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## EVALUATION

# THE TANZANIA SOCIAL MARKETING PROJECT: A PERFORMANCE EVALUATION

June 2015

This publication was produced at the request of the United States Agency for International Development. It was prepared independently by Mary Lyn Field-Nguer, Kennedy Musonda, Neema Fritz Matee, Mpundu Mwanza, Alex Mwita, Deo Mwingizi, Fredy Rutahindurwa and Rose Ernest, consultants to USAID/GH Pro.

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The evaluation team has striven to make this a report that is useful to USAID/Tanzania and stakeholders as they design the next project in the social marketing of products that are critical to the health and quality of life of the people of Tanzania.

# THE TANZANIA SOCIAL MARKETING PROJECT (TSMP): A PERFORMANCE EVALUATION

*Expanding impact and building social marketing  
capacity in Tanzania*

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# ACRONYMS

ADDO	Accredited Drug Dispensing Outlets
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior change communication
CHAI	Clinton Health Access Initiative
CHMT	Council Health Management Team
CPR	Contraceptive prevalence rate
DACC	District AIDS Control Coordinator
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DLDB	<i>Duka La Dawa Baridi</i> (local drug shop)
DRCHCo	District Reproductive and Child Health Coordinator
FGD	Focus group discussion
FP	Family planning
GDP	Gross domestic product
HIV	Human Immunodeficiency Virus
IP	Implementing partner
IPC	Interpersonal communication
IPTp	Intermittent preventative treatment in pregnant women
IR	Intermediate result
KII	Key informant interview
MAP	Measuring Access and Performance
MCH	Maternal and child health
MNCH	Maternal neonatal and child health
MOHSW	Ministry of Health and Social Welfare
MVU	Mobile Video Unit
NACP	National AIDS Control Program
NBS	National Bureau of Statistics
NMCP	National Malaria Control Program
NGO	Non-governmental organization
OCs	Oral contraceptives
OCGS	Office of the Chief Government Statistician
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
QA	Quality assurance
RCHCo	Regional Reproductive and Child Health Coordinator
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RH	Reproductive health
RFA	Request for applications
SBCC	Social and behavior change communication
SO	Strategic objective
TACAIDS	Tanzania Commission for AIDS
TBS	Tanzania Bureau of Standards
TCCP	Tanzania Capacity and Communication Project
TFDA	Tanzania Food and Drug Authority
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
TMA	Total Market Approach

T-MARC  
TSMP  
UNAIDS  
USAID  
VMC  
ZAC

Tanzania Marketing and Communications  
Tanzania Social Marketing Project  
The Joint United Nations Program on HIV/AIDS  
United States Agency for International Development  
Voluntary medical male circumcision  
Zanzibar AIDS Commission

# EXECUTIVE SUMMARY

## EVALUATION PURPOSE AND EVALUATION QUESTIONS

The Tanzania Social Marketing Project (TSMP) has been funded by USAID since June 2, 2010 and is due to close in May 2016. The USAID/Tanzania Health Office requested that a team be deployed by USAID's GH Pro mechanism to conduct a performance evaluation of the project.

The purpose of this evaluation is to review, analyze and evaluate the project's progress in meeting its objectives and intermediate results as the project enters its final year. The findings are intended to provide a critical review of several dimensions of success and challenges across the life of the project. The USAID/Tanzania Health Office will use this information to improve project performance and inform the design of a future social marketing activity.

The evaluation questions that guided the team included:

1. To what extent have TSMP's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV and AIDS, family planning and reproductive health (FP/RH), child survival and malaria?
2. To what extent have TSMP's interventions strengthened local capacity (civil, public and private) to sustain social marketing activities to achieve public health outcomes?
3. What internal and/or external factors have influenced the project's ability to achieve its objectives?

## PROJECT BACKGROUND

Tanzania has a population estimated at nearly 42 million and is also home to one of Africa's fastest growing economies. Tanzania's nearly seven percent annual national gross domestic product (GDP) growth since 2000 has been hardly perceptible among its predominantly rural (73 percent) population. The health status of the Tanzanian people has improved over the past decade. Specific areas of health on which TSMP focused include HIV, maternal and child health (MCH), FP and malaria. HIV prevalence varies by region, and stands nationally at 5.1 percent.<sup>1</sup> Despite high coverage rates of antenatal care (96 percent attend at least once), only 50 percent of women delivered in a health facility, and maternal mortality remains high at 454 deaths per 100,000 live births (accounting for approximately 8,000 maternal deaths per year).<sup>2</sup> Notably, under-5 mortality rates have dropped by 40 percent, from 137 deaths per 1,000 births in the mid-1990s to 81 for the period 2006–2010.<sup>3</sup> The 2010 DHS indicates that 29 percent of all women, including 34 percent of married women and 51 percent of sexually active unmarried women 15-49, currently use contraception. In terms of malaria, among all households in Tanzania, 95 percent possess at least one mosquito net and 91 percent own at least one insecticide-treated net.<sup>4</sup>

### The Tanzania Social Marketing Project (TSMP)

As stated in the request for applications (RFA), TSMP was designed to support the achievement of the following USAID strategic objectives (SOs):

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<sup>1</sup> UNAIDS, 2012, Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics, Office of the Chief Government Statistician (OCGS), and ICF International 2013.

<sup>2</sup> The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008–2015.

<sup>3</sup> Demographic and Health Survey (DHS), 2010.

<sup>4</sup> Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), 2011-2012.

- SO 10: Enhanced Multi-Sectoral HIV/AIDS Response in Tanzania
  - Program Element 1: Prevention of and HIV testing improved
- SO 11: Health Status of Tanzanian Families Improved
  - Program Element 1: Malaria morbidity and mortality reduced
  - Program Element 2: Modern contraceptive prevalence increased
  - Program Element 3: Maternal and child mortality reduced

USAID/Tanzania is committed to developing markets for health products and services in Tanzania that effectively engage the public, social marketing and commercial marketing sectors in a total market approach that supports effective brand development and marketing and maximum cost recovery. TSMP is a 5-year cooperative agreement awarded in 2010. Under the leadership of Population Services International (PSI), TSMP provides technical support to two Tanzania organizations, Tanzania Marketing and Communications (T-MARC) and PSI/Tanzania, and it engages key stakeholders from the public, non-profit and private sectors to improve market segmentation, subsidy strategies and distribution systems.

The goal of this cooperative agreement is to improve the health status of Tanzanian families, with an objective to ensure measurable behavior change (including use of effective health products) among project target groups.

To support this goal and project objective, TSMP was tasked with ensuring achievement of the following two intermediate results (IRs):

IR 1: Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival and malaria

- IR 1.1: Access to HIV/AIDS, FP/RH, child survival and malaria social marketing products dramatically scaled up through a targeted approach
- IR 1.2: Consumer and trade understanding of the underlying public health issues and correct use of HIV/AIDS, FP/RH, child survival and malaria products significantly increased
- IR 1.3: Sales and use of socially marketed health products measurably increased

IR 2: Local capacity (civil, public and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes

- IR 2.1: Capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened
- IR 2.2: Substantive partnerships with the civil, public and commercial sectors and donors to promote wider public health impact established and maintained
- IR 2.3: Capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured

TSMP's original end date was in 2015, but the project has a no-cost extension with a closing date of May 16, 2016.

The TSMP team is expected to leverage the "Total Market Approach" (TMA) to social marketing in order to correct market inequalities and develop more sustainable solutions to health problems by providing customers with wider and more effective choices. The goal of the TMA is to achieve a marketplace where all segments of society are reached with high quality products and services according to their ability to pay. In a balanced TMA, the poorest access products and services through free distribution, those who are somewhat better off through subsidized products, and those with greater ability to pay through commercially-distributed products. Social marketing organizations are essential to

growing the overall market volume by attracting new user groups into the market and opening up new markets, particularly in rural areas through community-based distribution.

TSMP works primarily in the areas of HIV prevention and FP, supporting promotion and distribution of male and female condoms and oral contraceptives (OCs) through its partner organization. T-MARC markets and distributes three products: Dume male condoms, Lady Pepeta female condoms and Flexi-P OCs. With USAID funding through TSMP, PSI also provides WaterGuard water purification tablets for distribution through PEPFAR home-based care partners, along with Familia male condoms through commodity co-financing support from the Global Fund. In addition, TSMP supported the MOHSW's introduction of two new vaccines for diarrhea and pneumonia through a targeted communication campaign that engaged two of the poorest performing regions in Tanzania. Also through TSMP, PSI has provided support to sub-grantee the Clinton Health Access Initiative (CHAI) for improved product distribution through small-scale private pharmaceutical vendors (ADDOS). This has moved forward the engagement of the commercial sector in social marketing in Tanzania.

### ***Target Areas and Populations***

T-MARC distributes male and female condoms nationwide, with T-MARC providing focused marketing and behavior change efforts in areas with elevated HIV prevalence, including Dar es Salaam, Arusha, Mwanza and other major urban hubs. Family planning products are distributed nationwide, with promotion largely through interpersonal communication (IPC) activities in Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara and Mbeya.

Priority audiences for products marketed under TSMP are outlined in brief below:

- Dume male condoms: urban and peri-urban men. Mid-market/moderate socioeconomic status.
- Lady Pepeta female condoms: commercial sex workers, women engaging in transactional sex (such as bar workers). Mass market, with heavy emphasis on free distribution in conjunction with IPC to encourage trial among new users.
- Flexi-P OCs: young, single, “independent,” urban women. Mid-market, with pricing likely to rise substantially pending Bayer registration.

TSMP supported T-MARC in selecting these audiences based on country-level health needs, donor priorities and primary behavioral research that allowed for identification of those groups most amenable to social marketing intervention for each product.

Priority audiences for PSI/Tanzania products relevant to TSMP's mandate and objectives include:

- Salama male condoms: rural men, mass market/lower socioeconomic status.
- Care female condom: key populations at high risk for HIV infection, including discordant couples, injecting drug users and men who have sex with men.
- Familia OC: married women.

### ***TSMP Approach and Implementation***

Major activities under TSMP have centered on the continued shaping of the national markets for male and female condoms and OCs, with particular attention to establishing complementary targeting, positioning and pricing between T-MARC and PSI/Tanzania brands. Promotional activities emphasize continuous below-the-line marketing (through interpersonal communication, experiential marketing and public events) complemented by periodic mass media campaigns.

There has been nationwide distribution of social marketing products to increase access and accessibility to male and female condoms, OCs and household water treatment products, and repositioning of the Dume and Salama male condom brands based on current research, with Dume moving into a mid-market niche and Salama retaining lower-priced, mass-market targeting. There has also been

repositioning of the Flexi-P and Familia OC brands (which currently use identical formulations), with Flexi-P targeting younger, unmarried, “independent” women and Familia targeting married women, with an emphasis on male involvement.

Promotional activities to reposition products in accordance with the above strategies include promotion of products via television, public events, bar-based interpersonal communication and other relevant communication channels, and convening of government, civil society and private stakeholders to coordinate a total market approach to social marketing.

Local capacity (civil, public and commercial) to sustain social marketing activities in Tanzania has been strengthened through activities carried out by PSI to improve T-MARC’s marketing, research and implementation capacities and through work with the ADDOs.

Geographic coverage by T-MARC is HIV-focused in Dar es Salaam, Arusha and Mwanza, while T-MARC’s IPC work is in Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara and Mbeya.

## EVALUATION DESIGN, METHODS AND LIMITATIONS

The evaluation is a retrospective performance evaluation. The evaluation questions, detailed in the evaluation matrix in Annex I (SOW), focused on the performance of the project in three main areas: social and behavior change communications implementation, coordination and collaboration, and capacity building.

**Methods:** The mixed-methods evaluation featured: (1) review of project documents (e.g., quarterly and annual reports) and other literature; (2) secondary analysis of existing data, such as project surveys (omnibus surveys conducted by IPSOS, a global market research firm with offices in Tanzania, are cross-sectional household based surveys carried on a quarterly basis), internal evaluations conducted by the partner, platform assessment tools and performance management plans (the latest DHS data are not yet available); (3) semi-structured key informant interviews (KIIs) with stakeholders, capacity-building recipients and project staff; (4) focus group discussions (FGDs) with ADDOs and Pro-Agents; and (5) a self-assessment survey of selected project staff.

**Sample:** USAID/Tanzania identified four regions for field work (Dar es Salaam, Iringa, Njombe and Mwanza), based on the following criteria: presence of both this project and another also being evaluated (Tanzania Capacity and Communication Project, or TCCP), multiple activity areas (HIV, FP/RH, MCH and malaria), mission priority areas, appropriate mix of settings and target populations, and travel and time considerations. The sample included a mix of national, regional and district MOHSW program management and service delivery staff; individuals and organizations who benefitted from capacity-building activities of TSMP, and community workers to represent the experience of beneficiaries. TSMP staff provided a matrix of contact information for these categories of the sample. In addition, the team used information gained during interviews to add informants to the sample.

**Data collection and analysis:** The team developed and pre-tested semi-structured KII and FGD guides in English that were translated into Swahili. While the majority of the interviews and focus groups were conducted in Swahili, some were conducted in English. Most KIIs and FGDs were audio-recorded, transcribed and translated into English before being coded and entered into NVivo for thematic analysis.

**Themes for analysis:** The team developed an initial list of themes for analysis to use as a basis for qualitative analysis using a grounded theory approach. The team revised the themes during the course of data collection to reflect emergent concepts and hone in on the evaluation questions.

**Limitations:** The evaluation primarily used rapid assessment methods, including key informant interviews and document review. Accordingly, the findings are subject to recall bias as well as social desirability bias. Due to time and logistical constraints, the team only visited a subset of regions and

districts where the project was implemented. The evaluation team attempted to mitigate these threats to validity by triangulating multiple data sources and reviewing original data from internal project evaluations. Lastly, the lack of recent population-based data through a DHS, Service Provision Assessment, or similar survey precluded the team from exploring the effect of programs among targeted beneficiaries.

## FINDINGS AND CONCLUSIONS

### Social Marketing of Health Products for HIV, FP, MCH and Malaria

- While there is more work to be done, the development of a TMA is in progress.
- The definition of market segments for some project products has shifted and will need to be re-assessed over time.
- TSMP has greatly expanded condom availability to many outlets and groups.
- TSMP has contributed to improvements in water treatment among people living with HIV, despite the challenges faced during distribution.
- TSMP plays a significant role of provision of the availability and accessibility of low-priced contraceptive methods.
- The female condom remains low in use and acceptability due to many factors, some related to ambivalence on the part of the project about its usefulness and viability, as well as a complicated challenge in terms of user education and acceptability among non-high-risk populations.

### Collaboration and Capacity Building

- The partnership between PSI and T-MARC has moved in the right direction. What is now needed is to support a greater leadership role for T-MARC in the future. TSMP has built the organizational and technical capacity of T-MARC to implement social marketing programs and to provide leadership in social marketing at the national level. T-MARC must now gain financial sustainability and brand ownership beyond 2015. T-MARC has undertaken a business analysis that concluded it is viable for them to procure and rent out part of an office complex for operations, but approval is pending to use revenues for this purpose.
- The project has also built the capacity of the private sector by developing strong linkages between regional distributors and retailers and strengthening ADDOs as an important channel for organizing the private sector.
- The project has begun to build the capacity of the public sector to promote and regulate social marketing by promoting TMA and supporting the public sector condom promotion and distribution through the branding and development of the Government of Tanzania's condom strategy.
- TSMP has undertaken an innovative approach in its work with wholesalers and retailers. They now do trade labs through which they create a prototype, or mock-ups, and produce a small number of items to test, a faster approach than doing a three-month study requiring an IRB. This is more human-centered design, and PSI plans to do more of this approach to update and develop new products, such as variations on Salama condoms.

*The overall feedback from staff of both organizations is that T-MARC has increased its capacity under TSMP and is ready to stand on its own two feet as a BCC organization. As a social marketing organization, a lot of progress has been made by TSMP in terms of T-MARC's capacity and impact. However, a number of questions still require resolution, notably the financial sustainability of the social marketing activities of T-MARC and the future ownership and sales and distribution of the TSMP brands beyond 2015.*

2014 TSMP report on capacity building

- The project has built the capacity of TBS for testing condoms and of the Pharmacy Council to regulate ADDOs and pharmacies.
- The project did not do as much as needed or planned to build the capacity of Council and Regional Health Management Teams in social marketing.

## RECOMMENDATIONS

### Overall Project Design Recommendation

USAID should design the next project to incorporate a much closer link between the social marketing, service delivery and social and behavior change communications (SBCC) projects. In addition, the link with any project working on procurement and supply chain, including capacity building, should be clearly spelled out. The creation of demand through SBCC, the social marketing of related products and the public supply of products needed once demand is created are all interconnected and critical to results and impact.

One way forward is to create a project that incorporates several elements that are currently housed within different projects. In the end, whether components are combined or separated, with proper design and skilled management, these pieces of the overall health portfolio should be working in synergy with each other. Even district-level MOHSW health providers and program management staff expressed the wisdom of this approach to the evaluation team.

### Specific Components

#### *Social Marketing of Health Products for HIV, Family Planning, MCH and Malaria*

- USAID should specify that the project increase research and data collection on users and sales of condoms and OCs. It is important to include a method of collecting data from ADDOs.
- The project should implement cost management strategies that define cost reductions, such as operations, staff, and direct and indirect costs, and it should further review T-MARC's current sales and distribution strategy in order to have a cost-effective, efficient and sustainable model.
- USAID should ensure that T-MARC retains the three brands—Dume and line extensions, Lady Pepeta and Flexi-P—so that T-MARC can continue to trade commercially.
- Continue market segmentation with an even more precise approach by increasing market research on sales and follow-up of users—more action research is needed in order to determine what will sell best where, and the segmentation should be even more discrete in terms of distinguishing sub-regions and districts for preference, needs and health behaviors.
- Include advocacy for bringing in a mid-priced OC and promote that method as a category of FP that is best suited for certain groups of women, e.g., young, unmarried.

#### *Collaboration and Capacity Building*

- In the interest of sustaining and supporting local capacity, in the immediate future, USAID must support clear capacity building of T-MARC in identified gap areas, including the management of distribution systems.
- The USAID solicitation should clearly articulate expectations for implementation of a TMA and the role of each sector (public, private, commercial) in the TMA, including relationships between the MOHSW and the private sector. These must mirror the TMA strategy with transparency with all partners about what that strategy is, and who is playing what role.
- USAID should approve T-MARC's use of revenues to build and operate a commercial property, part of which they will rent out commercially, according to the recommendation by Innovex in a June 2014 report that confirms the financial viability of the plan proposed by T-MARC.

- T-MARC should implement, with USAID and PSI support, the recommendations in the report regarding personnel and other cost-containment measures.
- Design the project to work closely with the MOHSW and include capacity building in social marketing/TMA for Regional and Council Health Management Teams.
- The next project should fund civil society small grants, and expand this component to support community-based product distribution.
- The next project should continue to build a cadre of young social marketers, as has been started with Muhimbili by TSMP, and should consider expansion and addition of an internship and fellowship program in social marketing.
- PSI and the next project should continue to build the capacity of Pharmacy Council, use its mobile application, utilize the skills of already trained ADDOs that are not currently being used, and increase the training of ADDOs so that they can do the higher-level work of linking with the public sector and creating a continuum of care. Over time, the project should decentralize the Pharmacy Council to the district level and create the ADDOs Association at the regional level.
- The next project should continue and expand on the approach of doing human-centered design to come up with new products without long study waiting periods.



# I. INTRODUCTION

## EVALUATION PURPOSE

The USAID/Tanzania Health Office requested a performance evaluation, including a process evaluation of the PEPFAR program components, of the Tanzania Social Marketing Project (TSMP), a cooperative agreement that has been funded by USAID since June of 2010 and is due to close in May of 2016.

The purpose of the evaluation was to review, analyze and evaluate the project's progress in meeting its objectives and intermediate results as the project enters its final year. The findings are intended to provide a critical review of several dimensions of success and challenges across the life of the project. USAID/Tanzania will use this information to improve project performance and inform the design of a future social marketing activity.

## EVALUATION QUESTIONS

The evaluation team and the USAID/Tanzania health team agreed on the primary evaluation questions at the inception of the evaluation. These questions guided the development of the tools, data collection and the evaluation report.

1. To what extent have TSMP's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV and AIDS, family planning and reproductive health (FP/RH), child survival and malaria?
2. To what extent have TSMP's interventions strengthened local capacity (civil, public and private) to sustain social marketing activities to achieve public health outcomes?
3. What internal and/or external factors have influenced the project's ability to achieve its objectives?



## II. PROJECT BACKGROUND

### COUNTRY CONTEXT

Tanzania has an estimated population of nearly 42 million. At the current growth rate, its population is projected to reach 70 million by 2025.<sup>5</sup> Tanzania's life expectancy at birth is 52.46 years, and the population is primarily young (21.4 percent of women and 25.5 percent of men are between 15 and 19 years of age).

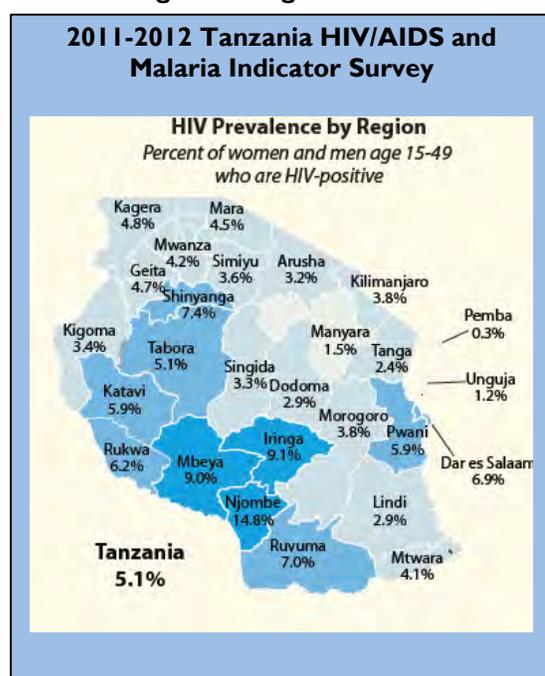
Tanzania has one of Africa's fastest growing economies. While the per capita GDP has increased, widespread poverty persists, with 68 percent (2007) of its population living below the extreme poverty line of \$1.25 per day.<sup>6</sup> The incidence of poverty weighs heavily on rural areas (33.3 percent) versus urban areas (21.7 percent). Tanzania's nearly seven percent annual national GDP growth since 2000 has been hardly perceptible among its predominantly rural (73 percent) population.

The health status of the Tanzanian people has improved over the past decade. Investments in areas such as malaria control and increased access to safe drinking water have led to reductions in infant and under-5 mortality rates.<sup>7</sup>

*HIV and AIDS:* HIV prevalence varies by region, and stands nationally at 5.1 percent, a 0.6 decrease from five years ago.<sup>8</sup> HIV prevalence is higher for women than men in every age group except ages 35-39.<sup>9</sup>

Among couples where both partners were tested for HIV, 5 percent were discordant (one partner is HIV-positive and the other is not). HIV prevalence is highest among women and men who are widowed and divorced/separated. Women and men who have never been married are least likely to be HIV-positive. The TDHS 2010 and THMIS 2012 indicate that the proportion of females and males with comprehensive knowledge about HIV transmission and prevention has not changed significantly (females from 48.6 percent to 42 percent, males from 46.5 percent to 50 percent). Condom use at last higher-risk sex, defined as sex with a nonmarital, non-cohabitating partner, was reported at 55.7 percent for men and women (54.6 for females and 56.8 for males). Although less than half of young people have comprehensive knowledge about AIDS, knowledge of a source for condoms is relatively common. Sixty-five percent of young women and 85 percent of young men know a place where they can obtain a condom.<sup>10</sup>

Figure 1. Regional HIV Prevalence



<sup>5</sup> Tanzania in Figures, 2012, National Bureau of Statistics (NBS); projection figure from Tanzania's Population Planning Commission, 2007.

<sup>6</sup> World Bank. World Development Indicators, 2012. Purchasing Power Parity measured in U.S. dollars.

<sup>7</sup> USAID/Tanzania Country Development Cooperation Strategy October 3, 2014–October 3, 2019.

<sup>8</sup> UNAIDS, 2012.

<sup>9</sup> TACAIDS, Zanzibar AIDS Commission (ZAC), National Bureau of Statistics, OCGS, and ICF International 2013.

<sup>10</sup> THMIS, 2011-2012.

The number of people receiving antiretroviral therapy has been increasing steadily since 2010, and by December 2013, a total of 1,366,402 were enrolled in care and treatment centers; 512,555 people living with HIV were receiving antiretroviral therapy, of whom 8 percent were children.<sup>11</sup>

*Family Planning and Reproductive Health:* DHS data in Tanzania suggest a “gradual and steady increase” in contraceptive use among married women over the last two decades, with a concurrent increase in the use of modern methods. The 2010 DHS indicates that 29 percent of all women, including 34 percent of married women and 51 percent of sexually active unmarried women 15-49, currently use contraception. The large majority of these women use modern methods, with injectables, OCs and male condoms predominating.<sup>12</sup> Unmet need for family planning remains high at 22 percent.

*Maternal and Child Health:* Despite high coverage rates of antenatal care (96 percent of pregnant women attend at least once), only 50 percent of women delivered in a health facility, and maternal mortality remains high at 454 deaths per 100,000 live births (accounting for approximately 8,000 maternal deaths per year) due to obstetric hemorrhage, obstructed labor, pregnancy-induced hypertension, sepsis and abortion complications.<sup>13</sup>

Notably, under-5 mortality rates have dropped by 40 percent, from 137 deaths per 1,000 births in the mid-1990s to 81 for the period 2006–2010.<sup>14</sup> Nevertheless, neonatal mortality rates have been high at 32 per 1,000 live births and account for 47 percent of the infant mortality rate.<sup>15</sup> DHS data show that only 13 percent of women received any postnatal care within 48 hours after delivery.

*Malaria:* Among all households in Tanzania, 95 percent possess at least one mosquito net, and 91 percent own at least one insecticide-treated net. Ninety-two percent of Tanzanian households are covered by vector control. Thirty-one percent of women with a live birth in the two years preceding the survey in Mainland Tanzania received intermittent preventive treatment (IPTp) during an antenatal care visit, compared with 48 percent of women in Zanzibar.<sup>16</sup>

## **THE TANZANIA SOCIAL MARKETING PROJECT (TSMP)**

As stated in the RFA, TSMP was designed to support the achievement of the following USAID strategic objectives (SOs):

SO 10: Enhanced Multi-Sectoral HIV/AIDS Response in Tanzania

- Program Element 1: Prevention of and HIV testing improved

SO 11: Health Status of Tanzanian Families Improved

- Program Element 1: Malaria morbidity and mortality reduced
- Program Element 2: Modern contraceptive prevalence increased
- Program Element 3: Maternal and child mortality reduced

USAID/Tanzania is committed to developing markets for health products and services in Tanzania that effectively engage the public, social marketing and commercial marketing sectors in a total market approach that supports effective brand development and marketing, and maximum cost recovery. TSMP is a 5-year cooperative agreement awarded in 2010. Under the leadership of Population Services International (PSI), TSMP provides technical support to two Tanzania organizations, Tanzania Marketing

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<sup>11</sup> NACP (2014). Care and Treatment Report for 2013.

<sup>12</sup> DHS, 2010

<sup>13</sup> The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008–2015.

<sup>14</sup> TDHS, 2010.

<sup>15</sup> National Road Map Strategic Plan 2008–2015.

<sup>16</sup> THMIS, 2011-2012.

and Communications (T-MARC) and PSI/Tanzania, and engages stakeholders from the public, non-profit and private sectors to improve market segmentation, subsidy strategies and distribution systems.

The goal of this cooperative agreement is to improve the health status of Tanzanian families, with an objective to ensure measurable behavior change (including use of effective health products) among project target groups.

To support this goal and objective, TSMP was tasked with ensuring achievement of the following two intermediate results (IRs):

IR 1: Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival and malaria

- IR 1.1: Access to HIV/AIDS, FP/RH, child survival and malaria social marketing products dramatically scaled up through a targeted approach
- IR 1.2: Consumer and trade understanding of the underlying public health issues and correct use of HIV/AIDS, FP/RH, child survival and malaria products significantly increased
- IR 1.3: Sales and use of socially marketed health products measurably increased

IR 2: Local capacity (civil, public and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes

- IR 2.1: Capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened
- IR 2.2: Substantive partnerships with the civil, public and commercial sectors and donors to promote wider public health impact established and maintained
- IR 2.3: Capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured

TSMP's original end date was in 2015, but the project has a no-cost extension until May 16, 2016.

The TSMP team is expected to leverage the "Total Market Approach" (TMA) to social marketing to correct market inequalities and to develop more sustainable solutions to health problems by providing customers with wider and more effective choices. The goal of the TMA is to achieve a marketplace where all segments of society are reached with high-quality products and services according to their ability to pay. In a balanced TMA, the poorest access products and services through free distribution, those who are somewhat better off through subsidized products, and those with greater ability to pay through commercially distributed products. Social marketing organizations are essential to growing the overall market volume by attracting new user groups into the market and opening up new markets, particularly in rural areas through community-based distribution.

TSMP works primarily in the areas of HIV prevention and FP, supporting promotion and distribution of male and female condoms and OCs through its partner organization. T-MARC markets and distributes three products: Dume male condoms, Lady Pepeta female condoms, and Flexi-P OCs. With USAID funding through TSMP, PSI also provides WaterGuard water purification tablets for distribution through PEPFAR home-based care partners, along with Familia male condoms through commodity co-financing support from the Global Fund. In addition, TSMP supported the MOHSW's introduction of two new vaccines for diarrhea and pneumonia through a targeted communication campaign that engaged two of the poorest performing regions in Tanzania. Also through TSMP, PSI has provided support to sub-grantee the Clinton Health Access Initiative (CHAI) for improved product distribution through small-scale private pharmaceutical vendors (ADDOS).

## Target Areas and Populations

T-MARC distributes male and female condoms nationwide, providing focused marketing and behavior change efforts in areas with elevated HIV prevalence, including Dar es Salaam, Arusha, Mwanza and other major urban hubs. Family planning products are distributed nationwide, with promotion largely through IPC activities in Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara and Mbeya.

Priority audiences for products marketed under TSMP are outlined in brief below:

- Dume male condoms: urban and peri-urban men. Mid-market/moderate socioeconomic status.
- Lady Pepeta female condoms: commercial sex workers, women engaging in transactional sex (such as bar workers). Mass market, with heavy emphasis on free distribution in conjunction with IPC to encourage trial among new users.
- Flexi-P OCs: young, single, “independent,” urban women. Mid-market, with pricing likely to rise substantially pending Bayer registration.

TSMP supported T-MARC in selecting these audiences based on country-level health needs, donor priorities and primary behavioral research that allowed for identification of those groups most amenable to social marketing intervention for each product.

Priority audiences for PSI/Tanzania products relevant to TSMP’s mandate and objectives include:

- Salama male condoms: rural men, mass market/lower socioeconomic status.
- Care female condoms: key populations at high risk for HIV infection, including discordant couples, injecting drug users, and men who have sex with men.
- Familia OCs: married women.

## TSMP Approach and Implementation

Major activities under TSMP have centered on the continued shaping of the national markets for male and female condoms and OCs, with particular attention to establishing complementary targeting, positioning and pricing between T-MARC and PSI/Tanzania brands. Promotion activities emphasize continuous below-the-line marketing (through interpersonal communication, experiential marketing and public events) complemented by periodic mass media campaigns. There has been nationwide distribution of social marketing products to increase access and accessibility to male and female condoms, OCs and household water treatment products, and repositioning of the Dume and Salama male condom brands based on current research, with Dume moving into a mid-market niche and Salama retaining lower-priced, mass-market targeting. There has also been repositioning of the Flexi-P and Familia OC brands (which currently use identical formulations), with Flexi-P targeting younger, unmarried, “independent” women and Familia targeting married women, with an emphasis on male involvement.

Promotional activities to reposition products in accordance with the above strategies include promotion of products via television, public events, bar-based interpersonal communication and other relevant communication channels, and convening of government, civil society and private stakeholders to coordinate a total market approach to social marketing.

Local capacity (civil, public and private) to sustain social marketing activities in Tanzania has been strengthened through activities carried out by PSI to improve T-MARC’s marketing, research and implementation capacities.

Geographic coverage by T-MARC is HIV-focused in Dar es Salaam, Arusha and Mwanza, while T-MARC IPC work is in Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara and Mbeya.

# III. EVALUATION METHODS AND LIMITATIONS

## EVALUATION DESIGN AND METHODOLOGY

The evaluation is a retrospective performance evaluation. USAID/Tanzania developed an evaluation scope of work, and the team provided input during an in-briefing that included revisions to the questions and the sample. The evaluation questions, detailed in the evaluation matrix in Annex I (SOW) focused on the performance of the project in three main areas: social and behavior change communications implementation, coordination and collaboration, and capacity building. The methodology is described in detail in Annex II.

### Methods

The mixed-methods evaluation featured: (1) review of project documents (e.g., quarterly and annual reports) and other literature; (2) secondary analysis of existing data, such as project surveys (including Omnibus surveys conducted by IPSOS, a global market research firm with offices in Tanzania, which are cross-sectional household-based surveys carried out on a quarterly basis), internal evaluations conducted by the partner, platform assessment tools and performance management plans; (3) semi-structured key informant interviews (KIIs) with stakeholders, capacity-building recipients and project staff; (4) focus group discussions (FGDs) with ADDOs and Pro-Agents; and (5) a self-assessment survey of selected project staff.

### Sample

USAID/Tanzania has identified four regions for field work (Dar es Salaam, Iringa, Njombe and Mwanza), based on the following criteria: presence of both this project and another also being evaluated (TSMP), and multiple activity areas (HIV, FP/RH, MCH and malaria), mission priority areas, appropriate mix of settings and target populations, and travel and time considerations. In Dar es Salaam, the team also met with national-level representatives, implementing partner (IP) headquarters staff, other U.S. Government IPs and other stakeholders, as well as regional and district health team members.

Based on the activities that the projects have implemented, the team carefully selected interviewees that represented the main areas of focus, including social marketing and behavior change activities and collaboration and capacity building in the major health areas, including HIV, MCH, FP/RH and malaria. The sample included a mix of national, regional and district MOHSW program management and service delivery staff; individuals and organizations who benefitted from capacity-building activities of TSMP, and

Evaluation Tools
<b><u>Oral Consent Form</u></b>
<b><u>Semi-structured KII Guides (TSMP-specific)</u></b>
<ul style="list-style-type: none"><li>• Stakeholders and implementing partners<ul style="list-style-type: none"><li>– National level: MOHSW programs, including NACP, NMCP, TACAIDS, RCH, Health Promotion</li><li>– Regional level: RMO, RHMT, RAC, RCHCo; VMMC and RCH health care workers</li><li>– District level: CHMT, DAC, DRCHCo, RCHCo, district malaria focal person, VMMC and RCH health care workers</li><li>– U.S. Government implementing partners in Dar es Salaam and in regions</li></ul></li><li>• Capacity building recipients: organizations</li><li>• T-MARC</li><li>• Capacity building recipients: individuals</li><li>• RCH health care workers</li><li>• VMMC health care workers</li><li>• TSMP staff</li></ul>
<b><u>Focus Group Discussion Guides</u></b>
<ul style="list-style-type: none"><li>• Pro-Agents</li><li>• ADDOs</li></ul>
<b><u>Staff Survey</u></b>

ADDO owners, sales agent distributors and community workers to provide the product and sales experience and user profiles. TSMP staff provided a matrix of contact information for these categories of the sample. In addition, the team used information gained during interviews to add informants to the sample.

### **Data collection and analysis**

The team developed and pre-tested semi-structured KII and FGD guides in English that were translated into Swahili. While the majority of the interviews and focus groups were conducted in Swahili, some were conducted in English, such as interviews with IPs and national government officials. In most cases, the evaluation team conducted KIIs and FGDs in teams of two, with one person taking the lead in asking questions and the other taking the lead for note-taking. All participants in interviews and focus groups were read an oral consent statement prior to participation.

Following each interview or focus group, evaluation team members debriefed with the team leader, highlighting major findings. Most KIIs and FGDs were audio-recorded, transcribed and translated into English before being coded and entered into NVivo for thematic analysis. The data collection instruments are found in Annex III.

### **Themes for analysis**

The team developed an initial list of themes to use as a basis for qualitative analysis using a grounded theory approach. Themes were grouped around the key research questions addressing communications, collaboration and coordination, and capacity building. The team revised the themes during the course of data collection to reflect emergent concepts and hone in on the evaluation questions. The team conducted a subset of both translation and inter-coder reliability checks to ensure standard use of the codes.

### **LIMITATIONS**

While the project did collect a large amount of data for internal management and evaluation purposes, as outlined in the SOW, the evaluation primarily used rapid assessment methods such as KIIs and document review. Accordingly, the findings are subject to recall bias as well as social desirability bias. Due to time and logistical constraints, the team visited a subset of regions and districts where the project was implemented, and these sites may not be representative. The evaluation team attempted to mitigate these threats to validity by triangulating multiple data sources and reviewing original data from internal project evaluations. Lastly, the lack of recent population-based data through a DHS, Service Provision Assessment, or similar survey precluded the team from exploring the effect of programs among targeted beneficiaries.

## IV. FINDINGS

The tools that guided the data collection reflect the evaluation questions, and the findings are organized around these questions to reflect the major themes of analysis. The recount of the findings reflects the major trends that emerged in the KIs and FGDs. For each evaluation question, conclusions and recommendations follow in the next section of this report.

### **EVALUATION QUESTION 1: TO WHAT EXTENT HAVE TSMP'S INTERVENTIONS EXPANDED THE EFFECTS OF TARGETED SOCIAL MARKETING INITIATIVES THAT ARE ALIGNED TO MEASURABLE BEHAVIORAL OUTCOMES IN HIV/AIDS, FP/RH, CHILD SURVIVAL AND MALARIA?**

To address this question, the evaluation team assessed the performance of the TSMP's program objective number 1, *aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival and malaria*, as well as the sub-IRs discussed below.

#### **IR 1.1: Access to HIV/AIDS, FP/RH, child survival and malaria social marketing products dramatically scaled up through a targeted approach**

The focus of the project was primarily on HIV and FP, with some attention to child survival and malaria. TSMP has made a significant contribution to the availability and accessibility of the low-priced condoms and OCs. TSMP employs the Total Market Approach (TMA) to socially marketed condoms and OCs. Effective implementation of TMA not only entails the presence of the private, public, for-profit and non-profit sectors in the overall marketplace, but also the targeting of each sector's work to a specifically defined segment of potential and actual consumers within the population. The TSMP team leverages the TMA to correct market inequalities and develop more sustainable solutions to health problems by providing customers with wider and more effective choices. As part of TMA approach, PSI has been supporting the public sector to brand and market the public-sector condom. It is hoped that this strategy will improve perceptions of the public-sector condom, mostly among the lowest wealth quintiles. The strategy also includes innovation to get the public condom out of public facilities to better target men.

In 2014 more than 50,000 women received access to a long-term FP method. PSI/Tanzania and its partners also distributed over 85 percent of all condoms distributed in Tanzania that year.

[www.psi.or.tz](http://www.psi.or.tz)

#### ***HIV and AIDS Products***

Findings from the field show that people have access to socially marketed HIV prevention products such as male and female condoms. Interviews with the ADDO's in all the regions visited revealed that they were knowledgeable and aware of the condoms that were socially marketed. All male condom brands were mentioned by name: Salama Halisi, Salama Bomba, Salama Studs and Dume. All the male condom brands are available and accessible to the consumers.

Condom use survey data is part of the DHS, and the new survey results are not yet published. TSMP has tracked trends in condom use by comparing the data over time from the DHS 2010, THMIS 2011-2012, Omnibus 2013 and Omnibus 2014 surveys. The results are in the table below.

**Table 1. 2010-2014 Trends in Condom Uptake**

Population Segment	2010 TDHS	2011-2012 THMIS	2013 Omnibus Survey (n=1700)	2014 Omnibus Survey (n=949)
Urban Men (15-49)	32.0	43.8		31.33 (N=233)
Rural Men (15-49)	21.5	22.2		27.17 (N=530)
Men (20-24)		38.8	53.52 (n=768)	47.01 (N=134)
Youth, Men (15-24)	36.2	40.6		44.44 (N=180)
Youth, Men (15-19)	34.2 (never married, 46.1)			
Youth, Women (15-19)	35.3 (never married, 50.2)			

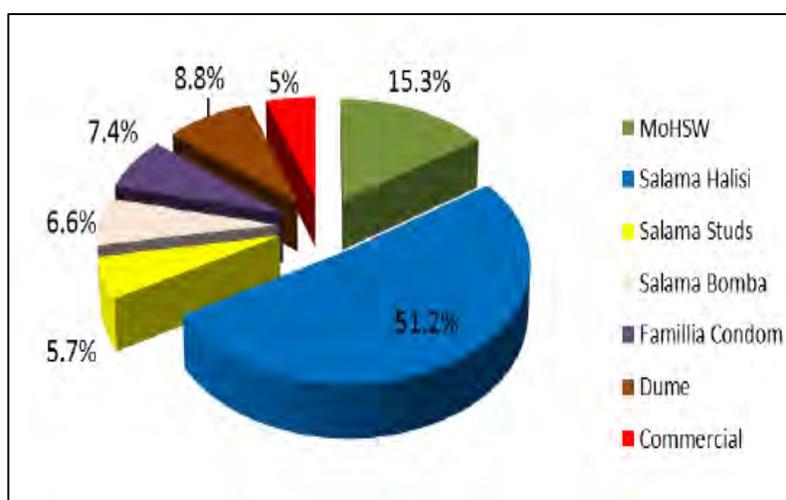
*Sales and Distribution of Condoms*

Actual use of the public-sector condom (labeled MOHSW in Figure 2) continues to remain low; it had 36 percent and 15 percent of the market share in 2011 and 2012, respectively.

TSMP distributes condoms through a variety of outlets as part of the strategy to ensure coverage and access for HIV prevention in high-risk populations. According to MAP FMCG<sup>17</sup> data, in 2013 there were more outlets (17,961) compared to 2014 (12,330), as shown in the Table 2 below.

Distribution of all condoms has gone up across the distribution channels, with a significant increase in hotspots from 6 percent to 46 percent.

**Figure 2. Condom Market Share, TSMP 2014 Annual Report**



<sup>17</sup> Measuring Access and Performance of Fast Moving Consumer Goods

**Table 2. Outlet Type and Number, 2013 and 2014**

Outlet type	Total Outlets, 2013	Total Outlets, 2014
Kiosks	2,803	1,924
Shop	10,877	7,617
DLDB ( <i>Duka La Dawa Baridi, or drug shops</i> )	436	356
ADDOS	704	540
Private health facility	60	56
Bar	2,132	
Hotel/Guest house	949	1,837
<b>Total</b>	<b>17,961</b>	<b>12,330</b>
<i>Note: Bars included with Hotel/Guest house in 2014</i>		

Source: Adapted from presentation: *Trends in Availability of Salama and Dume Brand Condoms, Tanzania 2013-2014*, MAP FMCG Presentation.

### *Dume Male Condom*

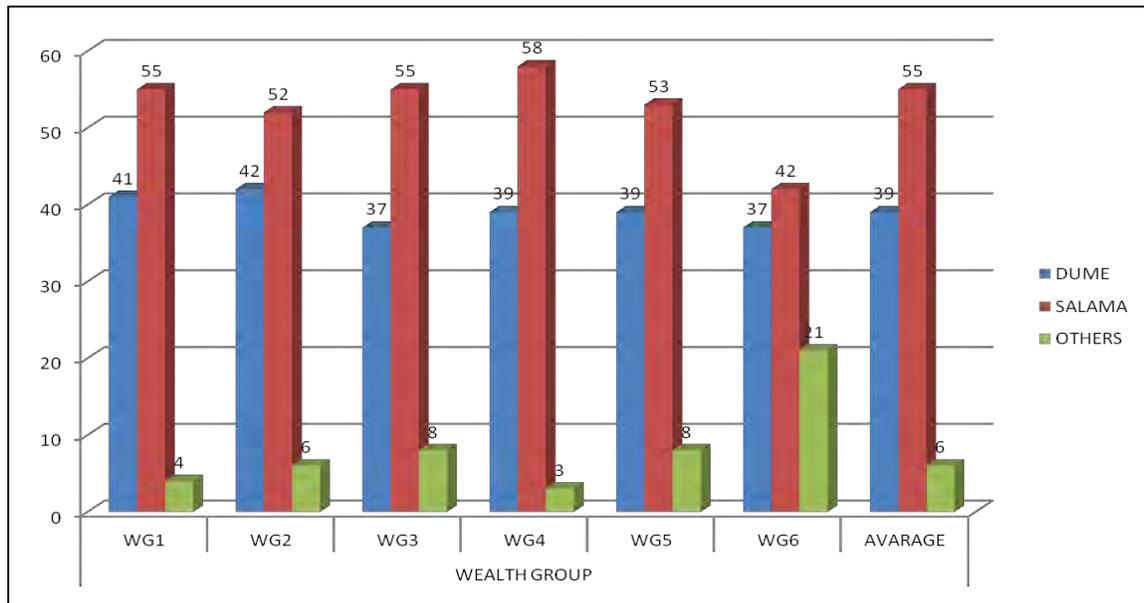
Dume is a mid-price condom that has been targeted. One of the activities that TSMP embarked on was to differentiate Dume and Salama condoms. For the first two years, when the project first implemented the Dume/Salama segmentation by socioeconomic status with Dume targeted to urban males with a higher socioeconomic status, the project was getting positive results. Research was showing that the segmentation by wealth was happening. This was when there was a significant consumer investment in the DUME brand. However, in late 2013, when the Omnibus survey came out, it was clear that there was no longer any segmentation by wealth. As the current TSMP COP noted, “When we first implemented the Dume/Salama segmentation by SES (Dume for wealthier), we were getting positive results in the first couple years. Research was showing that the segmentation by wealth was happening. This was in the early days when there was a significant consumer investment in the Dume brand. However, in late 2013, when the Omnibus Survey came out, we saw no segmentation by wealth. We had to extrapolate and guess why this was happening—*Why did the wealth segmentation shift from a trend toward segmentation to no segmentation by SES?* There are many reasons and the real reason is likely a combination. One issue was that consumers and retailers didn’t see any strong distinction between Salama and Dume. Dume’s Product was not superior to Salama and the Price was very similar. Prices on Dume needed to be low enough to meet high volume priority for the DUME/PEPFAR supported condom.”

TSMP has not been successful in segmenting the market to clearly show and distinguish the user profile between Dume and Salama users. This is depicted in the chart *Dume Sales by Wealth Group* below, adapted from the Omnibus survey 2013, which used 17 living standard measures as a way of segmenting or classifying the adult population (or population of domestic household units) of a country based on access to and use of a wide range of goods and services, not just one or two.<sup>18</sup> PSI converted the 17 LMS categories into six, referred to here as wealth groups (WG) to make the variable comparable with

<sup>18</sup> Wavinya Mwanza for Steadman-Synovate, *Unmasking the African Consumer-Media Consumption Habits: A Case Study of Kenya, Uganda and Tanzania*, March 2009.

other analyses on DHS 2010 and THMIS 2011/12. The percentages on the Y-axis represent the proportion of respondents in a wealth group using a specific brand of condom. The sample was n=544, which is the number of people reporting condom use at last sex.

**Figure 3. Dume Sales by Wealth Group (2013 Omnibus Survey)**



TSMP has successfully created a demand for Dume condoms through the mass media campaign that was developed to launch Dume as a mid-tier condom market. T-MARC produced, promoted and aired a campaign called *Dume Challenge Season II (DCSII)*. DCSII included bar activities in the Dar es Salaam region. TSMP reported that 45 mid-tier bars were branded with DCSII promotional banners, and bar attendants were also given branded promotional materials and point-of-sale materials. DCSII was also supported through social media channels that initiated and facilitated discussions on various program episodes. As of September 2014, Dume’s Facebook page recorded a fan base of 49,799 individuals, approximately 85 percent of whom are men age 18-65, with younger men age 18-34 accounting for 71 percent of all Dume Facebook fans. This figure presents an increase of 39 percent in Dume’s fan base from last year.<sup>19</sup> All aired DCSII episodes were uploaded on YouTube, and corresponding links shared on the Dume website, Facebook page and Twitter. During the FGD and KIs, participants were asked about their recall of any of these campaigns. All respondents said they knew of and had heard of the Dume campaign messages. It is evidenced by both T-MARC and TSMP in their presentations and in the 2014 annual report that Dume is the single most preferred condom brand in the market, followed by Salama Bomba and Salama Halisi at 20 percent and 19 percent, respectively.

According to a senior staff member of T-MARC, even though Dume started on a “rough patch,” it has been observed that there is now clear equity in the market for the brand. The staff member noted that, “In regards to Dume, initially the market did not work well as intended to, but we are seeing a clear equity for Dume, for a level and an extent that we are seeing Dume as the most preferred brand, and it happens to be the most claimed to be the most used, and the preferred brand.”

Interviews with T-MARC showed an understanding of issues in the supply and demand situation of Dume. One staff member said: “It does not really match....everybody says that’s the favorite brand-

<sup>19</sup> TSMP Annual Report October 2013-September 2014.

there is a gap between the demand and supply for Dume....we are trying different approaches. I think probably when we were repositioning Dume, there was a lot of work that we did on the side of demand to get people to see the brand as wanted them to....I don't think we did the same effort on the side of the distribution...you know the average regional distributor I don't feel they understood the strategy. What is happening is Dume is sold for much lower margins there by getting higher margin profits for Salama.”

As reported by the Chief of Party of TSMP, they made the strategic decision at the end of 2013 to focus on time of use and emotive need state rather than using a socioeconomic status segmentation strategy. This was based on the results of a Needscope analysis, which demonstrated that men in Tanzania change their condom brand depending on the occasion and whom they are with. Put simply, sometimes the same man will prefer Salama as a carefree condom he knows (and pay less) and sometimes, he wants the assertive, daring condom when he's out on the town (and will pay more).

#### *Lady Pepeta Female Condom*

Lady Pepeta female condom sales are significantly lower than sales of any of the male condoms. In FGDs with ADDOs, they indicated that they initially stocked the female condoms, but then, because the product was not selling, they stopped. In one focus group in one of the four regions, two ADDO sellers talked about not selling Lady Pepeta: “We have never ordered, and furthermore since I started selling that shop I have never got even one customer asking for female condoms, though we were provided with Lady Pepeta” (Respondent 1). Another reported that, “Personally, I used to sell them – however, I come to realize that people were misusing it, they were after that ring within the condom. ....” (Respondent 2). One-PSI distributor noted the product is “not doing well...it expired on the racks” (KII, Regional Distributor).

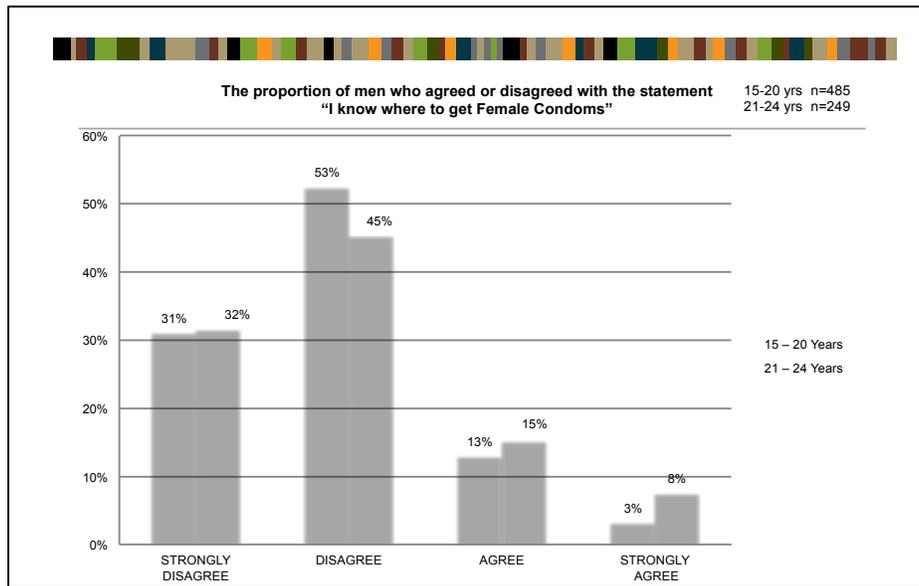
*Female condoms on the other hand don't have a high demand —mainly because most women are having a hard time using them. So you'd find women would rather buy male condoms because they know how it's used on their partners.*

KII, Manager,  
MOHSW/Ilemela

The poor performance of Lady Pepeta seems to hold true in public facilities, according to an interview with a health program manager in an areas of Dar es Salaam, who said that, “Female condoms are very scarce (they are) not even found in the public facilities.”

The Omnibus survey for 2014, Quarter 3 revealed a very low agreement by women of reproductive age with the statement that they are able to find female condoms in their community when they need them, as illustrated in the chart below.

**Figure 4. Knowledge of Where to Obtain Female Condoms, Omnibus Q3 2014**



A reason given by ADDOs as to why Lady Pepeta was not selling as much as the male condoms is the use difficulties experienced by women. A health worker in Mufindi district confirmed this perception, saying “Usage of female condoms is a problem...if you go right now to a health service provider and ask if they can use a female condom, they’d say ‘no’.” (KII, Health Care Worker, Mufindi District)

T-MARC has put an emphasis on marketing Lady Pepeta through mixed-media activities aimed at its niche target audience of sex workers and women engaging in transactional sex through small group sessions. In the case of the beauty salon managers and workers trained by PSI, in one focus group discussion, one of the owners noted that “I have a salon around UWANJA WA SIFA near UWANJA WA FISI, the most dangerous place where every sort of commercial sex workers are found, now days you find several ladies are coming asking for Lady Pepeta or Dume condoms.”

### **People Living with HIV/AIDS**

Since 2010, TSMP has been supporting approximately 100,000 vulnerable households through the provision of four types of water treatment products and condoms to U.S. Government IPs for home-based care. The TSMP annual report states that the FY13/14 targets for WaterGuard and PUR were not met due to difficulties experienced by some of the IPs. Of the 11 IPs, nine received and distributed the free products, while two IPs and one community-based organization refused to receive and distribute the product. Challenges included lack of storage facilities by the IPs, product preference, and lack of a formalized relationship between PSI and the IPs.

### **Family Planning Products**

Flexi-P is an oral contraceptive pill targeted to independent women who would like to delay the birth of the first child. In contrast, Familia is targeted to women who are married with at least one child. There is no evidence of market segmentation for both products. Efforts to segment the products through repositioning have been done through the development of a marketing campaign that has not been implemented due to delays in the registration process.

The Omnibus 2013 survey revealed that women of reproductive age prefer to use Familia and Flexi-P. Facilitators asked the ADDO owners and ADDO sellers about the availability of OCs. They indicated that the products were available, and that both were the leading brands on the market. In interviews

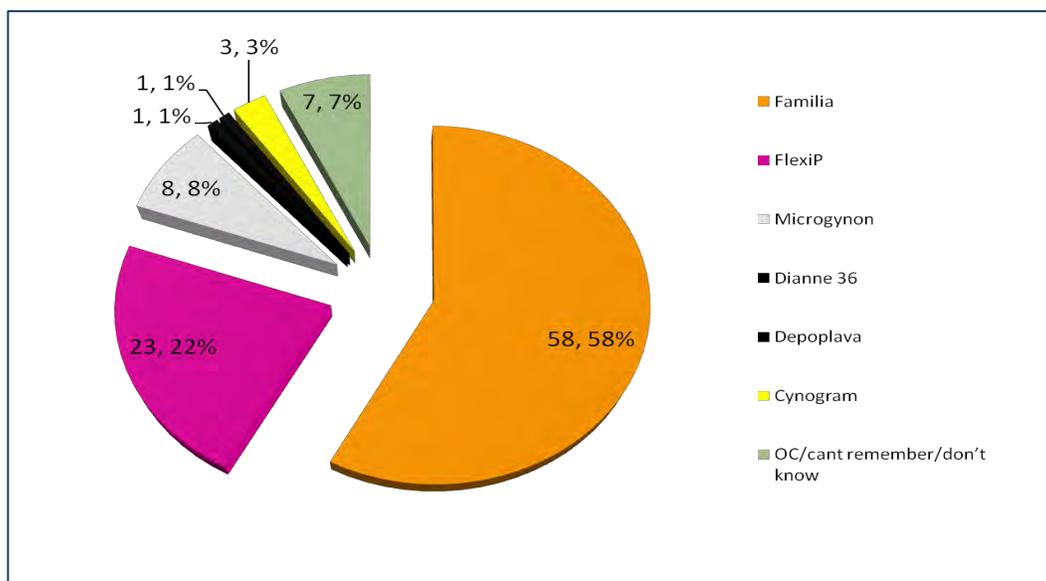
with the ADDOs, they said that they stock the two brands and confirmed that the level of stocks has continued to grow.

TSMP also perceives that Flexi-P has been a success because there is greater sustainability in light of the fact that they have more than doubled the price of the product while increasing sales.

While there is no data on changes in the contraceptive prevalence rate (CPR) directly as a result of TSMP’s social marketing of OCs, an increase in sales seems to point to an increase of OC use in Tanzania. In the Lake Zone, the Mwanza region’s CPR jumped nine percentage points in just two years—from 14 percent in 2012 to 23 percent in June 2014.<sup>20</sup> Overall, there has been a reported increase in OC use by women, from 6.6 percent in the DHS 2010 to 11.3 percent in the Omnibus 2013.

OCs represent close to 25 percent of the CPR. Challenges regarding the marketing of OCs include the focus of the government and other donors on long-term methods. TSMP has done advocacy for OCs and shared with the team that it is their perception that OCs are important, particularly to youth and unmarried women, and are a gateway to longer-term methods. They are also the least regressive of the methods (spread more equally across wealth quintiles) because they are accessible and affordable to the poor and vulnerable in a way that other methods are not.

**Figure 5. OC Preferences, OMNIBUS 2013**



Because there is a limitation on marketing OCs through most mass media in Tanzania, the project has creatively found ways around this by sponsoring health shows and promoting OCs through IPC activities such as Jipende. It seems that women are aware and able to find OCs when they want them, as evidenced by the findings of the Omnibus 2014 Q3 survey, which showed that 75 percent of women of reproductive age agreed or strongly agreed that pills are “always available in my community when I need them.” This compared well with other methods; 72 percent felt they could get injectables, and 69 percent agreed or strongly agreed they could find condoms in their community when they needed them (Omnibus Survey, Wave 3, 2014).

### **Maternal and Child Health**

In advocating for maternal and child health, in 2013-2014, TSMP provided technical support to the MOHSW to create awareness and demand for two new vaccines for diarrhea and pneumonia through a

<sup>20</sup> FP2020 Progress Report 2013-2014: Partnership in Progress, Washington D.C.: FP2020, 2014.

targeted communication campaign. The campaign focused on two of the poorest performing regions (Tabora and Simiyu). The developed campaign messages and spots were later integrated into existing Malaria Mobile Video Unit (MVU) shows in the target areas. A total of 67 MVU shows were conducted in Tabora and Simiyu regions. TSMP has continued to use MVUs to integrate the vaccines for pneumonia and diarrhea messages with other existing messages to reach the audience. According to the TSMP COP, “Unfortunately USAID is not very much interested in IMCI which is a core strength of PSI and lends itself to social marketing. However some of the IMCI research will lend itself well to developing a better program in this country.”

## **IR 1.2: Consumer and trade understanding of the underlying public health issues and correct use of HIV/AIDS, FP/RH, child survival and malaria products significantly increased**

Male condom uptake is increasing among most population segments in Tanzania. For example, between the 2008 THMIS and the 2012 THMIS, among all women who had higher-risk sex during the last 12 months, those who reported condom use at last higher-risk sex increased from 43 percent to 55 percent. Based upon these data, by making condoms broadly available and accessible, it is clear that TSMP is meeting important HIV prevention needs in a country with fairly high HIV prevalence rates.

Participants in the ADDO FGDs indicated they are stocking condoms for both “*health purposes and profit making*.” The participants stated that they acknowledge and understand the need for the community to prevent HIV infection. Facilitators of the FGDs heard that one participant opens the shop until midnight just to make sure his customers get what they want.

One FGD ADDO participant stated “the demand is very high especially in my area as I have indicated before that my area is the condom friendly environment, when I run out of one brand consumer will just pay for a different brand available at that time.”

The FGD with ADDOs elucidated their clients’ product preferences for FP and HIV prevention, as well as the most common buyer of WaterGuard (see text box at the right).

Jipende! (“love yourself”) Resource Centers for Women’s Health are run in beauty salons by T-MARC, as part of TSMP. The Jipende program aims to address key performance gaps that were highlighted during the HIV DELTA marketing planning workshop. The evaluation team met with Jipende salons in Dar es Salaam to learn how they are reaching the groups TSMP uses them to reach, and how they are supporting the uptake of TSMP products. In the FGDs, salon owners shared their experiences educating their clients about HIV prevention, FP and other topics. One FGD respondent noted that “There are some are claiming that the condoms have been expired that’s why we give them away; some they claim they have HIV virus particularly from Lady Pepeta. However when you counsel them, they change their negative perception.....there are others who get made—they don’t want to discuss HIV, but then perhaps you find out that they are HIV positive, so whenever you address matters concerning HIV, they think you are talking about them and then they convince others not to come.”

*Most of our clients are students, house wife, other women and ladies who are not ready to have babies, men they use these Salama condoms and Familia condoms and other men are coming to take pills for their wives.*

*My clients are also commercial sex workers, they mostly prefer condoms.*

*For family planning pills most of housewife are my clients.*

*Most of customers for WaterGuard are house wives who care for their family.*

- FGD, ADDOs, Dar es Salaam

### IR 1.3: Sales and use of socially marketed health products measurably increased

TSMP has introduced a micro-entrepreneur model branded as “Pro-Agents.” Pro-Agents are independent sales agents who ensure that small shops in the informal economy have access to PSI health products in places and at times of the day otherwise not reached. By utilizing sales agents closest to retailers and individuals, the Pro-Agent model seeks to improve the “time of use” aspect of availability, a barrier to condom access identified in PSI’s 2014 Needscope study. The Movercado technology platform will track the sales activities of each Pro-Agent and allow PSI to better pinpoint condom sales and availability by location. The objectives of the program are to drive sales volume, coverage and penetration of PSI health products at retail outlets by overcoming transportation barriers from wholesaler to retailer and driving demand directly at retail shops, and to provide data on sales between wholesaler and retailer to give PSI visibility into the flow of products through the supply chain. In 2015, PSI also plans to introduce the Movercado technology platform to tracks sales by Pro-Agents using an SMS-based system. This will provide full visibility into sales transactions from the wholesale to the retail level and allow PSI to offer incentives to agents based on reaching high-need areas with a focus on USAID priority regions.

Question: *How long do you think you will continue to be a Pro-Agent?*

Responses:

- *Personally I want to continue as a Pro-Agent*
- *I do, since I have to fulfill my targets*
- *I will be a Pro-Agent for two years*
- *I wish to continue*
- *I do it temporally while looking for other jobs*

Question: *What more do you think PSI should do to help you sell more of their products?*

Response: *Transport, lunch allowance  
FGD, Pro-Agents, Dar es Salaam*

The FGD with the Pro-Agents provided useful information about the sustainability of the Pro-Agent’s role, and what might help to retain and support agents. Respondent comments are in the text box at the right. The Pro-Agents also said that “they need training on marketing and sales,” and they recommended that “when there is promotion on condoms, the advertisement has to be more clear....or else small business owners keep selling at the same price while he bought condoms on the promotion price–this doesn’t help the end user.”

### EVALUATION QUESTION 2: TO WHAT EXTENT HAVE TSMP’S INTERVENTIONS STRENGTHENED LOCAL CAPACITY (CIVIL, PUBLIC AND PRIVATE) TO SUSTAIN SOCIAL MARKETING ACTIVITIES TO ACHIEVE PUBLIC HEALTH OUTCOMES?

The capacity development component of the TSMP was aimed at strengthening local capacity (civil, public and private) to sustain social marketing activities in Tanzania to achieve public health outcomes. This was to be achieved through three intermediate results: (1) capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened; (2) substantive partnerships with the civil, public and commercial sectors and donors to promote wider public health impact established and maintained; and (3) capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured. The evaluation question will be addressed in accordance with the three intermediate results discussed above.

In light of some discrepancies in expectations for T-MARC at the end of TSMP, the team referred to the TSMP technical proposal, excerpted in the text box, to clarify the relationship and status of TSMP and T-MARC. In brief, it is clear that, T-MARC and PSI Tanzania would continue to be two separate, autonomous organizations with significant responsibility under TSMP for building T-MARC's capacity in areas such as social marketing expertise and market and behavioral research.

- *T-MARC and PSI Tanzania will continue to be two separate, autonomous, Tanzanian-led organizations, but they will be linked by the leadership of the TSMP advisory team.*
- *The TSMP management team will work closely with T-MARC and PSI Tanzania to strengthen organizational capacity and expertise in social marketing.*
- *PSI envisions that upon the completion of the TSMP project, T-MARC will have matured into a strong, lean and independent social marketing organization that can provide coordinated social marketing expertise.*
- *One of the first steps of the project will be to work with T-MARC to help them to refine their vision and strategic plan for the organization. This planning process will shape the direction of the organization, but possible T-MARC services may include developing, marketing and evolving a product to a position where it can be taken over by a private company; coordinating and developing market research and brand development services; and developing and executing behavioral change communication campaigns. All of this will require the ability to manage long term, results-driven relationships with a range of private sector providers, and to liaise effectively with the Government of Tanzania.*
- *One key strategy will be to build T-MARC's capacity in market and behavioral research, a skill set that T-MARC can then market and sell to other organizations, including PSI Tanzania.*

Excerpt, TSMP Technical Proposal

In terms of private sector engagement, PSI operates on a production-to-use spectrum that spans the process of getting products to consumers from the manufacturers to the importers, distributors, wholesalers, retailers and, finally, the consumers. Under TSMP, PSI has not engaged much with manufacturers, but there have been conversations with T-MARC, which is interested in exploring development of a condom-manufacturing factory in Tanzania. The project has continually engaged the sole importer of Contempo and Rough Rider condoms. TSMP has strong, ongoing relationships with distributors and wholesalers, and regular engagement through their sales teams, quarterly meetings and regular open communications. Some distributors even serve as “labs” to test new trade marketing initiatives, and the project offers incentives and trade promotions to distributors. TSMP also conducts merchandising activities, such as placing point-of-sale posters and other materials at retail sites, and occasionally they “uplift” a product, taking it from distributors to retail sites to increase coverage.

### **IR.2.1: Capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened**

The focus of this IR was to strengthen the capacity of T-MARC to implement social marketing programs and provide leadership in social marketing at the national level. PSI's efforts began with an organizational capacity assessment using the Platform Assessment Tool in 2010, following this with another assessment in 2013. There will be a third capacity assessment in May 2015. This approximates the original plan, which was to conduct an organizational capacity assessment every two years.

PSI proceeded to address the gaps they identified during the initial organizational capacity assessment, placing technical assistance at T-MARC to help it develop organizational systems, including manuals and

standard operating procedures. It also worked on the technical side with marketing teams. By April 2014, the gaps that the initial assessment identified were addressed. In order to strengthen the management team, a four-module management training was developed through the training organization RADAR. This was a four-month extensive training that included in-house training, technical assistance and classroom training. After dealing with the initial gaps identified, PSI focused its attention on building long-term planning capacity within T-MARC, with a particular focus on financial sustainability.

T-MARC has significant increased capacity now, with the exception of two areas: managing sales and distribution of socially marketed products, and being self-sustaining.

### ***T-MARC's Sales and Distribution Capacity***

Not having in-house capacity in sales and distribution means that T-MARC has to depend on PSI's warehousing, sales and distribution systems. Three or four models of sales and distribution systems were tried but did not work, and eventually all the distribution systems were handed over to PSI. Key informant interviews with two senior TSMP staff also confirmed that T-MARC still lacks sufficient competence in managing sales and distribution systems to achieve full capacity. However, during the debriefing meeting, TSMP indicated that T-MARC has the capacity to manage a warehousing, sales and a distribution system. PSI has signed a consignment agreement with T-MARC, which the latter is effectively managing. This seems to contradict what was said in the key informant interview with one of senior staff at TSMP that, "If T-MARC wants to be a social marketing organization then they have to build supply-side function, meaning that they have to have capacity in developing and managing a distribution system for socially marketed products." Another TSMP senior staff member said, "The only thing that is lacking with T-MARC is that it does not have its own condom distribution system because this is being done by PSI. There is therefore need to build the capacity of T-MARC in warehousing management, especially how to manage receivables so that they can avoid incurring losses."

The second area that requires attention is making T-MARC self-sustaining. This requires implementation of a social enterprise model. Based on the financial viability study that was conducted, T-MARC needs to implement a number of activities to achieve this goal. First, T-MARC needs to implement cost management strategies, which will define reductions in operational, staff, direct and indirect costs. Secondly, T-MARC needs to further review its current sales and distribution strategy in order to have a cost-effective and efficient model that is sustainable in order to ascertain the income levels on the product sold. The third recommendation is that T-MARC needs to have cost-recovery and surplus or revenue-generating activities. This can only be achieved if T-MARC retains the three brands (Dume and line extensions, Lady Pepeta and Flexi-P) and continues to trade commercially. Finally, T-MARC needs to retain program income to support the brands and build the behavior change communication (BCC) center and T-MARC offices. At the moment, T-MARC has more than USD \$1.3 million of income, which could be used for office space, but USAID has determined that project income is intended to support project activities, and this does not fall within the project's objectives. A senior T-MARC staff member noted, "For T-MARC to be sustainable, it needs to reduce costs and buy office space which will be used for rental income and contribution to operational costs without which the capacity that has been built in T-MARC will be lost because 80 percent of T-MARC's income comes from TSMP." Indeed, the consultant group that completed a financial viability and cost analysis report for T-MARC reviewed four scenarios, of which two were recommended as being financially viable. The viable option includes constructing a building in which T-MARC would occupy two floors and rent out the other four floors commercially.

## **IR2.2: Substantive partnerships with the civil, public and commercial sectors and donors to promote wider public health impact established and maintained**

TSMP has established substantive partnerships with the civil, public and commercial sectors. The project has increased the number of outlets selling socially marketed products by working closely with regional

distributors and retailers. The team's interviews and focus groups are consistent with the self-assessment of the TSMP COP, who stated in the self-assessment survey, "TSMP contributed significantly to development of ADDOs. This investment will pay off measurably as Tanzania decentralizes and investigates more opportunities for public private partnership. The role of ADDOs is essential for IMCI, malaria and some FP, potentially (voluntary counseling and testing) as a first point of entry. Development of referral systems with ADDOs at the base could be very successful. This initial investment in ADDO QA, supervision, mapping, etc., has been critical for the future development of Tanzania's health markets."

CHAI, a sub-partner under TSMP, has done training and worked on accreditation with a number of ADDOs. Specifically, CHAI succeeded in getting 3,484 ADDOs accredited, trained 930 DLDB in business skills and increased service coverage by ADDOs in rural areas of Tanzania. In the course of project implementation, "Parliament passed a law that transferred the responsibility for regulating ADDOs from (Tanzania Food and Drug Authority) to the Pharmacy Council. Unfortunately, the Pharmacy Council had limited capacity to regulate ADDOs and Pharmacies" (KII with senior TSMP staff member).

TSMP worked through CHAI to develop a comprehensive costed five-year strategic plan with a monitoring and evaluation framework, and it also revised standard operating procedures for the Pharmacy Council. TSMP worked with the Pharmacy Council to conduct a GPS mapping of 5,239 ADDOs and to create a perception of quality at the community level by branding ADDOs. In addition, the project supported the Pharmacy Council to run a mass media campaign so that ADDOs could be recognized by the community. CHAI also worked with the Council to conduct ADDO promotional campaigns that included 8,000 radio spots and 4,800 ADDO signage boards.

TSMP also developed a micro-entrepreneur model branded as "Pro-Agents," which is based on the success of PSI/Mozambique. Pro-Agents are independent sales agents who ensure that small shops in the informal economy have access to PSI health products in places and at times of the day otherwise not reached. By utilizing sales agents closest to retailers and individuals, the Pro-Agent model seeks to improve the "time of use" aspect of availability, a barrier to condom access identified in PSI's 2014 Needs Scope study. The project identified and trained 12 Pro-Agents in Dar es Salaam. Six dropped out, but the other six are doing very well. The Pro-Agent model has only been piloted in Dar es Salaam but will be rolled out to other regions.

Regarding the planned training of a cadre of young social marketers through a partnership with the University of Dar es Salaam, the team learned from TSMP staff that it was mutually decided with Muhimbili University that integration of modules into existing courses was more appropriate than creating a new course. PSI developed social marketing session materials and facilitated several sessions at the School of Public Health under the Muhimbili University of Health and Allied Sciences. TSMP facilitated the sessions between 2008 and 2013, sessions happening at least once per year (approximately five sessions over that period), reaching more than 50 students working toward a Master of Public Health degree. One of the graduates from this course is currently a program manager at PSI and runs its child health programs.

### **IR 2.3: Capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured**

TSMP intended to create a more positive enabling environment for social marketing in Tanzania by building on and benefitting from a range of existing positive relationships with the Government of Tanzania. Instead of creating a separate TMA technical working group, the project has worked through existing structures. Thus, the concept of TMA itself has been promoted operationally.

The project has worked to create an understanding of social marketing that is helping to promote the government's understanding of why socially marketed products are being sold when there is a common expectation that they be free. The project has conducted meetings with the MOHSW about how to use the concept of public-private partnerships at national, regional and district levels.

TSMP meets regularly with the National AIDS Control Program (NACP) and is an active member of the TACAIDS prevention technical working group and its subcommittee on condoms, and an active participant in the quantification exercise to forecast total market need. In 2013, PSI conducted a large-scale meeting with the Chief Medical Officer and other Government of Tanzania stakeholders in Dodoma to share the PSI TMA approach.

As a TSMP senior staff member noted during a KII, “We have worked with the PS in MOHSW to determine what the market share for the public sector condoms should be. Although government officials said they wanted a market share of 80 percent, this is too high considering that the current market share of public sector condoms is only 10 percent. It was therefore agreed that the market share target for public sector condoms should be 20 percent and should focus on the lowest quintile of the population.”

Using the PSI marketing planning process called the DELTA, TSMP worked with the MOHSW on the “4 Ps” of marketing. The work with the MOHSW focused on branding public sector condoms as part of the overall condom strategy. By publication of this evaluation, the public sector condom design will be completed, approved by the PS, and submitted to the Global Fund for printing. The draft national condom strategy was awaiting MOH review as of July 2015. The work that TSMP has done on the position and targeting of the public sector condom is part of the larger condom strategy, which aims to ensure complementarity of all socially marketed and public sector condoms.

The process has helped the MOHSW to develop marketing techniques and a branding strategy to bridge the gap for public sector condoms. All necessary branding requirements have been completed, and the next step is for the MOHSW to procure public sector condoms. However, TSMP will not be responsible for the marketing and distribution of public sector condoms.

*“The most important result that we have achieved is that we have managed to grow the condom market by working in collaboration with the MOHSW. The MOHSW now has an understanding of the total market approach. There is also an increase in total sales and use of condoms.”*

KII, senior staff member, TSMP

There is a sense on the part of the project staff and other stakeholders that TSMP worked more at the national level but now needs to work at the regional and district levels if they are also to understand social marketing. A senior member of TSMP put it this way: “The project did not build the capacity of RHMTs and CHMTs in social marketing but only shared work plans and budgets implications with them.”

TSMP staff noted that there is a need to do more with the Regional and District Health Management Teams (RHMTs and CHMTs) to enable them to understand what social marketing is, so that they can appreciate that socially marketed products are complementary and not competitive with public sector products. A respondent from one CHMT said that there is need for greater ownership, and even leadership, to be in the hands of the council level of the MOHSW, as detailed in the text box at the right.

Also within the public sector, the project has worked with the Tanzanian Bureau of Standards (TBS). Previously, TBS had increased the sample size of condoms being tested, thus creating a delay because TBS had only one machine for testing. The project worked to increase TBS’ testing capacity by procuring a second testing machine and developing a new lot test algorithm that will be part of the national strategy. This will enable more rapid turnaround at TBS. As a result, rather than importers losing time and money while condoms sit at a warehouse waiting for lot testing, these improvements will speed the process. There is also a benefit for commercial importers such as DKT, Contempo and others.

TSMP has also worked with the TFDA to get an interim registration of its products, which normally takes 140 days. An interim registration allows products to be used in the country while registration issues are being dealt with.

### **TSMP Collaboration**

#### *Collaboration between PSI/Tanzania and T-MARC*

Before the advent of TSMP in 2010, PSI/Tanzania and T-MARC were totally independent entities. Funded mainly by the U.S. Government, the two were socially marketing the same products (oral and injectable contraceptives and condoms) to the same population.

PSI had been in the country longer, was the better established in terms of personnel and had a widespread logistics and distribution network in the country. Therefore, it made sense for the two organizations to work collaboratively under TSMP. Through this collaboration, PSI took over T-MARC’s condom and contraceptive brands and marketed them together with its own.

The evaluation team learned that the collaboration has paid a lot of dividends. One regional distributor said, “Since PSI took over from T-MARC, Dume condom sales have really picked up.” A senior PSI manager remarked, “We have good working relationships with T-MARC, and having two organizations marketing same products brings in confusion especially where to attribute failure or success in the performance.” The senior manager added: “The competition between T-MARC and PSI has been removed, and sales of the products have tremendously improved.”

*“I think USAID should continue with the project, but more importantly they should build capacity of the councils....Let’s take an example of PSI, right now they’ve trained people in private facilities but the council doesn’t have the information of these people.*

*It’s best that stakeholders work with figures from the councils, so that when it comes to phasing out, the project the figures might suggest where to start next time, if they were to extend the project or begin another one....*

*If PSI were to leave, the council is the one to do supervision in the facilities that they were working in.....*

*If the project is done with stakeholders like PSI, the ownership of the project remains with them and not the council. But if it were the other way round, meaning that the council implements the project while stakeholders monitor & evaluate the progress, this way we own the project.*

*I think the modality of the council having ownership of the project is much better.”*

KII, CHMT staff member in a region

### *Collaboration between TSMP and the Government*

PSI has been collaborating with the central and the local government authority since the 1990's, when PSI became established in the country. The evaluation found out that under TSMP the collaboration is ongoing, stronger and cherished by the parties.

At the national level, the collaboration is multifaceted and includes PSI taking on the role of Principal Recipient for Global Fund money for condom procurement and distribution. This shows the confidence that the Government of Tanzania and partners have in PSI as a credible and responsible organization that can be entrusted with public funds. In addition, TSMP is working closely with the NACP and is a member of the subcommittees on condoms and information, education and communication. The project is currently supporting public sector condom branding. TSMP has been participating in national events like World Malaria Day, World AIDS Day and nationally commemorated events like Sabasaba (Trade Fair) and Nanenane (Farmers Day) at the invitation of local and national authorities. During these events, TSMP showcases, promotes and sells their products. One PSI regional manager commented, "Working with the government has put us in good light with the public, helping our products to be trusted by our clients."

At the regional and district levels, the evaluation team found that TSMP collaborated with the RHMTs and CHMTs. All of the teams visited knew of TSMP work in social marketing of condoms, oral and injectable contraceptives, and WaterGuard. The teams acted as entry points to the health system in their regions and districts; TSMP met with them when need arose. At district level, TSMP focused on FP training of health care workers in public, faith-based and private health facilities, offering FP knowledge and skills and also distributing subsidized FP products to private clinics. The evaluation found TSMP brands are known and widely available through the distribution and retail networks. One regional Reproductive and Child Health Coordinator (RCHCo) commented, "Condoms, pills (OCs) are everywhere and public access is pretty good." A District Reproductive and Child Health Coordinator (DRCHCo) said, "Their products are known, accessible and they help fill the demand gap that cannot be met by the government." A senior program officer at NACP had this to say: "TSMP has persuaded people to use condoms and empowered the population on reproductive health issues." TSMP on some occasions gave condoms at no cost to the government when so requested.

In summary, TSMP work earned high marks at the sub-national levels. However, concerns have been raised that will need redress in future. One RCHCo raised the concern that, "Family planning methods are now widely available to the extent of being de-professionalized, and should serious side effects happen, I am not sure if clients know where to get help." Some (2 or 3) reproductive health coordinators raised the concern that TSMP was not sharing data with them: "We need more collaboration with PSI, we complement one another on FP; yet, I have no data of their FP contributions to my district."

### *Collaboration with other implementing partners*

TSMP worked with CHAI to support the Pharmacy Council in the form of bolstering the regulatory and policy framework governing the ADDOs through the development of a comprehensive, costed 5-year strategic plan and monitoring and evaluation framework and the revision of the standard operating procedures.

TSMP and CHAI supported accreditation of DLDB to ADDOs. TSMP engaged with the Pharmacy Council directly to create a promotional campaign to promote the use of ADDOs by the general public so that the communities understand that ADDOs provide quality medical products with qualified dispensers for their needs. TSMP also worked with CHAI and the TFDA to train ADDO dispensers.

### *Collaboration with Non-governmental Organization (NGO) Sector*

TSMP provided sub-grants to NGOs and community-based organizations at the regional level and let them implement social marketing activities as part of community systems strengthening. Sub-grants were provided to seven regions (Iringa, Tabora, Dodoma, Ruvuma, Morogoro, Singida and Kilimanjaro) to support regional and district community-based organizations in implementing BCC activities.

### **EVALUATION QUESTION 3: WHAT INTERNAL AND/OR EXTERNAL FACTORS HAVE INFLUENCED THE PROJECT'S ABILITY TO ACHIEVE ITS OBJECTIVES, INCLUDING HOW USAID AND IPS CAN LEVERAGE THESE FACTORS?**

One of the internal factors affecting achievement of objectives was changing directions from USAID. PSI has also gone through a few changes in structures and systems. On the positive side, there are strong systems in PSI/Tanzania. There is now the ability to capture routine data that were previously unavailable: The DHIS 2 system with the MOHSW, and Mango, a PSI system, allow tracking of referrals and vouchers and use local technology to address market inefficiencies. TSMP also launched Lawson, a new finance system. The TSMP senior staff noted that they are not “getting target population data they did not have before and this gives you research questions and they would like to build on this knowledge to make the markets work better to make the sure the bottom of the pyramid gets served.”

A major external factor that has affected the achievement of objectives is the lack of clear lines of leadership within the MOHSW with regard to condoms. Currently, the vested interests or stakeholders include RCH, NACP and TACAIDS, but no one group is clearly in charge.

The limitations of the Tanzania Bureau of Standards (TBS) to test condoms, in terms of lot sampling and other methods, make it more difficult for TSMP to quickly get stocks of reliably tested condoms.

There were several shifts in direction over the course of the past five years from USAID, one of which was a shift in the decision to socially market vaccines.

In terms of T-MARC's role on the project, staff noted, “There was not a system in place that favored activity implementation. Our original agreement specified that the distribution was to be done by PSI/TZ, and this was because PSI TZ has been in the country since 1990s, has been working with the community, and has regional offices—it was seen easy for them to take charge in distribution and left us with only the job of overseeing and making sure our products reach right people at right time.”

An issue internal to TSMP but external to T-MARC is that T-MARC did not control the allocation of project funds, meaning that it sometimes did not receive what had been planned for. The lengthy approval to distribute under TBS also meant stock-outs of products in some regions.

# V. CONCLUSIONS AND RECOMMENDATIONS

## CONCLUSIONS

### **Evaluation Question 1: To what extent have TSMP's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival and malaria?**

While the project is making progress on the TMA, there is much to be done. The definition of market segments for project products does not seem fully developed, despite having been able to describe in detail who the target audience is. There has been no significant distinction between Dume and Salama in regards to who the user is. TSMP has not been successful in distinguishing the user profile of Dume. There has been more demand created for Dume than supply. The price of Dume is just right, and there is a willingness from Dume buyers to continue buying the product if there were any price change. Salama profit margins are bigger than Dume profit margins.

TMA objectives included meeting the universe of need in the condom category, decreasing the level of total subsidy in the market and increasing the role of the commercial and public sectors. Irrespective of regular indicators that were being used for monitoring progress, critical markers of TMA progress are: firstly, growth in the size of the overall market, secondly, growth in the size of the commercial sector share and, thirdly, alignment of subsidy in the market with need or social economic status segmentation. However, other than the Omnibus surveys related to condoms, ADDO and other project records do not provide information about the socioeconomic profiles of the users of socially marketed brands. This element is difficult to evaluate. TSMP plays a significant role in the availability and accessibility of the low-priced contraceptive methods. TSMP has not been able to demonstrate that the intended targeted consumers are the actual consumers, nor can they demonstrate that intended beneficiaries are receiving the price and any other benefits that come with the product. There is still lack of knowledge, or sufficient effort to remedy the lack of knowledge, about how to correctly use the female condom.

In terms of collaboration with the private sector for the TMA, TSMP's concept of private sector engagement was to include manufacturing, importation, wholesaling and retail distribution. The project has done a lot on distribution by working with regional distributors and retailers, thus increasing the number of outlets. The project management has identified that perhaps there could be additional private sector engagement with manufacturers who could also do the packaging, such as is the case in Mozambique.

### **Evaluation Question 2: To what extent have TSMP's interventions strengthened local capacity (civil, public and private) to sustain social marketing activities to achieve public health outcomes?**

The evaluation team found evidence that the partnership between PSI and T-MARC has moved in the right direction towards a coordinated TMA to health products in Tanzania as envisaged in the RFA. The evaluation team concludes that TSMP's interventions have, to a great extent, strengthened local civil, public and private capacity to sustain social marketing activities to achieve public health outcomes.

The project has built the organizational and technical capacity of T-MARC to implement social marketing programs and provide leadership in social marketing at the national level. The team has concluded that T-MARC does have the potential to become a sustainable social marketing organization if the recommendations from the evaluation are carried out. The motivation and capacity are there. The

recommendations should be implemented immediately. The sustainability of T-MARC should be more solid within the next year or two.

However, two issues need to be resolved if T-MARC is to have full capacity to sustainably carry out this function: financial sustainability of the social marketing activities of T-MARC, and the future ownership, sales and distribution of the TSMP brands beyond 2015. This conclusion is in line with the findings of the 2014 TSMP report on capacity building by Pierre Moon and Benjamin Kamala, which stated that, “The overall feedback from staff of both organizations is that T-MARC has increased its capacity under TSMP and is ready to stand on its own two feet as a BCC organization. As a social marketing organization, a lot of progress has been made by TSMP in terms of T-MARC’s capacity and impact. However, a number of questions still require resolution, notably the financial sustainability of the social marketing activities of T-MARC and the future ownership and sales and distribution of the TSMP brands beyond 2015.”

The project has also built the capacity of the private sector by developing strong linkages between regional distributors and retailers. The project has strengthened ADDOs as an important channel for organizing the private sector and has built the capacity of public sector to promote and regulate social marketing by promoting TMA and supporting the public sector condom promotion and distribution through branding and development of condom strategy. The project has also built the capacity of TBS for testing condoms and the Pharmacy Council to regulate ADDOs and pharmacies. In 2009, 144 million condoms were distributed in Tanzania; of these, 38 percent were distributed for free by the public sector, 61 percent were distributed through social marketing by PSI Tanzania and T-MARC, and perhaps 1 percent were distributed commercially.

However, in terms of the government, at the level of the RHMTs and CHMTs, there is little evidence that the project has done much to build their social marketing capacity.

PSI developed social marketing session materials and facilitated several sessions at the School of Public Health under the Muhimbili University of Health and Allied Sciences. TSMP facilitated the sessions during 2008-2013, with sessions happening at least once per year (approximately five sessions over that period) and reaching more than 50 students working toward a Master of Public Health degree.

### **Evaluation Question 3: What internal and/or external factors have influenced the project’s ability to achieve its objectives, including how USAID and IPs can leverage these factors?**

Other than some changing priorities in terms of which products should be socially marketed, no other significant external factors were cited by the staff of TSMP. Positive influences on objectives from internal factors include PSI systems and new approaches to capture market data.

## **RECOMMENDATIONS**

### **Overall Project Design**

USAID should design the next project to incorporate a much closer link between the social marketing, service delivery, and social and behavior change communications projects. In addition, the link with any project working on procurement and supply chain, including capacity building, should be clearly spelled out. The creation of demand through SBCC, the social marketing of related products, and the public supply of products needed once demand is created are all interconnected and critical to results and impact.

One way forward is to create a project that incorporates several elements that are currently housed within different projects. In the end, whether components are combined or separated, with proper design and skilled management, these pieces of the overall health portfolio should be working in synergy

with each other. Even district-level MOHSW health providers and program management staff expressed the wisdom of this approach to the evaluation team.

### **Specific Components**

Based on the findings and the evaluation team's judgment about those findings, the team makes the following recommendations. Some may be able to be implemented immediately to improve the current program, while others would need to be integrated into the design of the future program.

#### ***Social Marketing of Health Products for HIV, Family Planning, MCH and Malaria***

- Improve the segmentation for condom brands, including those that are public, private and socially marketed, while continuing to more clearly segment the market for Dume and Salama condoms and ensure a consistent and sufficient supply of Dume condoms to meet current demand. Assess the impact of the more recent approach of segmentation by time of use and emotive need state rather than wealth groups.
- Increase action research and data collection on users and sales of condoms and OCs to allow for repositioning or other changes in marketing, sales and distribution of a product to increase demand and use.
- Condom demonstrations and opportunities to have one-to-one discussions about the female condom are two examples where approaches such as community theatre and IPC might be more effective than current approaches.
- Without a concerted effort, and perhaps a thorough re-evaluation of what would be required to be successful in selling Lady Pepeta, it is likely to continue to fail. TSMP must decide how to improve the sales and use of Lady Pepeta. TACAIDS and others are convinced of the importance of continuing to promote and increase the use of the female condom. Basic steps such as increasing client education on its use could be helpful.
- TSMP needs to come up with innovative ways of engaging the commercial sector more actively in the condom market in Tanzania to achieve the TMA. Although the project has tried to increase the capacity of the private sector, there is much that remains to be done.
- USAID should ensure that T-MARC retains the three brands: Dume and line extensions, Lady Pepeta and Flexi-P, so that T-MARC can continue to trade commercially.
- An assessment of the marketing, sales and user education for Lady Pepeta is critical to moving forward with this product.
- Continue under the current project, and include in the design of the future project, work on advocacy to bring in a mid-priced OC, and promote the OC as a valuable FP method.

#### ***Collaboration and Capacity Building***

- The USAID solicitation should clearly articulate expectations for implementation of a TMA and the role of each sector (public, private, commercial) in the TMA, including relationships between the MOHSW and the private sector. These must mirror the TMA strategy with transparency with all partners about what that strategy is, and who is playing what role.
- In the interest of sustaining and supporting local capacity, in the immediate future, build T-MARC's capacity in warehousing, sales and distribution of socially marketed products, so that it can effectively manage any distribution company to which it would outsource this component.

- Implement cost management strategies that define cost reduction, such as operations, staff, and direct and indirect costs, and further review T-MARC's current sales and distribution strategy in order to have a cost-effective, efficient and sustainable model.
- The team recommends that USAID further discuss with T-MARC their decision not to approve use of T-MARC's revenue for office space, and perhaps suggestive alternative approaches to sustainability for T-MARC, taking into account the June 2014 report recommendations.
- Continue to build the capacity of Pharmacy Council, use their mobile application and the skills of already trained ADDOs not being used, and increase the training of ADDOs so that they can do the higher-level work of linking with public sector and creating a continuum of care. According to a senior TSMP staff member interviewed, "There is also need to conduct training for more ADDOs because only 50 percent of ADDOs have been trained."
- Decentralize the Pharmacy Council to the district level, and create the ADDOs Association at the regional level.
- Design the project to work closely with the MOHSW:
  - USAID should actively consult with the national level of the MOHSW and its programs (NACP, TACAIDS, National Malaria Control Program, RCH) in setting the priorities and the geographic scope of the project;
  - Include capacity building for RHMTs and CHMTs in the project scope;
  - The project design should specifically define the relationship between the project and the various levels of the MOHSW (RHMTs, CHMTs). This should include specific project operations such as data sharing, monitoring, reporting and the like.
- Civil society organizations and NGOs should have a clearly defined role on the new project.
  - Include a clear definition of their role with local government health services and households, their function in behavior change communication and community-based distribution.
  - The project should provide capacity building, technical assistance and resources to the civil society organizations and NGOs, possibly through small grants.
  - The future project should aim to cover additional health areas, based on epidemiology related to each of the health areas. In the case of HIV, it will be important to support efforts to reach remote hot spots and key populations in particular, e.g., sex workers, men who have sex with men.
  - Develop more targeted marketing strategies. As a regional team member noted, "We can put better consideration of our target markets. Customers act differently for the different products. Our program must be unique to the society that we are serving. If we want to serve them well, we must be able to do research—if we are selling less in Mara, to understand why those people are not buying them, and come up with strategies specific to that place. We need to do more than just national strategies."

# ANNEX I. SCOPE OF WORK

**Global Health Program Cycle Improvement Project (GH Pro)**  
**Contract No. AID-OAA-C-14-00067**  
**EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)**  
2/9/2015

**INSTRUCTIONS:** Complete this template in MS Word to develop a SOW for an evaluation, assessment, or other analytic activity. Please be as thorough as possible in completing this SOW, but if needed, your GH Pro technical advisor and project management team can assist you in developing your final SOW.

Refer to the USAID How-To Note: Developing an Evaluation SOW and the SOW Good Practice Examples when developing your SOW.

**Note:** When submitting this SOW, please also include relevant background documents that would assist in planning the analytic activity, such as a project description, contract/agreement, and implementing partner PMPs/reports.

**I. TITLE: Combined evaluations for Tanzania Social Marketing Program (TSMP) and Capacity and Communication Project (TCCP)**

Technical Directive Number (assigned by GH Pro): 007 & 008 (COMBINED)

**II. Requester / Client:**

USAID/DC (select by using pull-down menu) **Choose an item.**

USAID Country or Regional Mission (select by using Region pull-down menu)

Africa: **Tanzania**

Asia: **Choose an item.**

Europe & Eurasia: **Choose an item.**

Latin America & the Caribbean: **Choose an item.**

Middle East: **Choose an item.**

**III. Funding Account Source(s):** (Click on box (es) to indicate source of payment for this assignment)

3.1.1 HIV

3.1.6 MCH

3.1.2 TB

3.1.7 FP/RH

3.1.3 Malaria

3.1.8 WSSH

3.1.4 PIOET

3.1.9 Nutrition

3.1.5 Other public health threats

3.2.0 Other (specify): Mission

**IV. Cost Estimate:** \$400,000 (\$200K for TCCP & \$200K for TSMP) (**Note:** GH Pro will provide a final budget based on this SOW)

**V. Performance Period:** (Use pull down to indicate expected start and end dates – *choose any day in the month and year on pull down calendar*)

Expected Start (on or about): 23-Feb-2015

Anticipated End (on or about): 22-May-2015

**VI. Location(s) of Performance Period:** (Indicate locations where work will be performed to implement this evaluation or analytic activity)

Both projects implement in overlapping districts. For this reason, we recommend the following districts be for consideration as potential sites for these evaluations, where outcomes from both projects can be evaluated:

1. Njombe
2. Tabora
3. Kagera

4. Mwanza
5. Dar es Salaam (optional)

Selection of final locations will be finalized once Evaluation Team(s) meet with USAID/Tanzania.

## VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

### EVALUATION:

**Performance Evaluation** (Check timing of data collection)

Midterm  Endline  Other (specify):

*Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.*

**Impact Evaluation** (Check timing(s) of data collection)

Baseline  Midterm  Endline  Other (specify):

*Impact evaluations measure the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.*

### OTHER ANALYTIC ACTIVITIES

**Assessment**

*Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.*

**Costing and/or Economic Analysis**

*Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.*

**Other Analytic Activity** (Specify)

### PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

**Note:** If PEPFAR funded, check the box for type of evaluation

**Process Evaluation** (Check timing of data collection)

Midterm  Endline  Other (specify):

*Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)*

**Outcome Evaluation**

*Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)*

**Impact Evaluation** (Check timing(s) of data collection)

Baseline  Midterm  Endline  Other (specify):

*Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons*

are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

#### **Economic Evaluation (PEPFAR)**

*Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?*

### **VIII. BACKGROUND**

Background of project/program/intervention: **USAID/Tanzania Capacity and Communication Project**  
**Project/Activity Title: Tanzania Capacity and Communication Project (TCCP)**

**Award Number:** 621-A-00-08-00005-00

**Award Dates:** 9/12/2010 to 5/16/2016

**Project/Activity Funding (TEC):** \$49,500,000

**Implementing Organization(s):** Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP)

**Project/Activity COR/AOR:** Naomi Kaspar

#### **Country Context**

Tanzania has a population estimated at nearly 42 million, of which almost 75% lives in rural areas. Driven by tourism, mining, trade, and communications, the private sector has grown considerably with economic growth averaging 7% over the last decade. Despite these gains, the percentage of people living in poverty has decreased only marginally during the past 10 years, while continued rapid population growth has increased the absolute number of Tanzanians living in poverty by more than 1 million, overwhelming an already-fragile social service system. Tanzania relies heavily on foreign aid; roughly one-third of the national budget is financed by direct budget support. Lack of basic healthcare and the impact of preventable diseases such as HIV/AIDS and malaria, low levels of education and agricultural productivity, widespread corruption, and an urgent need for reform of the business-enabling-environment persist as major challenges to development.

Tanzania's life expectancy at birth is 52.46 years, and the population is primarily young (21.4% of women and 25.5% of men are between 15 and 19 years of age).<sup>21</sup> Although there has been an overall downward trend in fertility in Tanzania from 5.7 (2004/05) to 5.4 (2009/10), at current growth rates, Tanzania's population will exceed 50 million by 2025. Demographic and Health Surveys (DHS) in Tanzania suggest a "gradual and steady increase" in contraceptive use among married women over the last two decades, with a concurrent increase in the use of modern methods. The 2010 DHS indicates that 29% of all women, including 34% of married women and 51% of sexually active unmarried women 15-49, currently use contraception. The large majority of these women use modern methods, with injectable, oral contraceptives, and male condoms predominating.<sup>22</sup> Unmet need for FP remains high at 22%.

The HIV epidemic in mainland Tanzania is mixed. Data indicate that there has been an overall reduction in national HIV prevalence from 5.7% to 5.1%; however, this reduction may represent a plateau in the epidemic rather than a true reduction in new infections. Although basic knowledge of HIV/AIDS is nearly universal, comprehensive knowledge is low and has remained relatively unchanged since 2004.<sup>23</sup>

Tanzania has unacceptably high maternal and infant mortality rates, ranking 19<sup>th</sup> and 32<sup>nd</sup> in the world, respectively.<sup>24</sup> Despite high coverage rates of antenatal care (96% attend at least once), only 50% of women delivered in a health facility, and maternal mortality remains high at 454 deaths per 100,000 live births (accounting for approximately 8,000 maternal deaths per year). Major direct causes of maternal mortality

<sup>21</sup> Preliminary results from Demographic and Health Survey, 2009/10.

<sup>22</sup> Demographic and Health Survey, 2010. [ADD complete citation].

<sup>23</sup> DHS, 2010.

<sup>24</sup> UN State of the World's Children, 2009.

include obstetric hemorrhage, obstructed labor, pregnancy-induced hypertension, sepsis, and abortion complications.<sup>25</sup> Notably, under-five mortality rates have dropped by 40%, from 137 deaths per 1,000 births in the mid-1990s to 81 for the period 2006–10.<sup>26</sup> Nevertheless, neonatal mortality rates have been high at 32 per 1,000 live births, and account for 47% of the infant mortality rate.<sup>27</sup> The critical timeframe for lifesaving neonatal interventions is within 24 hours after birth – immediately during delivery and including postnatal visit. Data from the Tanzania DHS show that only half of Tanzanian women deliver in a facility and only 13% of women received any postnatal care within 48 hours after delivery.

### **USAID/Tanzania Vision: Social and Behavior Change for Health**

USAID/Tanzania has worked to develop and support a behavior change portfolio that leverages deep technical expertise by consolidating marketing and communication activities under a small number of projects. The work of these projects is characterized by a strong emphasis on technical and operational capacity strengthening utilizing a variety of complementary strategies. Community mobilization and outreach are areas of particular programmatic priority.

### **TCCP project overview**

The Tanzania Capacity and Communication Project (TCCP) is a five-year, USAID-funded cooperative agreement awarded in September 12<sup>th</sup>, 2010 with ending date September 11<sup>th</sup>, 2015. It is led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) in collaboration with Media for Development International (MFDI) and CARE Tanzania.

The goal of this cooperative agreement is to increase the adoption of safer behaviors by Tanzanian adults and high-risk populations (adults and youth) to prevent or manage HIV infection; support the uptake of FP to reduce unmet need; address maternal, newborn, and child health issues; and address other health issues.

In support of this goal, TCCP has three program objectives:

- I. Execute evidence-based, coordinated social and behavior change communication (SBCC) initiatives at scale.
- II. Facilitate coordination of social and behavior change communication at the national, regional, and district levels.
- III. Measurably transfer social and behavior change communication skills to Tanzanian individuals and institutions

TCCP's areas of focus include HIV/AIDS (AB, OP, PMTCT, VMMC, OVC, and treatment); FP/RH; maternal and child health; and malaria.<sup>28</sup> To date, TCCP has implemented activities in eight priority regions: Dar es Salaam, Iringa, Mara, Mbeya, Mwanza, Pwani, Shinyanga and Tabora. Recent redistricting and adding component of malaria has expanded TCCP's work to 15 regions, now including Geita, Njombe, Ruvuma, Mtwara, Lindi, Kagera and Simiyu.

TCCP is premised upon the Integrated Change Model, shown below. This model, which draws upon socio-ecological frameworks common in behavior change programming, posits that sustained behavioral change requires intervention at the individual, social, and structural levels.

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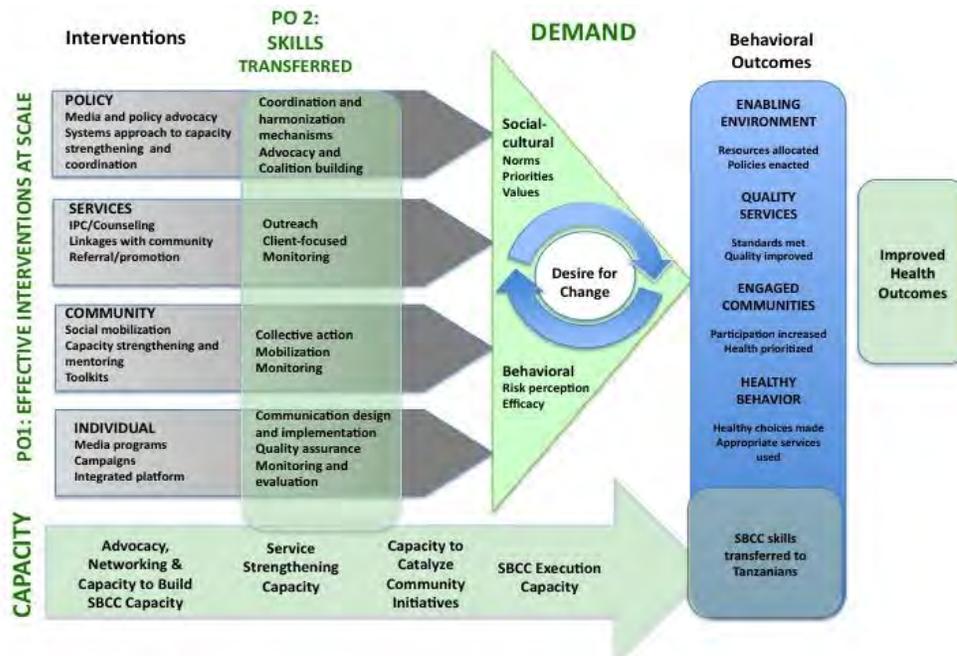
<sup>25</sup> The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 - 2015

<sup>26</sup> Preliminary results from Demographic and Health Survey, 2009/10.

<sup>27</sup> The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 - 2015

<sup>28</sup> Malaria activities, which were supported by JHU-CCP's Commit project from 2008-2013, were integrated into TCCP with the closure of Commit in October 2013.

Figure 1: Integrated Change



TCCP’s work in capacity strengthening (Program Objectives 2 and 3) expands upon the project’s Integrated Change Model, articulating a specific vision for development of sustainable SBCC capacity. This model, which is presented below, describes four complementary pathways to national-level capacity improvement: building sustainable systems, developing communication institutions, creating health competent communities and training and mentoring individual communication professionals.

**[Note: This model may have changes since start-up. The Evaluation Team should use project documents for the current model.]**

**Approach and Implementation**

**Program Objective 1:** Execute evidence-based, coordinated social and behavior change communication initiatives at scale.

Major activities contributing to the achievement of this objective include:

- Development and production of weekly variety shows or entertainment education programs on television and radio.
- Development and implementation of high-visibility, national multi-media campaigns addressing HIV prevention, FP, and neonatal and child health. Such campaigns include community activities implemented through CARE and TCCP community outreach agents.
- Development of national and sub-national SBCC strategies pertaining to specific health areas, in conjunction with the Government of Tanzania and U.S. Government implementing partners.
- Development and oversight of a coordinated materials distribution system for Tanzania.

**Program Objective 2:** Reinforce systems for coordinating and delivering social and behavior change communication.

Major activities contributing to the achievement of this objective include:

- Provision of individual-level capacity strengthening to key staff members within the MoH, NACP, and TACAIDS. Such capacity strengthening may include participation in the Leadership in Strategic Health Communication (LSHC) training or the Advancing Communication Experientially (ACE) fellowship and internship program, among other activities.

- Provision of technical assistance to key Government of Tanzania technical bodies, including the Ministry of Health (MoH), NACP, and TACAIDS. Such technical assistance may include revitalization or establishment of Government of Tanzania technical working groups or task teams pertaining to SBCC.
- Message harmonization, potentially in conjunction with development of a knowledge management platform to support continued coordination across implementing partners.

**Program Objective 3:** Measurably transfer social and behavior change communication skills to Tanzanian individuals and institutions.

Major activities contributing to the achievement of this objective include:

- Provision of the LSHC training using a ToT model to ensure roll-out at the district level, to be implemented in conjunction with local institutions. In some districts, this training has been extended and reinforced through design and implementation of district level SBCC campaigns by trainee teams.
- Development and production of 26-episode radio distance learning program targeting community health workers.
- Development of capacity and production value among Tanzanian film and television producers through co-production of entertainment education outputs.
- Establishment of ACE fellowship and internship programs to provide applied learning opportunities in SBCC.
- Delivery of institutional capacity assessments to a variety of Tanzanian entities, with provision of tailored SBCC capacity strengthening services and/or referral to external resources based on identified needs.
- Support to Muhimbili University of Allied Health Sciences (MUHAS) for development and provision of SBCC-related short-courses and degree programs.

Research, monitoring, and evaluation are central to TCCP's activities, informing design, determining reach, and confirming impact. TCCP seeks to balance the need for routine and readily available programmatic data with more rigorous research exploring programmatic outcomes and behavioral impact. In addition to purchasing communication data collected through quarterly omnibus surveys and conducting ongoing pre-post surveys of its SBCC fellows and interns, TCCP has conducted several larger-scale evaluation activities, including project baseline and midline surveys, campaign evaluations, and a qualitative assessment of its radio distance learning program for community volunteers.

Describe the theory of change of the project/program/intervention.

See above in Background

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

- I. Execute evidence-based, coordinated social and behavior change communication (SBCC) initiatives at scale.
- II. Facilitate coordination of social and behavior change communication at the national, regional, and district levels.
- III. Measurably transfer social and behavior change communication skills to Tanzanian individuals and institutions

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

Priority Sites: Dar es Salaam, Iringa, Mara, Mbeya, Mwanza, Pwani, Shinyanga and Tabora.

New Sites: Geita, Njombe, Ruvuma, Lindi, Mtwara, Kagera and Simiyu

Background of project/program/intervention: **USAID/Tanzania Social Marketing Program**

Project/Activity Title: **Tanzania Social Marketing Program (TSMP)**

Award Number: 621-A-00-10-00020-00

Award Dates: May 15, 2010 to May 14, 2016

Project/Activity Funding: \$49,999,000 (TEC)

Implementing Organization(s): Population s Services International (PSI)

### **Country Context**

Tanzania has a population estimated at over 47 million, of which almost 75% lives in rural areas. Driven by tourism, mining, trade, and communications, the private sector has grown considerably with economic growth averaging 7% over the last decade. Despite these gains, the percentage of people living in poverty has decreased only marginally during the past 10 years, while continued rapid population growth has increased the absolute number of Tanzanians living in poverty by more than 1 million, overwhelming an already-fragile social service system. Tanzania relies heavily on foreign aid; roughly one-third of the national budget is financed by direct budget support. Lack of basic healthcare and the impact of preventable diseases such as HIV/AIDS and malaria, low levels of education and agricultural productivity, widespread corruption, and an urgent need for reform of the business-enabling-environment persist as major challenges to development.

The HIV epidemic in mainland Tanzania is generalized with HIV prevalence (5.1%) similar to that of neighboring countries such as Kenya and Uganda. The most recent data on HIV prevalence, from 2011-12, indicates an HIV prevalence of 6.2% among adult females and 3.8% among adult males. Although historically HIV prevalence has been higher in urban and peri-urban areas, in recent years, it appears that rural areas are becoming more important as a source of HIV infections. This is likely due to the fact that HIV prevalence is declining faster in urban areas than rural areas. Although basic knowledge of HIV/AIDS is nearly universal, comprehensive knowledge is low and has remained relatively unchanged since 2004.<sup>29</sup> Reported condom use is increasing among most population segments in Tanzania. For example, between the 2008 THMIS and the 2012 THMIS, among all women who had higher-risk sex during the last twelve months, reported condom use at last higher-risk sex increased from 43% to 55%.

Tanzania's life expectancy at birth is 52.46 years, and the population is primarily young (21.4% of women and 25.5% of men are between 15 and 19 years of age).<sup>30</sup> Although there has been an overall downward trend in fertility in Tanzania from 5.7 (2004/05) to 5.4 (2009/10), at current growth rates, Tanzania's population will exceed 50 million by 2025. Demographic and Health Surveys (DHS) in Tanzania suggest a "gradual and steady increase" in contraceptive use among married women over the last two decades, with a concurrent increase in the use of modern methods. The 2010 DHS indicates that 29% of all women, including 34% of married women and 51% of sexually active unmarried women 15-49, currently use contraception. The large majority of these women use modern methods, with injectables, oral contraceptives, and male condoms predominating.<sup>31</sup> Unmet need for FP remains high at 22%

### **USAID/Tanzania Vision: Social Marketing for Health**

USAID is committed to developing markets for health products and services in Tanzania that are vibrant and self-sustaining. Such markets will effectively engage the public, social marketing and commercial marketing sectors in a total market approach that supports effective brand development and marketing, and maximum cost recovery. Tanzanian partners will demonstrate the technical and operational capacity to design, manage, and evaluate high-quality, locally-driven social marketing initiatives that complement the services provided by the MOHSW and international organizations.

### **TSMP Project Overview**

The Tanzania Social Marketing Project, or TSMP, is a 5-year cooperative agreement awarded in 2010. Under the leadership of Population Services International (PSI), TSMP provides technical support to two Tanzania organizations, T-MARC Tanzania and PSI/Tanzania, and engages key stakeholders from the public, non-profit, and private sectors to improve market segmentation, subsidy strategies, and distribution systems.

The goal of this cooperative agreement is to improve the health status of Tanzanian families, with an objective to ensure measurable behavior change (including use of effective health products) among project target groups.

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<sup>29</sup> Demographic and Health Survey, Tanzania, 2009/10.

<sup>30</sup> Demographic and Health Survey, Tanzania, 2009/10.

<sup>31</sup> Demographic and Health Survey, Tanzania, 2010.

To support this goal and project objective, the Tanzania Social Marketing Program (TSMP) will ensure achievement of the following two intermediate results (IRs):

**IR 1 Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria.**

- IR 1.1: Access to HIV/AIDS, FP/RH, child survival and malaria social marketing products dramatically scaled up through a targeted approach
- IR 1.2: Consumer and trade understanding of the underlying public health issues and correct use of HIV/AIDS, FP/RH, child survival and malaria products significantly increased
- IR 1.3: Sales and use of socially marketed health products measurably increased

**IR 2 Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes.**

- IR 2.1: Capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened
- IR 2.2: Substantive partnerships with the civil, public and commercial sectors and donors to promote wider public health impact established and maintained
- IR 2.3: Capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured

The TSMP team leverages the “Total Market Approach” (TMA) to social marketing to correct market inequalities and to develop more sustainable solutions to health problems by providing customers with wider and more effective choices. The goal of the TMA is to achieve a marketplace where all segments of society are reached with high quality products and services according to their ability to pay. In a balanced TMA, the poorest access products and services through free distribution, those who are somewhat better off through subsidized products, and those with greater ability to pay through commercially-distributed products. Social marketing organizations are essential to growing the overall market volume by attracting new user groups into the market and opening up new markets, particularly in rural areas through community-based distribution.

TSMP works primarily in the areas of HIV prevention and FP, supporting promotion and distribution of male and female condoms and oral contraceptives through its partner organization, T-MARC markets and distributes three products: *Dume* male condoms, *Lady Pepeta* female condoms, and *Flexi-P* oral contraceptives. With USAID funding through TSMP, PSI also provides Water Guard water purification tablets for distribution through PEPFAR home-based care partners along with *Familia* male condoms through commodity co-financing support from the Global Fund. In addition, TSMP will support the MOHSW's introduction of two new vaccines for diarrhea and pneumonia through a targeted communication campaign that will engage two of the poorest performing regions in Tanzania. Also through TSMP, PSI has provided support to sub-grantee the Clinton Health Access Initiative (CHAI) for improved product distribution through small-scale private pharmaceutical vendors (ADDOs).

**Target Areas and Populations**

T-MARC distributes male and female condoms nationwide, with T-MARC providing focused marketing and behavior change efforts in areas with elevated HIV prevalence, including Dar es Salaam, Arusha, Mwanza, and other major urban hubs. FP products are distributed nationwide, with promotion largely through IPC activities in Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara, and Mbeya.

Priority audiences for products marketed under TSMP are outlined in brief below:

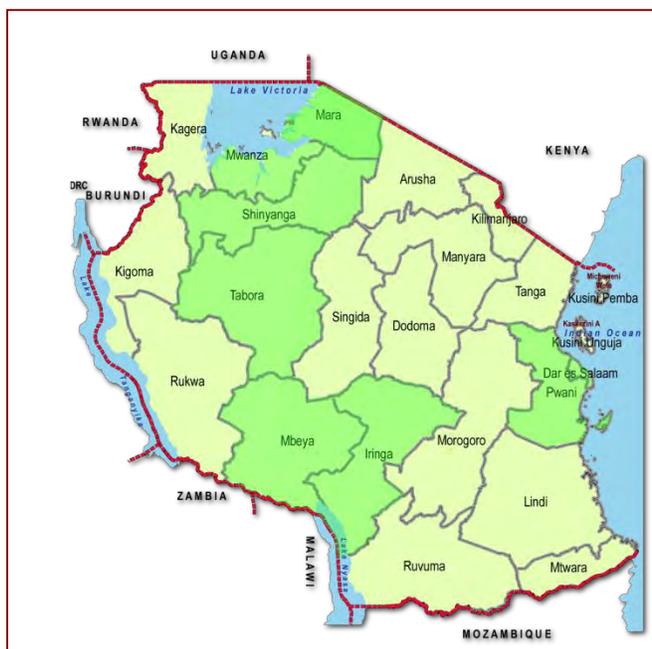
- **Dume male condoms:** urban and peri-urban men. Mid-market/moderate socio-economic status.
- **Lady Pepeta female condom:** commercial sex workers, women engaging in transactional sex (such as bar workers). Mass market, with heavy emphasis on free distribution in conjunction with IPC to encourage trial among new users.

- **Flexi-P oral contraceptive:** young, single, “independent,” urban women. Mid-market, with pricing likely to rise substantially pending Bayer registration.

TSMSP supported T-MARC in selecting these audiences based on country-level health needs, donor priorities, and primary behavioral research that allowed for identification of those groups most amenable to social marketing intervention for each product.

Priority audiences for PSI/Tanzania products relevant to TSMSP’s mandate and objectives include:

- **Salama male condoms:** rural men, mass market/lower socio-economic status.
- **Care female condom:** key populations at high risk for HIV infection, including discordant couples, injection drug users, and men who have sex with men.
- **Familia oral contraceptive:** married women.



### **TSMSP Approach and Implementation**

**IR 1:** *Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FPIRH, child survival, and malaria.*

Activities under this IR have centered on the continued shaping of the national markets for male and female condoms and oral contraceptives, with particular attention to establishing complementary targeting, positioning, and pricing between T-MARC and PSI/Tanzania brands. Promotion activities emphasize continuous below-the-line marketing (through interpersonal communication, experiential marketing, and public events) complemented by periodic mass media campaigns.

Major activities contributing to the achievement of this objective include:

- Nationwide distribution of social marketing products to increase access and accessibility to male and female condoms, oral contraceptives, and household water treatment products.
- Repositioning of the Dume and Salama male condom brands based on current research, with Dume moving into a mid-market niche and Salama retaining lower-priced, mass market targeting.
- Repositioning of the Flexi-P and Familia oral contraceptive brands (which currently utilize identical formulations), with Flexi-P targeting younger, unmarried, “Independent” women and Familia targeting married women, with an emphasis on male involvement. T-MARC anticipates that it will adopt an alternate formulation for Flexi-P in the coming year, further differentiating the two brands.
- Promotional activities to reposition products in accordance with the above strategies including promotion of products via television, public events, bar-based interpersonal communication, and other relevant communication channels.
- Convening of government, civil society, and private stakeholders to coordinate a total market approach to social marketing.

**IR 2:** Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes.

Major activities contributing to the achievement of this objective include:

- Capacity strengthening activities carried out by PSI to improve T-MARC’s marketing, research, and implementation capacities.

- Assessment of T-MARC's management, operational, and financial controls, systems, and processes by PSI's Overseas Financial Operations Group.
- Through a partnership with RADAR training, provision of tailored management and leadership support to T-MARC and PSI/Tanzania staff.
- Continued support to small local NGO and CBO partners, such as the PRINMAT network of reproductive health clinics, in the development of a sustainable commodity supply chain and supportive supervision system for community-based distribution of health products.

Describe the theory of change of the project/program/intervention.

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

See above in Background

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

T-MARC HIV focused: Dar es Salaam, Arusha, and Mwanza

T-MARC IPC: Dar es Salaam, Dodoma, Mwanza, Arusha, Shinyanga, Mara, Manyara, and Mbeya.

## IX. SCOPE OF WORK

- A. **Purpose**: Why is this evaluation or analysis being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of this evaluation is to review, analyze, and evaluate the results of the Tanzania TCCP and TSMP's activities against the objectives of each project, as the projects enter their final year. The evaluation seeks to answer descriptive questions that explore the projects' progress towards their objectives and intermediate results. This evaluation is intended to provide a critical review of TCCP and TSMP's achievements across the life of the projects, with attention to a variety of possible dimensions of project success. USAID/Tanzania is interested in improving project performance and informing future SBCC and social marketing mechanisms.

**Note**: This evaluation should present findings relative to each project.

- B. **Audience**: Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

USAID/Tanzania Health Office

- C. **Applications and use**: How will the findings be used? What future decisions will be made based on these findings?

These evaluations are intended to provide USAID/Tanzania Health Office evidence for management of these projects and for use in the design of the follow-on projects dealing with SBCC and social marketing related to HIV/AIDS, FP/RH, maternal and child health (MCH), and malaria

- D. **Evaluation questions**: Evaluation questions should be: a) aligned with the evaluation purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation questions. **USAID policy suggests 3 to 5 evaluation questions.**

## Evaluation Question

### TCCP

1. To what extent have TCCP's SBCC campaigns and programs achieved behavior change among priority audiences?
2. What programmatic lessons may be drawn from TCCP's experience in designing and implementing large-scale SBCC campaigns in collaboration with Government of Tanzania, U.S. Government, and NGO stakeholders?
3. To what extent, and in what manner, have TCCP's capacity strengthening interventions improved the ability of Tanzanian individuals and institutions to design, implement, and evaluate high-quality SBCC?
4. What capacity strengthening approaches appear to most directly influence the quality of in-country SBCC design, production, and implementation?
5. To what extent can't the Government of Tanzania and local NGOs independently design and monitor health communication activities? What appear to be areas of competency? What are areas where additional support may be required?

### TSMF

IR 1: Expansion of social marketing impact through development of total market: To what extent have TSMF's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria?

IR 2: Strengthened capacity to sustain social marketing efforts among Tanzanian institutions (public, civil, and private sector): To what extent have TSMF's interventions strengthened local capacity (civil, public, and private) to sustain social marketing activities to achieve public health outcomes.

What internal and/or external factors have influenced the project's ability to achieve its objectives, how USAID and IPs can leverage these factors?

Is the project's geographic and demographic focus appropriate given desired outcomes, epidemiological needs, and resources?

### Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions leads to an ineffective evaluation.)

- E. **Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

#### ■ Document Review (list of documents recommended for review)

For health data on Tanzania, the following reports apply to both projects: Tanzania DHS (2010) , THMIS (2007/2008 & 2011/2012) ([http://dhsprogram.com/Publications/Publication-Search.cfm?ctry\\_id=39&c=Tanzania&Country=Tanzania&cn=Tanzania](http://dhsprogram.com/Publications/Publication-Search.cfm?ctry_id=39&c=Tanzania&Country=Tanzania&cn=Tanzania))

TCCP has conducted a number of rigorous, large-scale evaluations of its own efforts in Project Years 1-4.

Studies of particular relevance to this evaluation include:

- TCCP project baseline (2010) and midline (2014) surveys
- Wazazi Nipendeni MNCH campaign evaluation (2013)
- Kamiligado radio distance learning program evaluation (2014, and 2015 expecting results in July/August)

Project omnibus survey data and media buy data, while gathered largely for purposes of program planning rather than evaluation; also offer a valuable source of longitudinal data, particularly when reviewed against temporal trends in service utilization.

Additionally, project documents, such as, work plans, PMP, annual reports with indicator data will be reviewed

- TCCP Work plans Y1, Y2, Y3, Y4
- TCCP Quarterly Reports: Q1-15
- TCCP Project Monitoring Plan with updated data
- TCCP budgets: Y1, Y2, Y3, Y4

- TCCP TIPS Assessment
- TCCP midterm assessment
- Omnibus survey reports, 2010-2014
- Wazazi Nipendeni evaluation report
- Kamiligado radio distance education evaluation report
- TCCP project baseline (2010) and midline (2014) surveys
- TCCP media buy data overlaid or cross-walked against service statistics
- DHS 2010
- THMIS 2011/2012

TSMP has conducted a number of surveys of its target populations, formative research studies, and reviews of project activities during the last four years. Project survey data and formative research, whether gathered for the purposes of project planning or project evaluation, offer a valuable source of evaluation data. These reports, along with other project documents, such as, work plans, PMP, annual reports with indicator data will be reviewed. USAID/Tanzania and TSMP will provide the evaluators with key documents prior to the in-country evaluation. These documents include;

- Scope of Work from the PSI TSMP proposal
- TSMP Work plans: Y1, Y2, Y3, Y4
- TSMP Annual Reports: Y1, Y2, Y3
- Updated TSMP Project Monitoring Plan
- TSMP budgets: Y1, Y2, Y3, Y4
- PSI TRaC and MaP data demonstrating product availability and use
- Total Market Analysis Data, Tanzania (Excel file), 2004-2012
- Total Market Analysis Review by Pierre Moon, July 2013
- Mid-Term Project Assessment, August 2013
- Budgetary data illustrating unit cost/commodity distributed and unit cost/person reached with product promotion (by commodity) for TSMP Quarters 1-10.
- T-MARC Project Mid-Term Assessment, 2008
- PSI Platform Assessment Reports – PSI/Tanzania and T-Marc, 2010
- T-Marc Strategic Planning and Visioning Consultancy, Final Report

■ **Secondary analysis of existing data** (*list the data source and recommended analyses*)

The following datasets have reports, and therefore, the findings in these reports may be sufficient. However, if needed, the following datasets are available for secondary analysis:

Data Source ( <i>existing dataset</i> )	Description of data	Recommended analysis
MTUHA	Tanzania Health Management Information System (HMIS)	Can compare service data from districts where TCCP and/or TSMP worked to matched districts with no USAID BCC and social marketing inputs.
TZ/DHS 2010	National representative data on population, health and nutrition	Available if needed. Can compare indicators for regions where TCCP and/or TSMP worked to regions with little USAID BCC and social marketing inputs.
THMIS 2011/2012	National representative data on HIV and malaria	Available if needed. Can compare indicators for regions where TCCP and/or TSMP worked to regions with little USAID BCC and social marketing inputs.
Omnibus survey, 2010-2014	A cross sectional household based survey carried out by IPSOS quarterly. TCCP purchases questions	Need to verify availability of Omnibus data. If available, can compare indicators for regions where TCCP

Data Source ( <i>existing dataset</i> )	Description of data	Recommended analysis
TCCP indicator data	on this survey. Other USAID health projects do so too.	worked to regions with little USAID BCC inputs.
TSMF indicator data	Project performance indicators	Available from project
TCCP Cross-Walked Media Buy data and service statistics	Project performance indicators	Available from project

**■ Key Informant Interviews** (*list categories of key informants and purpose of inquiry*)

KIs will be conducted with key stakeholders. When a key informant can provide information and insights on both projects, their interview will cover topics of both projects. Key informants will be selected from among the following. The final list of informants to be interviewed will be finalized in consultation with the USAID/Tanzania Health Office.

**TCCP**

- ACE mentors
  - ACE fellows
  - ACE interns
  - LSHC trainers (PHCI)
  - LSHC alumni
  - Regional District & Ward health management teams
  - District-level LSHC campaign “teams”
  - Campaign team mentors
- Staff of 3-4 organizations that have participated in institutional capacity strengthening activities with TCCP, such as Femina Hip, EngenderHealth, AMREF, FHI360, CDC Foundation, TCDC CBO, NACP, NMCP, TACAIDS, Primary Health Care Institute, Muhimbili Hospital, MUHAS, Restless Development, IDYDC, and IMO.

**TSMF**

- TSMF staff and partners: TSMF, T-MARC
- Project stakeholders: MOHSW, TACAIDS, NACP, USAID HIV prevention team, JSI/DELIVER, PRINMAT network, etc.

**■ Focus Group Discussions** (*list categories of groups, and purpose of inquiry*)

FGDs will be conducted to illicit reactions from those involved as beneficiaries of the projects. Beneficiaries are those who benefitted from the projects’ capacity building efforts and from SBCC and social marketing campaigns. When a group of beneficiaries are the same for both projects, such as community members, they will be combined within the FGD, but these FGDs will be longer sessions to accommodate questions related to both projects.

For the target beneficiary community FGDs, we will conduct separate discussion for men and women, to adjust for the potential power differential between men and women, and to assure women’s voice is heard equally to men. These FGDs will be conducted in the same locations as the site visits.

The Evaluation Team will finalize the target participants for the FGDs with USAID/Tanzania. Possible FGDs are:

**TCCP**

- ACE mentors
  - ACE fellows & interns
  - LSHC alumni
- Target beneficiaries: community members

**TSMF**

Target beneficiaries: community members

**Group Interviews** (*list categories of groups, and purpose of inquiry*)

**Client/Participant Satisfaction or Exit Interviews** (*list who is to be interviewed, and purpose of inquiry*)

**Facility or Service Assessment/Survey** (*list type of facility or service of interest, and purpose of inquiry*)

**Verbal Autopsy** (list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)

**Survey** (describe content of the survey and target responders, and purpose of inquiry)

Individuals involved in SBCC (TCCP related activities) and social marketing (TSMP related activities) will be asked to complete an online survey that assesses their skills and perception about factors associated with success and shortcomings of their SBCC or social marketing efforts. Target respondents will be TCCP and TSMP staff, as well as individuals working with partner and collaborating organizations (public, private, and civil).

**Observations** (list types of sites or activities to be observed, and purpose of inquiry)

**Data Abstraction** (list and describe files or documents that contain information of interest, and purpose of inquiry)

For TSMP, sales and distribution records from target distributors of products that were promoted through social marketing campaigns.

**Case Study** (describe the case, and issue of interest to be explored)

Two case studies will be conducted to compare the SBCC campaigns in specified locations that achieved very good results and one that have limited results. The two cases will be compared to determine factors associated with success and factors associated with shortcomings. USAID/Tanzania in consultation with TCCP will assist in the identification of campaigns and sites for data collection and document review that will be required to develop the two case studies.

**Rapid Appraisal Methods** (ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)

**Other** (list and describe other methods recommended for this evaluation, and purpose of inquiry)

#### **Organizational Capacity Assessment (OCA)**

Standard organizational capacity assessment tools (OCAT) have been developed for SBCC, such as those developed by C-Change (<https://www.c-changeprogram.org/resources/sbcc-capacity-assessment-tool>). These tools, or a similar OCAT, will be adapted for use to assess organizational capacity for SBCC. Efforts will be made to adapt the OCA tool to evaluate capacity for social marketing as well.

#### **If impact evaluation –**

Is technical assistance needed to develop full protocol and/or IRB submission?

Yes  No

List or describe case and counterfactual”

Case	Counterfactual
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### **X. ANALYTIC PLAN**

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

Both qualitative and quantitative analysis of the achievements in relation to the objectives and targets for the output indicators for the cooperative agreement. Moreover, all analyses will be geared to answer the evaluation questions.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate. In the report the Evaluators will describe the statistical tests used.

Thematic reviews of qualitative data will be performed. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data does not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project performance indicator data, DHS, and THMIS) will allow the Team to triangulate findings to produce more robust evaluation results.

## **XI. ACTIVITIES**

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

**Background reading** – Several documents are available for review for this end of program evaluation. These include TCCP's and TSMP's annual work plans for the last five years, M&E plans, quarterly progress reports, and reports from internal project evaluations. There are also national surveys that guided program planning and implementation, including the TDHS and THMIS. This desk review will provide background information for the Evaluation Team, and will also be use as data input and evidence for the evaluation.

**Team Planning Meeting (TPM) in Tanzania** – A three-day team planning meeting (TPM) will be held in Tanzania before the evaluation begins. The TPM will:

- Review and clarify any questions on the evaluation SOW;
- Clarify team members' roles and responsibilities;
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion;
- Review and finalize evaluation questions;
- Review and finalize the assignment timeline and share with other units.
- Develop data collection methods, instruments, tools and guidelines;
- Review and clarify any logistical and administrative procedures for the assignment;
- Develop a data collection plan;
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report; and
- Assign drafting/writing responsibilities for the final report.

**Briefing and Debriefing Meetings** – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:

- Evaluation **launch**, a call among the USAID/Tanzania, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. The Mission will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review travel schedule.
- **In-brief** with USAID/Tanzania, following the TPM. This briefing will include the Evaluation Team, USAID/Tanzania Health Office and M&E team representatives. The Evaluation Team will present an outline and explanation of the design and tools of the evaluation. Also discussed at the in-brief will be the format and content of the Evaluation report(s)
- The Team Lead will brief the Mission **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email. **Note:** *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*
- A **final debrief** will be held approximately 3 days before departure, between USAID/Tanzania and the Evaluation Team. During this meeting [the findings from the evaluation will be presented in a draft report at a full briefing with USAID/Tanzania] [a summary of the data will

be presented, along with high level findings and draft recommendations]. For the debrief, the Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report.

- **Stakeholders’ debrief/workshop** will be held following the final debrief with the Mission.

**Fieldwork, Site Visits and Data Collection** – The evaluation team will conduct site visits to TCCP/TSMP support sites for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID/Tanzania. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

## XII. DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Deliverable / Product	Timelines & Deadlines
■ Launch Call	Late February
■ Work plan with timeline	Late February
■ Analytic protocol with data collection tools	Late February
■ In-brief with Mission or organizing business unit	Early-March
■ In-brief with target project / program	Early-March (following in-brief with Mission)
■ Routine briefings	weekly
■ Findings review workshop with stakeholders with Power Point presentation	Early April
■ Out-brief with Mission or organizing business unit with Power Point presentation	Late April
■ Draft report	Late-April – Early May
■ Final report (electronic only)	Mid-July

### Estimated USAID review time

Average number of business days USAID will need to review deliverables requiring USAID review and/or approval?  
**10** business days per report;

## XIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

**Evaluation team:** When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise related to the
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

**Team Qualifications:** Please list technical areas of expertise required for this activities

The following skills should be covered by the members of the Evaluation Team:

HIV, FP, SBCC, social marketing, organizational development (OD), and evaluation.

The following list of Key Staff are illustrative, and are to be used as a guide to insure all skills needed for this evaluation reside within the Team, once recruited and posted.

List the key staff needed for this analytic activity and their roles. You may wish to list desired qualifications for individual team members, or for the team as a whole.

**Key Staff 1** Title: Team Leader (**Note:** This person will be selected from among the other key staff, and will meet the requirements of both this and the other position.)

Roles & Responsibilities: The team leader will be responsible for (1) managing the team's activities, (2) ensuring that all deliverables are met in a timely manner, (3) serving as a liaison between the Mission and the evaluation team, and (4) leading briefings and presentations.

Qualifications:

- Minimum of 10 years of experience in public health, with technical knowledge and experience in HIV, preferably Pediatrics HIV and/or Child health interventions
- Excellent skills in planning, facilitation, and consensus building;
- Demonstrated experience leading an evaluation team;
- Excellent interpersonal skills;
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline.

**Key Staff 2** Title: HIV Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, and provide technical expertise on HIV, particularly as it applies to SBCC and social marketing activities

Qualifications:

- Minimum of 10 years of experience in public health, with technical knowledge and experience of HIV.
- Strong background in HIV prevention, with a focus on looking at topics and targets for SBCC and social marketing campaigns and related efforts

Number of consultants with this expertise needed: 1

**Key Staff 3** Title: FP Specialist; FP/MNCH Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, and provide technical expertise on FP, particularly as it applies to SBCC and social marketing activities. **Note:** These tasks can be absorbed by other Team members who have knowledge of FP and MNCH in addition to their primary specialty.

Qualifications:

- Minimum of 10 years of experience in public health, with technical knowledge and experience of FP.
- Strong background in FP, particularly commodities and services available in Tanzania, with a focus on looking at topics and targets for SBCC and social marketing campaigns and related efforts

Number of consultants with this expertise needed: 1

**Key Staff 4** Title: Evaluation Coordinator

Roles & Responsibilities: Serve as a member of the evaluation team, providing quality assurance in the field on issues related to evaluation implementation, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. She will oversee the training of data collectors, insuring highest level of reliability and validity of data being collected. She is responsible for all data analysis and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. She will participate in all aspects of the evaluation, from planning, data collection, and data analysis to report writing.

Qualifications:

- At least 5 years of experience in USAID M&E procedures, project and implementation management
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience in design and implementation of evaluations

Number of consultants with this expertise needed: 1

**Key Staff 5** Title: Organizational Development Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate organizational capacity among target NGOs and other organizations who are partners and/or collaborators in SBCC and social marketing.

Qualifications:

- Background and at least 5 years' experience in organizational capacity development/strengthening.
- Knowledgeable in capacity building assessment and evaluation methodologies
- Experience working in organizational capacity development/strengthening with local NGOs working in the health field

Number of consultants with this expertise needed: 1

**Key Staff 6** Title: SBCC & Social Marketing Expert

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate SBCC and social marketing activities, specifically for behavior change, social norms transformation, community outreach, and demand creation.

Qualifications:

- At least 5 years of experience working in the field on SBCC and social marketing programs.
- Experience should include mass media, community-based interventions, social/cultural norms transformations (i.e., gender norms transformation), demand creation for products and services, and other SBCC and social marketing related topics
- A degree in public health or related field
- Experience and knowledgeable on evaluation methodologies related to SBCC and social marketing.

Number of consultants with this expertise needed: 1

**Key Staff 7:** Title: Malaria Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate Malaria activities.

Qualifications:

- At least 5 years of experience working in the field on Malaria-focused programs.
- A degree in public health or related field
- Experience and knowledgeable on evaluation methodologies related to malaria.

Number of consultants with this expertise needed: 1

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

- 3 Research Assistants (local) will be hired to assist with qualitative and quantitative data collection, data entry, data analyses, and transcription of qualitative data. All Research Assistants will be under the supervision of the Team Leader and Evaluation Specialist.
- 1 Logistics/Program Assistant (local) will be hired to assist the team with arrangements for transportation, lodging, venues (as needed), setting appointments, and other assistance as needed. As this is a large and complex evaluation, this position is deemed essential for the conduct of an effective evaluation in Tanzania.
- Data Analysis Consultant will provide consultation to the Evaluation Coordinator and Team Lead on issues related to data analysis, including statistical tests/analyses.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.

Yes – If yes, specify who:

No

**Staffing Level of Effort (LOE) Matrix Instructions:**

This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

- a) For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- b) Immediately below each staff title enter the anticipated number of people for each titled position.
- c) Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.

- d) Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- e) At the bottom of the table total the LOE days for each consultant title in the ‘Sub-Total’ cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in **days** for each Evaluation/Analytic Team member

Activity / Deliverable	Evaluation/Analytic Team							
	Team Lead / HIV Specialist	Malaria Specialist	OD Specialist	SBCC / Social Mktg Specialist	Evaluation Coordinator	Analytic Consultant	Data Collectors	Logistics/ Data Collector
Number of persons →	1	1	1	1	1	1	2	1
Launch Briefing	.5							
Desk review & Data Synthesis	5	5	5	5	5			
Preparation for Team convening in-country								2
Travel to country	2		1	1	.5			
Team Planning Meeting	3	3	3	3	3	3 (if available)	1	2
In-brief with Mission	1	1	1	1	1			1
Training data collectors	2	2	2	2	2		2	2
Prep / Logistics for Site Visits								3
Data collection / Site Visits	24	24	24	24	24		24	24
Data analysis	4	4	4	4	4	4	2	2
Debrief with Mission including Prep	1.5	1.5	1.5	1.5	1.5			.5
Findings Workshop with Stakeholders including prep	1.5	1.5	1.5	1.5	1.5			.5
Depart country	2		1	1	.5			
Draft report(s)	13	8	8	8	10			
GH Pro Report QC Review & Formatting								
Submission of draft report(s) to Mission								
USAID Report Review								
Revise report(s) per USAID comments	4	.5	.5	.5	2			
Finalization and submission of report(s)								
508 Compliance Review								
Upload Eval Report(s) to the DEC								
<b>Sub-Total LOE</b>	<b>63.5</b>	<b>50.5</b>	<b>52.5</b>	<b>52.5</b>	<b>55</b>	<b>7</b>	<b>29</b>	<b>37</b>
<b>Total LOE</b>	<b>63.5</b>	<b>50.5</b>	<b>52.5</b>	<b>52.5</b>	<b>55</b>		<b>58</b>	<b>37</b>

If overseas, is a 6-day workweek permitted  Yes  No

**Travel anticipated:** List international and local travel anticipated by what team members.

- Team Lead: travel from US
- OD Specialist: travel from country within sub-Saharan Africa (regional travel)
- The entire team will travel to TCCP and TSMP project sites in Mara, Mbeya, Mwanza, and Sinyanga within Tanzania

#### XIV. LOGISTICS

**Note:** Most Evaluation/Analytic Teams arrange their own work space, often in their hotels. However, if Facility Access is preferred GH Pro can request it. GH Pro does not provide Security Clearances. Our consultants can obtain **Facility Access** only.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

USAID Facility Access

Specify who will require Facility Access:

Electronic County Clearance (ECC) (International travelers only)

GH Pro workspace

Specify who will require workspace at GH Pro:

Travel -other than posting (specify): GH Pro Eval Team will need to arrange own transportation to project sites

Other (specify):

## **XV. GH PRO ROLES AND RESPONSIBILITIES**

GH Pro will coordinate and manage the evaluation team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, work plan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for Internal Distribution.

## **XVI. USAID ROLES AND RESPONSIBILITIES**

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

### **USAID Roles and Responsibilities**

**USAID** will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

#### **Before Field Work**

- SOW.
  - Develop SOW.
  - Peer Review SOW
  - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

#### **During Field Work**

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.

- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team’s arrival and/or anticipated meetings.

#### **After Field Work**

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

## **XVII. ANALYTIC REPORT**

Provide any desired guidance or specifications for Final Report. (See How-To Note: Preparing Evaluation Reports) USAID/Tanzania requests an evaluation report for TCCP and one for TSMP. Based on discussions with the Mission, it may be possible to do a Program report that covers both projects, and that highlights specific background and findings specific to each project, TCCP and TSMP. The final format of this report will be discussed and finalized during the Team Planning Meeting, in consultation with USAID/Tanzania.

**Reporting Guidelines:** The draft report should be a comprehensive analytical evidence-based evaluation report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.

The preliminary findings from the evaluation will be presented in a draft report at a full briefing with USAID/Tanzania and possibly at a follow-up meeting with key stakeholders. The format for the evaluation report is as follows:

- Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
- Table of Contents (1 page);
- List of Acronyms
- Introduction: purpose, audience, and synopsis of task (1 page);
- Background: brief overview of BCC/social marketing program in Tanzania, USAID strategies and priorities, brief description of the program(s) purpose of the evaluation (2-3 pages);
- Methodology: describe evaluation design and data collection methods, including constraints and gaps (1 page);
- Findings/Conclusions/Recommendations: for each objective area (15-20 pages);
- Issues: provide a list of key technical and/or administrative issues identified (1-2 pages);
- Future Directions/Recommendations based on un gaps or innovation model to be scaled up (2-3 pages);
- References (including bibliographical documentation, meetings, interviews and focus group discussions);
- Annexes, which should include:
  - The Evaluation Scope of Work
  - Any “statements of differences” regarding significant unresolved difference of opinion by funders, implementers, and/or members of the evaluation team
  - Evaluation methods and all tools used in conducting the evaluation, such as questionnaires, checklists, survey instruments, and discussion guides
  - Sources of information, properly identified and listed
  - Disclosure of conflicts of interest forms for all evaluation team members, either attesting to a lack of conflict of interest or describing existing conflict of interest.

**The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports**

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All data instruments, data sets, if appropriate, presentations, meeting notes and report for this evaluation will be presented to USAID electronically to the Evaluation Program Manager. All data will be in an unlocked, editable format.

**XVIII. USAID CONTACT PERSON**

	<b>Primary Contact (TCCP)</b>	<b>Primary Contact (TSMP)</b>	<b>Alternate Contact</b>
Name:	Naomi Kaspar	Upendo Kategile	Moses Busiga
Title:	TCCP & TSMP Program		Monitoring and Evaluation Specialist
USAID Office/Mission	Health Office, USAID/Tanzania Plot 686 Old Bagamoyo Road, Msasani P.O. Box 9130 Dar es Salaam, Tanzania	Health Office, USAID/Tanzania Plot 686 Old Bagamoyo Road, Msasani P.O. Box 9130 Dar es Salaam, Tanzania	Health Office, USAID/Tanzania Plot 686 Old Bagamoyo Road, Msasani P.O. Box 9130 Dar es Salaam, Tanzania
Email:	<a href="mailto:nkaspar@usaid.gov">nkaspar@usaid.gov</a>	<a href="mailto:ukategile@usaid.gov">ukategile@usaid.gov</a>	<a href="mailto:mbusiga@id.gov">mbusiga@id.gov</a>
Telephone:	+255 22 2294490 Ext. 4568		+255 22 2294490 Ext. 4595
Cell Phone (optional)	+255 755 766600		+255-659 269 188 / 0764 269 188

List other contacts [OPTIONAL]

**XIX. REFERENCE MATERIALS**

Documents and materials needed and/or useful for consultant assignment, that are not listed above

## XX. Evaluation Design Matrix

Complete the following matrix to display the methods by question they are designed to answer. Often more than one method can be employed in an analytic activity to obtain evidence to address more than one question. A method should be listed by question when it will include specific inquiries and/or result in evidence needed to address this specific question.

### TCCP

Evaluation Questions	Illustrative indicators or other assessment criteria	Data Source/ Collection Methods	Sampling/ Selection Criteria	Data Analysis Method
1. To what extent have TCCP's SBCC campaigns and programs achieved behavior change among priority audiences?	Knowledge, attitudes and reported access to information & services for: <ul style="list-style-type: none"> <li>• FP</li> <li>• PMTCT</li> <li>• Malaria</li> </ul>	Community FGDs.	<ul style="list-style-type: none"> <li>• Women and men of reproductive age</li> <li>• Women and men with children under age 5 in the household</li> </ul>	Thematic Analysis
	Knowledge, attitudes and reported access to information & services for: <ul style="list-style-type: none"> <li>• FP</li> <li>• PMTCT</li> <li>• Malaria</li> </ul>	Omnibus survey data	Specified locations &/or target groups.	<ul style="list-style-type: none"> <li>• Review existing survey reports</li> <li>• 2° data analysis as needed</li> </ul>
	Use of specified services: <ul style="list-style-type: none"> <li>• FP</li> <li>• PMTCT</li> <li>• HTC</li> <li>• Malaria testing (&lt;5 yrs old)</li> <li>• VMMC</li> </ul>	MTUHA or other service data	Compare use of target services in district with strong TCCP inputs to matched (similar) districts with no or minimal TCCP inputs	Descriptive statistics
2. What programmatic lessons may be drawn from TCCP's experience in designing and implementing large-scale SBCC campaigns in collaboration with Government of Tanzania, U.S. Government, and NGO stakeholders?	Best practices in SBCC program implementation	Document Review: Annual reports, baseline to midterm assessments (changes), Omnibus survey reports, campaign evaluation reports, etc.		Review
		KIs	Individuals engaged in implementing campaigns, esp from Government of Tanzania, NGOs & other U.S. Government IPs	Thematic Analysis
		FGDs with partners, counterparts and stakeholders	ACE mentors, fellow & interns; LSHC trainers alumni & campaign team members; DHMTs; and community members (target audience(s))	Thematic Analysis
		Case Study	Cases (location &/or campaign) that reported 1) good results, and 2) limited results	Qualitative: Compare high & low results cases

<b>Evaluation Questions</b>	<b>Illustrative indicators or other assessment criteria</b>	<b>Data Source/ Collection Methods</b>	<b>Sampling/ Selection Criteria</b>	<b>Data Analysis Method</b>
3. To what extent, and in what manner, have TCCP's capacity strengthening interventions improved the ability of Tanzanian individuals and institutions to design, implement, and evaluate high-quality SBCC?	Institutional capacity development for implementing SBCC projects	KII and/or FGD	Individual from organizations TCCP worked with	Thematic Analysis
		Self-Assessment Survey	Individuals from local NGOs engaged in SBCC with TCCP	Descriptive statistics
		OCAT (C-Change OCAT or any preferred OCAT adapted)	Individuals from local NGOs engaged in SBCC with TCCP	OCAT analysis (score)
4. What capacity strengthening approaches appear to most directly influence the quality of in-country SBCC design, production, and implementation?	Best capacity strengthening practices in SBCC program implementation	Document Review: Annual reports, baseline to midterm assessments (changes), Omnibus survey reports, campaign evaluation reports, etc.		Review
		KIIs	Individuals engaged in implementing campaigns, esp from Government of Tanzania, NGOs & other U.S. Government IPs	Thematic Analysis
		FGDs with partners, counterparts and stakeholders	ACE mentors, fellow & interns; LSHC trainers alumni & campaign team members; DHMTs; and community members (target audience(s))	Thematic Analysis
		OCAT (C-Change OCAT or any preferred OCAT adapted)	Individuals from local NGOs engaged in SBCC with TCCP	OCAT analysis (score)
5. To what extent can't the Government of Tanzania and local NGOs independently design and monitor health communication activities?	Lessons learned, obstacles and limitations in program implementation and capacity for SBCC activities by Government of Tanzania and local NGOs	Document Review: Annual reports, baseline to midterm assessments (changes), Omnibus survey reports, campaign evaluation reports, etc.		Review
		KIIs	Individuals engaged in implementing campaigns, esp from Government of Tanzania, NGOs & other U.S. Government IPs	Thematic Analysis

Evaluation Questions	Illustrative indicators or other assessment criteria	Data Source/ Collection Methods	Sampling/ Selection Criteria	Data Analysis Method
		FGDs with partners, counterparts and stakeholders	ACE mentors, fellow & interns; LSHC trainers alumni & campaign team members; DHMTs; and community members (target audience(s))	Thematic Analysis
		OCAT (C-Change OCAT or any preferred OCAT adapted)	Individuals from local NGOs engaged in SBCC with TCCP	OCAT analysis (score)
		Case Study	Cases (location &/or campaign) that reported 1) good results, and 2) limited results	Qualitative: Compare high & low results cases

## TSMP

Evaluation Questions	Illustrative indicators or other assessment criteria	Data Source/ Collection Methods	Sampling/ Selection Criteria	Data Analysis Method
1. IR 1: Expansion of social marketing impact through development of total market: To what extent have TSMP's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria?	Use of marketed products and services.	Document Review: TSSP indicator data; TRaC & MaP data reports; Total Market Analysis Review, Cost & Commodity Distribution reports (Budgetary data)		<ul style="list-style-type: none"> <li>Review existing reports</li> <li>2° data analysis as needed</li> </ul>
	Use of HIV, FP/RH, child survival & malaria products	MTUHA data (HMIS)	Target districts	Descriptive Statistics
	Consumer (community members) reported changes in behaviors (demand for and use of marketed products and services)	Community FGDs.	<ul style="list-style-type: none"> <li>Women and men of reproductive age</li> <li>Women and men with children under age 5 in the household</li> <li>MARPs</li> </ul>	Thematic Analysis
	Trades' understanding health issues and correct use of HIV, FP/RH, child survival & malaria products	FGD &/or Kils	Distributors: traders, pharmacists, NGOs, etc.	Thematic Analysis
		Distributor Survey	Purposive convenience sample of consumers (to be defined)	Descriptive Statistics
	Sales of HIV, FP/RH, child survival & malaria products	TRaC & MaP data reports; Total Market Analysis Review, Cost & Commodity Distribution reports (Budgetary data)		<ul style="list-style-type: none"> <li>Review existing reports</li> <li>2° data analysis as needed</li> </ul>
Sales records		Purposive convenience sample of points of sale (to be defined)	Descriptive Statistics	

Evaluation Questions	Illustrative indicators or other assessment criteria	Data Source/ Collection Methods	Sampling/ Selection Criteria	Data Analysis Method
2. IR 2: Strengthened capacity to sustain social marketing efforts among Tanzanian institutions (public, civil, and private sector): To what extent have TSMP's interventions strengthened local capacity (civil, public, and private) to sustain social marketing activities to achieve public health outcomes.	Institutional capacity for designing, implementing and managing social marketing	KII and/or FGD	Individual from organizations TSMP worked with on social marketing	Thematic Analysis
		Self-Assessment Survey	Individuals from local civil, public and private organizations engaged in social marketing with TSMP	Descriptive statistics
		OCAT (C-Change OCAT or any preferred OCAT adapted)	Individuals from local civil, public and private organizations engaged in social marketing with TSMP	OCAT analysis (score)
	Partnership and collaborative efforts in social marketing activities	KIIs and/or FGDS	Individuals from local organizations partnering on social marketing efforts	Thematic Analysis
		Self-Assessment Survey	Individuals from social marketing partner organizations	Descriptive statistics
		OCAT (C-Change OCAT or any preferred OCAT adapted)	Individuals from local civil, public and private organizations engaged in social marketing with TSMP	OCAT analysis (score)
3. What internal and/or external factors have influenced the project's ability to achieve its objectives, including how USAID and IPs can leverage these factors?	Factors associated with social marketing achievements and shortcomings	Community FGDs.	<ul style="list-style-type: none"> <li>• Women and men of reproductive age</li> <li>• Women and men with children under age 5 in the household</li> <li>• MARP</li> </ul>	Thematic Analysis
		KII &/or FGDs	Distributors and individuals involved in implementing social marketing activities	Thematic Analysis
4. Is the project's geographic and demographic focus appropriate given desired outcomes, epidemiological needs, and resources?	Social marketing targets: At need populations by location	Document and Data Review: Total Market Analysis report, Annual Reports, performance indicator data, DHS and THMIS		<ul style="list-style-type: none"> <li>• Review existing reports</li> <li>• 2° data analysis as needed</li> <li>• GIS</li> </ul>

# ANNEX II. EVALUATION METHODS AND LIMITATIONS

## Evaluation design and methodology

The evaluation is a retrospective performance evaluation to assess the achievements and lessons learned from the TSMP project. Based on the specific evaluation purpose and questions, the evaluation is a mixed-methods design with an emphasis on qualitative methods.

Specific methods included:

- **Document review:** Implementing partner work plan, quarterly and annual reports, project materials and artifacts, special studies and internal evaluations, and other materials. National health statistics and reports, government strategies and plans.
- **Secondary analysis of existing data:** Implementing partner surveys (TSMP midline and, Omnibus surveys, OCAT baselines and follow-up), indicators from partner performance management plans, and sales data from TSMP distributors. The team will conduct a literature review to identify relevant studies and surveys of knowledge, attitudes and behavior that can serve as a comparison point, as the most recent national surveys were completed in 2010 (DHS) and 2011/2012 (THMIS).
- **KIIs** will be conducted with stakeholders. When a key informant can provide information and insights on both projects, the interview will cover both.
- **FGDs** will generally comprise individuals and organizations that have been targets for capacity building and who have served as partners in the various campaigns. These will include beauty salon managers, health care workers, community resource persons, and ADDO representatives. As the evaluation is focused on answering questions about intervention design and performance—as opposed to impact—the focus groups will not include direct beneficiaries who are targets of the behavior change and social marketing. Instead, the community-based representatives will provide a broader view about activity implementation and experiences across community members.
- **Survey:** A brief survey to be delivered via email to implementing partner staff that are currently at the organization and have been working there for six months or more. In addition, key staff that have left the project will be included as appropriate.

## Tools

The full list of data collection tools and their intended purposes is presented below. Draft tools are presented in an annex of this report.

#	Title	Participants	Tool	Type	Purpose
Oral Consent Forms					
1	Stakeholders (government, implementing partners)	<ul style="list-style-type: none"> <li>a. National: MOHSW programs, including NACP, NMCP, TACAIDS, RCH, Health Promotion</li> <li>b. Regional: Regional Medical Officer (RMO), RHMT, RAC, RCHCo, VMMC (voluntary medical male circumcision) and RCH health care workers</li> <li>c. District: CHMT, DAC, DRCHCo, RCHCo, district malaria focal person</li> <li>d. U.S. Government implementing partners in Dar es Salaam and in regions</li> </ul>	1-TCCP-TSMP-Gov and IPs-KII	Key informant interview	Stakeholder perceptions on the projects' accomplishments and contributions. How the projects have worked in their region/district/ community, and how the projects fit into their overall health and development objectives.
2	Capacity-building organizations reached by the project	<p>Capacity building recipients– organizations</p> <ul style="list-style-type: none"> <li>a. T-MARC</li> <li>b. Regional and District RHMTs and CHMTs</li> <li>c. NGOs</li> </ul>	2-TSMP-Capacity building organizations-KII	Key informant interview	Perceptions of the organizations that received capacity building on whether their institution is stronger and more independent as a result of TCCP/TSMP efforts. Understanding improvements in technical skills, management and operations.
3	Capacity building– individual beneficiaries	Capacity building recipient–individual level	3-TSMP-Capacity building individual-KII	Key informant interview	Perceptions of individuals that received capacity building on whether their individual skills have improved. Understanding improvements in designing, implementing, and monitoring and evaluating behavior change/social marketing campaigns.
4	Health care workers in RCH settings	RCH health workers at regional, district, and community health facilities	4-TCCP-TSMP-Health care workers MCH-KII	Key informant interview	Health providers' perspective on client knowledge, attitudes and practices related to specific FP, MCH, HIV and malaria behaviors and social marketing practices.

#	Title	Participants	Tool	Type	Purpose
					Impressions of campaigns and products.
5	Health care workers in VMMC services	VMMC nurses, other health staff who conduct VMMC at regional, district, and community health facilities	5-TCCP-TSMP-Health care workers VMMC-KII	Key informant interview	Health providers' perspective on client knowledge, attitudes and practices related to VMMC. Impressions of campaigns.
11	TSMP project staff interview	TSMP project staff	11-TSMP-Staff-KII	Key informant interview	In-depth detail on project activities. Staff perspectives on the notable accomplishments, challenges and recommendations.
12	Private social marketing partners	Entrepreneurs/product branding agents	12-TSMP-Pro-Agents-FGD	Focus group discussion	Detail on how the pro-agent model works, how and why the pro-agents partnered with the project.
13	Social marketing distribution (to be developed)	ADDOs, regional distributors	13-TSMP-ADDOs and distributors-FGD	Focus group discussion	Perceptions of distributors on the effect of project capacity building and supply chain efforts.
14	TSMP staff survey	TSMP project staff	14-TSMP-Staff-Survey	Survey	Quantitative ratings on how staff believe the project performed.

## Sampling methods

USAID/Tanzania has identified four regions for field work (Dar es Salaam, Iringa, Njombe and Mwanza) based on the following criteria: presence of both projects and multiple activity areas (HIV, FP, MCH and malaria), mission priority areas, appropriate mix of settings and target populations, and travel and time considerations. In Dar es Salaam, the team will meet with national representatives, implementing partner headquarters staff, other U.S. Government implementing partners, and other stakeholders. The team will also conduct focus group discussions.

Based on the activities that the projects have implemented, the team will use expert case sampling to identify key policy- and programming-level experts who can provide rich insights that can shape overall conclusions and recommendations. TCCP and TSMP will provide a matrix of contacts in government, non-government/civil society and the private sector with whom they have interacted in the districts for fieldwork. The evaluation team will purposefully sample from this list based on the evaluation questions and time considerations. If possible, the evaluation team will use respondent-driven “snowball” sampling to identify additional respondents who can provide critical information to the evaluation but who would not have been identified by the mission and project partners.

## **Strengths and limitations of evaluation design**

The strengths of the evaluation design include a mixed-method approach that explores both projects and how they relate to each other. The evaluation also includes a theory-based examination of the two project's theories of change in order to assess how what was expected during design compares to what happened in implementation. In addition, the projects appear to have strong monitoring and evaluation systems that have generated a large amount of data that can be used as one source, though they must be triangulated with other sources of information for a full analysis.

Limitations include the lack of recent nationally representative data on key health behaviors and attitudes, which restrict analyses on the potential effect or contribution of the individual projects. In addition, access may be limited by availability of key personnel during the evaluation period. When appropriate and necessary, the team will attempt to follow up with phone interviews or email with key respondents. Due to finite resources, sampling bias may arise because only four regions in Tanzania where the activities are implemented have been purposefully selected for team fieldwork. Moreover, the team will spend a short amount of time in each district for fieldwork, restricting its ability to conduct more key informant and focus group discussions. There may also be potential bias in using the recommended individuals and groups from the partners. However, the team has attempted to control for this bias by receiving the full list of relevant individuals from the partners and sampling from within that group.

## **Data analysis plan**

### *Existing sources of information*

For an understanding of the baseline and early implementation phase of TCCP and TSMP, the DHS (2010) and HIV/AIDS Malaria Indicator Survey (2011-2012) are available for population-level data about disease burden, behaviors, knowledge and attitudes.

For TCCP: The main sources of quantitative data for TCCP are the partner surveys (baseline and midline) and reports (quarterly and annual). TCCP has also conducted evaluations on specific campaigns, including Wazazi Safe Motherhood. Omnibus surveys are available on an approximately quarterly basis to gauge coverage and response to the campaigns. TCCP has quantitative and qualitative reports for organizational capacity assessments for seven organizations targeted for capacity building, and three of these organizations completed. A wealth of narrative information is available through the partner reports and TCCP midterm assessment conducted by USAID.

For TSMP: The main sources of quantitative data for TSMP are the Total Market Analysis Report, Measuring Access and Performance (MAP) surveys, which outline the number and availability of socially marketed products. Data from the Tracking Results Continuously survey monitors target group awareness, message recall levels and behaviors. Quantitative data is also available through sales records and other indicators as outlined in the TSMP quarterly and annual reports. Additional narrative information is available through partner reports (quarterly and annual) and special studies on the specific products.

### *Quantitative data collection and analyses*

#### **Both evaluations**

- **Staff self-assessment survey:** A brief survey to be delivered via email to implementing partner staff who are currently at the organization and have been working there for six months or more. In addition, key staff that have left the project will be included, as appropriate.

- Likert scale ratings: A limited number of statements gauging the activities' progress in key areas will be embedded in KIIs. The scale will provide ratings data as well as serve as a basis for discussion.
- Consider: Health information system statistics in campaign and focus regions (HIV, MNCH, FP/RH): Trends in a select number of service delivery indicators 2010-2014, that can potentially be included:
  - number of women receiving FP counseling
  - number of malaria cases treated with ACTs
  - number of pregnant women who receive two doses of IPT
  - number of pregnant women who receive antiretrovirals for prevention of mother-to-child transmission (PMTCT)
  - number of male circumcisions performed
  - number of antenatal care visits
- Literature review to identify any more recent population-based surveys that would serve as context for health knowledge, attitudes, and/or practices, likely in a specific zone or region.
- Cross-activity analysis: The team will identify opportunities for quantitative analysis across activities, as appropriate.

#### TSMP

- Distribution, sale and market share of TSMP marketed products (2010-2014)
  - Dume and Salama condoms, Lady Pepeta and Care female condoms
  - WaterGuard liquid and tablets
  - Flexi-P and Familia OCs
  - RDTs (2012-2014)

#### *Qualitative data collection and analyses*

The team will use semi-structured KII and FGD. Interviews and discussion guides will be developed in English and translated to Swahili. The majority of the interviews and focus groups will be conducted in Swahili, though some will be in English, such as interviews with implementing partners and the national level government officials.

Note taking: Researchers will generally be in teams of two for interviews and focus groups, with one taking the lead in asking questions and the other taking the lead for note-taking. Following each interview or focus group, the researchers will complete the notes sheet that outlines answers by question. They will also highlight three main/most important points at the end of the note. The notes will be entered into Ethnograph software in English and coded according to the themes of interest.

Themes for analysis: An initial list of themes will be used as a basis for qualitative analysis, and the evaluation team will add emergent concepts throughout the course of data collection. Regularly during the data collection and analysis process, the team will review, refine and update the code list across team members. The team will conduct inter-coder reliability checks to ensure standard use of the codes. Once the qualitative data has been collected and coded, the team will use grounded theory to group coded quotations together, identify prevalent ideas as well as outliers and develop summary findings. The team will also identify opportunities to analyze descriptive statistics, such as counts for key words and phrases and co-occurrence of certain codes of interest.



## ANNEX III. PERSONS INTERVIEWED

Dar es Salaam		
Name	Title	Affiliation
Donan W. Mmbando	Permanent Secretary	MOHSW
Fatma Mrisho	Executive Chairperson	TACAIDS
Elizabeth Mapela	Coordinator, Adolescent Reproductive Health	MOHSW
Mrs. E. Mkwizu	Regional RCHco	RHMT-Dar
Elizabeth Nyema	DACC	CHMT-Kinondoni
Edith Mboga	DRCHCo	CHMT-Kinondoni
Patrick Lyaruu	DACC	CHMT-Temeke
Catherine Mbeyela	DRCHCo	CHMT-Temeke
Dr. Kawawa	Regional AIDS Control Coordinator	RHMT-Dar
Bongo Mgeni	Director of Programs	PSI
Romanus Mtungu	Deputy Country Director	PSI
Baraka Mzee	Sales and Program Specialist	PSI
Alysha Beyer	COP	TSMP
Halima Mwinyi	Senior Program Manager	T-MARC
Ben Kamala	Senior Manager of Research	T-MARC
Prisca Rwezahura	Technical program Director	T-MARC
Elizabeth Michael	Jipende Beauty Saloon	T-MARC
Mwamtum Waziri	Jipende Beauty Saloon	T-MARC
Stellah Katto	Jipende Beauty Saloon	T-MARC
Sophia Chegefu	Jipende Beauty Saloon	T-MARC
Athuman Said	Jipende Beauty Saloon	T-MARC
Aneth Leonard	Jipende Beauty Saloon	T-MARC
Shakila Mponda	Jipende Beauty Saloon	T-MARC
Halima Seif	Jipende Beauty Saloon	T-MARC
Anethe Athuman	ADDO	PSI
Romana Hiza	ADDO	PSI
Sabina Gervas	ADDO	PSI
Zuwena Mohamed	ADDO	PSI
Zaituni Bakari	ADDO	PSI
Hapendeki Msambya	ADDO	PSI
Sophia Salehe	ADDO	PSI
Aisha Wemenesi	ADDO	PSI
Hilary Tesha	Pro-Agents	T-MARC
Katema Chanda	Pro-Agents	T-MARC
Cosmas Mbawala	Pro-Agents	T-MARC
Ally Rashid	Pro-Agents	T-MARC
Salum Said	Pro-Agents	T-MARC
Amanzi Mkali	Pro-Agents	T-MARC
Fadhili Sebeku	Pro-Agents	T-MARC
Rama Kalehe	Pro-Agents	T-MARC

<b>Iringa</b>		
<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Mariam Mohamad	RCHCO and Acting RMO	RHMT-Iringa
Elina Malilla	Head, RCH	RHMT-Iringa
Olipa Madeha	Health Care Worker, RCH	RHMT-Iringa
Ritha Tesha	Health Care Worker, RCH	RHMT-Iringa
Michael John	DMO	CHMT-Kilolo
Innocent Muhagama	DMO	CHMT-Mufindi
Moses Tawete	DRCHCo	CHMT-Mufindi
David Mdaki	VMMC-Site Manager	CHMT-Mufindi
Ole Mkopi	DACC	CHMT-Mufindi
Rogers Nyaki	PSI Regional Sales Manager	PSI
Agnes Mhina	ADDO	PSI
Fadhila Maseko	ADDO	PSI
Zuhura Chaniga	ADDO	PSI
Deborah Frederick	ADDO	PSI
Sewa Rashid	ADDO	PSI
Godefere Ndadale	ADDO	PSI
<b>Njombe</b>		
<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Samuel Mugema	Regional Medical Officer	RHMT-Njombe
Emmy Mbeyela	Health Care Worker, VMMC	RHMT-Njombe
Norice Mgaya	In-charge, RCH Clinic	RHMT-Njombe
Feliciana Maligo	RCHco Njombe	RHMT-Njombe
Patrick Msigwa	Acting DMO	CHMT-Njombe
Uria Mtwewe	Acting DACC	CHMT-Njombe
Norrice Mgaya	RCH In-charge	Njombe Hospital
Magreth Msasi	DACC	CHMT-Makambako
Veronica Mgodu	RCH Coordinator	Makambako Town Council
Elifrida Kombo	RCH In-charge	Makambako Town Council
Wilfred Mkugilwa	PSI-Zonal Sales Manager	PSI
Mosses Luhilimba	ADDO	PSI
Lucy John	ADDO	PSI
Sabina Rothan	ADDO	PSI
Halima Nguya	ADDO	PSI
Edith Domotali	ADDO	PSI
Sophia Lucas	ADDO	PSI
Neema Kalenge	ADDO	PSI
<b>Mwanza</b>		
<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Bahati Musaki	Acting Regional Medical Officer	RHMT-Mwanza
Esperance Makuza	Assistant RCH Coordinator	RHMT-Mwanza
Gikaro T.	PSI Regional Manager	PSI
Julius Mabula	Zonal Sales Manager	PSI
Joseph Tesha	Regional Distributor	PSI
Jit Unadkat	Regional Distributor	PSI
Khadija Said	ADDO	PSI
Bertha Noel	ADDO	PSI
Joyce Wamugisha	ADDO	PSI
Naomi Joseph	ADDO	PSI
Joyce Kaganda	ADDO	PSI

Hosea Njomla  
Manse Nassania  
Cecillia Mrema  
Godfrey Balyagati  
HoloMuyanga  
Isabela Minga  
Emmanuel Justine  
Winifridah Bwesigwa

ADDO  
Program Manager  
RCHco  
District AIDS Coordinator  
RCH In-charge  
District AIDS Coordinator  
District AIDS Coordinator  
RCH In-charge

PSI  
EngenderHealth  
RHMT-Mwanza  
Ilemela District, Mwanza  
Ilemela District, Mwanza  
Nyamagana District, Mwanza  
Misungwi District, Mwanza  
Nyamagana



# ANNEX IV. SOURCES OF INFORMATION

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# ANNEX V. DATA COLLECTION INSTRUMENTS

## Overview

#	Tool for selected sample sub-group	Type	Purpose
	Oral Consent Form for FGDs and KIIs		
1	Stakeholders (government, implementing partners)	Key informant interview	Key stakeholder perceptions on the projects' accomplishments and contributions. How the projects have worked in their region/district/ community, and how the projects fit into their overall health and development objectives.
2	Capacity-building organizations reached by the project	Key informant interview	Perceptions of the organizations that received capacity building on whether their institution is stronger and more independent as a result of TCCP/TSMP efforts. Understanding improvements in technical skills, management, and operations.
3	Capacity building – individual beneficiaries	Key informant interview	Perceptions of individuals that received capacity building on whether their individual skills have improved. Understanding improvements in designing, implementing and monitoring and evaluations behavior change/social marketing campaigns.
4	Health care workers in RCH settings	Key informant interview	Health providers' perspective on client knowledge, attitudes, and practices related to specific FP, MCH, HIV and malaria behaviors and social marketing practices. Impressions of campaigns and products.
5	Health care workers in VMMC services	Key informant interview	Health providers' perspective on client knowledge, attitudes and practices related to VMMC. Impressions of campaigns.
6	Community workers and resource persons working with direct beneficiaries	Focus group discussion	Outreach workers' perspective on community response to campaigns and products. Insight into their role in advancing healthy behaviors and products, and how well the interventions worked.
9	Radio distance learning participants	Focus group discussion	Detail on how the radio distance learning approach worked. How outreach workers used the information, how this approach compares to other training programs.
10	Staff survey	Survey	Quantitative ratings on how staff believe the project performed.
11	TSMP project staff interview	TSMP project staff	11-TSMP-Staff-KII
12	Private social marketing partners	Entrepreneurs/ product branding agents	12-TSMP-Pro-Agents-FGD
13	Social marketing distribution (to be developed)	ADDOs, regional distributors	13-TSMP-ADDOs and distributors-FGD
14	TSMP staff survey	TSMP project staff	14-TSMP-Staff-Survey

**Oral Informed Consent for Focus Groups**  
**USAID/ Tanzania Johns Hopkins University Center for Communications Programs**  
**(TCCP) and the USAID/ Tanzania Social Marketing Program (TSMP)**

(to be read to the group by the moderator)

Title of Study: Performance evaluation of the USAID/ Tanzania Johns Hopkins University Center for Communications Programs (TCCP) and the USAID/ Tanzania Social Marketing Program (TSMP)

Facilitator: \_\_\_\_\_

**Reason for the Focus Group Discussion**

The purpose of this study is to gather information on the projects and see how the two projects have performed since 2010. The results of the evaluation will also be used in planning for the new project.

**Your Part in the Focus Group Discussion**

*insert number of women/men/couples* \_\_\_\_\_ will take part in this focus group discussion [*specify location of this site*] \_\_\_\_\_

Your participation is voluntary and there is no penalty for refusing to take part. You may choose not to answer questions that you do not want to answer.

The discussion will take about 1 hour: 30min

With your consent, I would like to tape-record this interview so that I may better capture the details of what you will say and to help us create a report. If you wish, you are free to withdraw from the study at any time.

There are no risks of participating in this study or direct benefits to you. However, the information we get from you will help us to inform USAID and implementing partners on the future programming of the projects. Your participation will be kept confidential. Your name will not be written on this form, and it will be impossible to trace your responses back to you. There is no monetary compensation for participating in this focus group.

If you have questions, you are free to ask them now. If you have question later, you may contact me or at the number provided.

Contact Tel #

-----

### Consent Form to Be Signed by Moderator

1. Read and review the oral informed consent process for focus groups with each participant in a private setting.
2. Ask the following: “Are you willing to be in a focus group to talk about: \_\_\_\_\_?”
3. Read the oral informed consent process for focus groups to the group before the first session begins. Whenever possible, this reading before the group should be (voice) tape-recorded.

I have reviewed the consent form with the focus group participants, and they have fully agreed to be in this focus group. I further agree to keep confidential anything that is said in the discussion group.

---

Moderator’s name (print clearly)

---

Signature of Moderator

---

Date

## Oral Informed Consent for Surveys/Interviews

### USAID/ Tanzania Johns Hopkins University Center for Communications Programs (TCCP) and the USAID/ Tanzania Social Marketing Program (TSMP)

**Title of study:** Performance evaluation of the USAID/ Tanzania Johns Hopkins University Center for Communications Programs (TCCP) and the USAID/ Tanzania Social Marketing Program (TSMP)

The purpose of this study is to gather information on the projects and see how the two projects have performed since 2010. The results of the evaluation will also be used in planning for the new project.

Your participation is voluntary and there is no penalty for refusing to take part. You may choose not to answer questions that you do not want to answer.

With your consent, I would like to tape-record this interview so that we may better capture the details of what you will say and to help us create a report. If you wish, you are free to withdraw from the study at any time.

There are no risks of participating in this study or direct benefits to you. However, the information we get from you will help us to inform USAID and implementing partners for future programming of the programs. Your participation will be kept confidential. Your name will not be written on this form, and it will be impossible to trace your responses back to you.

If you have questions, you are free to ask them now. If you have question later, you may contact me or at the number provided.

Contact Tel #

-----

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to the volunteer.

---

Signature of Person Obtaining Consent / Date

**Structured Key Informant Interview Guide  
For interviews with Government, Region, District Stakeholders  
and USAID Implementing Partners**

**Name**  
**Title**  
**Organization**  
**Place/District/Region**  
**Date**  
**Interviewer**

**INTRODUCTION**

Good morning/afternoon, I am [ ] and I am part of a team that has been tasked by USAID in Tanzania to evaluate the performance of two USAID-funded projects. We appreciate your time. I want to start by telling you a little about the two projects we are evaluating. USAID in Tanzania has funded Johns Hopkins University Center for Communications Programs to implement a project the Tanzania Capacity and Communication Project, or TCCP, and Population Services International, or PSI, to implement a project called Tanzania Social Marketing Program (TSMP).

These projects have clear objectives and have been working in Tanzania since 2010.

**TCCP’s** objectives are to increase the adoption of safer health behaviors by Tanzanians to prevent HIV infection, support the uptake of family planning, address MNCH and other health issues. TCCP was also asked to increase the capacity of Tanzanian individuals and institutions to implement strategic behavior change communication programs, and to coordinate social and behavior change communication at the national, regional and district levels.

**PSI’s** objectives are to improve the health status of Tanzanian families by increasing the use of selected health products, including condoms and OCs. They were also asked to build the capacity of civil, public and private bodies to sustain social marketing activities in Tanzania.

**USAID** will soon be planning new projects to take over the work of these two projects, so our evaluation of their performance and recommendations will be referred to in planning the new project. USAID is interested in what would be the most effective way to use those projects to have an impact on health in Tanzania in the areas of HIV, maternal neonatal and child health, family planning and sexual and reproductive health, and malaria.

We understand that you have interacted with these projects in some way.

To begin, please let me know your specific role here at .....and how long you have been in this role.

How long have you been aware of the work of

TSMP \_\_\_\_\_

TCCP \_\_\_\_\_

How much have you worked with each of these projects?

**TSMP** - Weekly\_\_Monthly\_\_Quarterly\_\_Annually\_\_\_\_\_

Add specific working groups or committees

**TCCP** - Weekly\_\_\_ Monthly\_\_ Quarterly\_\_\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

For each of the projects, I would like to ask you a few general questions followed by more specific questions regarding their work in the areas of behavior change for TCCP and social marketing, for TSMP as well as capacity building and coordination for each.

1. In general, please describe what you know about the work of

**TCCP:**

**TSMP:**

**2. I am going to describe what TCCP covered in several health areas.**

In HIV, TCCP covered prevention of sexual transmission. They developed messages about behavior such as

- limit partners
- use condoms
- get circumcised (for men)

In prevention of mother-to-child transmission, they provided messages about the fact that women should

- attend ANC
- get HIV testing
- take medicines

***Please tell me about TCCP's work in HIV.***

***In family planning/reproductive health, TCCP covered***

- healthy spacing of children
- trust and confidence in using family planning methods
- using quality service sites (Green Star)
- partner communication

***Please tell me about TCCP's work in FP.***

***In maternal and child health, they developed messages about***

- early attendance at antenatal care clinic
- prepare a birth plan and deliver at a health facility
- exclusive breast feeding and child nutrition
- immunization

***Please tell me about TCCP's work in MCH.***

***In Malaria, TCCP developed messages about***

- net use
- treatment seeking and testing
- IPT for pregnant women

***Please tell me about TCCP's work in MCH.***

**3. Of all of the ways in which TCCP communicated information about these health areas, which do you think was the most and least effective?**

- TV spots
- TV series/dramas
- Brochures
- Posters
- Radio spots
- Radio magazines
- Movies
- Community mobilization
- Social Media
- Other \_\_\_\_\_

*Probe: Did any of these work better together? Were there things at the community happening other than mass media?*

**4. I am going to describe what TSMP did in several health areas.**

***In HIV, PSI covered prevention of sexual transmission***

- male condoms
- female condom
- safe water products (WaterGuard)

***Please tell me about PSI's work in HIV.***

***In family planning/reproductive health, PSI covered***

- OCs

***Please tell me about PSI's work in HIV. FP/SRH.***

**5. In terms of how PSI marketed the health products needed for HIV and FP, how effective were they in each of the following areas:**

- clearly making distinctions about who products are for in distribution
- clearly targeting their promotion strategies
- improving access to male and female condoms and oral contraceptives
- contributing to overall uptake of public and commercial sector products
- coverage

**6. Overall, I would say that TCCP's performance in influencing the behaviors of the people it has reached has been (Circle one)**

***Poor Fair Neutral Good Excellent Unable to comment***

**Please tell me how you chose your rating:**

**How would you rate each of these? (use one of the above descriptions)**

- HIV prevention of sexual transmission \_\_\_\_\_
- Male circumcision \_\_\_\_\_
- PMTCT \_\_\_\_\_
- Maternal and child health \_\_\_\_\_

– Family planning \_\_\_\_\_

**Please tell me how you chose your rating.**

**7. Overall, I would say that TSMP's performance in increasing the demand for and use of specific health products in Tanzania has been (circle one)**

*Poor Fair Neutral Good Excellent Unable to comment*

**Please tell me how you chose your rating.**

**How would you rate each of these? (use one of the above descriptions)**

Male condoms \_\_\_\_\_

Dume \_\_\_\_\_

Salama \_\_\_\_\_

Lady Pepeta \_\_\_\_\_

Care female condoms \_\_\_\_\_

Familia oral contraceptive \_\_\_\_\_

Flexi-P oral contraceptive \_\_\_\_\_

WaterGuard \_\_\_\_\_

**Please tell me how you chose your rating.**

**8. For each of the projects, please tell me how the project could have improved its work on behavior change for TCCP and product social marketing for TSMP.**

**TCCP:**

**TSMP/PSI:**

**9. What about their collaboration and coordination efforts with your office?  
For JHU or TCCP**

*For PSI or TSMP*

**10. With each other and with other partners?**

*For TCCP*

*For TSMP*

**11. Capacity-building efforts**

A major objective of TCCP was to build local capacity to lead and maintain communications for behavior change.

**Please comment on the results of TCCP's efforts in capacity building in relation to national groups, regional groups, civil society and media.**

*Probe: How well are groups able to design? Implement? Monitor and evaluate? To what extent are Tanzanian institutions prepared to lead these efforts independently, as opposed to supporting these efforts with the assistance of donors and partners?*

**What is needed now and in the future to sustain social and behavior change communication capacity in Tanzania?**

*Efforts with other local community-based and non-governmental organizations?*

*Efforts with national/regional government actors? Technical support to your office?*

*Technical support to local NGO partners and U.S. Government implementers?*

**I2. This is your opportunity to help USAID improve its efforts on social and behavior change communications and social marketing for health outcomes in HIV, FP, malaria and MCH in Tanzania in the future.**

**A. What do you see as the most important needs in Tanzania for the future in these areas?**

**B. How do you recommend that USAID contribute to meeting these needs through projects such as TCCP and TSMP in the future?**

**C. Are there opportunities for synergy with upcoming work that your office or other offices or groups in Tanzania are planning, that you want to share with USAID?**

## Structured Key Informant Interview Guide Capacity Building Recipients-Organizations

**Name**  
**Title**  
**Organization**  
**Place/District/Region**  
**Date**  
**Interviewer**

### INTRODUCTION

Good morning/afternoon, I am [ ] and I am part of a team that has been tasked by USAID in Tanzania to evaluate the performance of two USAID-funded projects. We appreciate your time. I want to start by telling you a little about the two projects we are evaluating. USAID in Tanzania has funded Johns Hopkins University Center for Communications Programs to implement the Tanzania Capacity and Communication Project, or TCCP, and Population Services International, or PSI, to implement a project called Tanzania Social Marketing Program (TSMP).

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PSI's objectives are to improve the health status of Tanzanian families by increasing the use of selected health products, including condoms and oral contraceptives. They were also asked to build the capacity of civil, public and private bodies to sustain social marketing activities in Tanzania.

**USAID** will soon be planning new projects to take over the work of these two projects, so our evaluation of their performance and recommendations will be referred to in planning the new project. USAID is interested in what would be the most effective way to use those projects to have an impact on health in Tanzania in the areas of HIV, maternal neonatal and child health, family planning and sexual and reproductive health, and malaria.

We understand that you have interacted with these projects in some way.

To begin, please let me know your specific role here at .....and how long you have been in this role.

How long have you been aware of the work of

TSMP \_\_\_\_\_

TCCP \_\_\_\_\_

How much have you worked with each of these projects?

**TSMP** - Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

**TCCP** - Weekly\_\_\_ Monthly\_\_ Quarterly\_\_\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

For each of the projects, I would like to ask you a few general questions, followed by more specific questions regarding their work in the areas of behavior change for TCCP and social marketing, for TSMP as well as capacity building and coordination for each.

1. What were the major capacity gaps that TCCP identified when they did the first capacity assessment?
2. How many of these capacity gaps did they include in your capacity-improvement plan?
3. What did TCCP offer to building capacity for?
4. What was the most effective method or helped the most?
5. Where do you still need capacity building?
6. What made it difficult to use what you have learned?
7. What would have made it better?
8. What are the overall recommendations are for further improving capacity-building in your organization?

**Structured Key Informant Interview Guide  
Capacity Building Recipients-Individuals**

**Name**  
**Title**  
**Organization**  
**Place/District/Region**  
**Date**  
**Interviewer**

**INTRODUCTION**

Good morning/afternoon, I am [ ] and I am part of a team that has been tasked by USAID in Tanzania to evaluate the performance of two USAID-funded projects. We appreciate your time. I want to start by telling you a little about the two projects we are evaluating. USAID in Tanzania has funded Johns Hopkins University Center for Communications Programs to implement a project, the Tanzania Capacity and Communication Project, or TCCP, and Population Services International, or PSI, to implement a project called Tanzania Social Marketing Program (TSMP). These projects have clear objectives and have been working in Tanzania since 2010.

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We understand that you have interacted with these projects in some way.

To begin, please let me know your specific role here at .....and how long you have been in this role.

How long have you been aware of the work of

TSMP \_\_\_\_\_  
TCCP \_\_\_\_\_

How much have you worked with each of these projects?

**TSMP** - Weekly\_\_Monthly\_\_Quarterly\_\_Annually\_\_\_\_\_

Add specific working groups or committees

**TCCP** - Weekly\_\_\_ Monthly\_\_\_ Quarterly\_\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

For each of the projects, I would like to ask you a few general questions followed by more specific questions regarding their work in the areas of behavior change for TCCP and social marketing for TSMP, as well as capacity building and coordination for each.

- 1. What work have you previously been involved in in the area of social and behavior change communication (SBCC)?**
- 2. What did you learn about SBCC from TCCP? What did you expect to learn?**
- 3. What methods were used? What methods do you think were effective?**
- 4. Since you participated in the training, what difference can you see in your performance?**

- 1. What more would you like to get from the training?**
  - *Probe on the best methods for improvement*
- 2. What challenges faced during acquisition of the SBCC competencies?**

**Structured Key Informant Interview Guide  
Health Care Worker’s Tool for MCH Services**

**Interviewee  
Name  
Title  
Organization  
Place/District/Region  
Date  
Interviewer**

Good morning/afternoon, I am [ ] and I am part of a team that has been tasked by USAID in Tanzania to evaluate the performance of two USAID-funded projects. We appreciate your time. I want to start by telling you a little about the two projects we are evaluating. USAID in Tanzania has funded Johns Hopkins University Center for Communications Programs to implement a project, the Tanzania Capacity and Communication Project, or TCCP, and Population Services International, or PSI, to implement a project called Tanzania Social Marketing Program (TSMP).

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PSI’s objectives are to improve the health status of Tanzanian families by increasing the use of selected health products, including condoms and oral contraceptives. They were also asked to build the capacity of civil, public and private bodies to sustain social marketing activities in Tanzania.

We understand that people need information, motivation and health services. We want see if the projects we are evaluating are helpful to you and your patients in preventing HIV and malaria, and doing better at family planning and malaria treatment, as well as maternal and child health.

To begin, please let me know your specific role here at \_\_\_\_\_ and how long you have been in this role.

How long have you been aware of the work of PSI \_\_\_\_\_ and TCCP \_\_\_\_\_

How much have you worked with each of these projects?

**TSMP**

Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

**TCCP**

Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_\_\_\_

Add specific working groups or committees

I. What MCH services does this facility offer?

□

2. What do you know about Wazazi nipendeni, Jiamini, nyota ya kijani tuko wangapi, tulizana, siri ya mtungi Siyo kila homa ni malaria, campaigns

Probe for: HIV testing for pregnant women, IPT (SP), malaria testing before treatment, early antenatal care attendance, hospital delivery, birth plan, nutrition for women during pregnancy and breastfeeding, and immunizations.

3. Which of the campaigns do you think have had the greatest influence on your clients?
4. Have any of the messages or campaigns caused problems?
5. What has been the response of your clients to the campaigns or the marketing of the products?
6. What do your patients say about male and female condoms (Dume and Salama, and the oral contraceptives (Familia and Flexi-P)?
7. What do you think has changed in the knowledge, behavior and attitudes of your clients in the following areas:
  - Malaria testing
  - HIV testing
  - Antiretroviral therapy uptake for PMTCT
  - Condoms uptake
  - Contraceptives uptake
  - Immunizations uptake

*Probe: Ask if it is due these campaigns and availability of (social marketing) products.*

8. What do you think helped with those things that improved or contributed to things getting worse?
9. How have the campaigns and products met the needs of your clients?
10. What would have made the campaigns, products and product promotions even better?
11. What challenges do you face in the provision of HIV testing and services, malaria testing, contraceptives, condoms, antiretrovirals, vaccines, intermittent preventive prophylaxis for pregnant women (ITP)?
12. What would be the most useful to help you in your work with your clients on HIV, malaria, MCH, FP?
  - *Probe: more one-to-one education in the community? More TV shows to decrease stigma?*

**Structured Key Informant Interview Guide  
Health Care Worker’s Tool for VMMC Services**

**Interviewee**  
**Name**  
**Title**  
**Organization**  
**Place/District/Region**  
**Date**  
**Interviewer**

Good morning/afternoon, I am [ ] and I am part of a team that has been tasked by USAID in Tanzania to evaluate the performance of two USAID-funded projects. We appreciate your time. I want to start by telling you a little about the two projects we are evaluating. USAID in Tanzania has funded Johns Hopkins University Center for Communications Programs to implement the Tanzania Capacity and Communication Project, or TCCP, and Population Services International, or PSI, to implement a project called Tanzania Social Marketing Program (TSMP).

These projects have clear objectives and have been working in Tanzania since 2010. TCCP’s objectives are to increase the adoption of safer health behaviors by Tanzanians to prevent HIV infection, support the uptake of family planning and address MNCH and other health issues. TCCP was also asked to increase the capacity of Tanzanian individuals and institutions to implement strategic behavior change communication programs and to coordinate social and behavior change communication at national, regional and district levels.

PSI’s objectives are to improve the health status of Tanzanian families by increasing the use of selected health products, including condoms and oral contraceptives. They were also asked to build the capacity of civil, public and private bodies to sustain social marketing activities in Tanzania. We understand that people need information, motivation and health services. We want see if the projects we are evaluating are helpful to you and your patients in preventing HIV and malaria, and doing better at family planning and malaria treatment, as well as maternal and child health.

To begin, please let me know your specific role here at \_\_\_\_\_ and how long you have been in this role.

How long have you been aware of the work of PSI \_\_\_\_\_ and TCCP \_\_\_\_\_ ?

How much have you worked with each of these projects?

TSMP

Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_\_\_\_

Add specific working groups or committees \_\_\_\_\_

TCCP

Weekly\_\_ Monthly\_\_ Quarterly\_\_ Annually\_\_\_\_\_

Add specific working groups or committees \_\_\_\_\_

1. Can you tell me about your involvement with VMMC services at this facility?

Probes:

*How long has VMMC been offered here?*

*How long have you been offering VMMC yourself?*

2. Tell me about what your community is hearing about VMMC?

3. Who is teaching and mobilizing the community for VMMC?

Probe for:

- *Maisha ni sasa (life is now)*
- *Wahi tohara (do circumcision fast)*
- *Pata kinga (be protected)*
- *Kuwa*
- *Msafi (get clean)*

4. What do you know that prevents men from wanting to get circumcised?

5. What can you tell me about the campaign messages, and the response from the clients on the campaign?

6. Which of the messages do you think have had the greatest influence on your clients?

7. What do your clients say about voluntary male circumcision?

8. What do you think has changed in the knowledge, behavior and attitudes of your client about voluntary male circumcision?

9. What is being done to educate men about what to do after they are circumcised?

10. How often are you being asked to offer VMMC, and how is the attendance?

11. What challenges do you face in the provision of voluntary male circumcision services?

12. What would have made the campaigns and products and product promotions even better?

**TCCP AND TSMP PROGRAM  
FGD BEAUTY SALON AND COMMUNITY RESOURCES AGENTS**

Date: \_\_\_\_\_  
 Start time \_\_\_\_\_ End time: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 District: \_\_\_\_\_

Interviewer code: \_\_\_\_\_

<u>Respondent S/N</u>	<u>Gender</u>	<u>Age</u>	<u>Type of Respondent</u>

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PSI's objectives are to improve the health status of Tanzanian families by increasing the use of selected health products, including condoms and oral contraceptives. They were also asked to build the capacity of civil, public and private bodies to sustain social marketing activities in Tanzania.

USAID will soon be planning new projects to take over the work of these two projects, so our evaluation of their performance and recommendations will be referred to in planning the new project. USAID is interested in what would be the most effective way to use those projects to

have an impact on health in Tanzania in the areas of HIV, maternal, neonatal and child health, family planning and sexual and reproductive health, and malaria.

We understand that you have interacted with these projects in some way.

1. I'd like to hear from you all what sorts of TV shows, radio shows, advertisements, brochures and other things this community has seen or heard that has to do with HIV

**Probe for** *Tuko wangapi, Tulizana*

**How about family planning?**

**Probe for** Jiamini and Nyota ya Kijani

**How about mother and child health?**

**Probe for MCH-** Wazazi nipendeni

**What about malaria?**

Sio kila homa ni malaria

**What about condoms?**

Male Condom-Dume, Salama

Female Condom-Lady Pepeta, Care

2. Ok, some of you have heard of (name campaign or product).....what did that show tell you about?
3. Who did you think that show or product was meant for? A city woman? A small girl? An old man?  
*Probe: How have other members of the community responded?*
4. What did the advertisement or show or tell people to do?
  - a. Probe: did you do it?
  - b. What have you seen other people do differently in response to the calls to action?
5. What do you find difficult about doing what the message tells you to do?
6. How well did the campaign do in getting people to prevent HIV, or use FP, or prevent malaria?  
*Probe for themselves and the community in general.*  
*Probe for the method used – is TV the best way? Radio? Face to face?*
7. What have you heard about what pregnant women who have HIV are supposed to do to keep healthy and protect their babies? Has anything changed lately, and if so, how is the community reacting? What have you heard from pregnant women in the community?

8. What good things are supposed to happen for you or other community members if you follow what the campaign or show told you to do?
9. I understand that you have all gotten some training on these topics, but I want to confirm that, so let me ask you: Were you trained on how to mobilize the community or provide the education on
  - HIV prevention
  - Family planning
  - Malaria prevention, health-seeking behavior, net use and adherence to medicine
10. How do you provide the health education?  
What methods do you use?
  - Probe for *face-to-face intervention, community discussion, public meetings*
11. What was the community reaction from the education provided?  
*Probe for community awareness of the product*
  - *Product utilization—female and male condoms, oral contraceptives (Flexi-P and Familia)*
  - *Antenatal care attendance, HIV testing, malaria testing before treating, net use*
  - *Probe—are more women coming to antenatal care early, more people going for HIV testing, more using bednets, more getting malaria tests before getting treated, more using condoms.....*
12. What is difficult about providing the health education to your clients and community? What would make it easier?
13. What do you think your community needs in order to be healthier in these areas—HIV, FP, malaria, mother and child health?

## Focus Group Discussions for PRO-AGENTS (TSMP)

Date:  
Start time \_\_\_\_\_ End time: \_\_\_\_\_  
Region:  
District:

### INTRODUCTION

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I understand that you all have worked with PSI on the distribution and sale of health products they help you to get. We would like to talk you about how things are going in your work with PSI.

1. Now, I want each of you to tell me how long you've been working as a Pro-Agent.  
Probe—are you still acting as a Pro-Agent?
2. How does PSI get people to be Pro-Agents?
3. What made you want to be a Pro-Agent?
4. How are you doing with being a Pro-Agent?
5. Who do you sell your products to?  
Probe:  
*Is it mostly people who are rural and do not otherwise have a way to get the products?*  
*Is it more wealthy people, or poor people?*  
*Men or women?*  
*Young people or old people?*
6. What challenges do you face in being a Pro-Agent?
7. What support does PSI give you to effectively carry out your role as Pro-Agents?
8. How long do you think you will continue to be a Pro-Agent?
9. What more do you think PSI should do to help you sell more of their products?
10. As PSI builds this program, what other recommendations do you have for them?

THANK YOU FOR YOUR TIME.



# ANNEX VI: DISCLOSURE OF ANY CONFLICTS OF INTEREST

## GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

### USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

#### **USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project**

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.
2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.
3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.
4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.
5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.
6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.
7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to \$5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).
8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT  
PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

**ACCEPTANCE**

The undersigned accepts the terms and conditions of this Agreement.

Mary Lyn Field-Nguer

Digitally signed by Mary Lyn Field-Nguer  
DN: cn=Mary Lyn Field-Nguer, o=, email=MFELDEMAIL@GMAIL.COM, c=US  
Date: 2015.06.07 17:14:24 -0400

7 June 2015

Signature

Date

Name Mary Lyn Field-Nguer

Title Team Leader/HIV Specialist

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PROJECT

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<hr/>	
Signature	Date
	13/12/2014
<hr/>	
Name	Title
NEEMA FRITZ MATEE	RESEARCH ASSISTANT

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PROJECT

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12/05/2014

Signature

Date

Kennedy Musonda

Independent Consultant

Name

Title

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Signature 

Date 31.01.2015

Name MARIEMBA ALEX MWITA

Title MALARIA TECHNICAL  
ADVISOR

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\_\_\_\_\_  
Signature

Date 28/02/2015

DR. DODAIJI MUMGIZI  
Name

MEDICAL DOCTOR / RESEARCH CONSULTANT.  
Title

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Signature

*Rose Ernest*

Date

14/01/2015

ROSE ERNEST

Name

Title Research Assistant

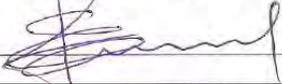
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\_\_\_\_\_  
Signature

Date 26/02/2015

FREDERICK E. RUTAHINDAURO  
\_\_\_\_\_  
Name

Title SOCIAL SCIENTIST



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