

**Social Marketing Strategies for Mother & Child Health
Year One**

Name of the PVO: Population Services International, India
Program Location: Uttar Pradesh, Uttaranchal, Jharkand, India
Program Dates: October 2002 to March 2005
Cooperative Agreement: HFP-A-00-02-00042-00
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Background :

This project is being implemented to improve Maternal and Child Health (MCH) in three northern Indian States: Uttaranchal (UR), Uttar Pradesh (UP) and Jharkhand (JH). The purpose of this project is to create positive behavior change in MCH among, and increase the use of essential MCH products by low-income populations of these States. The basket of essential MCH products that is proposed in this project include clean delivery kits (CDKs), iron folic acid tablets (IFA), safe water system (SWS), oral rehydration salts (ORS), oral contraceptive pills (OCPs) and condoms.

The project has two components:

- I. Social marketing of a *Saadhan* basket of 6 essential MCH products in the three States
- II. Pilot of a *Saadhan* referral network of private medical providers in low-income urban centers of Dehradun and Hardwar of Uttaranchal.

In both components, social marketing efforts will adopt distribution and Behavior Change Communication (BCC) strategies that complement one another, and work with a variety of key players who can influence low-income individuals and families. These players include 1) private medical practitioners who serve low-income families, 2) commercial trade representatives, including chemists, grocers, local shop owners, 3) field-level health workers, such as traditional birth attendants (TBAs), auxiliary nurse midwives (ANMs) and community health workers (CHWs) working through NGOs and CBOs, and 4) mothers and fathers of children aged under 5 who belong to low-income settings.

The objectives of the social marketing component (Component I) are to: 1) Increase access to the *Saadhan* basket of essential MCH products, 2) Increase awareness of *Saadhan* products among low-income families, 3) Improve awareness and collaboration between public, private and NGO regarding integrated MCH, 4) Strengthen PSI/India's capacity to implement a more sustainable integrated family health program, and 5) Expand PSI's capacity in integrated MCH. Specific *social marketing strategies* are implemented according to the requirements of each MCH product.

For Component II, PSI/India will implement a referral network of private medical practitioners in low-income areas of Dehradun and Hardwar cities, UR. The pilot network will bring together 240 private medical providers to competently provide quality products and effective counselling for MCH, and refer to selected sites for those services outside of their area of competence.

A. Main Accomplishments:

I. **Program Start-Up.**

- A central office for the three project states was set-up at Moradabad, UP in October 2002.
- An orientation to the objectives and deliverables of the project of sales teams from the project states – five Managers and 26 Field Officers - was undertaken on the project.
- In February 2003, the Project Director and Project Communication Manager were appointed.
- To provide necessary support to the intensive Component II activities, a small office with a Project Coordinator and four Inter-personal Communication Coordinators (ICCs), was set-up in Dehradun in April'03.
- Over the October 2002 to May 2003 period, a series of stakeholders meetings were held as a key component of the DIP preparation process. Partners and stakeholders included USAID India, the State Secretary of Health and Director General of Health of UR, USAID Cooperating Agencies (CAs) and projects such as PRIME/INTRAH and EHP.
- NGOs and private practitioners' Associations in the project area were identified to expand the reach of several of PSI/India's MCH products.
- In March 2003, a KAP baseline study was conducted.
- On 10 July 2003, the project was formally launched in Dehradun. The launch was presided over by Mr A K Jain, Secretary Health and family Welfare, Government of Uttaranchal and attended by Mr Tim McLellan, Managing Director, PSI India and other key stakeholders from government and civil society organizations.

II. **Progress under Component I – Social Marketing of Six MCH Products**

Social marketing of the following MCH products started in October 2002:

- 1) Social Marketing of condoms under the brand name *Masti* across the three states is being supported by behavior change communication through television in all the three states and hoardings in Jharkhand.
- 2) Social marketing of oral contraceptive pills (OCP) under the brand name *Pearl* is being promoted through generic behavior change communication campaigns on television. Generic TV campaigns are bolstered via the distribution of flyers addressing common myths regarding side effects of OCP consumption.
- 3) Social marketing of Oral re-hydration salt (ORS) under the brand name *Neotral* is being supported by intensive meetings among groups of 18-20 private health providers, called "Saadhan Baithaks". Providers are educated on the issues of diarrhea, risks of dehydration, and use of ORT/ORS. These meetings are followed up with information on PSI brands. A flyer is then distributed to

providers for inter-personal communication with clients on ORS preparation and diarrhea management. To date, eighty “Saadhan Baithaks” have been conducted.

4) Social marketing of iron–folic acid tablets under the brand name *Vitalet-preg* is also being promoted through “Saadhan Baithaks”. The health providers are oriented on the effects of anemia on women’s health and pregnancy outcomes. A flyer is given to these health providers for explaining the issues of anemia and importance of IFA tablets during pregnancy. To date, forty-five “Saadhan Baithaks” have been conducted.

5) *Newborn* brand Clean Delivery Kits (CDK) are being sold in selected districts of Uttar Pradesh and Jharkhand.

- In UP the product is being promoted through radio communication campaign, hoardings at grocery shops in villages and demo stalls at community conglomeration points. Traditional Births Attendants (TBAs) are being involved as ‘brand ambassadors’ for CDKs. The TBAs are oriented in a group of 15-20 on the issues of clean delivery and along with product demonstration. They are also informed about the nearby outlets where CDKs are available.
- In Jharkhand, a partner NGO is making CDKs available through TBAs and through nine outreach clinics where pregnant women come for antenatal check-ups. So far, 120 TBAs and NGO workers have been trained via six TBA orientation programmes.

6) Social marketing of water disinfectant under the brand name *Safe-wat* will be piloted in two districts of Uttaranchal. Three programmatic approaches will be adopted for *Safe-wat*

- 1) community based approach for hygiene and sanitation education and product information,
- 2) health provider network for IPC on hygiene/ sanitation and its impact on child health and
- 3) trade approach through which product will be made available.

This intervention is complemented and strengthened by an additional \$200,000 received through AIDSMark. AIDSMark’s support will focus on the promotion of hygiene, and household level safe water systems through community based approaches. PSI/India will work with government, grassroots/community based organization and other partners to develop sustainable approaches towards reduction of diarrheal diseases in low-income communities. This project proposes to set-up a network of 200 change agents (volunteers from the community), managed by 20 supervisors and 2 project coordinators. Change agents will conduct house visits, and convey key hygiene and sanitation messages, in addition to participating in community events. Planning and review meetings to decide upon communication messages, to share experiences and discuss the problems faced during house calls will be conducted fortnightly.

Community mobilization and communications on issues related to hygiene, sanitation, safe drinking water, and the importance of ORT in the management of diarrhea in under fives will be facilitated. Hand washing and improvement of water quality will be given special attention. Below-the-line communication campaigns will be specifically designed for these slum communities, and community events organized to generate community involvement and ownership. PSI has contacted USAID Environmental Health Project (EHP), which has agreed to provide technical assistance to the project.

7) Sales Performance

Distribution of five MCH products is through 250+ Stockists through which the products reaching to 32,232 retail outlets.

The table below gives first year sales figures of five MCH products:

MCH Products	End of Project Figures	Sale till June'03	Achievement
Condoms	77,20,0000 pieces	58,92,4441	76%
Oral C Pills	233,2000 cycles	85,2520	37%
ORS	73,8000 sachets	21,5001	29%
IFA tablets	2,70,0000 tablets	2,45,3760	91%
Clean Delivery Kits	2,0000 kits	8600	43%
Safe-wat	1,0200 bottles	Not launched	-

III. Progress under Component II – Saadhan Referral Network

The goal of the Network is to provide behavior change and provide affordable Maternal and Child Health (MCH) counseling services and products to slum communities.

1) Mapping of Health Providers

Mapping tools for information about health providers were developed and an intensive exercise to map health providers in all the four towns (Dehradun, Rishikesh, Haridwar and Roorkee) was undertaken.

Total 643 health providers were mapped. Out of these, 290 have been short-listed for enrolment in the network subject to a selection criteria based on quality standards and attitude towards serving low-income populations. Of the short-listed providers, 238 are ISM&HPs (Indian System of Medicine and Homeopathy Practitioners) and will be responsible for counseling services and 52 are MBBS/specialist doctors who will provide referral services.

2) Promotion Approach

As Uttaranchal is a new state for PSI, print media and hoardings have been used to establish and promote the *Saadhan* logo. Credibility of the network is established by highlighting benefits of the network membership through

testimonial advertisements in print media. Two personalized letter have also been sent to all the short listed ISM&HPs to maintain rapport established by ICCs.

3) Enrolment of ISM&HPs

Enrolment of ISM&HPs has started. Declarations expressing their interest to join the network and adhere to its mandate have been signed. The declaration gives complete information on inputs from PSI and expectations from ISM&HPs as part the network.

4) Training

INTRAH Health started working with the local partner-Rural Development Institute, Himalayan Institute and Hospital Trust, Dehradun in July, for training module development. Training needs' assessment was undertaken with short listed ISM&HPs and based on its findings, training modules on five topics are being developed. The four topics are maternal and newborn care, birth spacing, management of diarrheal diseases, breastfeeding and immunization/nutrition. The fifth topic was decided on the preference given by ISM&HPs during needs' assessment and it will be on Acute Respiratory Infections. Principles of counseling, elements of quality of care and information about national programmes have been integrated in all the modules. A five-day training of trainers will start from in late September and trainings of ISM&HPs will commence in mid-October.

B. Impediments to Project Progress

During the initial stages of the project it became apparent that more funds were necessary to ensure a well designed and implemented safe water and diarrheal disease program. PSI/India was able to secure an additional \$200,000 from USAID/India for this purpose. This was discussed in detail during the DIP review and all related documents have been forwarded.

C. Technical Assistance

PSI/India does not require technical assistance at this time.

D. Substantial Changes

None.

E. Update on DIP Recommendations

A detailed response to all DIP recommendations was submitted to Tom Hall on 30 June 2003.

F. Information Requested During DIP Review

All information was submitted to Tom Hall as of 30 June 2003.

G. Programs Management Systems

PSI/India has spent the last few years updating and improving its financial management system and it now stands among PSI's strongest systems worldwide. Human resources, including the project coordinator Vibha, are all deemed more than adequate for program implementation and management. Technical aspects of the program are overseen by Dr. Jean-Patrick DuConge, PSI/India's Technical Director.

H. Workplan

The workplan will be submitted separately.

