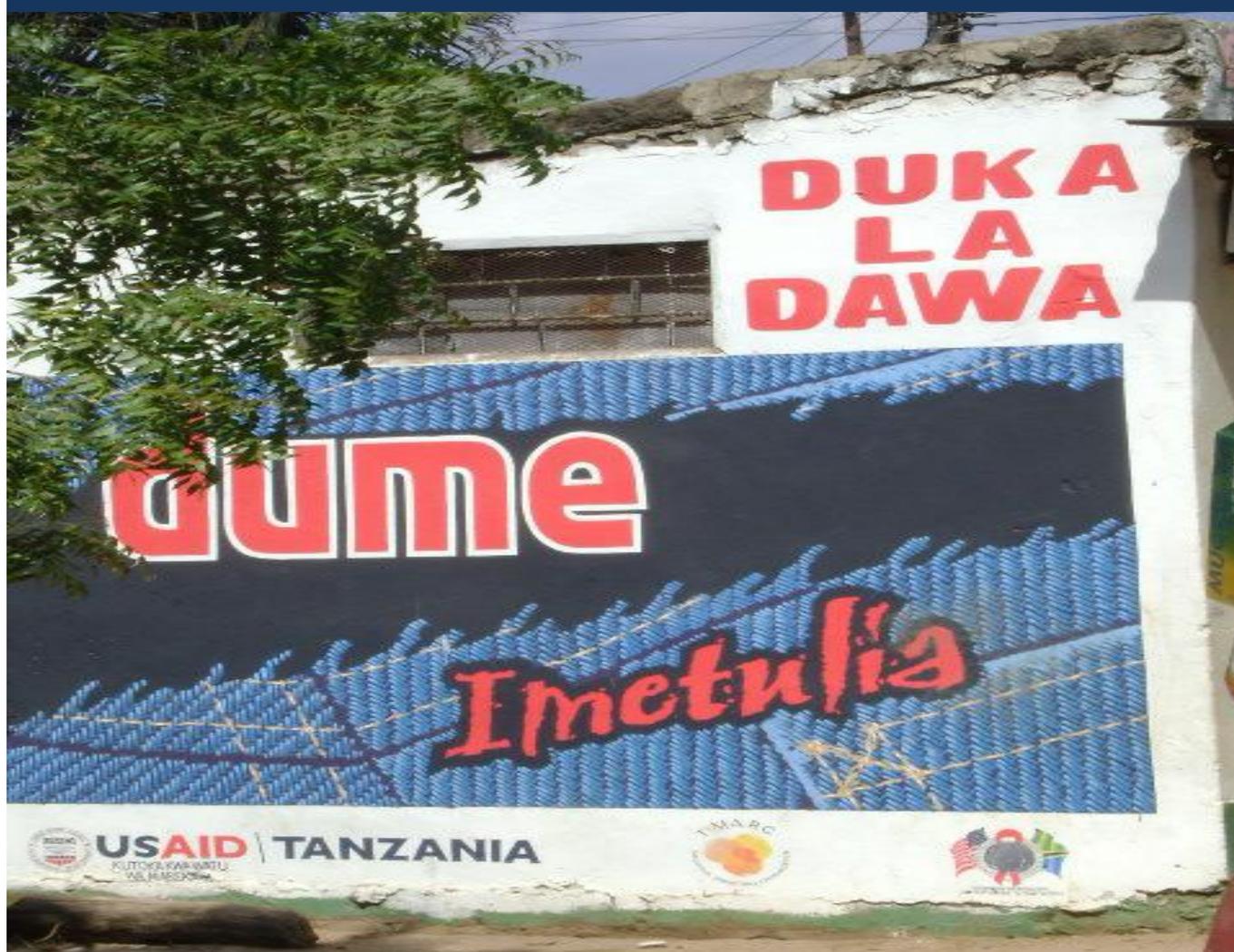


THE T-MARC PROJECT MID-TERM EVALUATION

ASSESSING PROGRESS AND FOCUSING
ON THE FUTURE



April 2009

This publication was produced for review by the United States Agency for International Development. It was prepared by William Emmet, Nicolas de Metz, and Timothy Manchester through the Global Health Technical Assistance Project.

Front cover photograph: Wall Signage at a Duka la Dawa (pharmacy) promoting the use of the DUME™ male condom, a principal-branded product designed and marketed through the T-MARC Project, Morogoro Region, Town of Morogoro. Credit: GH Tech Evaluation Team, January 2009.

THE T-MARC PROJECT MID-TERM EVALUATION

ASSESSING PROGRESS AND FOCUSING
ON THE FUTURE

DISCLAIMER

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

This document (Report No. 09-001-179) is available in printed or online versions. Online documents can be located in the GH Tech web site library at www.ghtechproject.com/resources.aspx. Documents are also made available through the Development Experience Clearinghouse (www.dec.org). Additional information can be obtained from

The Global Health Technical Assistance Project

1250 Eye St., NW, Suite 1100

Washington, DC 20005

Tel: (202) 521-1900

Fax: (202) 521-1901

info@ghtechproject.com

This document was submitted by The QED Group, LLC, with CAMRIS International and Social & Scientific Systems, Inc., to the United States Agency for International Development under USAID Contract No. GHS-I-00-05-00005-00.

CONTENTS

ACRONYMS	vii
ACKNOWLEDGEMENTS	ix
EXECUTIVE SUMMARY	xi
Principal Findings	xi
Principal Recommendations: Future Directions 2009–10	xiii
Future Directions: 2011 and Beyond	xiii
I. INTRODUCTION	1
Overview	1
Purpose	1
Synopsis of Task	1
Audience	1
II. BACKGROUND	3
HIV/AIDS and Reproductive Health in Tanzania	3
USAID and Tanzania	3
AED/T-MARC Project Overview	4
III. METHODOLOGY OF THE MID-TERM EVALUATION	7
IV. RESULTS	9
Marketing and Distribution	9
Product Development and Sales	10
Marketing Business Model	11
Promotion	12
Communications	13
Partnership	15
Dynamic Cooperation	16
Capacity Building	19
V. CONCLUSIONS	23
Marketing and Distribution	23
Communications	24
Partnership	24
Dynamic Cooperation	25
Capacity Building	26
VI. RECOMMENDATIONS	27
Marketing and Distribution	27
Communications	28
Partnership	29

Dynamic Cooperation	30
Capacity Building	31
VII. FUTURE DIRECTIONS	33
Rationale	33
Future Directions 2009-10	34
Future Directions: 2011 and Beyond	35
VIII. SUMMARY	37
ANNEXES	39

ACRONYMS

ACT	Artemisinin-based combination therapy
ADDO	Accredited drug-dispensing outlets
AED	Academy for Educational Development
AIDSCAP	AIDS Control and Prevention Project
AIDSCOM	AIDS Public Health Communication Project
BAFO	Best and final offer
BCC	Behavior change communication
CBD	Community-based distribution
CBO	Community-based organization
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CHW	Community health worker
COP	Chief of Party
CPR	Contraceptive prevalence rate
CTO	Cognizant Technical Officer
FBO	Faith-based organization
FHI	Family Health International
FP	Family planning
GH Tech	Global Health Technical Assistance Project
GTZ	German Society for Technical Cooperation
GOT	Government of the United Republic of Tanzania
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HKI	Helen Keller International
IEC	Information, education, and communication
JHU CCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow Inc.
Lo-ORS	Low-osmolarity oral rehydration solution
MCH	Maternal and child health
MCPR	Contraceptive prevalence rate, modern methods
M&E	Monitoring and evaluation
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding

MSH	Management Sciences for Health
NACP	National AIDS Control Program
NGO	Non-governmental organization
ORS	Oral rehydration salts
PEPFAR	President’s Emergency Plan for AIDS Relief
POS	Point of sale
POUZN	Point-of-use Water Disinfection and Zinc Treatment Project
PSI	Population Service International
RCHS	Reproductive and Child Health Services
RFP	Request for proposal
RH	Reproductive health
SO	Strategic objective
STRADCOM	Strategic Radio Communication for Development (USAID-funded project)
TACAIDS	Tanzanian Commission for AIDS
TDHS	Tanzanian Demographic and Health Survey
TFR	Total fertility rate
™	Trademark
TO	Task order
Tsh	Tanzanian shilling
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government

ACKNOWLEDGEMENTS

The T-MARC Mid-Term Evaluation Team thanks the U.S. Agency for International Development in Tanzania for commissioning this evaluation of the AED T-MARC Project Task Order and for selecting us to undertake this challenging task. The time, patience, goodwill, and depth of knowledge of the more than 45 persons interviewed made it possible for the team to understand the significance of the many reports and technical interventions associated with the project's multiple technical initiatives. The willingness of T-MARC Project and T-MARC Company staff to share with us their thoughts on the project's development and their perspectives on the future was of primary importance. They made it possible for us to understand the complexities of addressing the issues associated with both meeting T-MARC Project objectives and building the capacity of the T-MARC Company. Their patience and good humor in fully responding to our repeated calls for clarification and information made it possible for us to feel less guilty as we increased the intensity of our inquiries.

It would be impossible to overstate the importance of the contribution of United States Government officials within USAID/Tanzania, especially Ms. Laura Skolnik, T-MARC Project Cognizant Technical Officer, to the framing of the evaluation's methodology and to its findings.

Finally, the evaluation team would like to state our appreciation for the time set aside by the many representatives of Tanzania's commercial and social marketing community to discuss with us their vision for the future of the T-MARC Company and of social marketing in Tanzania: Information from these host country and international counterparts enabled us to cut through superlatives and focus on the reality.

The team also expresses our thanks and appreciation to the entire staff of the T-MARC Company for their help in the many logistical and administrative details associated with this evaluation. While many company staff contributed to this effort, we particularly thank Ms. Diana Kisaka, Managing Director, for scheduling our interviews, providing transport, and making certain that we did not forget to show up at the appointed time.

Finally, we very much appreciate the administrative support provided by the staff of GH Tech, especially Ms. Tiera Kendle, throughout this interesting and challenging assignment.

EXECUTIVE SUMMARY

In September 2004, the U.S. Agency for International Development Mission to Tanzania (USAID/Tanzania) issued a task order (TO) under the Private Sector Program Indefinite Quantity Contract for the Tanzania Marketing & Communications: AIDS, Reproductive Health, Child Survival and Infectious Diseases (T-MARC) Project. USAID/Tanzania modified the T-MARC TO and its scope of work effective April 1, 2007. As extended, the T-MARC Project is scheduled for termination on August 30, 2010.

The primary objectives of the T-MARC Project are to

1. Develop and manage a cost-effective marketing, sales, and distribution network that improves access by key populations to affordable branded products related to HIV/AIDS prevention and care, reproductive health (RH) and child survival, and infectious diseases.
2. Develop and manage a broad-based communications initiative that enhances the knowledge of Tanzanians about core issues related to HIV/AIDS, RH, child survival, and infectious diseases, including accurate information about products and services and persuasive information to encourage and sustain healthy behaviors.
3. Establish and maintain practical partnerships with one or more locally controlled organizations from Tanzania's commercial, non-governmental, and faith-based sectors for management and implementation of the project.
4. Work closely and purposefully with other organizations and agencies engaged in similar programmatic areas to address issues of coverage and consistency related to the distribution of dependable products and the dissemination of accurate information.

The purpose of the mid-term evaluation was to evaluate the achievements of the Academy for Educational Development (AED) against the main objectives and tasks outlined in the modified T-MARC TO (effective April 1, 2007). Its primary objectives were to review progress against program objectives and tasks, identify important issues, and provide strategic recommendations for mid-course program modifications to ensure that this important activity has optimal impact. The substantive part of the mid-term evaluation took place in Dar es Salaam, Tanzania, January 9–February 4, 2009. It was undertaken by a three-person team through the Global Health Technical Assistance Project (GH Tech), Task Order No. 01.

PRINCIPAL FINDINGS

The current T-MARC Company model seems viable and appropriate for Tanzania. Though the project has gone through some extremely difficult periods and there remain serious challenges, the concept of a second social marketing company and a resident resource for social marketing was solidly supported by most of the 45 respondents interviewed. The T-MARC Company can make an important contribution to Tanzania's public health and USAID's Strategic Objectives.

Despite significant challenges during the project's first two years, noteworthy progress has been achieved, especially on Objectives 1 and 2. Products are on the street and being bought, and communications campaigns are in the public eye.

Agencies that worked with the T-MARC Project on the development of the Mama Ushauri radio program, especially during the fourth season, had very real praise for how themes and programs were brought together. While the team was not in a position to evaluate the impact of the program itself, the careful way in which it was conceived and implemented stands out as a best practice. A similar process seems to be underway in the development of the Safe Passages program, on which the T-MARC Company is

working with the STRADCOM Project of the Johns Hopkins University Center for Communications Programs (JHU CCP) and the Ujana Program of Family Health International (FHI).

There has been less progress on Objectives 3 and 4. Objective 3 was originally conceived as a learning process for T-MARC Company in which the project was to build partnerships with agencies in Tanzania and use those relationships in turn to build better programs. Unfortunately, most partnerships seem to have become one-way commercial contracts, usually centered on an agreement to deliver goods or services to T-MARC Company. This may be in part because the company has become overwhelmed by a myriad of very small contracts, each very labor-intensive to negotiate.

Objective 4 focused on dynamic partnerships that would enhance the environment for social marketing and communication. While the T-MARC Company initially established a significant number of promising linkages with partners in the social marketing community, its failure to expand upon these relationships resulted in missed opportunities to establish its credibility as a national resource for social marketing, especially with reference to the all-important relationship with Government of Tanzania (GOT) entities. AED should now do more to help the T-MARC Company promote the TO's vision of it as a resident resource for social marketing for health.

After reviewing background documents, the evaluation team has concluded that the idea for the T-MARC Company was not explicitly stated or implicitly implied in the initial request for proposal, in AED's four contract objectives, or when the same objectives were carried over into the revised March 2007 contract. The T-MARC Company seems to have been established based on an AED proposal for an "enterprise" that would, *over time*, emerge as a commercial entity. If, as it appears, the proposal led rapidly to establishment of a stand-alone company, with all management responsibilities rapidly transferred to Tanzanians, the implications of the decision did not receive due consideration from either USAID or AED.

The lack of congruity between project objectives and project design has caused considerable confusion. *The principal issue now is whether the T-MARC Company is intended to evolve into a commercial entity responsible for implementing activities, or into a national resource for social marketing for health, with the capacity to coordinate the efforts of implementing partners.* On this issue, the review team found critical differences of opinion between staff and stakeholders, including members of T-MARC Company's Board of Directors and within the T-MARC Company. While AED has done a great deal of work on the core values of the company, the company's vision and purpose need to be clarified.

The emphasis on registration and launch of T-MARC Company one year from the start of the project considerably reduced the project's focus on capacity development. Most of the short-term technical assistance provided by AED has focused on setting up the functions necessary to run the office and set the administrative structure of the company. The evaluation team commends the efforts of Ms. Halley Mahler, Mr. Martin Alilio, and Ms. Karen Krammer, all of whom gave significant assistance to both the project and the company in responding to project start-up issues and to company administrative needs. However, there has been little needs-based formal technical training of staff, to the detriment of the company's capacity development requirements. Although AED has an impressive array of tested modules on behavior change, social marketing, and public-private partnerships, it does not appear to have worked with T-MARC Company staff in a participatory training process on how to use these modules.

In taking precedence over capacity building, the sustainability of the T-MARC Company created an unrealistic short-term vision for the company. Indeed, it appears that the project shifted away from the four technical objectives to simply setting up and sustaining a Tanzanian entity, irrespective of expertise and performance.

It appears that with its issuance of the subcontract to T-MARC Company, AED reduced its responsibility both as a mentor for T-MARC and for the four technical objectives. The evaluation team was concerned that simultaneous with the launch of the T-MARC Company, the responsibility for the entire project was contracted out to it. While recognizing that there was pressure from USAID to set up the company

rapidly, the team believes that AED had a responsibility as the implementing agency to take a more measured, systematic approach on a realistic timetable. Supported by comments from respondents, the team therefore believes that it would have been prudent for AED to push back on USAID to ensure that sufficient time and technical resources were made available before full managerial responsibility was handed over to its Tanzanian counterparts.

PRINCIPAL RECOMMENDATIONS: FUTURE DIRECTIONS 2009–10

1. **Consolidate marketing, distribution, and communication:** With reference to TO Objectives 1 (Marketing and Distribution) and 2 (Communications) and promotion of T-MARC's branded products, the T-MARC Company should consolidate its marketing and communications initiatives under a single theme, supported by an innovative and systematic approach and an aggressive marketing plan for its products.
2. **Take a systematic evidence-based approach to generic communications initiatives:** The T-MARC Project should review its expectations for the *Vaa Kondom* (Kiswahili for "Put it on") and *Sikia Kengele* ("Listen to the Bell") initiatives in terms of the project's four objectives. The use of quality behavior change communication (BCC) models and clarification of ways in which these two initiatives will promote specific behaviors will be necessary to determine whether the initiatives are essential to the promotion of T-MARC's branded products.
3. **Focus on partnerships:** The T-MARC Project should continue to emphasize Objective 3 (Partnership), which is vital to the success of both the project and the company.
4. **Strengthen dynamic cooperation:** With reference to Objective 4 (Dynamic Cooperation), the T-MARC Project should now respond to missed opportunities for T-MARC Company recognition and growth by tightening linkages with principal stakeholders within the GOT, the donor community, and the public and private sectors.
5. **Enhance the T-MARC Company's technical social marketing and public health capacity:** AED T-MARC Project staff, in collaboration with company staff, should put in place a needs-based technical assistance plan to build company staff capacity on social marketing and public health issues.
6. **Streamline company administrative procedures:** AED T-MARC Project staff, in collaboration with the company's senior management team, should streamline its administrative procedures to reduce the company's reporting and documentation burden.

FUTURE DIRECTIONS: 2011 AND BEYOND

If the T-MARC Project succeeds in addressing the previous six activities within the extremely short time before the project ends in August 2010, the evaluation team believes that the concept of the T-MARC Company deserves continued support from USAID and AED to reach its full potential as a Tanzanian resource for social marketing. The four objectives of the current project should continue, supported by the following:

1. **Revise the business plan:** The T-MARC Company should update its business plan to rationalize its current human resource structure. That will require analysis of the sustainability of current salary levels, a detailed market analysis, and a workable, detailed strategic plan.
2. **Update administrative and financial procedures:** The T-MARC Company should examine and where necessary update its procedures so that the company continues to be run well and efficiently. Annual external audits should be a priority.
3. **Build a culture of innovation:** The T-MARC Company should continuously seek out new developments in social marketing and communications, make new contacts, find new resources, and

adopt a culture of curiosity. Continued evolution of technical expertise is the only way to establish the company as a leader in the field.

4. **Expand commercial linkages:** The T-MARC Company should look strategically at the commercial sector for the next round of agreements, which should be similar to the one with Shelys Pharmaceuticals. The future of the company depends on its ability to build on established commercial partnerships. From discussions with respondents from the commercial and social marketing sectors, it does not appear that the company has expended enough effort to tighten long-term partnerships with key communications entities.
5. **Build on dynamic cooperation linkages:** The T-MARC Company will need to draft an aggressive, innovative, yet focused company-specific marketing plan to promote its role within the stakeholder community. To that end, the company should especially concentrate on building and enhancing the quality of its relationships with GOT entities.

I. INTRODUCTION

OVERVIEW

In September 2004 the U.S. Agency for International Development Mission to Tanzania (USAID/Tanzania) issued a Task Order (TO) under the Private Sector Program Indefinite Quantity Contract for the Tanzania Marketing & Communications: AIDS, Reproductive Health, Child Survival and Infectious Diseases (T-MARC) project. Subject to annual availability of funds, USAID awarded a cost-plus-fixed-fee TO to the Academy for Educational Development (AED) for \$22,275,459 to be allocated over the five-year period ending August 30, 2009. USAID/Tanzania modified the TO and its Scope of Work effective April 1, 2007, in agreement with AED, extending the project through August 30, 2010, and bringing total project funding to \$31,275,459.

PURPOSE

The purpose of this mid-term evaluation was to evaluate AED's achievements against the main objectives and tasks outlined in the modified T-MARC TO (effective April 1, 2007). The primary objectives of this mid-term evaluation were to review progress against program objectives and tasks, define important issues, and provide strategic recommendations for mid-course program modifications to ensure that this important activity has optimal impact. A key component of the evaluation was to assess the institutional strengthening and capacity building of the T-MARC Company, including its business development and its private sector partnerships. The substantive part of the mid-term evaluation took place in Dar es Salaam, Tanzania January 9–February 4, 2009. It was undertaken by a three-person team through the Global Health Technical Assistance Project (GH Tech) TO No. 01.

SYNOPSIS OF TASK

As specified in the scope of work, the mid-term evaluation team was to

- Determine progress and achievements since the beginning of the program in terms of the expected results of the AED/T-MARC project.
- Review progress made in the capacity building and institutional strengthening of the T-MARC Company.
- Review the lessons learned so far from the AED/T-MARC project, taking into account the perspectives of stakeholders, donors, and beneficiaries.
- Propose mid-project course modification for improved impact for the remainder of the project and beyond.

AUDIENCE

In recognition of the fact that the mid-term evaluation was undertaken on behalf of the HIV/AIDS and Health Teams of USAID/Tanzania, health professionals attached to these two teams constituted the evaluation's primary audience. At the same time, with the agreement of Ms. Laura Skolnik, the USAID/Tanzania Cognizant Technical Officer (CTO) for the T-MARC Project, the audience was extended to include representatives of AED, the T-MARC Project, and the T-MARC Company.

II. BACKGROUND

HIV/AIDS AND REPRODUCTIVE HEALTH IN TANZANIA

Tanzania faces serious health challenges (see Annex E.22). Many positive trends in family planning (FP), child survival, and malaria have leveled off or even reversed in recent years, due in part to the effect of HIV/AIDS and concomitant service delivery issues within the health care delivery system.

USAID AND TANZANIA

USAID has been providing assistance to the GOT since the 1960s and has a 10-year Country Strategic Plan for 2005–2014. USAID/Tanzania has directly supported implementation of RH, child survival, and infectious disease programs in Tanzania since 1970 and has had a growing program for HIV/AIDS prevention and mitigation since the late 1980s.

HIV/AIDS Prevention Strategies and Priorities

Historically, prevention has been a central component of the USAID HIV/AIDS program in Tanzania. The Mission is given wide credit for the effectiveness of its prevention programs, including the social marketing of condoms, behavior change communications (BCC) campaigns on issues ranging from condom efficacy to delay in sexual debut, and voluntary counseling and testing. In 2003, Tanzania became one of 15 countries targeted in the President's Emergency Plan for AIDS Relief (PEPFAR). Under PEPFAR USAID/Tanzania is expected to (1) reduce the number of new infections, especially among youth and high-risk populations; (2) increase the number of people living with HIV/AIDS who are accessing care and treatment services; and (3) increase the number of orphaned or vulnerable children who have access to social and economic support.

USAID RH Strategies and Priorities

Mission-supported RH activities have been focused on (1) increasing contraceptive acceptance and use; (2) improving the health and well-being of women and children through birth spacing of at least two years; (3) making FP services available to all who need them; and (4) targeting family life education programs and FP programs toward men as well as women. Among the achievements of for the FP/MCH (family planning/maternal and child health) component of the program are the following:

- An increase in couple years of protection to 1.5 million in 2003
- Regularly meeting the target of 80% of children receiving Vitamin A supplementation and tetanus inoculation
- Introduction of intermittent preventive treatment of malaria in pregnancy, which went nationwide in under two years. While malaria coverage during pregnancy still needs improvement, currently it is estimated to cover approximately 30% of pregnant women.

USAID Strategic Framework

The USAID/Tanzania Strategic Objectives (SOs) and Intermediate Results framework for health and HIV/AIDS focuses on two SOs (see Table 1): SO 10: Health Strategic Objective: Health Status of Tanzanian Families Improved; and SO 11: HIV/AIDS Strategic Objective: Reduced Transmission and Impact of HIV/AIDS on Tanzania.

Table 1. USAID Strategic Objective and Intermediate Results Framework 2005-2014						
SO 10 Health Strategic Objective: Health Status of Tanzanian Families Improved			SO 11 HIV/AIDS Strategic Objective: Reduced Transmission and impact of HIV/AIDS on Tanzania			
IR 10.1 Communities Empowered to Practice Healthy Behaviors and Use Health Services	IR 10.2 Access to Quality Health Services Increased	IR 10.3 Enabling Environment Improved	IR 11.1 Improved HIV/AIDS preventive behaviors and social norms	IR 11.2 Increased use of HIV/AIDS prevention to care services and products	IR 11.3 Improved enabling environment for HIV/AIDS responses from community to national levels	IR 11.4 Enhanced multisectoral response to HIV/AIDS

Social Marketing Technical Focus

USAID/Tanzania has supported social marketing of products in Tanzania since the early 1990s, initially through the AIDS Public Health Communications Project, AIDSCOM, and then through the AIDS Control and Prevention Project, AIDSCAP. Beginning in 1997 support was shifted to a cooperative agreement with Population Services International (PSI). In 2000, a second cooperative agreement was awarded to PSI, which was extended through September 2004.

Throughout, the focus has been on increasing product sales, with behavior change as a secondary emphasis. As USAID/Tanzania transitions into the next phase of social marketing initiatives, indicators other than sales will be used to monitor performance, especially indicators that link marketing strategies more closely to behavior change. Communications initiatives have made impressive progress in educating the public on healthy behaviors in Tanzania, but transforming knowledge into sustained changes in behavior has been difficult to achieve and document. Communications efforts have suffered from a lack of coordination among various projects, donors, and government agencies. Now, national campaigns need to be linked to community-level initiatives, and the role of communities in effective communication needs to be defined. The AED/T-MARC Project, awarded in 2004, was therefore designed to build on success achieved and to address emerging issues.

AED/T-MARC PROJECT OVERVIEW

As specified in the 2007 AED contract modification, the objectives of the T-MARC Project are the following:

- Develop and manage a cost-effective marketing, sales, and distribution network that improves access by key populations to affordable branded products related to HIV/AIDS prevention and care, RH and child survival, and infectious diseases.
- Develop and manage a broad-based communications initiative that enhances the knowledge of Tanzanians about core issues related to HIV/AIDS, RH, and child survival, including accurate information about products and services and persuasive information to encourage and sustain healthy behaviors.
- Establish and maintain practical partnerships with one or more locally controlled organizations from Tanzania's commercial, non-governmental, and faith-based sectors for ongoing management of the project.

- Work closely and purposefully with other organizations and agencies engaged in similar programmatic areas to address issues of coverage and consistency related to the distribution of dependable products and dissemination of accurate information.

PEPFAR field support of the T-MARC Project has constituted more than 70% of obligated funds to date (see Figure 1). Accordingly, the T-MARC Project and the T-MARC Company emphasized ways to prevent further growth of HIV/AIDS in Tanzania. By contrast, FP initiatives, such as the marketing and sale of oral contraceptives, and initiatives focused on child survival, such as the marketing and sales of oral rehydration salts (ORS) and zinc, received proportionally less attention by project management and in the evaluation’s scope of work.

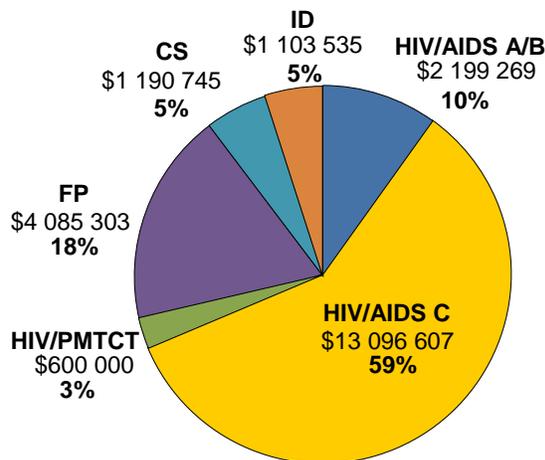


Figure 1. USAID/TMARC: Obligated funds by source of funds

According to financial data provided to the evaluation team by AED (see Table 2), of the total contract budget (\$31,275,459 including the extension), \$22,275,459 has thus far been obligated, and as of January 2009, approximately \$15,000,000 had been expended. It was anticipated that approximately \$5,083,648 (including accruals) would remain for project expenditures going forward. With a monthly burn rate of approximately \$358,000, it is estimated that funds remaining as of June 2009 will last about seven months.

Contract Budget(with extension)	31,275,459
Total Obligation (to-date)	22,275,459
Expenditures to Date (as of January 2009)	15,073,521
Balance as of January 2009	7,201,938
Accrued & Projected Expenditures-1/09-3/09	2,118,290
Balance less Accruals	5,083,648
Projected Expenditures through June 2009	2,449,328
Projected Balance as of June 2009	2,634,320
Monthly Burn Rate ending January 2009	358,893
Projected Pipeline in months after June 2009	7

As will be discussed later, the T-MARC Project Monitoring Plan and subsequent documents contained no life-of-project or end-of-project targets against which to measure progress. However, based on information from the project, Table 3 illustrates the T-MARC Project’s attainment of annual targets established in consultation with USAID/Tanzania in terms of HIV/AIDS, FP, and child survival. In achieving these outputs and in working toward meeting its objective, the T-MARC Project operated under a results framework illustrated in Tables 4–7.

Table 3.1 T-MARC Strategic Objective and Intermediate Results Framework Strategic Objective 10: Health status of Tanzania family improved Intermediate Result: 10.1: Communities empowered to practice key behaviors and use services for target health problems				Table 3.2 T-MARC Strategic Objective and Intermediate Results Framework Strategic Objective 10: Health status of Tanzania family improved Intermediate Result: 10.2: Family-level access to target services increased Marketing Products	
IR 10.1.1	IR 10.1.2	IR 10.1.3	IR 10.1.4	IR 10.2.1	IR 10.2.2
Increase in access to HIV/AIDS products in target areas	Increased involvement of commercial partners working in product marketing and distribution of HIV/AIDS products	Increase in the population using family planning, maternal and child health products available in their communities	Increased cooperation with government, non-government and other sectors involved in the provision of T-MARC supported products in target areas	Increase in access to family planning, maternal and child health products in target areas	Improved supply of specific family planning and maternal and child health products in target areas

Table 3.3 T-MARC Strategic Objective and Intermediate Results Framework Strategic Objective 11: Reduced transmission and impact of HIV/AIDS in Tanzania Intermediate Result: 11.1: Improved HIV/AIDS preventive behaviors and social norms Communication				Table 3.4 T-MARC Strategic Objective and Intermediate Results Framework Strategic Objective 11: Reduced transmission and impact of HIV/AIDS in Tanzania Intermediate Result: 11.2: Increased use of HIV/AIDS prevention to care services and products Marke	
IR 11.1.1	IR 11.1.2	IR 11.1.3	IR 11.1.4	IR 11.2.1	IR 11.2.2
Improved correct knowledge on HIV/AIDS among vulnerable and high-risk groups (to be defined)	Increase in the practice of healthy behavior on HIV/AIDS among vulnerable and high-risk groups (to be defined)	Increase in accepting attitudes towards people living with HIV/AIDS	Improved cooperation among government, non-government and other organizations working on the prevention, treatment and care of persons living with HIV/AIDS	Increase in access to HIV/AIDS products in target areas	Increased involvement of commercial partners working in product marketing and distribution of HIV/AIDS products

METHODOLOGY OF THE MID-TERM EVALUATION

In addressing the evaluation tasks (see Annex E.14), the evaluation team, in consultation with the T-MARC USAID/Tanzania CTO, adopted the following six-point methodology:

1. **Document Review** (January 6–9 and thereafter): The team reviewed more than 140 documents (listed in Annex E.19) before and during the evaluation.
2. **Team Planning** (January 12–13): Once assembled in Dar es Salaam, the team had an intense two-day planning session to agree upon the evaluation’s technical parameters.
3. **Information Collection and Informant Interviews** (January 14–24): The team personally interviewed more than 45 individuals representing a range of stakeholders (see Annex E.18). In conducting the interviews, the team employed standardized respondent discussion guidelines, one for the general set of respondents (Annex E.15) and a second for USAID/Tanzania respondents (Annex E.16). The guidelines were distributed to each respondent well in advance of the interview. At the completion of each day of interviews, the team met to debrief each other, using a standardized interview summary form (Annex E.17).
4. **Site Visits** (January 17–18): With only limited time in which to assess all aspects of the project, the team was obliged to limit its field visits to sites in Dar es Salaam and one two-day trip to Morogoro. During these visits the team focused on assessing the extent to which project activities and initiatives had penetrated beyond Dar es Salaam, the market penetration of T-MARC Company products, and the effectiveness and coverage of product signage.
5. **Preliminary Feedback to USAID** (January 22): At the mid-point of the evaluation, the team met with the T-MARC Project CTO to review progress and discuss and resolve issues.
6. **Preparation of the First Draft** (January 23–29): While preparing the first draft, the team continued to consult with informants from the T-MARC Company and the project on issues requiring clarification.
7. **Presentation and Discussion of the First Draft** (January 30): During a three-hour session with USAID/Tanzania staff and staff from the T-MARC Company and the T-MARC Project, the team solicited suggestions for ways in which the report could be strengthened and modified before formal delivery of the first draft to USAID, the company, and the project on February 4th.

Constraints and Gaps: In discussing constraints and gaps associated with the evaluation, the team has concluded that there were two principal constraints, both of which may have caused gaps that minimized the team’s ability to be truly comprehensive:

- **Time allocated to document review:** The team felt throughout the evaluation that the assessment would have benefited from more than merely three days being allocated to review and analysis of documents. While the team expended every possible effort to ensure that the assessment was truly evidence-based, salient points buried deep in the mountains of documentation may have been missed.
- **Time allocated to collecting and verifying information:** While the team acknowledges with gratitude the assistance on logistics and scheduling provided by T-MARC Company staff, the time allocated for interviewing and cross-checking facts and preliminary conclusions was insufficient. Accordingly, the team placed high value on the first draft review period during which colleagues from USAID, the company, and the project had the opportunity to question the team on issues they believed were unsubstantiated or lacked sufficient detail.

III. RESULTS

In the following section, the report reviews progress achieved by the T-MARC Project in the following technical areas:

- Marketing and Distribution
- Communications
- Partnerships
- Dynamic Cooperation
- Capacity Building

MARKETING AND DISTRIBUTION

The first of the T-MARC project's four primary objectives is

- To develop and manage a cost-effective marketing, sales, and distribution network that should improve access by key populations to affordable branded products related to HIV/AIDS prevention and care, reproductive health and child survival, and infectious diseases.

When it began, the project was legally prohibited from being able to take over and build upon brands and products from the previous social marketing project, a management and technical complication that had not been foreseen in USAID's Request for a Task Order Proposal. As a consequence, under the direction of USAID/Tanzania, the T-MARC project developed three new branded products, a male and a female condom targeted at high-risk populations and an oral contraceptive pill. These products were to be marketed through commercial channels and an active promotion strategy targeting high-risk groups was to be channeled through both the private sector and the public sector (for oral contraceptives).

Among the project's encouraging results is its partnership¹ with Shelys Pharmaceuticals, one of the largest pharmaceutical manufacturing companies in East and Central Africa. This partnership has provided quality access to the logistics and marketing functions required to commercialize the three affordable, branded products.

Fifty months after the start of project, less than 40 months after launch of the first two products (the Flexy-P™ oral contraceptive and Lady Pepeta™ female condom), and 20 months after launch of the DUME™ male condom, the products have contributed to growth of the contraceptive market in Tanzania. Sales data indicates that the project has helped increase access of the population to selected health products, thus contributing to USAID SO 10 and 11 IRs².

The T-MARC project, with support from the AED POUZN Project, has also helped market Low-osmolarity ORS (Lo-ORS) and zinc tablets, both of which are manufactured and distributed by Shelys Pharmaceuticals in Tanzania.

¹ See Annex E.8 local partnership

² See Annexes E.1, E.3, E4

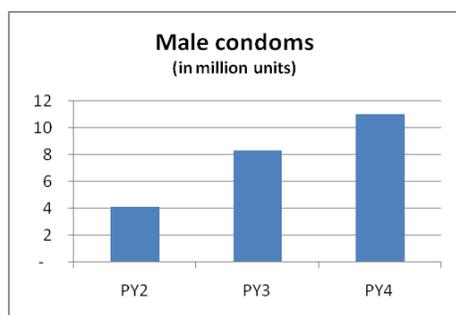
PRODUCT DEVELOPMENT AND SALES

DUME™ Male Condom



The DUME™ male condom, sold to users at the affordable price of Tsh 100 (\$0.08) for a packet of three, was launched in March 2007 (Project Year 2). DUME™, “a brand that resonates with the high risk group with guaranteed availability in areas of their work and residence,” is widely marketed in Tanzania. The T-MARC Company reports sales of more than 26 million units³ since the project began. Annual sales reached 11 million in 2008—11% of the total condom market. One of every six condoms sold through a 20,000-outlet network in FY 2008 was a DUME™ condom; at the end of that period, availability of stock at point of sale had reached 56%.

SALAMA™, the main competing brand, launched in 1993, was available in 90% of potential outlets. *Dukas, Duka la Dawa baridi*, and kiosks are key condom purchasing outlets; only one in ten is a pharmacy. DUME™ is available mainly along transportation corridors and in urban areas. During its two-day field trip, the evaluation team assessed that DUME seems to be appreciated by clients, though the



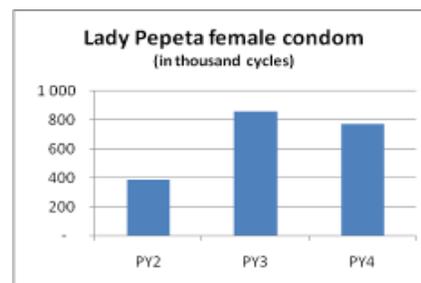
visibility of the product in outlets is poor. The lack of branding materials such as stickers and signs, plus the unfortunate design of the condom dispensers, are two principal barriers to product visibility, probably leading clients to choose more visible products, such as SALAMA. Nevertheless, based on the team’s review of market data and observations in the field, it does appear that promotion of DUME™ has indeed contributed to growth of the condom market as a whole through its distribution in *Duka la Dawas* and other outlets, such as bars and kiosks.

Lady Pepeta™ Female Condom



Launched in September 2005, the Lady Pepeta™ female condom is sold at Tsh 100 for a packet of two; 8 of 10 female condoms sold in Tanzania are Lady Pepetas. Despite stockouts in 2008 caused by delays in port clearance in Dar es Salaam, the project has generated sales of more than 1.8 million units since PY2.⁴

This product is channeled through both commercial networks and NGOs. Trade reluctance to stock female condoms due to limited demand, and sales of large quantities by merchants for other purposes beyond HIV prevention,⁵ make Lady Pepeta the most difficult product for the T-MARC Project to market. Nevertheless, it appears that T-MARC’s promotion of Lady Pepeta has identified an important market niche, one that warrants further exploration and expansion.



³ See project performance Annexes E.3, E.4, and E.6.

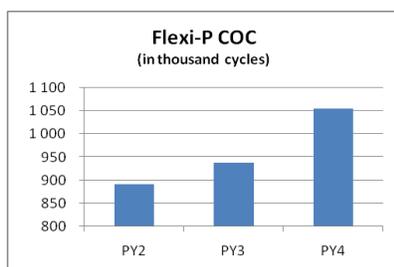
⁴ See Annexes E.3, E.4 and E.6.

⁵ The T-MARC project detected through trade supervision visits that there is a lucrative market for female condom rings in Mozambique as machinery spare parts.

FlexiP™ Combined Oral Contraceptive



Launched in 2005 and sold at Tsh 150 (\$0.12) for one cycle, FlexiP™ is currently available at 73% of all points of sale, representing almost 350 outlets, and more than 3 million cycles have been sold. While market growth slightly decreased in 2008, FlexiP sales still reached 1 million cycles, a 12% growth over the previous year and 13% of total market share. This trend confirms that over time the contribution of socially marketed pills is gaining momentum.



Because the T-MARC project does not do its own procurement, the availability of these three products is contingent on good forecasting and USAID funding. T-MARC is an active member with other stakeholders of the Contraceptive Security Working Group, which plans for RH/FP commodity needs, financing requirements, and shipments.

Save (ORS) and PedZinc



The T-MARC Project, in collaboration with POUZN,⁶ helped launch locally manufactured Save™ Lo-ORS and PedZinc™ treatment products; the retail prices were Tsh 200 a sachet (Tsh 0.3 per package) for ORS and Tsh 400 a treatment dose (10 tablets) for zinc (Tsh 0.15 per tablet). Through the collaborative agreement with Shelys Pharmaceuticals, T-MARC supports sale and distribution of these two child survival products across the commercial sector. Retail audits monitor and inform distribution, brand promotions, merchandising, and sales support strategies.



Unexpected events limited the impact on use of these products: The MOH order of 8 million ORS sachets surpassed local manufacturing capacity and little was available in the private sector. Also, reformulation of PedZinc™ to meet WHO standards delayed production. Nevertheless, sales are well above expectations. Although the T-MARC Project has helped increase awareness of them among Tanzanian families and health professionals, limited availability⁷ may well reduce

the project's effort to expand client access to zinc. As of July 2008, a total of 341,600 units (34,160) doses of PedZinc and 890,000 Save™ sachets had been sold commercially.

MARKETING BUSINESS MODEL

The business model established by the T-MARC project calls for mainly commercial distribution, which is done jointly with Shelys Pharmaceuticals, the terms of the collaboration being set by an agreement between the T-MARC Project, AED, and Shelys. Shelys is responsible for storage, packaging, distribution, and sales of commodities and maintenance of the sales information system. The T-MARC Company is responsible for timely supply of commodities and appropriately branded packaging and promotional materials, complementing Shelys's efforts by organizing promotions and opening nontraditional points of sale. Both partners work together to create and update marketing plans, timelines, and budgets for the FlexiP™, DUME™, and Lady Pepeta™ brands. Over the years, market research by Research International has fed marketing plans.

⁶ AED's Point-Of-Use Water Disinfection and Zinc Treatment Project.

⁷ The ADDOs program refused to allow training and penetration efforts targeted toward ADDOs until PedZinc™ secured its registration.

Shelys has a sales force of 25 people (detailers) and manages sales through local distributors. While 25 people are dedicated to pharmaceutical products, of which FlexiP™ is one, the four representatives for DUME™ cannot provide coverage for this product to penetrate a broader trade network or nontraditional points of sale. Limited field representation for promotion of oral contraceptives, ORS, and zinc is also a concern.

PROMOTION

Road shows, mobile cinema, and other activities are used to build brand awareness. During the evaluation team's limited field visit, the most common comment from shop owners and advertising firms was that the product is not being promoted. There did not appear to be enough signage and point of sale materials. Marketing staff seemed convinced that signage was not effective and did not remain on display long enough to warrant the expense. Most outlets that do have DUME™ in stock do not make it clear that the product is available. Point of sale promotion needs additional attention and investment if DUME is to increase its market potential.

While the T-MARC Company has invested a great deal in branded and generic promotion, there does not appear to be a link between marketing and communications. The Vaa Kondom⁸ generic campaign seems to be run separately, and local trading networks are not involved—a missed opportunity to link clients to the brand and local retailers.

Analysis of targets achieved suggests that targets for sales are lagging behind promotional activities, branded and generic (see Table 5). A review of product availability may therefore be necessary, with the possibility of investing more in placement and less in general promotion.

Table 5. Project Outputs Against Annual Targets	End 2008 (cumulative)		
	Targets	Results	% of Target
HIV/AIDS			
Number of outlets stocking condoms	10,850	18,299	169%
Male condom supply	26,700,000	23,455,394	88%
Female condom supply	2,047,460	2,013,550	98%
Number of individuals reached with community outreach that promotes abstinence and being faithful	1,634,000	1,781,874	109%
Number of individuals reached with community outreach that promotes condom use	1,545,000	4,047,578	262%
Number of individuals trained to conduct experiential communications and other interventions designed to promote abstinence, being faithful, or among the target groups	475	1 832	386%
Number of individuals trained to conduct experiential communications, and other interventions designed to promote condom use or among the target groups	450	1 302	289%
FAMILY PLANNING			
Oral contraceptive pill supply	2,830,440	2,884,660	102%

⁸ See next section and discussion of communications in chapters 5–6.

Table 5. Project Outputs Against Annual Targets	End 2008 (cumulative)		
	Targets	Results	% of Target
Number of people that have seen or heard specific USG supported FP/RH message	8,927,411	11,752,821	132%
Couple-years protection	321,941	438,929	136%
Number of people trained in FP/RH with USG funds	23,972	13,712	57%
CHILD SURVIVAL			
Child survival products supply	3,800,000	1,086,789	29%
Number of individuals who have seen or heard specific message promoting Lo-ORS and zinc for treating diarrhea	2,300,000	10,481,604	456%
Number of people trained in child health and nutrition through USG-supported health area programs	2,200	19,046	866%

COMMUNICATIONS

As specified in the TO, the T-MARC Project’s second objective is to

- “Develop and manage a **broad-based communications initiative** that **enhances the knowledge of Tanzanians** about **core issues related to HIV/AIDS, reproductive health, child survival and infectious diseases**, including accurate information about relevant products and services as well as persuasive information to encourage and sustain healthy behaviors.”

T-MARC has two major and a number of smaller continuing communications efforts. These ambitious and multifaceted programs cover large areas of Tanzania.



Launched in 2007, Vaa Kondom is a national BCC initiative to promote condom use among the Tanzanians most vulnerable to HIV/AIDS. It promotes correct and consistent use of all quality condoms available in Tanzania, including DUME. Vaa Kondom activities are based in the communities most affected by HIV/AIDS—along transportation corridors and in workplaces, including plantations and mines. Outreach activities, peer education, and small-venue edutainment (in bars, guesthouses, etc.) are core activities. Radio spots have been designed and broadcast in collaboration with the JHU/STADCOM Project. Banners and a variety of other material using Tanzanian traditional sayings are designed to provoke

discussion. By using traditional sayings, Tanzanians relate their current behavior to culturally appropriate guidance and examine their sexual health practices.

The T-MARC Company reports that Vaa Kondom has reached more than 1.3 million people through national events, radio spots, and outdoor placements. The use of Swahili proverbs and the sound of a local crow saying VAA appear to have struck a responsive chord among disparate audiences. To promote Vaa Kondom, the initiative has also worked with Africare and 10 local small grantees, who together have trained close to 800 persons.



Also launched in 2007, Sikia Kengele uses the symbol of a bell as a wake-up call for behavior change. The communication campaign is intended as a call to action for Tanzanians to protect themselves and their partners from HIV/AIDS by

reducing the number of sexual partners. The bell symbol has salient meaning for Tanzanians. For some, it recalls their school days, for others, it is a call to church or reflection, and for still others, it will be a reminder to get up and take action. For maximum effect, the initiative is centered on regions, districts, and communities most threatened by HIV/AIDS.

The program identifies “Bell Ringers”—community leaders, such as politicians, religious and community health leaders, and peer educators from NGOs, community-based organizations (CBOs), and faith-based organizations (FBOs)—and charges them with promoting discussion on the dangers of multiple sexual partners and the benefits of remaining HIV/AIDS-free, and with encouraging people to confirm their HIV status. The Bell Ringers champion the Sikia Kengele message for their peers and communities through day-to-day interactions and organized events. Religious leaders are trained to integrate Sikia Kengele messages. Messages are segmented for vulnerable groups (e.g., mobile populations, sex workers, bar girls, street vendors, taxi drivers). To reduce the number of partners, the general population in higher-risk communities is asked to respect fidelity within marriage and serious relationships, and FBOs and CBOs are being enlisted to support that effort. T-MARC Company staff estimate that more than 1.3 million people have been reached and that close to 1,800 persons have been trained to provide HIV/AIDS prevention messages.

In a program administered by Africare, 10 NGOs and FBOs are implementing Vaa Kondom and Sikia Kengele activities in their communities along the main transportation corridors and near mining, plantation, and fishing sites. Through these grants (total value about \$128,000) the nonprofits appear to have reached an impressive number of people with BCC messages. T-MARC’s Sex Worker and Women Engaging in Transactional Sex Grants Program will similarly award grants to small nonprofits to deliver HIV prevention interventions particularly to women working along the transportation corridors and in areas with high concentrations of men working away from home.



Mama Ushauri (Mama Advice) is a fictional Tanzanian radio and television character, known to many Tanzanians for her straight talk. To promote the benefits of modern FP methods, the T-MARC Project began the carefully planned and tested Mama Ushauri program in 2005. The program is a 15-minute radio drama aired on three national stations three times a week. In its fourth season it will discuss RH issues, prevention of mother-to-child transmission, the use of zinc with ORS, malaria prevention, and Vitamin A supplement and de-worming. T-MARC hosted two workshops to review storylines and invited feedback on draft scripts. The radio broadcast is supported by a call-in show. Season 3 is also being broadcast on local radio stations across the country. According to the T-MARC Company, T-MARC/Mama Ushauri messages have reached more than 8,000,000 people since the 2005/2006 season.

In addition to the two major campaigns and Mama Ushauri on radio, T-MARC was asked to support the communications component of the malaria BCC campaign and the launch event for *Kataa Malaria* in Zanzibar. In 2005, T-MARC worked with ZMCP and Africare to implement an education initiative in support of activities to distribute long-lasting insecticide-treated nets to pregnant women and children under 5 through local nonprofits.

The T-MARC Project will be working with the National Malaria Control Program and JHU/CCP and PSI to put in place an initiative targeted to private prescribers to support awareness and availability of artemisinin-based combination therapy (ACTs). The focus will be primarily on Duka la Dawa merchants—particularly where there are concentrations of pregnant women and children under 5, who are most at risk of complications from malaria. Messages and materials will encourage prompt diagnosis and

treatment of malaria symptoms; the benefits of treating malaria with ACTs, which are currently not found in Duka la Dawas; and the dangers of mono- artemisinin treatment, which is readily available in Duka la Dawas.

The project will also be creating generic communication materials to support the promotion of zinc and new Lo-ORS in the private sector.

T-MARC's lively and colourful communications efforts seem to be attracting considerable attention. Although the evaluation team was asked to consider not the effectiveness or impact of the communications campaigns but only how they were conceived and implemented, a number of questions arise.

The project's communications planning seems to lack a BCC framework and a rigorous development process. There does not seem to be a link from current research and best practice, to current concerns and specific behavior changes, to effective messages and support and demonstrated impact.

The campaigns do not seem to evolve. They seem stuck with the same messages and delivery modes, and targeting is extremely broad. T-MARC's communications staff are smart, dedicated, and professional advertising people, but it does not appear from our conversations with them that they have received enough formal training on BCC focused upon an in-depth assessment of staff training needs. Ms. Halley Mahler has made a significant contribution to establishing a base for T-MARC Company's communications initiatives, but information received from our respondents would indicate that there significant gaps in company staff capacity, gaps that were not identified through a thorough staff needs assessment. Identifying and filling these gaps is critical to T-MARC Company's expansion of its communication work.

There also seems to be a technical conflict associated with the T-MARC Project's four objectives: Should the long-term vision for the T-MARC Company see it as an implementing agency or as a resident technical resource for social marketing whose strength in responding to emerging issues would rest with its capacity to coordinate the input of partners? The evaluation team, based on discussions with respondents, has concluded that the latter would be more appropriate (see recommendations).

The evaluation team recognizes that USAID directives tasked the T-MARC Project with developing a generic communications plan, but it is not clear how a broad, generic campaign contributes to the national effort. For example, apparently many people believe that Vaa is a condom brand, so it is not clear how Vaa helps promote DUME or Salama. Similarly, Sikia Kengele's messages and audience are very broad. Both initiatives need a clear focus, similar to the JHU CCP *Fataki* campaign against transgenerational sex, to make them more effective.

The interpersonal communications developed with the grants to NGOs through the AED subcontract with Africare have delivered tangible results, especially in promotion of the female condom. The T-MARC Company would therefore be well advised to continue to draw on the expertise of Africare or another organization with grants administration experience rather than trying to administer grants in-house. At the same time, the T-MARC Company could continue to provide technical oversight on social marketing issues.

PARTNERSHIP

As specified in the TO, the T-MARC Project's third objective is to

- **“Establish and maintain practical partnerships with one or more locally controlled organizations** from Tanzania's commercial, non-governmental, and faith-based sectors for key roles in management and implementation of the project.”

The T-MARC Project's first partnership was creation of the T-MARC Company (registered in August 2005 and launched in April 2007), with which AED established a memorandum of understanding (MOU)

and a subcontract for April 2007 to August 2009 in which AED transferred responsibility for the project's four objectives to the company.

AED's second significant partnership was with Shelys Pharmaceuticals for the storage, packaging, and marketing of socially marketed products. Under AED's POUZN Project, Shelys also received support for the development of ORS and zinc.

The project and the company have subcontracted with a number of other organizations. The TO proposed that subcontractors were to assist in the development of a strategy for leveraging public-private partnerships within the T-MARC Project mandate. Development of the NGO Grants Mechanism is also seen as part of the partnership process. Accordingly, project documents list 12 additional organizations (see Annex E.8) as partners, among them international NGOs, local NGOs, and commercial marketing firms.

The concept of partnership is at the heart of the AED proposal and the T-MARC Project approach. In examining the partnerships, the evaluation team noted the following:

- From the start of the project, a working definition of partnership has been lacking, and there is real confusion between "partnerships" and purchase of services. Simply selling product to an organization is not partnership. It might be sensible to go back and draft a position paper and an implementation plan for partnership. This is as important for the project as for the company.
- In most cases, partners are being fed very small and short-lived contracts in response to RFPs and are not part of, or even aware, of the larger program, even when they are firms that do communication and marketing for Tanzania's economy or have been involved in condom social marketing for more than a decade. This process, intentional or otherwise, reinforces the lack of partnership. It is important to note that the first objective of the partnership effort was for the T-MARC Project to learn from local partners and use that insight to build a better program.
- A significant number of the collaborators listed in Annex E.8, ranging from Shelys Pharmaceuticals to the Private Nurses and Midwives Association of Tanzania to the AIDS Business Coalition of Tanzania, expressed a concern that the partnerships, as developed, stopped short of any discussion of ways to build long-term relationships with the T-MARC Company. This represents a missed opportunity for T-MARC to respond to the intent of the third objective.

DYNAMIC COOPERATION

As defined by the USAID TO contract modification, dynamic cooperation, one of the TO's four primary objectives, means that AED should

- Work closely and purposefully with other organizations and agencies engaged in similar programmatic areas to address issues of coverage and consistency related to the distribution of dependable products and the dissemination of accurate information.

In assessing the extent to which the T-MARC Project and its subcontractor, the T-MARC Company, have addressed this objective, the evaluation team met with more than 45 representatives of organizations and agencies engaged in T-MARC programmatic areas.⁹ With the assistance of company staff, the team also reviewed the scope and significance of relationships established with each of the organizations and agencies.¹⁰ Finally, in assessing the extent to which the project and the company have established effective linkages with potential partners, the team reviewed project quarterly reports, consultant reports,

⁹ For a list of Dynamic Cooperation respondents and organizations contacted and interviewed, please see Annex E.18 – T-MARC Mid-Term Evaluation Respondents.

¹⁰ For a summary of T-MARC Company's assessment of the scope and significance of relationships established with each of the organizations and agencies, please see Annex E.8 – T-MARC Company Dynamic Partnerships.

and related documents. In all instances, the intent was to assess progress achieved in establishing and building upon relationships within the community and the potential of these relationships.

To a significant degree, the merging of responsibilities assigned to the T-MARC Project into the T-MARC Company has blurred the roles of these two entities.

Because the T-MARC Company was officially launched in April 2007 when the subcontract was signed, the evaluation of progress in establishing dynamic cooperation between the company and allied organizations and agencies was to a large extent limited to a small 20-month window of opportunity (April 2007–December 2008). However, as a general statement, based on discussions with current and prospective allies, the company’s potential as a significant partner in social marketing for health is universally recognized.

Since 2004, the T-MARC Project and the T-MARC Company have established 15 formal relationships with organizations and agencies² engaged in HIV/AIDS, FP, and child health initiatives, all of which continue. Most of these focus on collaboration on communications (see Table 6 for a summary of these relationships and Annex E.9 for detailed analysis).

Table 6. T-MARC Project and T-MARC Company Dynamic Partnerships Initiated by Year (2004–2008)							
Dynamic Partnerships	Focus	Number of Collaborations Initiated by Year					Total to date
		2004	2005	2006	2007	2008	
NACP, TACAIDS, NMCP, FHI, JHPIEGO, MARIE STOPES, PSI, HKI, JHUCCP, ZAIN	Communications (HIV/AIDS, Malaria, Child Health, Youth), Condom Distribution	3	2	5	4	1	15

The approach of both project and company to establishing the linkages has been to bring together partners to address specific issues and to leverage resources and perform activities that are cost effective but achieve maximum impact. While much progress to date seems to represent a less than systematic approach to building linkages, the team has concluded that there is significant potential for growth if more attention is given to identifying and acting upon priority relationships among those that have already been established. For example, in the area of HIV/AIDS, T-MARC Company’s work with TACAIDS and with Reproductive and Child Health Services (RCHS) in writing yearly work plans and creating communications initiatives are areas where the company could be more proactive in the future. Similarly, in RH, the company’s participation in quarterly RCHS meetings on contraceptive security represents an area where the company could promote a clearer understanding of the role of social marketing in enhancing the GOT’s progress on contraceptive security. Finally, on child survival, the company’s work with RCHS and the AED POUZN Project to promote zinc and Lo-ORS holds great promise.

The project and the company have established an impressive number of potentially dynamic relationships with USAID collaborating agencies and projects. For example, the T-MARC Company has worked effectively with JHPIEGO in drafting a story line on malaria and with Helen Keller International in drafting a storyline on Vitamin A for the fourth season of the Mama Ushauri radio drama. Both are instances where the company has sought ways to draw on the strengths of its partners.

In assessing the extent and importance of T-MARC Company’s dynamic cooperation initiatives, the team has taken note of its initiation of partnerships with JHU/CCP and with FHI’s Ujana Project to promote the Safe Passage Initiative. The three partners, each drawing on its own areas of expertise, are coordinating their efforts to reach out to adults and high-risk youth, local NGOs, and local government entities to extend knowledge of HIV/AIDS prevention.

While the contract anticipated that the T-MARC Project would spearhead activation of the Condom Steering Committee of the Ministry of Health and Social Welfare (MOHSW) as a means of promoting action on the Government's 2005 Condom Social Marketing Strategy, the project has made little progress. However, the team questions whether this contract directive was realistic given T-MARC Company's recent entry on the stage of social marketing in Tanzania.

The T-MARC Company has so far been less than successful in pursuing what USAID had initially anticipated would be its role as a catalyst in promoting cooperation among organizations and agencies involved in marketing products and services and creating and disseminating communications related to HIV/AIDS, RH, and child survival. Based on discussions with respondents experienced in social marketing, the evaluation team has concluded that eventually the company should indeed become a catalyst for action and change in social marketing for health. However, at this stage in its development, the company, with the assistance of AED, should concentrate on building up its technical and administrative reputation as a social marketing resource before taking on the larger leadership role anticipated by USAID.

While the T-MARC Company is aware of the National Task Force for the Acceleration of HIV/AIDS Prevention, it has not yet pursued the suggestion of USAID that it become a member of this critical policy-making body. However, this USAID contract directive may not have been realistic given T-MARC Company's recent entry into social marketing in Tanzania.

The March 2007 T-MARC Project contract modification stated that the T-MARC Project would work with the GOT to promote creation of two coordinating committees, one for institutions associated with marketing products and services for HIV/AIDS, RH, and child survival, and the second to address communicating information and BCC messages for the same areas. Although there appears to have been no action on constituting these specific committees, the T-MARC Company is a member of the Zinc Task Force, the Tanzania Immunization Committee, and a committee on malaria control as part of the RCHS Integrated Management of Child Illnesses Department. The extent of the company's role and impact on the deliberations of these committees is unclear. However, it would appear that, except for its commendable work on the Zinc Task Force, the company has yet to adopt the contract modification's emphasis on T-MARC's role in helping the GOT to coordinate the specified marketing and communication policies and initiatives. Again, this contract directive may not have been realistic given the newness of the company.

The 2007 contract modification also tasked the T-MARC Project with setting up and maintaining a message bank to catalog messages used in marketing and communications activities related to HIV/AIDS, RH, and child survival. Building on the National HIV/AIDS Communications Strategy of the Tanzanian Commission for AIDS (TACAIDS), the project was expected to work with TACAIDS and its new Director of the IEC and Advocacy Directorate to explore the potential for such a repository and recommend a course of action to USAID that focuses on community and interpersonal materials. While neither the project nor the company has yet to act upon this assigned task, the team understands that the company intends to do so as part of its 2009 work plan. The company, while working closely with TACAIDS to synchronize and harmonize BCC messages with reference to HIV prevention, believes that dissemination of directives and recommendations on HIV/AIDS prevention is the mandate of TACAIDS. It has therefore not seen its role in disseminating information on HIV/AIDS as pivotal. Clearly, establishing and maintaining a message bank on the range of social issues associated with HIV/AIDS, RH, and child survival touches on the role of government as the central resource for such information. However, the T-MARC Company may have missed an opportunity to work with TACAIDS to identify ways in which the company and AED, with its international resources, could have assisted TACAIDS, as a key GOT entity, to explore innovative approaches to the growing field of information sourcing.

CAPACITY BUILDING

The T-MARC Project has a complex set of capacity building assignments, both internal and external.

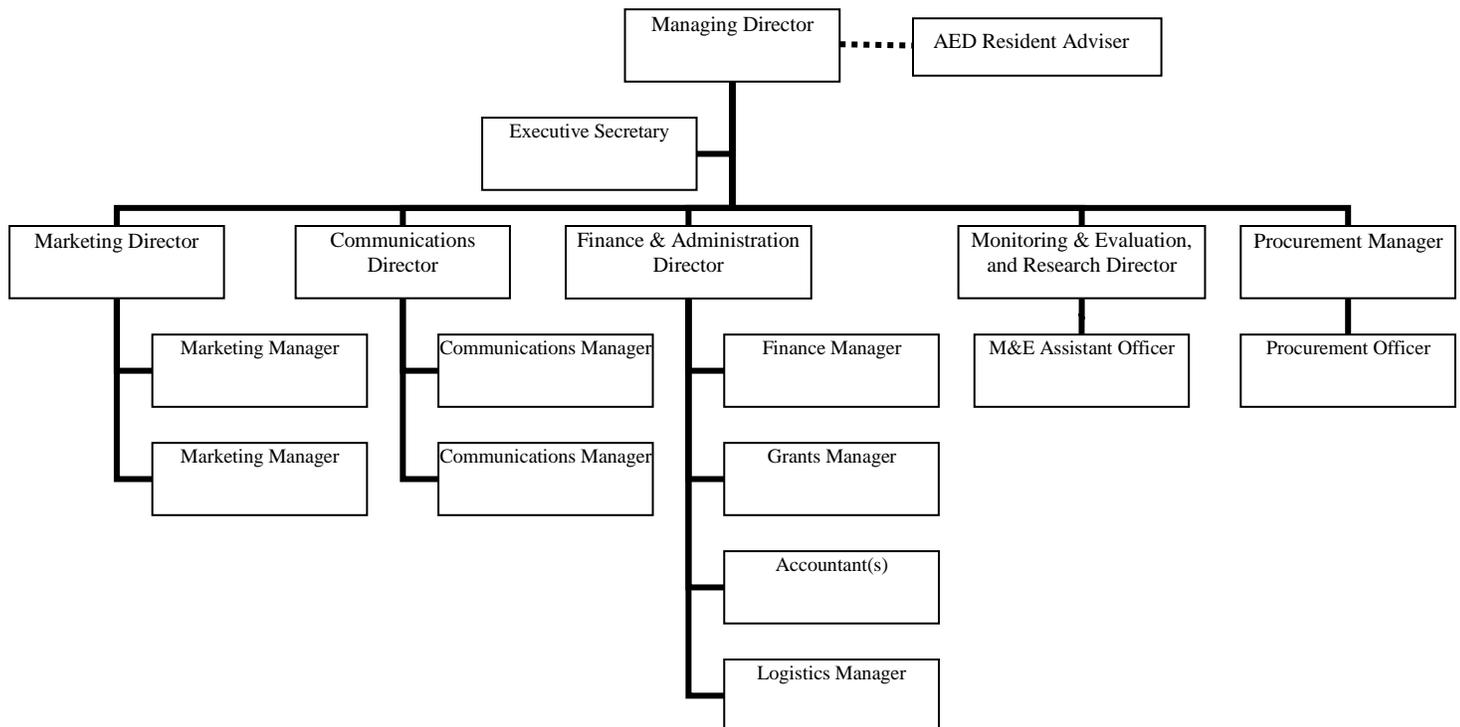
Internal: The project needed to set up a project office and then rapidly help that office become a local organization, viable in its own right and effective in program delivery. This was a difficult organizational development assignment, complicated by a long list of technical issues, including knowledge of basic public health, social marketing, and BCC that needed to be imparted to the young staff.

External: The project needed not only to set up innovative and effective marketing and communications activities but also to build a network of relationships through which the nascent project could mentor local organizations in social marketing and BCC, building lasting partnerships and innovative and effective programs.

Internal Capacity Building

When the project began, AED committed to setting up a project office rapidly and the T-MARC Company within 12 months. The new company was duly registered in August 2005 and launched April 2007. Once launched, the company immediately subcontracted with AED to become responsible for all four project objectives, over 40 staff, and a budget of just under \$4 million a year. The launch also established a Board of Directors that meets twice a year. Currently, the T-MARC Company consists of four Directorates and a Procurement Department (see Figure 2). AED provides a resident advisor who also functions as Chief of Party for the T-MARC Project.

Figure 2: T-MARC Company Organizational Chart



All staff positions are filled. The T-MARC Company has been able to recruit and retain a cadre of committed professionals, all but one of whom are Tanzanian. For the most part, the systems necessary to run a program of this size are in place.

Considering AED's experience, the evaluation team was concerned that AED should have given responsibility for all four project objectives to the company without taking into account the fact that when the contract was signed in April 2007 the T-MARC Company was little more than a name connected with an unfulfilled vision. It might have been preferable for the subcontract to have specified a planned and phased competency-based transfer of responsibilities over the life of the project.

It appears that there was pressure from USAID to establish the T-MARC Company and that AED was given to understand that this meant that all responsibility for project objectives should be transferred to it. However, the team believes that it was AED's responsibility, as the TO implementing agency, to establish the company and transfer project responsibility based on a measured, systematic, and realistic timetable. As respondents commented, it would have been prudent for AED to push back on USAID to ensure that there was sufficient time and technical resources before full managerial responsibility was handed over to AED's Tanzanian counterparts.

AED has been providing technical guidance to the T-MARC Company since the start of the sub-contract. Martin Alilio, Halley Maller, and Karen Krammer have made significant contributions to the project's response to deliverables and to the technical, managerial, and administrative growth of the T-MARC Company. While AED has regularly provided short-term technical assistance (TA) to the project and the company, most of it was focused on the management of the nascent company. It does not appear that AED ever took a systematic approach to capacity building and to the training needs of the staff. Based on discussions with T-MARC Company senior staff, staff technical background and knowledge does not seem to have carefully assessed as the basis for a capacity development plan, with topics and dates for formal or informal training, mentoring, access to on-line courses, and field trips.

During the evaluation interviews, respondents consistently questioned the T-MARC Company's credibility because of its lack of technical grounding in public health. The only member of the senior staff who has a degree in public health or medicine is the new M&E/Research Director. They also suggested that the company team would benefit from targeted training in marketing and in monitoring and evaluation. The extent and depth of such training would need to center on the intended or anticipated vision and role of the T-MARC Company. This issue is addressed in recommendations below.

The T-MARC Company has assembled an impressive array of individuals to serve on its Board of Directors. Their commitment to the T-MARC Company is commendable, and they have a sound understanding of its operations and grasp its strengths and weaknesses, many of which are discussed in this report.

AED was contracted to develop a sustainable Tanzanian organization. While "sustainability" was never defined, it was generally understood that the goal was to ensure that the T-MARC Company became a viable organization with solid technical capability and a record of accomplishments that would allow it to attract sufficient support—from USAID, other U.S. Government institutions, the GOT, the MOHSW, local government, other donors, and the private sector—to stay in operation and continue to grow. However, AED's shifting of responsibility to the T-MARC Company to responding to the TO's objectives was unrealistic considering that the company was a start-up with no expertise in social marketing. In fairness, it would appear that AED's decision to do so was in response to USAID directives. While it was difficult for the team to determine whether AED misinterpreted USAID's intent, clearly there was insufficient technical dialogue that would have enabled AED and USAID to reach understanding on a realistic and strategic approach to building T-MARC Company capacity as a resident resource for social marketing initiatives.

Based to some degree on pressure from USAID and on its own well-intentioned interest in updating its business plan and mapping out how it could assure survival in the current market should USAID funding not continue, in December 2008 the T-MARC Company commissioned a business plan in collaboration with AED staff and consultants. This impressive document details core areas that the T-MARC Company sees as opportunities for eventual revenue-generating services.

The business plan opens up an important discussion on the role of the T-MARC Company in the current national development effort, and how to plan for its survival when USAID funding eventually closes. The evaluation team notes the following:

- The business plan is an expression of intent rather than an analysis of the current market. To be effective, it needs detailed work on what and where the revenue possibilities are, who the competition is, and what kind of funding is realistic. This analysis would provide guidance on the appropriate size of the company and on which business interventions warrant less and which more attention. Once augmented with figures, costs, and analyses, however, it will serve the T-MARC Company well as it moves to establish its primacy as Tanzania's resident resource on social marketing.
- Considering the expertise demanded by the business plan, the need for a capacity development plan is evident. For many of the technical areas, the company is not yet seen as the leading agency for social marketing with a staff-supported record of innovation and expertise. For example, the project has yet to develop programmatic expertise in private sector partnership, advocacy, public health, and monitoring. If T-MARC Company staff are to acquire a working knowledge of these technical areas in the next year, the effort needs to be systematic and diligent.
- The business plan projects that by year 4, 80% of the project's technical social marketing activities will be implemented by organizations other than the company. This target seems to respond to the company's vision as a *coordinator* of social marketing activities, but its current movement toward taking on *implementing* responsibility for a number of contracts is not a move in the direction of the year 4 target.

In assessing project administration, the evaluation team has concluded that T-MARC Project administrative and financial management, as overseen by the T-MARC Company, is generally well documented and properly executed.

While it is recognized that adhering to the complex process associated with responding to USG procurement regulations naturally presented a steep learning curve for T-MARC Company staff, the AED procurement process continues to be unnecessarily prolonged. Discussions with T-MARC Company personnel reveal that procuring goods and services over \$25,000 and purchasing nonexpendable equipment over \$2,500 routinely takes three to four months, with four or five revisions; some procurements take as long as a year.

This excessively frustrating process is compounded by the fact that the T-MARC Project seems to have a large number of contracts rather than a few contracts with tested and reliable firms. Moreover, the T-MARC Project/Africare administration of small grants, all of which are fixed obligation with a value of less than \$25,000, continues to focus on collection of receipts—contrary to the requirements of a fixed obligation grant. In sum, our discussions with T-MARC Company staff and contractors suggest that the current AED procurement process is the company's single largest administrative problem.

External Capacity Building

Despite the significant time and resources the T-MARC Project initially committed to building relationships with external partners (see Annexes E.8 and E.9), discussion with these partners suggests that the T-MARC Company has not fully exploited the potential they offer for building long-term social marketing capacity. In discussing their relationships with the company, potential partners provided a near-universal assessment that company staff had failed to effectively build on initial contacts. In failing to do so, the T-MARC Company has missed a number of significant opportunities to foster its capacity to be recognized as a focal point for coordinating a broad-range response to emerging social marketing issues.

One area where the gap in external capacity building was particularly marked was in the relationships with GOT and donor agencies. While representatives of these agencies were aware of the T-MARC Company, few of them felt any direct connection with it or with its vision as a Tanzanian resource for the advancement of social marketing for health.

IV. CONCLUSIONS

MARKETING AND DISTRIBUTION

Products and Markets

- The T-MARC Project has developed three good branded products. The market is especially promising for the male condom and the oral contraceptive.
- Although the T-MARC Company has addressed ways in which to promote child survival products, stock availability and regulatory issues have limited commercialization and access through the private sector.
- Given the potential size of the condom market in Tanzania, there is space for two companies (PSI and T-MARC) marketing different brands.¹¹
- The DUME™ condom has poor visibility in outlets. Branding materials, such as stickers and signs, should be broadly distributed and monitored.
- T-MARC should reconsider the design of the DUME™ condom dispenser; it is not visible and gives a poor image of the product.
- Shelys could probably double condom sales if the T-MARC Company were to focus more aggressively on point-of-sale promotion.
- There is a lack of coordination between communications activities and DUME promotion. Bridging this gap and systematically involving traders in areas where communications activities take place would increase brand awareness.
- FlexiP is a useful complement to the USAID contribution toward increasing access to modern contraception in Tanzania. Although it is likely that FlexiP sales will continue to grow, a considerable clientele has limited access to this product due to policy and regulation issues.
- Trade reluctance to stock female condoms due to limited demand makes Lady Pepeta™ the most difficult product for the project to market. Since it is marketed for commercial sex workers (CSWs), T-MARC should establish linkages with the significant number of NGOs and NGO clusters that have a history of working with CSWs. These partners could also help the company to explore ways Lady Pepeta might be made available to other women who do not regard themselves as CSWs but who occasionally receive payment for sex outside their homes.

Marketing and Partnership

- The partnership with Shelys Pharmaceutical is fragile. The current volume of RH/FP products sales and revenues has led Shelys to consider this more a “social responsibility” than a business. T-MARC’s decision to transfer functions such as storage and packaging of commodities to another company does not attract the private sector to a product like DUME™, and in fact raises doubt about the viability of social marketing products.
- While the frustration of trying to get a pharmaceutical wholesaler to effectively deliver and promote social products in fast-moving consumer goods outlets is understandable, the hybrid distribution model is an expensive and labor-intensive approach, and there is a risk that the T-MARC Company will implement rather than work with commercial partners. The company, working with AED and USAID, should re-examine the concept behind this initiative. It seems to the evaluation team to send

¹¹ This was confirmed by numerous stakeholders, including PSI.

the wrong message to current and potential partners because it undercuts the T-MARC Project focus on building the capacity of the company to work through and not in competition with experienced partners.

- Wholesalers should be invited to brand presentations and training for retailers (pharmacies and accredited drug-dispensing outlets [ADDOS]). The T-MARC Company seems to have overlooked this important link to merchants.

COMMUNICATIONS

- The company's current ambitious and multifaceted communications efforts reach a range of Tanzanian communities. Use of Mama Ushauri to promote modern FP messages represents a best practice because of the T-MARC Company's emphasis on a participatory and strategic approach to the effective use of media to promote social marketing messages. Also, the use of small grants to reach out to communities to promote behavioral change is an effective use of experienced NGOs to promote behavioral change. By contrast, in other instances, most notably promotion of its branded products, the project's communications efforts appear to lack a conceptual framework, so creativity, messages, and delivery lack a systematic project-wide approach. Application of a behavior change model would make an important difference. While reportedly T-MARC Company communications staff downloaded AED's BEHAVE framework to help them craft an approach to communications planning, the documentation does not reflect a focused AED effort to help company staff effectively apply the framework. Providing AED expertise in the use of the BEHAVE model could well improve the effectiveness of the annual T-MARC Company internal communications planning exercise.
- Rather than putting together a broad communications campaign with one or two creative partners, the T-MARC Company currently contracts with a large number of disparate partners after a lengthy RFP process. The company has also neglected to include commercial clients as partners in its annual communications planning process and has thus missed an opportunity to draw on their expertise and insight. Once again, T-MARC Company's Mama Ushauri practice of dialogue and inclusion is a useful model for how to work with partners.
- Current communications programs and marketing campaigns appear to be managed as separate initiatives. For example, T-MARC Company communications visits to communities are rarely coordinated with visits by company marketing teams to the same communities. As a result, there appears to be little systematic effort to link, for example, the Vaa Kondom communications initiatives with the DUME marketing program or NGO communications efforts with the Lady Pepeta marketing program. A larger vision and a comprehensive marketing and communications planning exercise followed by coordinated execution of the plan would increase the effectiveness of both efforts.

PARTNERSHIP

While the partnership objective remains an alluring and elusive objective, discussions with respondents indicate that the TO's emphasis on this objective is well-placed and of significant importance to the company's long-term viability.

Under the second objective of the TO, the T-MARC Project was expected to establish close partnerships with one or more locally controlled organizations from Tanzania's commercial, nongovernmental, and faith-based sectors for key roles for management of the project. Such partnerships have a dual purpose: First and most important is the ability to leverage local expertise. Secondly, AED and the T-MARC project were supposed to have helped to build the management and implementation capacity of the partner organizations.

The evaluation team supports the first objective as a building block for T-MARC Company's development as a national resource on social marketing. To some extent, the company has developed

relationships with partners in Tanzania's social marketing community, but these relationships need to be reinforced. However, the team believes that the second objective was—and remains—overly ambitious for an organization whose own capacity development was the focus of the T-MARC Project.

- Overall, the choice of Shelys seems to have been a good one. The company has a broad range of insight, skills, products, and reach. Reportedly, every pharmacy in Tanzania has some connection with Shelys, and Shelys products are found as far away as Mozambique, Zambia, and the Democratic Republic of Congo. The POUZN support in developing ORS and zinc is exciting. Yet for the most part the partnership's greater potential seems just out of reach because real collective effort with Shelys has not yet evolved. This is not to minimize the frustration that the T-MARC Company may have experienced with trying to get the attention of a large multinational, or the effort to get a pharmaceutical company to understand the social market. But the possibilities for a long-term relationship are there if T-MARC can begin to work with Shelys as a partner.
- At the same time, social marketing represents maximum effort for minimal revenue while commercial marketing represents maximum revenue for minimal effort. This dynamic tension will not go away. The disadvantage of picking a large commercial partner like Shelys is that it is therefore often difficult to get them to focus on social efforts. A less successful partner might pay more attention but on the other hand would not have the reach. These issues are not unique to Tanzania or Shelys and T-MARC but represent constraints to social marketing efforts worldwide.
- Unfortunately, the T-MARC Company has not developed similar partnerships with Tanzania's marketing and communications firms. The evaluation team had an opportunity to discuss the project with a few of these firms, some of whom, as partners with the T-MARC Company, would enhance recognition of the T-MARC Company as a national resource for emerging social marketing initiatives. Accordingly, over the remaining 18 months of the project, the T-MARC Company should identify and build partnerships with a few quality firms that can help it respond to its technical development needs in marketing and communications.

DYNAMIC COOPERATION

From discussions with prospective allies representing organizations and agencies engaged in HIV/AIDS, FP, and child health initiatives, it appears that T-MARC Company's potential as a significant partner in social marketing for health is universally recognized. The T-MARC Project and more recently the company have established 15 formal relationships with organizations and agencies engaged in these areas, all of which continue to date.

- However, much of the progress achieved to date in establishing dynamic linkages resulted from a less than systematic or long-term approach. Nevertheless, there is significant potential for growth if more attention is given to identifying and building on priority relationships among those that have already been established.

The T-MARC Company has to date been less than proactive in pursuing its anticipated role as a catalyst in promoting and facilitating cooperation among organizations and agencies involved in marketing products and services and disseminating communications related to HIV/AIDS, RH, and child survival.

- Although this point addresses the heart of the long-term vision for the T-MARC Company as expressed in the TO, there has not been enough dialogue between USAID, the T-MARC Project (AED), and the T-MARC Company about what can realistically be expected at this early point in the company's development. As a matter of urgency, this dialogue should be accorded immediate priority.

CAPACITY BUILDING

Internal

The T-MARC Project had an extremely ambitious mandate: capacity building, starting a new project office, converting the project office to a Tanzanian organization, and then moving most operations out to local partners. Capacity development was to have been critical at each step.

The evaluation team, working through annual plans and other project documents, including a complete list of AED staff who have visited Tanzania, has concluded that AED has been less than systematic in determining what skills are necessary to make a social marketing and communications effort successful and in acting upon that knowledge.

All the elements of a viable social marketing entity are present within the T-MARC Company: a good administrative and financial management system, dedicated and committed staff and directors, a good understanding of the basics of marketing and communication, and the potential of a significant role for it. The current business plan is an excellent first step toward defining a path for the company. However, as a business plan it reads more like a proposal than a critical analysis of what the company does, what it can do, and what the current market represents in terms of partnerships, leveraging, and possible funding and revenue.

External

The T-MARC Company has an impressive cadre of commercial and professional relationships upon which to structure its growth as a recognized Tanzanian resource for social marketing for health. However, it has neglected to build on these relationships to develop long-term partnerships of benefit to both partners. To a significant degree, this neglect has been a missed opportunity to promote the T-MARC Company as a national resource for social marketing.

V. RECOMMENDATIONS

MARKETING AND DISTRIBUTION

Aggressively Promote DUME: Based on interviews with social marketing entities in Dar es Salaam and with merchants in the field, there is sufficient space in the condom market to support at least two socially marketed products, Salama and DUME. Accordingly, in marketing DUME, the T-MARC Project should be less concerned with finding a niche for it or with cannibalizing Salama's market and more concerned with ensuring that the product's marketing, delivery, and sales focuses on product recognition, availability, and client access.

Revise the Agreement with Shelys: Because USAID procurement mechanisms do not allow the project to order fully packaged products, and until sales permit DUME to stand as a viable product that could be purchased and marketed by a local distributor, the T-MARC Project should review the terms of Shelys cooperative agreement. If it is decided to separate packaging and marketing activities and hand packaging over to another company, this should be reflected in a revised agreement.

Maintain Current DUME Product Marketing: Given that USAID support focuses on marketing of plain condoms, the development of a studded condom, as suggested by the T-MARC marketing department, will require additional funding. The still-growing condom market and the encouraging sales of DUME suggest that this product as currently marketed has significant potential. However, given changing consumer preference in condom use over time, over the next 18 months T-MARC may want to document changes in client preference. If the need for another DUME-branded condom be confirmed, T-MARC Company should approach other donors.

Reconsider the Hybrid Strategy: T-MARC should not take on an activity unless it has a clear strategy for giving it back to the private sector. The hybrid marketing strategy should be refined to incorporate clear goals for sales volume, profitability, and timing, and clearly state from the beginning the criteria for a phase-out. For the T-MARC Project it would be worthwhile to subcontract this operation to a private firm instead of hiring and managing numerous personnel.

Repackage DUME: The DUME™ foil on the condom is a strong design, but the pack is expensive and the dispenser itself needs to be redesigned. The graphics may appear attractive in an office but with a little bit of dust in a crowded Duka, the pack disappears. It needs to be re-designed as soon as possible. The T-MARC Project may well prefer to redesign the dispenser and invest in a more aggressive branding and promotion strategy to increase awareness, visibility, and use.

Work with NGOs to Promote Lady Pepeta: Although Lady Pepeta™ sales are impressive, the evaluation team was concerned that the marketing plan did not reflect international best practice. Marketing staff need to do some research on how best to promote, deliver, and support the product. Promotion of female condoms should be systematically associated with male condom promotion. An increased role for NGO introduction and support of the product, coupled with coordination with more formal points of sale, is encouraged.

Activate the Policy Process for Oral Contraceptive Sales: The evaluation team recognizes and supports USAID's interest in encouraging the GOT to adjust its current policy of limiting the availability of oral contraceptives to Type 1 pharmacies. But it may be unrealistic for USAID to expect that the new and private T-MARC Company would have sufficient capacity to address a policy issue of this complexity on its own. Nevertheless, the issue of Duka la Dawa sales of oral contraceptives is critical to client access. Accordingly, the team recommends that USAID use its considerable policy expertise to work with the GOT to address this issue. Meanwhile, the T-MARC Project should explore using ADDOs as a means of expanding client access to oral contraceptives and also establishing linkages with the current CHW training program designed to enable CHWs, once trained, to distribute oral contraceptives within their

communities. If there is no agreement to legitimize sales, USAID might simply decide that other agencies should handle the commodity. This issue should receive immediate stakeholder attention in the interest of arriving at a clear resolution. Additional distribution networks, such as community-based, should be considered in order to increase access to oral contraceptives.¹²

Expand field representation: If the T-MARC Company expects to continue to enable the product to penetrate a much broader trade network and nontraditional points of sale, the number of field representatives for DUME™ will need to be expanded from the current four. The same recommendation applies to field representation for oral contraceptives, ORS, and zinc.

COMMUNICATIONS

Outsource Communications: Although the T-MARC Company is considering developing in-house capability to do most of the work a communications firm would provide, the evaluation team recommends that this initiative be dropped. First, it does not take into account the complexity and cost of running a marketing program in-house. Second, it does not take into account the incredible resource that experienced communication and marketing firms represent. Though the company's initial partnership with two communication entities did not provide acceptable results, it should continue to reach out to the commercial communications community and seek partnerships that will build on their capacity to help the company develop innovative and effective programs.

Put in Place a Coordinated and Focused Communications and Marketing Plan: While AED has committed to allow use of its BEHAVE model, it appears that the training provided for company staff did not respond to a staff needs analysis. A communications effort that is grounded on behavior change, less ambitious in the variety of activities, better planned and coordinated, and does less more often would be more effective. The T-MARC Company staff should engage in a communications planning exercise that is coordinated with marketing objectives that together will carry through to the end of the project.

Engage in Constructive Dialogue with USAID: Over the course of the evaluation, the team discovered disagreement on the objective and even the reason for the current communications campaigns. AED seems to have had technical reservations about the approach from the beginning, but apparently, the Mission wanted a campaign that would reach high-risk groups and make "noise." The Vaa campaign was the result. This is a major contradiction: an effective message to people with multiple sex partners is not always well received by the general population, and messages that do not offend the general population are not necessarily effective with high-risk groups. Unfortunately, AED was not successful or forceful enough in promoting its technical objections to USAID's desired approach.

Reach Consensus on the Goals of the Vaa Kondom Initiative: The three-year-old Vaa campaign appears to be stuck, repeating many of the same messages in very much the same way. It is not clear how this approach will address the current issue of correct and consistent condom use. The planning documents for current activities do not reflect the use of a BCC model and are an inadequate basis for an effective program to address an extremely complicated issue. The T-MARC Company, with extensive technical back-up from AED, needs to redirect the Vaa campaign. Given the time remaining, as soon as possible plans should be made for the remainder of project activities. Redesign to a behavior change model needs to incorporate formal training for T-MARC Company staff.

Rework the Vaa Campaign: A decision needs to be made about what the Vaa campaign is to accomplish. If roughly 20% of men and 10% of women in Tanzania have multiple partners, and this group has issues with consistent and correct condom use, there is reason for a campaign that reaches a population with multiple sex partners, accepting that a high-profile campaign is not appropriate. If the theme of the marketing of Salama, and to a lesser extent DUME, is a bright, lifestyle approach, the issue of condom use is not well addressed. The new Vaa campaign should be more focused both in message and delivery,

¹² See Annex E.6 Fig. 7 for the contribution of social marketing to increasing the market for oral contraceptives.

and not compete with the current Salama and DUME campaigns, which is where Vaa has gone with bright colors and catchy but vague slogans. Public events along the transportation corridors should be used to market condom brands; Vaa should confront the issues that block correct and consistent condom use. Rather than public events there should be direct support to people with multiple partners working with sex workers through NGO grants. It may well be that the real need is for the Vaa campaign to work toward 100% condom use and support the population most affected by transactional sex.

Rework the Sikia Kengele Campaign: Again, the current planning documents do not suggest this campaign rigorously applies a behavior change model. While there is enough information to shape a campaign that speaks to multiple sex partner issues, it is not clear that this is true for monogamy. The current campaign appears to be part preventive maintenance for people who are currently monogamous but could be persuaded otherwise and part an effort to bring people back to monogamy. The notion that Bell Ringers can be easily established and stay effective for long periods without support is naïve, and the evangelical undertones are not to be ignored. The current approach needs to be reconsidered and the communication plan reworked immediately. While the communications planning process for either campaign was not reassuring, the uniqueness of the Sikia Kengele campaign would suggest a more measured approach, with a view to learning from what has already been accomplished. The T-MARC Project should broaden the evaluation of the campaign, looking at the initial intention and concept, the design process, the program itself, and the effectiveness of its messages and delivery. The lessons learned can help shape how campaigns in Tanzania and East Africa operate over the next decade.

Coordinate Communications and Marketing: The delivery of the DUME and Vaa programs should then be coordinated in terms of where and when to deliver the two messages; DUME as brand promotion and Vaa to address the issues blocking correct and consistent condom use. Those concerned with communications and brand promotion also need to work closely with the product distribution team. NGO efforts should be recognized and exploited as unique marketing opportunities and incorporated into planning and promotion. The best approach is to map out target areas, set up a schedule, and be sure that there is a consistent amount of activity in communities, that the product is available and distributors supported.

This move toward effective coordination of programs is critical. Currently, T-MARC Company departments are not working together, and the program suffers from it. This type of program does not require sophisticated mapping software, though documentation of the effort would benefit from it. The evaluation team recommends fewer and less complicated promotional activities, and more regular support to communities, all closely coordinated. At this point it may be too much to ask that T-MARC assume the role of coordinator for a range of other interventions, such as youth activities and other social marketing efforts. The ability to look at total effort, planning, and then tracking efforts would be revolutionary.

Outsource Small Grants: Africare's NGO effort seems to be building community support for its communications programs and sales of its product. Continuing with this arrangement seems like a wise investment of marketing and communications resources. Unfortunately, the administration of the program is overly complicated, in that fixed obligation grants are being administered as though they were cost-reimbursable. While the evaluation team is aware of Africare's shortcomings as a technical training entity, its experience in managing grants is recognized and should be capitalized upon. Alternatively, another agency should be engaged to manage grants programs in the future, leaving it to T-MARC Company to simply provide technical assistance to NGO grantees. In sum, T-MARC should resist the temptation to take on the thankless task of administering small grants.

PARTNERSHIP

Redefine the Shelys Relationship: This is not a partnership of equals where local agencies move beyond being contracted providers of services. As frustrating as it may have been, the Shelys partnership seems to have been a good decision. Current efforts to chip away at what Shelys does should be reconsidered. Most important, the MOU between AED and Shelys needs to build in real authority for T-MARC Company

personnel. Otherwise, T-MARC has no real credibility and is powerless to shape the partnership. In the future, it would be worthwhile to consider a separate packaging contract (which Shelys does not seem to want) and a marketing contract, framed by an MOU.

Define a new approach to establishing partnerships: T-MARC Project's definition of partnership has evolved to include almost any organization it contracts for services with or sells stock to, as if the simple act of implementing an activity or buying stock represents a transfer of skills. Often, too, this partnership is simply recorded as a T-MARC output. Therefore, the following are recommended:

1. To begin with, the T-MARC Company needs a new definition of partnership that incorporates a formal understanding and expectation—often, the company stands to learn as much as it teaches, and this exchange is at the heart of any partnership and critical to the company's success. It would be appropriate to appoint a current company staff member as partnership coordinator to advocate for partnerships outside the organization.
2. Establishing partnerships should be a more formal process, incorporating a planning session where T-MARC and partners discuss how they will work together over the final two years of the project, what each brings to the other, and what each stands to learn from the other, culminating in a work plan and timetable. The formal work plan and time table should be reviewed by both partners together at least once a quarter.
3. By leveraging local experience and expertise, the T-MARC Project should benefit from a “multiplier effect” where the overall impact of the project is proportionately greater because of the involvement of valued and credible local agencies. The partnerships should make the project much more Tanzanian in character and content.
4. Similarly, the partnerships should enable the project to take full advantage of local personnel and facilities, minimize recurrent costs, and increase the prospects that project activities will be sustainable over the long term.
5. Finally, partnerships need to be managed as partnerships of equals. While AED is legally responsible for the project, the local partners should not be seen simply as subordinates or subcontractors. These organizations should be legitimate partners who share contractual responsibility for the success or failure of the project.

DYNAMIC COOPERATION

T-MARC Company Should Take Responsibility for Dynamic Cooperation: For the duration of the T-MARC Project, the company should take full responsibility for development and enhancement of dynamic cooperation. For its part, AED should work with the company to find ways AED can help the company provide technical assistance to promote dynamic cooperation.

Assign Priorities for Dynamic Cooperation: As an immediate priority, the T-MARC Company should review and assign priorities within its current linkages and put in place a partner-specific strategic plan designed to address ways to strengthen the content and impact of its technical relationships with priority partners. This plan should incorporate a concrete discussion of the rationale for choosing specific partners and explicit step-by-step timing for implementing the elements of the plan.

Embark on Dynamic Cooperation with GOT: Because the relationship between the T-MARC Company and the GOT are underdeveloped and largely unproductive, the company should devise a proactive strategy to address ways T-MARC can enhance the quality and impact of its current relationship with GOT departments and ministry offices.

Evaluate T-MARC Capacity as a Social Marketing Information Resource: Given the importance of access to current and accurate information about social marketing, the company should take the lead in addressing ways to collect and disseminate such information to its Tanzanian stakeholders.

CAPACITY BUILDING

Internal

Strategic Planning to Build T-MARC Company Capacity as a Social Marketing Resource: The concept of the company as a resource or broker for social marketing expertise appears sound and worthy of sustained support from USAID. As defined during the TO award process and clarified in the 2007 AED contract revision, the vision is that the T-MARC Company will function as a one-stop resident locus for social marketing expertise. Over time, the company's strength will rest on its ability to coordinate a social marketing response to health issues by drawing on tested working relationships with partners experienced in production, marketing, sales, distribution, and communication. To fulfill this vision, T-MARC Company will need continued technical assistance directed toward developing its capacity as a social marketing resource with internal expertise in public health, strategic planning, building and maintaining technical linkages, and monitoring and evaluation.

Assess and Respond to T-MARC Training Needs: Over the remaining life of the project, AED should work closely with the T-MARC Company to address its technical and administrative gaps. To begin with, AED and the company should commission an assessment of training needs and put in place a strategic and systematic plan to address them. The planning in particular should address the need to bolster the credibility of current staff in public health, which might be done with short-term training for key staff. For example, Boston University School of Public Health offers a summer certificate course in International Health and Development and in Design, Implementation and Monitoring and Evaluation of International Health Programs.

Commission an Analysis of the T-MARC Company Market: The current business plan should be the basis for a more focused approach to addressing T-MARC Company's potential beyond 2010 when the current contract ends. The company, with the assistance of AED, should therefore commission a market analysis to assess its true potential, and base a revision of the business plan on the results of this analysis. The T-MARC Company should continue development of the business plan as an exercise focused on the future, rather than trimming operations in anticipation of reduced support. As the end of the project approaches and USAID's intentions for follow on activity become clear, AED and T-MARC can look at their options, decide whether to continue their partnership, and respond to any proposal separately or together with either organization as prime. What is most important for the T-MARC Company is to turn in a strong performance and an impressive list of accomplishments and to be recognized as a vibrant Tanzanian organization by 2010. At this stage, agonizing over sustainability is counterproductive.

Streamline the Procurement Process: T-MARC Company staff and contractors are spending excessive amounts of time on procurement administration, which detracts from time that could be spent on technical issues. The whole process needs to be rethought.

External

Draft a Partnership Development Plan: As soon as possible, T-MARC Company's senior management team should review its current partnerships and assign priorities in terms of the potential of each. The priorities should serve as the basis for an external partnership development plan in which a clear and systematic approach to reinforcing priority relationships is defined and implemented.

Draft a T-MARC Company Public Relations Plan: T-MARC Company senior management, guided by the Managing Director, should also put in place a T-MARC public relations strategy that gives priority to ways to increase the company's relationships with GOT entities and donor agencies.

VI. FUTURE DIRECTIONS

RATIONALE

The team's proposals for addressing directions for the T-MARC Project for 2009–2010 and then beyond 2011 are based on the following rationale:

In general, the current expression of the T-MARC Project model seems viable and appropriate to the Tanzanian environment. Despite continuing challenges and the experience of some extremely difficult periods during its development, stakeholders gave almost universal support to the idea of a second social marketing company that is a Tanzanian resource and that builds relationships. In sum, the T-MARC Company as envisioned can make a useful contribution to public health in Tanzania and to USAID Strategic Objectives.

Noteworthy progress has been made, especially on Objectives 1 and 2. Products are on the street and being bought, and communications campaigns are in the public eye.

Consistently, agencies that worked with the T-MARC Project on development of the Mama Ushauri radio program, especially the fourth season, had real praise for the process of bringing themes and programs together. While it was not possible to evaluate the impact of the program itself, the careful way it was conceived and implemented stands out as a best practice. A similar process seems to be underway in the development of the Safe Passages program in collaboration with JHU CCP's STRADCOM Project and FHI's Ujana Program.

The team felt there had been less progress on Objectives 3 and 4:

Objective 3 was originally conceived as a learning process for T-MARC Company in which the company was to build real partnerships with agencies in Tanzania, and use those relationships to build and implement better programs. Unfortunately, most partnerships seem to have become one-way commercial contracts, usually centered on a financial agreement to deliver goods or services to T-MARC Company. This may be in part because the company has become overwhelmed by a myriad very small contracts, each very labor-intensive to negotiate.

Objective 4 focused on dynamic partnerships that would enhance an expanded and strengthened environment for social marketing and communication. However, the company's limited strategic thinking and limited mentoring from AED have resulted in weak linkages and numerous missed opportunities, especially with reference to the all-important relationship with GOT entities.

From a review of background documents, the evaluation team has concluded that the idea of T-MARC Company was not supported either explicitly or implicitly in the initial RFP objectives or in AED's four objectives in both the original and revised contracts. The focus on establishment of the T-MARC Company seems to have been based on AED's proposal of an "enterprise" that would, *over time*, emerge as a commercial entity. If, as it appears, rapid establishment of a stand-alone company, with all management responsibilities rapidly transferred to Tanzanians, was the result of that proposal, the implications of that decision were not thoroughly analyzed by either USAID or AED.

The lack of congruity between project objectives and project design created considerable confusion. *The principal issue associated with this point is whether the T-MARC Company is intended to evolve into a commercial entity responsible for performing activities or into a national resource for social marketing for health with a capacity to coordinate the efforts of its implementing partners.* On this issue, the team found critical differences in opinion between staff and stakeholders, including members of T-MARC Company's Board of Directors and within the company. Accordingly, while AED has done a great deal of work on the core values of the company, it is necessary to clarify its vision and ultimate goal.

The emphasis on registration and launch of T-MARC Company one year from the start of the project considerably reduced the focus on capacity development. Indeed, it appears to the evaluation team that the emphasis of the project shifted away from the four technical objectives to setting up the structure for a Tanzanian entity. Little attention has been given to needs-based development of the T-MARC Company's capacity to serve eventually as a national resource for social marketing for health.

AED's role as a capacity development mentor for the T-MARC Company appears to have been de-emphasized. The evaluation team was concerned that as soon as the T-MARC Company was launched, responsibility for the project's four objectives was contracted out to it. If it is correct that USAID's early push in this direction played a large part in AED's rapid transfer of responsibilities to the T-MARC Company, it would have been prudent for AED to push back on USAID to ensure that there was common agreement on a realistic and feasible plan for attaining all four of the TO's objectives.

FUTURE DIRECTIONS 2009-10

Summarizing the recommendations proposed earlier with reference to each of the four technical and two administrative project implementation areas, the evaluation team proposes the following T-MARC Project focus for the 18-month duration of the project:

1. Consolidate marketing and communications initiatives into a single, focused program, supported by an innovative, systematic, and aggressive marketing plan for current products. This marketing approach should attempt fewer discrete activities and center on a sustained effort. Continuing assessment of how marketing and communications roll out in communities should be considered so that activities are tightly coordinated.
2. Put in place a systematic approach to clarifying expectations and measure the effectiveness and impact of the VAA Kondom and Sikia Kengele campaign in terms of the defined expectations. Use of a behavior change model, such as AED's BEHAVE or JHU CCP's P Process, to redesign the communications plan is strongly recommended. Expectations for each communications activity and how they will be achieved should be clear. It is highly recommended that the T-MARC Project prepare for an end-of-project evaluation that assesses the development, application, and effectiveness of both activities.
3. The evaluation team strongly supports the T-MARC Project's partnership objective as an important aspect that sets the project apart from other efforts. Unfortunately, the partnership focus has been overtaken by the financial aspects of contracting for marketing and communications services. It is highly recommended that the T-MARC Project prepare a short position paper for the company that clearly defines the relationship and sets out expectations. The next step would be to re-examine current commercial partnerships in terms of the establishing long-term contractual relationships with a limited number of partners, each of which will contribute to the company's growth and reputation. In some cases, this will mean reintroducing the company to private companies and re-establishing trust and interest.
4. The relationship with Shelys is a key issue. Most importantly, the T-MARC Company needs to be party to the contract. As long as the contract is with AED, company staff will not have any authority or credibility in resolving issues. It is also important that Shelys not be asked to provide services that are outside its current operations. If most of its packaging is automated, Shelys will never have any real interest in packaging DUME condoms. Insisting that a private partner take on something that is of little interest in an area where it has little expertise does not build effective relationships.
5. As part of the dynamic partnership objective, the T-MARC Project should re-examine current linkages with principal stakeholders within the GOT, the donor community, and the private sector. In any business development effort, priority should be given to working from a strategic plan to address current and emerging marketing issues and find solutions that will draw upon and enhance T-MARC

Company's capacity as a technical resource for social marketing. The company needs a business development plan and a systematic way to plan and track efforts with stakeholders.

6. While it is understandable that AED has focused its short-term technical assistance on establishing the T-MARC Company and on its operations, including support to the Board of Directors, little has been done to build the technical expertise of its program staff. During interviews with agencies, respondents consistently questioned the technical health and social-marketing-related competency of company staff. While the team found the staff to be proficient and professional, there is a great deal to do before the company evolves into the center of social marketing excellence that it aspires to be. Accordingly, the T-MARC Project should put in place a technical assistance plan that addresses the company's technical development needs. AED and T-MARC Company staff should start immediately on development and implementation of a needs-based staff capacity training plan rather than waiting for the final version of this report to be distributed.
7. A review and streamlining of administrative procedures to reduce T-MARC Company's reporting and documentation burden for the project should be an immediate priority. There are simply too many very small contracts that take an inordinate amount of time to process. Meanwhile, AED must be more responsive in making procurement both effective and efficient. This was the single most important administrative issue for T-MARC Company staff and is a significant impediment to achievement of the company and project goals and objectives. Africare or a similar firm with the necessary experience should be given responsibility for managing the small grants effort within the technical facility offered by the fixed obligation grant mechanism. Using this mechanism correctly will shift the emphasis from collection of myriad small receipts to product deliverables, where it rightly belongs.

FUTURE DIRECTIONS: 2011 AND BEYOND

If the T-MARC project succeeds in addressing the six near-term activities by August 2010, the evaluation team believes that the concept of the T-MARC Company deserves continued support from USAID and AED to reach its full potential as a Tanzanian resource for social marketing. It is recommended that the four objectives of the current project continue, with special attention to the following:

- The T-MARC Project should continuously update its business plan. The current effort is commendable, but the intentions of the nascent company need to be challenged by a detailed analysis of the market, addressing where the T-MARC Company can step in and fill current gaps; what competition exists; what resources are available; and, especially, what are the anticipated costs of running the company. The revised plan should rationalize current human resources, especially in terms of the sustainability of salary levels, a detailed market analysis, and a workable and human resources development plan. The company should place itself in a position where it can choose technical support and agreements from a number of agencies. In the interest of fostering a fair and balanced procurement process, the T-MARC Company may want to consider reducing its formal linkage with AED, especially the current representation of AED staff on the Board of Directors. The company could nevertheless come back to AED with specific technical problems.
- Respondents during the evaluation indicated that sustainability, in the context of the T-MARC Company's future, should be taken to mean that the company is fully recognized throughout Tanzania as a national resource for social marketing in health. To do so, the company will need a core staff whose skills and experience in the aggregate offer clear evidence that the company is truly capable of taking on the responsibility of being a coordinating agency for emerging social marketing health initiatives. In addition, the company will need to exemplify solid administrative and financial management skills and to acquire a reputation as effective, efficient, and transparently governed. At this early stage, the T-MARC Company has not yet had time to fully develop this capacity; nor should it be expected to be able to do so in the remaining 18 months of the current contract. Accordingly, the team recommends that USAID give serious consideration to continued support of

the T-MARC Company for the next five years so that it can reach its full potential. Meanwhile, during the remaining 18 months, the company should focus its efforts on quality execution of its current initiatives and on working with AED to build the technical and administrative skills of its staff.

- The T-MARC Company should examine and, where necessary, update its administrative and finance procedures so that it continues to be run efficiently. Annual external audits should be considered a necessity.
- Company staff has devoted time and energy looking for new products, especially those that would provide some return to project funding. The evaluation team can assure the T-MARC Company that there are no cash cows waiting to be discovered, but that there are a number of new products and technologies with real potential. However, a more aggressive product expansion supported by a communications program should wait until the next phase of the project.
- The need for innovation in all areas should be a constant theme as the T-MARC Company looks to the future. The company must develop a culture of curiosity about new developments in social marketing and communications, constantly seeking out new contacts and resources. Continued attention to building staff technical expertise is the only way to establish the company as a leader in the field.
- While a great deal has been written about public-private partnerships, and the field does have great potential, this is not necessarily an easy way to develop revenues or financing for the future. Nevertheless, it is an important area for T-MARC Company to explore. The company should look strategically at the commercial sector for the next round of agreements, similar to that with Shelys Pharmaceuticals. In sum, the future of the company rests on its ability to expand upon established commercial and social marketing partnerships
- Starting now, but especially after 2010, the T-MARC Company will need an aggressive, innovative, company-specific marketing plan to promote its role to the stakeholder community. Emphasis on ways the company can build the quality of its relationships with the GOT should be a focus for both the present and the future of the company.

VII. SUMMARY

The evaluation team centered its work on the credibility of the T-MARC concept, the Tanzania market, and the professionals who have built the company. Without reservation, the concept is good and the potential is there. The company management team now needs to step back to reflect, and then act upon, what it will need to do to make the T-MARC Company a truly dynamic force. Toward that end, the team will need to focus on evidence-based development of systems that work and on increasing and maintaining each team member's technical knowledge in a changing and evolving competitive market.

Despite difficulties, the T-MARC Project has persevered, with credible results. Its products are in kiosks and pharmacies, and Tanzanians are buying them. The communications campaigns are in the public eye. There are areas for improvement but the core of the T-MARC Company is there.

The T-MARC Project must focus on addressing current restraints during the coming 18 months. Its objectives remain credible. The setbacks at the start of the project had little to do with the concept itself, and the effort over the past two years has been impressive. By the end of the current project the T-MARC Company will not yet be able to stand as a totally sustainable institution; nor should it be distracted from its program responsibilities by trying to do so. The evaluation team is convinced that enough time remains for the T-MARC Project, the T-MARC Company, and AED staff to address the areas for improvement identified in this report and to work toward building the company's internal capacity as a national coordinating resource for social marketing for health. However, because by the end of the project in 2010 the company will have had scarcely three years to achieve this long-term goal, the evaluation team would encourage USAID to consider support beyond 2010 so that the T-MARC Company can reach its full potential.

ANNEXES

T-MARC PROJECT MID-TERM EVALUATION January - February 2009

LIST OF ANNEXES (Included on Separate Disk)

- E1 USAID T-MARC framework
- E2 T-MARC PERFORMANCE MONITORING PLAN (October 2005)
- E3 T-MARC Project achievements versus cumulative targets (graph)
- E4 T-MARC Project performance assessment end of 2008 (table)
- E5 T-MARC Annual targets
- E6 Social marketing products sales
- E7 Notes on targets: definition and quantification
- E8 Local partnerships summary
- E9 Dynamic cooperation summary
- E10 Subgrants to NGO through Africare: Communication activities
- E11 T-MARC project revised budget (ending 08 31 2009)
- E12 T-MARC project accrual worksheet
- E13 AED Short Term Technical Assistance Summary
- E14 Evaluation methodology
- E15 Evaluation Interviews: Discussion Guideline: General
- E16 Evaluation Interviews: Discussion Guideline:USAID
- E17 Interview Summary Format
- E18 List of T-MARC Evaluation Respondents
- E19 Bibliography
- E20 Workplan Schedule
- E21 T-MARC Project Results Framework
- E22 Tanzania Health Indices

For more information, please visit
<http://www.ghtechproject.com/resources/>

Global Health Technical Assistance Project

1250 Eye St., NW, Suite 1100

Washington, DC 20005

Tel: (202) 521-1900

Fax: (202) 521-1901

www.ghtechproject.com