

CONTRACEPTIVE SOCIAL MARKETING, INDIA

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The Project

The project involved marketing condoms and oral contraceptive pills at subsidised prices in 6 states in northern India, with the aim of increasing contraceptive prevalence through the use of temporary methods. It was undertaken by an Indian NGO, Parivar Seva Sanstha (PSS), an associate of Marie Stopes International (MSI), and was funded through ODA's Joint Funding Scheme (JFS). ODA provided £500,000 between 1989 and 1995 for the purchase of contraceptive materials, while the cost of marketing and distribution was met by the Ford Foundation and from sales proceeds.

The Evaluation

The evaluation was undertaken in April 1995 by a team comprising consultants in economics, social development and contraceptive social marketing. The findings and lessons will be included in a forthcoming synthesis of population projects.

Overall Success Rating

The project is judged to have been *partially successful*, and to have achieved some significant benefits in relation to costs. It performed well in terms of cost-effectiveness and cost management, reasonably well in terms of institutional strengthening, but less well in developing marketing capability and in reaching the lowest income groups. Sustainability will depend on continuing external financial support.

The Main Findings

- Implementation concentrated on achieving sales targets, and the project's main achievement was to sell over 44 million condoms and 776,000 cycles of oral pills, against targets of 45 million and 550,000, respectively. There was, however, less emphasis on achieving and measuring the objectives of raising contraceptive prevalence and awareness, or on consumer marketing, which should be a major component of a CSM programme.
- Insufficient funds were made available for marketing, which limited the development of consumer awareness and brand loyalty, and in particular failed to make a breakthrough in sales of the pill. The failure to create consistent consumer demand in the original areas of operation meant the project had to keep expanding

into new geographical areas in order to meet sales targets, which stretched human and financial resources. During the later years of the project, PSS moved into smaller, rural settlements. This paid off in terms of regular sales, and has increased choice and availability for new consumers in areas not well served by other brands, though adding to the problem of stretched resources.

- The research programme intended to monitor progress and refine strategies was dropped due to lack of funds, and there were no other mechanisms for regular feedback from consumers.
- It is thus not possible to identify the characteristics of consumers or to measure the increase in prevalence, that is to assess the number of genuinely new acceptors reached by the project. What information is available suggests that condoms were bought by low-to-middle income groups, and the pill by reasonably well-educated, middle-income groups. The fact that sales are made through retail outlets makes it impracticable to confine the benefits of CSM projects to the poorest. Particular social groups may be targeted through marketing campaigns (for which there were inadequate funds in this project), though financial viability will require this to be supplemented by mass sales in more populous areas.
- The project improved women's practical gender needs by increasing physical access and choice to temporary contraceptives, but the impact was limited by not taking into consideration the social, economic and cultural factors which ascribe family planning decisions to men and prevent women from purchasing contraceptives.
- The programme could only become financially self-sufficient if sales volumes were three or four times higher, which would require a major, and risky, investment in marketing and in additional project staff. Moreover, a rapid increase in turnover could realistically only be achieved by concentrating on the larger urban markets, and competing with other CSM organisations for market share. This would negate PSS' achievements to date in developing new markets and new consumers in smaller population centres. If this is to remain a CSM programme with developmental objectives, it will require ongoing financial support.
- Even though revenues fall well short of costs, the project has been relatively cost-effective, supplying family planning services at a cost of £2.05 per couple-year of protection (CYP). The cost of ODA support has been 82 pence per CYP.

Lessons

- Social marketing projects need to include detailed distribution and marketing plans and adequate marketing funds to achieve target sales. Project preparation and appraisal should involve a social marketing specialist.
- Monitoring systems, evaluation methods and performance indicators should be defined at the design stage, and agreed with the implementing agency. They should be capable of measuring the achievement of defined objectives, not simply

volume sales. Alternatively, objectives should be limited to those for which achievement can be measured in a cost-effective way. In situations where an intermediary organisation is involved in managing a project, its role and inputs should be clearly agreed at the outset.

- CSM projects need to take social, gender and quality of care issues into consideration in the design, implementation and management processes, as there is a risk that these concerns become marginalised in the drive to achieve sales.
- Where products are sold through retail outlets, benefits cannot be limited to specific groups (e.g. poor people). There may, however, be some scope for reaching such groups through targeting of advertising and marketing campaigns, and by careful choice of distributors and stockists.
- Even though it is not possible to target the poor, well designed CSM projects offer a cost-effective solution to improved access to contraception, and are appropriate for the JFS. Such projects, however, may require a longer term approach than the maximum of five years funding which is generally permitted.