 - 2004 18 months revised to 42 months	£195,517		The adaptation of a private sector model of social marketing to the economic socialist context of Cuba continues to demonstrate measures of success and at the same time, continues to remain very challenging. Now in its third year, the project has been accepted by the authorities at the national and provincial levels and there continues to exist a strong interest and political will on the part of the government for its continuation and expansion to the rest of the country. The Ministry of Public Health has presented the project at a number of international conferences as an example of how the country is responding to HIV/AIDS epidemic.	Whilst The Ministry of Public Health appears to understand how a SM project should operate in order to be effective and efficient; it is hampered by the restrictions imposed by the socialist system. It is hoped that the successes of this project will enforce the governments commitment to establish an effective SM programme.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					The project has sold almost 3 million condoms in approximately 500 sales outlets, has been successful in producing and broadcasting brand advertising in the mass media and in other alternative media channels and has successfully integrated itself into the country's national strategic HIV/AIDS plan. The indicators set for the end of the project period (now, 31 March 2004) were 5 million condoms sold, 600 outlets carrying the *VIVE* brand condom, and 50% of the target population aware of the branded condom and considering it affordable, reached. However due to the following challenges, it is now considered unlikely that this will be reached: • The lack of resolution to the revenue collection and conversion (from local pesos to USD) issue has resulted in a temporary halt to the importing, packaging and distributing of the social marketed condoms; • The state controlled	

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					distribution system has frequent problems with transportation and leads to delays in the delivery of condoms to sales outlets; • The dictation by the state of all television and radio broadcasts which means that the project has no control over the frequency and time of day that spots are played for the public. The limited air time will factor into any brand awareness and condom use measurement.	
In-Net Uganda: Health Insurance and Insecticide Treated Nets (ITNs) in Uganda. Funded by CSCF	Aims: To improve the health of lower income Ugandans, especially pregnant women and children under five. Primary Activities/Outputs: 1. Enabling community-based pre-paid health plans members to learn about how ITNs can prevent malaria. 2. Decreasing the	2000 - 2003 24 months	£148,050	£301,868 - USAID	The project aimed to use existing health financing scheme as a vehicle for promoting ITNs. By preventing rather than treating malaria, it intended to keep health society member's health insurance cost down, thus enabling more low-income people to access their services. Subsidised nets were provided, making ITNs more affordable to many members. This co-financing of health prevention was intended to serve as a model for health plans to demonstrate	The InNet project provides a valuable example of engaging community based health financing schemes This project is currently being independently evaluated. Project evaluation will be distributed throughout the PSI network.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
	incidence of malaria, and enabling health society members to keep health insurance costs low, and therefore more affordable.				how other health promotion activities could be incorporated into their schemes in the future. The InNet project successfully created demand for nets from members and demonstrated the willingness of members to purchase nets once they learned of the benefits The principle barrier for deeper coverage among health scheme members was price. Providers were unable to contribute a large enough subsidy to make the nets affordable to all members. This is despite selling the net at cost to the providers.	
Promotion of the Female Condom (FC) among CSWs in Togo: Sister to Sister. Funded by CSCF	Aim: To empower low-income women in sex work to practise safer sex and to increase access to, knowledge and understanding of the FC among female sex workers. Primary Activities/Outputs: Improved familiarity with and increased use of the FC among CSWs, facilitated through a Peer Education	2000 - 2003 36 months	£249,928	£483,715 – USAID	During the second year of the project, 50 peer educators and 15 supervisors had 29,640 contacts with commercial sex workers, their clients, and members of the surrounding communities. Sales of *Protectiv'* female condoms began in June 2001. PSI/Togo has distributed a total of 34,203 female condoms to CSWs. The project is on track to surpass the original purpose level indicator of 45,000 *Protectiv'* sold in three years. The challenges to the project have been that the women have moved out	A new proposal has been submitted to CSCF to address the problems faced by young sex workers. The Little Sister to Sister project will empower young sex workers to develop their own support network, to learn alternative skills and to access education. Decision is due in January 2004. Many women who have sex (or favours) for money do not consider themselves as prostitutes. These are often

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
	Network and condom distribution system.				of brothels and have been working individually, making it harder to target centrally. The peer educator network has been flexible enough to cope with the changes because of the relationship built.	students. BCC activities have been expanded to include this group
Vive Tu Mejor Momento: Reducing the Transmission of STI/HIV/AIDS among marginalized groups in Guatemala, El Salvador, Honduras and Nicarag	Aims: This project is part of a regional HIV/AIDS prevention initiative that aims to reduce the transmission of STI/HIV/AIDS among men who have sex with men (MSM), commercial sex workers (CSWs), and clients of CSWs such as uniformed men and truck drivers. Activities/Outputs : By conducting a variety of targeted grassroots interpersonal education-entertainment activities: 1. The capacity of grassroots organisations in strategic planning and advocacy for HIV prevention and treatment is strengthened;	2002-2004 26 months	£249,347	£1,525,731 – USAID & Dutch Govt	The HIV/AIDS epidemic in Central America is still largely concentrated in vulnerable groups that are dis-empowered and often ignored. By empowering these groups to effectively protect themselves from the virus, this project has the potential to both improve the quality of life of thousands of marginalized Central Americans and avert a generalised HIV/AIDS epidemic in the region. It is estimated that a total of 200,000 high-risk people in the region will be directly reached by the end of the project. Key lessons of the project to date include: • Though the local NGOs expressed support for the programme, their institutional capacity was extremely limited; this resulted in the start-up of this multi-country programme taking longer than originally anticipated.	PASMO is incorporating the topic of human rights into all activities. There has been a recognition among staff that working towards ending human rights abuses is a key factor in reducing vulnerability to HIV In future, more attention should be paid to local limitations, as well as the agendas and priorities of NGOs when programming and planning potential projects.

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
ua. Funded by CSCF	strengthened; 2. Knowledge of sexual and legal rights and health services is increased; and 3. The ability of the target populations to accurately assess personal risk and negotiate condom use is increased.				• While there is an interest in human and sexual rights topics, the theme has not been well operationalised by many local NGOs. If replicated in another setting, the identification of existing laws and definition of human and sexual rights prior to starting activities would be advised. • Many local NGOs have a traditional way of undertaking BCC initiatives, and consequently their methods have not always produced the desired impact. PASMO has learnt to prioritise working with partner NGOs to address this in order to develop new methodologies to be more effective. Part of this includes using best practise examples drawn from successful NGOs such as CEPRESI in Nicaragua, whose methodology can be adapted in other interventions. • It has been reiterated in the course of this project that defining human and sexual rights and implementing activities related to this theme is a long-term process. Though much can be achieved, two years is a limited time frame in which to fully start-	

Project	Project Summary	Time Frame	DFID Funding	PSI Funding	Innovations/lessons learned	How lessons have been applied
					up and implement an impactful project,obtain sustainable results.	
Condom Social Marketing (CSM) to improve Reproductive Health in Burma Funded by Joint Funding Scheme	Aims: To expand PSI's CSM project. 1. Targeted marketing of condoms to high-risk groups resulting in increased sales of condoms 2. Increased access to health education via IEC and community-based promotions 3. Widespread training, peer education and advocacy among NGOs/CBOs	1998 – 2000 27 months	£498,197	£1,561,300 – USAID, AusAID, Finland Govt, Packard Foundation	Up to 1998, PSI had been unable to ensure consistent product supply, expanded product range or educational interventions on a national scale. Lessons learned from this project supported the development of field based programmes, managed at a local level and the need for support to strengthening institutional capacity particularly MIS and managerial and human resources systems	PSI/Burma has been able to open offices in 5 locations throughout Burma and also has a new warehouse. These offices are useful for the local context and help with local advocacy and allows for better programming and authorization for other activities are now easier to secure. It was found that Private sector channels for distribution are very effective. Non-traditional outlets now account for 40% of annual sales. High-risk groups respond well to new brands of condoms. In 2001, PSI/Burma launched flavoured condoms and during 2003 will launch a sexual lubricant and a female condom.

POPULATION SERVICES INTERNATIONAL AND THE DEPARTMENT FOR INTERNATIONAL DEVELOPMENT – A PARTNERSHIP FOR INNOVATIVE SOCIAL MARKETING

UPDATE ON THE IMPACT PROVIDED BY DISCRETIONARY CORE GRANT SUPPORT FEBRUARY 2002

Progress Report: Discretionary Core Support Funding

Period: 1998 – 2002

Total Funding: £6 Million

The Department for International Development (DFID) has provided Population Services International (PSI) with £6 million of Discretionary Core Grant support since 1998. These Core Grant funds expanded the impact of social marketing, allowing PSI to target the most vulnerable segments of the world's population with effective, cost-efficient and increasingly innovative health interventions. PSI has expanded its operations into 60 countries, bringing the benefits of an international network to partnerships with local affiliate organisations and the private and public sectors. Discretionary Core Grant funding from DFID provides vital support for innovation, expansion, and PSI's continued commitment to the people we serve.

PSI measures its success by its ability to provide sustainable health impact among low income and vulnerable populations, and sustainable health impact is assured by expanding the consistent availability and affordability of health products and services, and the continuing dissemination of behaviour change communications. The value of DFID's Core Grant is considerable – Core Grant funding sustained PSI affiliate operations in countries such as Cuba, Burma, Haiti, Burundi, China and Cote d'Ivoire where regime policies or social instability limited the financial support that government donors could provide. Core Grant support has leveraged external donor funding, significantly contributed to the pace of innovation, and increased the impact of PSI activities in key program areas: HIV/AIDS prevention, Family Planning (FP) and Maternal Child Health (MCH).

Over the past several years the portfolio of PSI products has expanded to 25, with Core Grant support contributing to the introduction of new products, services and projects. Because of continued innovation and expansion, PSI provided

17.16 million person years of protection[8] (PYPs) in 2002, a 31% increase from 2001, at a net unit cost of $8.80.

PSI's worldwide health impact increased in other areas during 2002:

- 508,570 Primary cases of HIV/AIDS averted (22 % increase)
- 5,348,814 Unwanted Pregnancies Averted (14% increase)
- 27,492,063 Malaria Episodes Averted (119% increase)
- 10,835 Maternal Deaths Averted (20% increase)

WHY SUPPORT SOCIAL MARKETING?

Social Marketing is a strategy that has been used to address many social issues particularly in the fields of health and education. Social Marketing uses commercial marketing principles and techniques to influence a behavior change. As practiced by PSI, Social Marketing also provides health products and services at affordable prices to poor and high risk communities. The exact type of behavior change usually falls into the following categories:

- ◊ Accept a new behavior
- ◊ Reject a potential behavior
- ◊ Modify a current behavior
- ◊ Abandon an old behavior

Within this framework it is important to stress that Social Marketing seeks to change behaviors voluntarily rather than legal, economic or legislative forms of influence Health Impact among Low-Income and Vulnerable Populations

Successful social marketing demands an understanding of target consumer's needs, knowledge and practices in order to provide health impact in a culturally appropriate context. PSI products are attractively packaged and made widely available in order to meet consumer need and affordability. PSI products and services are priced and distributed to ensure accessibility to low-income and vulnerable groups, and PSI's behavior change communications are purposefully disseminated through channels that reach these groups.

Core Grant funds supported malaria prevention campaigns in three rural districts of Zambia, where research indicated that knowledge of mosquito net use among the poor improved significantly following PSI's behavior change interventions. PSI has focused on developing communications strategies that specifically target these poorer groups. In Nigeria, PSI's communications campaigns are targeted

[8] PYP is a formula developed in 2001 to combine several indices of protection into one generic unit, estimating the person years of protection PSI provided through the sale of its products and services.

to the poorest segments of the Nigerian population. Surveys indicated that PSI interventions increased knowledge about HIV/AIDS and condom use among the poor more than any other socio-demographic group.

Even the most successful health programs operate in a world of uncertainty – in resource-constricted areas of the globe where the poorest groups are trapped in the gap between what an overstretched public and an underdeveloped private sector can provide, PSI is committed to long term, sustainable health impact among this vulnerable population, and will support vital health programs as long as the need for them exists. Core Grant funds play a vital role in maintaining the availability of health products and services in countries where funding has been suspended and also in leveraging diversified donor funding so that projects may secure continued operation, and stimulate public and private sector development.

SUSTAINABLE HEALTH IMPACT

Sustainability is critical if health projects are to achieve meaningful long-term health impact, but in any given year up to 10% of PSI's locally staffed entities face interim funding shortfalls due to shifting donor priorities, fluctuations in available resources, political and social strife or impeding bureaucratic procedures. Core Grant funds allow PSI to make emergency disbursements to affiliates whose funding has been interrupted or delayed so that socially marketed products such as condoms may remain available to poor and vulnerable populations.

DFID Core Grant funding also allowed PSI to pilot innovative new small-scale projects that subsequently leveraged additional donor support. For example, £250,000 in Core Grant funds supported a pilot antenatal franchise in Uganda that dispensed Nevirapine for the prevention of mother to child HIV/AIDS. A successful launch of the franchise resulted in follow on funding from USAID of over one million US dollars. That level of support allowed the program to increase the number of clinics and the variety of services offered.

India attracted almost £1million of additional funding to continue an innovative MCH program that was initiated with Core Grant support. Madagascar utilized Core Grant funds for anti-malaria activities and as a result obtained funding from the Centre for Disease Control (CDC), and USAID in the Global Fund, amounting to roughly 2.7 million US dollars. Rwanda, which once required Core Grant operational support, has obtained an additional £850,000 to expand its social marketing for the prevention of HIV/AIDS and malaria

Core Grant funds have strengthened existing program areas, funded pilot projects and sustained programs where donor support was limited or unavailable. The sustainability and continuity of PSI's activities in key program areas– HIV/AIDS prevention, Family Planning and Maternal Child Health – have contributed to PSI's increasing health impact.

SUMMARY OF SELECTED ACTIVITIES

HIV/AIDS

684 million male and female condoms were socially marketed worldwide by PSI in 2002, and behaviour change communications campaigns designed to educate low-income populations about HIV/AIDS awareness and prevention health and healthy behaviour - including the use of health products and services - were carried out in almost 60 countries. PSI also served 61,597 clients176,754 clients in franchised voluntary HIV counselling and testing (VCT) services throughout Africa and Asia.
In 2001, PSI programs had averted more than 400,000 primary HIV infections, not including infections prevented by PSI's non-condom related behaviour change and the commercial condom sales stimulated by PSI programs.

Core funding has been used to provide bridge funding to support critical social marketing programs. Funding has also been allocated to specific HIV/AIDS interventions such as a project in Uganda designed to reduce the incidence of mother to child transmission of HIV (PMTCT) by expanding access to antenatal care and Nevirapine (NVP), a drug that inhibits the HIV/AIDS disease. The initial 25 providers have been networked into a social franchising model that provides training in counselling and quality of care. The providers also offer HIV testing and counselling (VCT), information about PMTCT and safer breast feeding practices.

PSI has also developed a franchised model for the specific purpose of offering VCT. The model, developed in Zimbabwe and branded as *New Start*, offers a non-judgemental, supportive environment where the public are able to confirm their HIV status. Core funding has been used to open a *New Start* centre in Lusaka, Zambia. , and to sustain the *New Start* network in Zimbabwe. During the first six months of operations the Zambia centre saw almost 5,000 clients, the amount that was targeted for a 12-month period. , and in 2002 the Zimbabwe *New Start* centre increased the number of clients seen 37% over 2001. PSI Zambia has requested additional funds from KfW and USAID to allow the programme to expand the number of VCT centres throughout Zambia.

High sexually transmitted infection (STI) rates can also increase the likelihood of HIV transmission in affected populations. make populations afflicted more vulnerable to HIV transmission. PSI has developed an STI treatment kit that can be used to reduce gonococcal and chlamydeous infections in men and women, and Core Grant funds are supporting the distribution of these kits in both the

public and private sectors in Africa and Asia. Branded In Madagascar, *Cura-7* the kits contain antibiotics, condoms, information concerning the correct usage of the medicines and a partner referral card, all packaged and attractively branded. Within two months of the project becoming operationals, some 20,500 kits were distributed - which was in excess of 200% of the original sales targets exceeding the original sales targets by 200%. The success of the product and project is such that the Madagascan Ministry of Health (MoH) has also requested 200,000 *Cura-7* kits for distribution within the public sector.

Family Planning

PSI's worldwide annualized couple years of protection (CYPs) have increased 20% from 2001 to 9.84 million in 2002,[9] due in large part to PSI's ability to offer a wider range of affordable contraceptive options. Core Grant funds contributed to the expansion and improvement of PSI's reproductive health services by supporting the launch of new oral contraceptive and emergency contraception projects, along with family planning services that are patterned on successful franchise programs already operated by PSI.

More contraceptive methods translate into more affordable choices for women and their partners, enabling them to improve health and space their births. Using core Core Grant funds, PSI expanded family planning social franchises to three African countries in Africa, Asia and Latin America. In Africa, under the brand "*Profam*" (understandable in Francophone, Anglophone and Lusophone Africa) providers have been trained in correct counseling for all family planning methods and correct usage of such methods. The Social Franchise is built upon a quality standard that is linked to the brand and marketed as a benefit to potential clients. All members of the franchise, known as franchisees, must follow a blueprint for all areas of the franchise including reporting, quality of care, infection prevention and inventory control. PSI as the franchiser is responsible for ensuring that the quality standards are being met and this is achieved through a variety of monitoring mechanisms including client satisfaction surveys, clinical audits and analysis of client visits.

By utilizing existing channels of service delivery, the franchise can eliminate expensive start-up infrastructure costs. Also by using existing facilities there are no direct salary costs involved in service delivery and as such other expenses are kept low, particularly when the franchise is brought up to scale. A further benefit to using existing infrastructure is that it does not merely duplicate services that are in existence but is designed to strengthen what already exists.

[9] Social marketing programs in Brazil and Ethiopia that are supported by PSI but without substantial PSI management involvement produced an additional 1.4 million CYPs in 2001.

Maternal Child Health

Over a billion people do not have access to clean water[10], and in 2002 sales of PSI's inexpensive point of use water treatment (SWS) option resulted in 893,830 person years of treated water supply. Sales of PSI's oral rehydration salts (ORS), developed to counter the effects of dehydration and diarrhoea, resulted in over 2 million child years of rehydration, and multivitamin sales resulted in over 100,000 women of reproductive age years of supplementation. These MCH products were introduced in ten countries in Africa, Asia, Latin America and Central and Eastern Europe using Core Grant funds.

These are new products, measured by new models, developed to counteract the effects of age-old problems that are congruous with severe poverty – unclean water, dehydration, and improper nutrition. PSI's MCH products are simple innovations that can break the cycle of disease and disability if effectively and consistently made available to the populations who need them.

PSI's portfolio of maternal child health initiatives has increased dramatically in the past two years, sponsored to a great degree by the Core Grant funds. A substantial amount of the Core Grant funding is allocated to the MCH sector due to the great high demand for MCH products and the relatively modest degree of available governmental funding. PSI uses Core Grant funding to develop MCH products, expand delivery, achieve maximum health impact, and - in some cases - sustain programs until donor funds can be secured.

For example, MCH products such as multivitamins, safe water systems and clean delivery kits for home birthing have all been introduced in the state of Orissa, India. Aside from increasing the range of socially marketed products in very poor states such as Orissa, the experience has enabled PSI to develop better products, particularly in the case of safe water systems. Lessons learnt in India where the lesson learnt enabled PSI India to develop a superior product that has a longer shelf life, from nine to twelve months and is packed in a sturdier bottle to lessen the risk of leakage. Core Grant funds are now supporting new MCH initiatives in nine other countries throughout Africa and Latin America.

Malaria prevention

PSI provided for an estimated 4.3 million person years of malaria protection in 2002, a 95123% increase from 2001. DFID Ccore Grant funding contributed significantly to this success ; withby supporting insecticide treated bednet social marketing projects operated in ten countries including Madagascar, Kenya, Burkina Faso, and Rwanda, Zambia and Myanmar.

[10] According to the *World Health Organization*

Innovative projects designed to reduce in reducing morbidity from malaria have also been implemented with Ccore Grant funds. PSI Madagascar used Core Grant funds to increase the use of pre-packaged chloroquine for the prompt, effective treatment of malaria in children under five. Research conducted by PSI Madagascar revealed that presentation of effective chloroquine treatment in appropriately dosed packaging was problematic, the program then focused on working with suppliers to develop an appropriate unit of use container. By effectively consulting consumer research and working with private sector companies, PSI Madagascar will be able to offer a highly effective product that meets a dire health need and is affordable to the people who need it most.

In Bolivia, PSI Core Grant funds supported a groundbreaking study of natural mosquito repellents in collaboration with the London School of Hygiene and Tropical Medicine. Research teams discovered that certain natural extracts provide excellent protection from the regions' malaria-carrying mosquitoes, a potential source of prevention in Asia and the Americas where dusk mosquito feeding drives disease transmission. Research to document the health impact of these natural repellents is now being sponsored by the Gates Foundation, the Bolivian MOH is exploring other funding options for the repellents, and USAID Peru has asked PSI to conduct a feasibility study. PSI is also examining possible introductions of repellent in Myanmar and Indonesia.

Product and service innovation

Leveraging additional Funds the steady increase in PSI's health impact in key program areas has fuelled the momentum for continued social marketing innovations. As the need for more technical health services are being identified in order to achieve millennium development goals, organizations such as PSI are developing models of health service delivery that are based on commercial franchising. In this model, PSI has been able to develop a network of health practitioners, both medicalized and community, that are able to offer a range of services and have in-built referral systems.

PSI has innovated and expanded its activities in other specialized fields such as Harm Reduction strategies for injecting drug users and is planning to use the social franchise networks to begin programming for DOTS (Directly Observed Treatment Short course) treatment for TB sufferers.

Additionally, PSI is partnering with the Medical Research Council during phase III trials for microbicide research. Acting as marketing advisors, PSI is providing inputs into the trials in terms of volunteer recruitment, consumer acceptability of microbicides and will be developing marketing plans and branding advice.

Motivating the Private and Public Sectors

Social Marketing harnesses commercial market strategies and techniques to create health impact and change behavior. It is uniquely effective at motivating the private sector to become involved in the development process. As the scope of social marketing interventions has increased, PSI has developed new models of intervention that incorporate both the private and public sectors.

In East and Southern Africa, PSI is stimulating the emergence of a vibrant commercial trade in mosquito nets. PSI Tanzania has forged new ground through a unique partnership with the commercial sector that increased the penetration of manufacturer's net kits into under-served rural markets through large-scale advertising and distribution, and successfully advocated reduced taxes and tariffs on ITN products and raw materials. In Kenya, Core Grant funds once sustained program continuity by ensuring the availability of ITN commodities. Today, DFID has contracted PSI for an intensive five-year effort to build on the existing program and stimulate the emergence of a "net culture" in Kenya. The project has now sold more than 500,000 ITNs through commercial channels, scaling up commercial trade in a once under-developed ITN market.

PSI's franchised HIV/AIDS VCT centres have provided care to thousands of individuals throughout Africa and Asia, they have also provided successful opportunities for public/private joint health initiatives. PSI is committed to contributing to Health Sector Reform by strengthening and cultivating the capacity of the private sector to deliver health products and services to poor communities. Collaborations with the public sector are becoming increasingly frequent in that process.

In Madagascar, the STI Treatment Kit *Cura-7* has not only been fully endorsed by the Madagascan MoH but has also written into its own work plan the purchase of 200,000 *Cura-7* kits. The MoH has asked PSI Madagascar to develop a similar kit for the treatment of syphilis - a project now financed by the World Bank. In Uganda, Nevirapine for the ante-natal PMTCT franchise is being donated by the Ugandan MoH who, in turn, is receiving Nevirapine free of charge from Boehringer Ingelhiem Pharmaceuticals, Inc, a good example of the private, public and not-for profit sectors working collaboratively.

DFID have also provided funds for PSI from the Knowledge Funding mechanism. These funds were used to launch the first Social Marketing project in Cuba. The project has involved close collaboration with various Ministries in Cuba and the first product has been the *"Vive"* condom. The attractively designed packaging has become very popular and as a result the Cuban MoH has recently launched their free condoms in more attractively designed package, acknowledging the contribution of Social Marketing in the development process.

Conclusion

PSI has used commercial market tools to create sustainable programs that steadily increase health impact while improving the capacity of local organisations, providers, private and public sectors to tackle the diseases that plague their communities. Core Grant support has contributed significantly to this end, allowing PSI to maintain much-needed programs, to innovate and to more effectively target poor and vulnerable populations. With DFID's Core Grant support, PSI has expanded the scope and impact of social marketing, and will continue to do so as long as the need exists.