

Evidence-based social marketing in Afghanistan and Nepal: Using data to improve efficiency and effectiveness

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- Background on SHOPS Plus
- Use of data in social marketing in Nepal
- Use of data in social marketing in Afghanistan
- Conclusions

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus

- USAID's global flagship initiative in private sector health
- Purpose: Increase use of priority health services through the strategic expansion of private sector approaches in the health system
- Family planning, maternal and child health, HIV, TB
- Led by Abt Associates



SHOPS Plus supports evidence-based social marketing

Nepal Contraceptive Retail Sales (CRS) Company

- Funded by USAID since 1976 to socially market health products
- FP products: condoms, oral contraceptives (OCs), injectable contraceptives (ICs), emergency contraceptives (ECs)



Afghan Social Marketing Organization (ASMO)

- Funded by USAID since 2008 to socially market health products
- FP products: condoms, oral contraceptives (OCs), injectable contraceptives (ICs)



Use M&E data for decision making

- Tailor M&E/research questions and results to current program management needs and context
- Engage program
 management team to
 develop specific, actionable
 recommendations based on
 results



Nepal: Rural product availability

Are CRS FP products available in rural areas?

 In rural areas, density of retail outlets and CRS product availability unknown



Afghanistan: Stockouts and prices

Are ASMO central level stockouts affecting retailers?

ASMO had stockouts at central warehouse

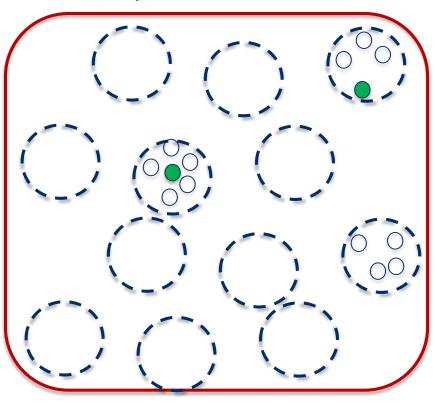
Are retailers selling products to consumers at ASMO's recommended prices?

- No consumer price regulation in Afghanistan
- ASMO sells products to retailers at subsidized prices, unclear if subsidies passed on to consumers

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Distribution coverage monitoring surveys, using lot quality assurance sampling

- In each project region, randomly select 19 enumeration areas (EAs).
- EAs are wards in Nepal, market centers in Afghanistan.
- Survey all retail outlets in EA.



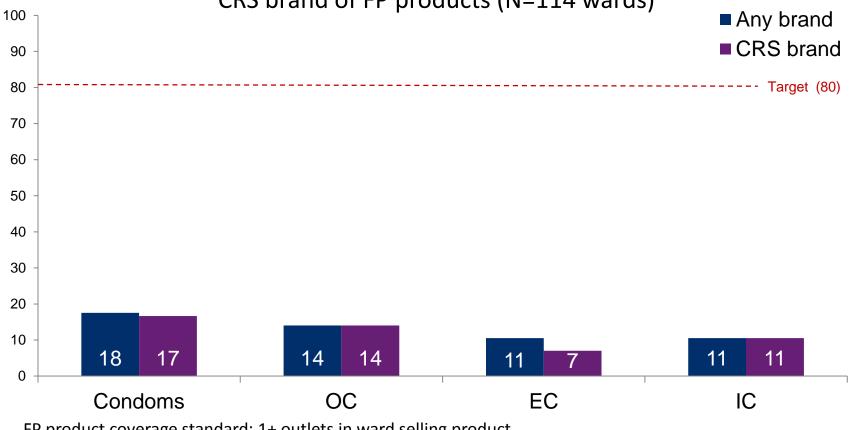
- In Nepal (rural) standard for all products was at least one outlet in an EA (ward) should have product.
 - Two EAs pass
 - One fail
- Target: At least 80% of EAs pass
- Availability standards vary by product, urban/rural, country

Nepal

Are CRS FP products available in rural areas?

Very few wards had even one outlet carrying family planning products

Current Stock: % of wards with at least one outlet stocking any brand or CRS brand of FP products (N=114 wards)



FP product coverage standard: 1+ outlets in ward selling product

Lack of pharmacies in rural areas contributes to low family planning availability

- Most FP products (OCs, ICs, ECs) can be sold only in pharmacies
- CRS focuses its product distribution on pharmacies
- Mean number of pharmacies per ward <1
 - Only found 30 pharmacies total across all 114 wards included in survey
 - 89 wards (out of 114) had no pharmacy



Program team used M&E findings to improve CRS' FP product availability in rural areas



- Focus resources on market centers, with more pharmacies and retail outlets, where most people go to shop
- Consider new distribution strategies for FP products
 - Community-based distribution model
 - Consider obtaining special permission to sell OCs, ECs, ICs in non-pharmacy outlets in remote areas

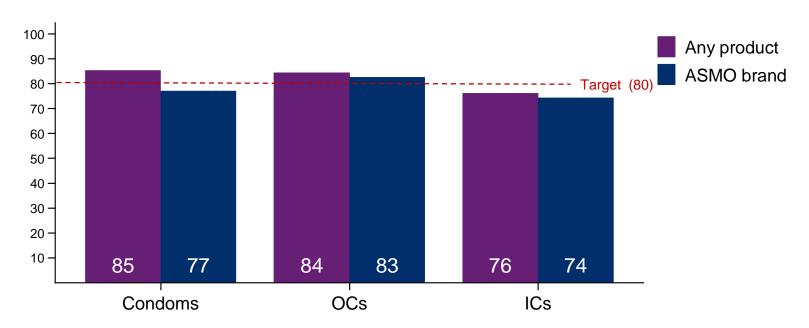
Afghanistan

Are ASMO central level stockouts affecting retailers?

Are retailers selling FP products to consumers at recommended prices?

Many outlets usually stock FP products

Potential Stock: % of market centers where # of outlets that currently or usually stock any brand or ASMO brand of FP product meets standard (N=109 market centers)



Condom/Asodagi Coverage Standards: Urban: 7+ outlets; Rural: 3+ outlets OC/Khoshi OC Coverage Standards: Urban: 7+ outlets; Rural: 4+ outlets IC/Khoshi IC Coverage Standards: Urban: 5+ outlets; Rural: 2+ outlets

But stockouts are common

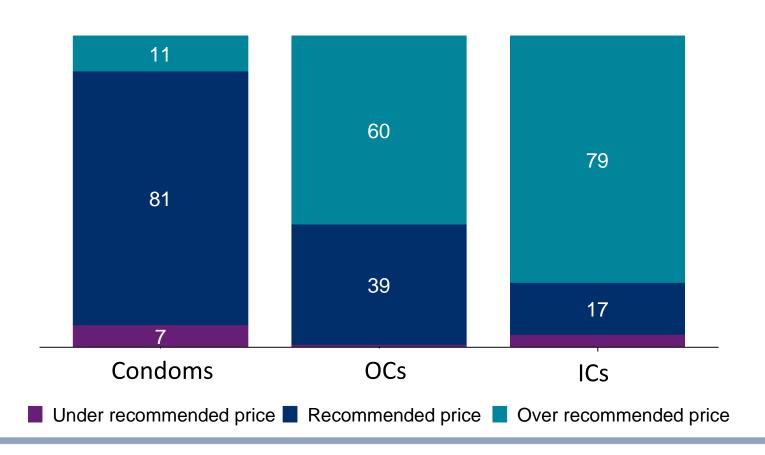
Consistent Stock: % of market centers where # of outlets stocking any brand or ASMO brand of FP product without a stockout in the last 3 months meets standard (N=109 market centers)



Condom/Asodagi Coverage Standards: Urban: 7+ outlets; Rural: 3+ outlets OC/Khoshi OC Coverage Standards: Urban: 7+ outlets; Rural: 4+ outlets IC/Khoshi IC Coverage Standards: Urban: 5+ outlets; Rural: 2+ outlets

Most retailers sell ASMO brands of OCs and ICs above recommended price

% of outlets selling ASMO brand of FP products at low, recommended, and high prices



Key recommendations to increase ASMO's efficiency and effectiveness

- Stockouts at central level have affected retail supply
- Focus on consistent supply of FP products to outlets ASMO currently distributes to:
 - Improve central procurement systems
 - Improve monitoring of stock levels at district/supervision area levels
- Increase recommended prices of OCs and ICs
 - Conduct more research to determine appropriate price increase
 - Generate more revenue for ASMO, improve cost recovery

Conclusions

Data supports social marketing objectives

- Tailor M&E/research questions to current program management needs and context
- Develop specific, actionable recommendations based on M&E findings





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