

Pakistan: Family Planning Programme (Social Marketing of Contraceptives) II

Ex-post evaluation

OECD sector	13030 / Family Planning	
BMZ project ID	1) 1996 65 092 – Investment in fixed assets 2) 1996 70 233 - Personnel Support	
Project-executing agency	Social Marketing Pakistan (SMP)	
Consultant	Population Services International (PSI)	
Year of ex-post evaluation	2004	
	Project appraisal (planned)	Ex-post evaluation (actual)
Start of implementation	3rd quarter 1996	3rd quarter 1996
Period of implementation	(1) 42 months (2) 36 months	(1) 42 months (2) 36 months
Investment costs	(1) EUR 9.41 million (2) EUR 1.53 million	(1) EUR 9.61 million (2) EUR 1.53 million
Counterpart contribution	(1) EUR 1.49 million 2) -	(1) EUR 1.69 million 2) -
Financing, of which Financial Cooperation (FC) funds	(1) EUR 7.92 million (2) EUR 1.53 million	(1) EUR 7.92 million (2) EUR 1.53 million
Other institutions/donors involved	-	-
Performance rating	2	
• Significance / relevance	2	
• Effectiveness	2	
• Efficiency	2	

Brief description, overall objectives and project objectives with indicators

The aim of the programme was a better supply primarily for the poor population living in urban and urban peripheral areas with hormonal contraceptives and condoms. This was to contribute to reducing the birth rate while ensuring individual freedom of choice (overall objective). The programme measures comprised the supply of hormonal contraceptives (injectables to be administered once every two months and oral contraceptives) and condoms as well as ensuring their distribution, sales promotion activities and the intervention of an implementation consultant. Under a complementary measure, training was offered to private doctors, pharmacists and other persons working in the health sector in order to ensure that adequate advice is provided to the users.

No indicators were set to determine the achievement of the overall objective. The achievement of the programme objective was to be measured by the following indicators (minimum sales figures) at the end of the implementation period of three and a half years.

- 0.8 million cycles of a low-dose oral contraceptive (corresponding to 61,100 couple years of protection/CYP)

- 0.2 million doses of injectable contraceptives to be administered every two months (corresponding to 40,500 CYP)
- 52.6 million condoms, of which 50.4 million of the Sathi brand and 2.2 million of the Touch brand (corresponding to about 526,000 CYP)

In addition, the rate of women who stop using hormonal contraceptives was to be reduced to significantly below 50%.

Programme Design / Major Deviations from the original Programme Planning and their main Causes

On the basis of the experience gained from the previous FC population programme (Social Marketing of Contraceptives – 1994 65 006/1994 70 360) German FC supported the national NGO Social Marketing Pakistan (SMP) in supplying the population with contraceptives, mostly in urban and urban peripheral areas. The NGO was advised by the internationally experienced social marketing agency Population Services International (PSI). SMP sells the condoms, which are procured on the basis of international tenders, at affordable prices via wholesalers and retailers that are established on the market and creates particular incentives for the sellers and doctors to encourage large sales. Social marketing projects make use of methods developed in the commercial sector, such as the development of brand names, marketing campaigns, research and development, distribution, franchising, services networks, etc. in order to achieve social goals. Social marketing products distributed along private distribution channels and the health sector are subsidized so that lower income groups can afford to buy them. In addition to two brands of condoms, hormonal contraceptives are also being marketed via the so-called Greenstar Network. The network provides advice to general practitioners in private practice and midwives in large and medium-sized cities, promotes the exchange of experience between them, organizes training measures and offers a hotline for advice.

The close cooperation with the DFID which was intended at the time of project appraisal was limited to the determination of a price range for supply prices and a commitment not to act in competition with regard to training measures organized for service providers. The low level of cooperation was due to differences in terms of marketing strategies, target groups and prices for hormonal contraceptives.

The planned results were mostly achieved in time and in a professional manner. Meanwhile, SMP is marketing more than ten products under the name of Greenstar, among which contraceptives, medication, medical materials, food products and training programmes. In 1998, the German Federal Ministry for Economic Cooperation and Development (BMZ) agreed to include the marketing of condoms as an additional measure into the programme. Moreover, SMP financed coils and intrauterine pessaries from the sales revenues with our consent in order to extend the range of contraceptives on offer.

According to this changed concept, the target/performance comparison for the component “supply and marketing of contraceptives” was the following at the end of programme implementation in 2001:

	Appraisal report 1996	Progress review 1998	After project completion 2001
Sales of contraceptives			
– oral	6.1 million monthly cycles	0.8 million monthly cycles	1.3 million monthly cycles
– injectable	2.4 million vials	0.2 million vials	0.5 million vials
– condoms	./.	52.6 million condoms	92.4 million condoms
– intrauterine pessaries	./.	./.	0.06 million units
Couple Years of Protection (CYP)			
– oral	about 450,000	about 61,100	about 100,000
– injectable	about 400,000	about 40,500	about 100,000
– condoms	./.	about 526,000	about 924,000
– intrauterine pessaries	./.	./.	about 210,300

No data was collected with regard to the indicator “the rate of women who stop using hormonal contraceptives decreases significantly below 50%”.

The FC funds for the investment in fixed assets were fully disbursed. Remaining funds in the amount of a good EUR 14,000 (personnel support) will shortly be spent for consulting services of PSI. We have no knowledge of any misappropriation of funds.

Key results of the impact analysis and performance rating

Overall conditions and sectoral context

The Pakistani government took a great step forward in coming to grips with its population problem by formulating its first clear population policy in the year 2002. The aims of this policy were to reduce the annual population growth rate to 1.9% in 2004 (following 2.1% in 2002 and about 3% p.a. on average in the 1990s). Since the mid-1990s the birth rate has decreased from 5.4 (1994) to 4.5 (in urban areas to 4.0) in 2001. A corresponding standard package “reproductive health” was developed together with the Health and Population Ministries. In the past years acceptance of family planning significantly increased among the population. The demand for family planning services is high, particularly among the urban population, and the unmet demand is currently more than 30% according to recent estimations. However, due to the low efficiency in particular of a large number of rural health institutions, the quality of the family planning programme is inadequate in many areas.

The government is attributing particular importance to the role of social marketing, as well as to the cooperation between the public and the private sector (public-private partnership). A national social marketing policy, however, is still missing.

Project-Executing Agency SMP

In 2003, the project-executing agency SMP had a staff of 175 and 6 branches all over the country. SMP has developed from a product-oriented to a service-oriented organisation and since its consolidation in the mid-1990s it has established efficient management systems which have contributed to the professionalisation of its work since it is now able to operate more systematically. SMP uses a sophisticated system to recruit and qualify staff. It is highly committed in the field of quality control and training of staff of the marketing organisations. These efforts resulted in the development of a complex training and supervision programme for the members of the Greenstar Network.

Classification into the DAC categories

The success of the project (increase in sales figures, use of medical services since 1995) is reflected by the willingness of the poorer income groups to pay for family planning services. It is assumed that at least half of the users belong to poor population groups. The strength of social marketing consists in its outreach to an urban lower middle class. It is supposed, however, that around 30% of all condoms that are actually intended for the urban market also reach rural regions. The project improved the living conditions of the poor population and is assigned to category SUA (projects directly oriented to poverty reduction). Additionally the private service providers of the Greenstar Network benefited from the project as beneficiaries and intermediaries.

In showing various options and methods to women and advising them on family planning the project significantly increased their scope for action and decision-making. This was an important concept of the programme (classification into the gender category G1). However, since 2001 Greenstar has also been implementing programmes for men at their workplaces to motivate them to support family planning.

The project did not have any noticeable impact on participation or good governance (PD/GG0). No negative environmental impacts can be observed. The programme did not aim at any environmental objectives (category UR0).

Efficiency and cost recovery

The cost of one year of contraception (couple years of contraception - CYP) is an important parameter to measure the efficiency of family planning programmes. Measured by the cost per CYP, the project was highly efficient. SMP showed that the cost of the products it markets is one fifth lower than the cost of public health services. In a global comparison with 60 social marketing organisations, SMP had the lowest cost per CYP (EUR 4.92). Still, improved cost recovery remains an important target of SMP: the prices to be paid for condoms of the Touch brand are cost-covering (particular design for a better-off target group). Additionally, Greenstar charges a franchising fee to some clinics which offer a particular scope of services. Nevertheless, SMP primarily selects the products and services in order to supply a low-income target group and therefore full cost recovery is impossible to be achieved for the time being. Consequently, SMP continues to depend on external donor support.

Structural impacts and sustainability

The aspired marketing objectives – and thus the couple years of protection – were exceeded; the market share of SMP/Greenstar contraceptives (all methods, public and private sector) is 25%. Other suppliers have not been forced off the contraceptives market. On the contrary, it can be assumed that the improved acceptance of family planning products – due to the information campaigns organised under the project – also resulted in sales increases for other sellers of contraceptives. The distribution of contraceptive brands by numerous private sales outlets and the Greenstar Franchising Network significantly contributed to increasing the use of contraceptives in Pakistan. Since 1995, more than 12,000 private offerers have been trained in family planning and more than 1,500 in the treatment of sexually transmitted diseases and further services in the field of reproductive health. This is also due in large parts to the complementary measure. The use of the family planning offer of private clinics has increased within the framework of the franchising network: from 1.8 family planning clients per week in 1997 to an average of 16 in 2001. Thus, the project set the conditions for improving reproductive health.

The project contributed to the development of the medical infrastructure – also taking into account poor population groups. The private practices supported by SMP/Greenstar offer better quality services than the public sector and are affordable for most women. By establishing training programmes SMP contributed to the establishment of structures in the reproductive health sector.

The project had a broad-scale effect on the sector due to its high market share in the field of contraceptives, the development of quality standards and corresponding training programmes – which are also available to the public sector – as well as the comprehensive information campaigns. With its sophisticated management systems and its innovative approach, the project serves as a model and is replicable in other countries and regions, provided that it is adapted to the respective socio-cultural contexts.

SMP's status as an acknowledged national organisation, the network "Greenstar Social Marketing" and the sales and distribution figures achieved so far are essentially a result of the financial support obtained from German FC. The FC population programme II (EUR 4.09 million – 1998 66 450) ensured the continuity of the supply of the target group with contraceptives (2001-2003). As it is unlikely that the programme costs as well as the cost of the contraceptives will be fully covered from other sources in the coming years (public funds, sales revenues) and the sales revenues from the sale of condoms are rather negligible, the project will continue to depend of external funds. Since 2004, USAID, DFID and UNFPA have been supporting the project-executing agency in supplying contraceptives and Hewlett and Packard have been financing the administrative costs of SMP to a limited extent. In the medium-term SMP will be able to keep up its performance as long as it receives support funds and is able to diversify its financial base, not only by acquiring various donor funds, but also by generating its own capital. In the years to come SMP will have to decide to what extent this can be done through fees, the sale of advisory services to non-governmental organisations or through other measures.

Assessment from a developmental perspective

The project exceeded the defined goals by far. The marketing objectives and the number of couple years of protection are clearly above the intended targets. The market share of SMP products is 25% and other suppliers were not forced off the market. Therefore the project's effectiveness is classified as high/ very high (rating 1).

The project's efficiency has considerably improved since the start of the programme. This is mainly reflected in the cost per CYP, which is very low in international comparison. Cost recovery was acceptable in the past but it should be adequately increased as planned in the future. Therefore, we classify the project's efficiency as satisfactory (rating 2).

We assign the project a high significance. This may be derived from the increase in national contraceptive prevalence during the time of implementation of the programme to which SMP contributed with its high market share in the field of contraceptives and its service network. It is plausible that the project contributed to achieving the overall objective. The birth rate decreased in the past years. The project has great relevance for development policy and we rate the project's significance/relevance as satisfactory (rating 2).

Overall, we rate the developmental effectiveness of the Family Planning Programme II as satisfactory (rating 2).

General Conclusions and Recommendations

The success of social marketing programmes is essentially measured by the increasing cost recovery ratio. Initially such programmes were implemented in densely populated urban and urban peripheral areas. Within the framework of poverty reduction it is increasingly being expected that social marketing projects extend their target group to the rural poor population. This leads to a reduced efficiency and thus reduced cost recovery due to the preparation of new

sensitisation strategies, longer distribution routes, lower purchasing power of the rural population and an only slowly increasing degree of acceptance of family planning. Governments and donors should be aware of these more difficult framework conditions and the implicit consequences (higher need for financial assistance).

Abbreviations

CYP	Couple Years of Protection (number of years of contraceptive protection)
DFID	Department for International Development
IUD	Intrauterine pessaries
NGO	Non-governmental organisation
PSI	Population Services International (Consultant)
SMP	Social Marketing Pakistan (project-executing agency)
UNFPA	United Nations Population Fund
USAID	United States Aid for International Development

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

Criteria for the Evaluation of Project Success

The evaluation of the "developmental effectiveness" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- Are the **project objectives** reached to a sufficient degree (aspect of project **effectiveness**)?

- Does the project generate sufficient **significant developmental effects** (project **relevance** and **significance** measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?
- Are the **funds/expenses** that were and are being employed/incurred to reach the objectives **appropriate** and how can the project's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of the project conception)?
- To the extent that undesired **(side) effects** occur, are these tolerable?

We do not treat **sustainability**, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms, or to carry on with the project activities on their own and generate positive results after the financial, organisational and/or technical support has come to an end.