

## Social Marketing – Consultative Monitoring Group

### Minutes of the meeting held on 3 November, 2005, Port-of-Spain, Trinidad

#### Present:

Hans Moerkerk (Chair)	UNAIDS		
Elizabeth Beachy	PSI / DR	Cheryl Gopaul	CIDA
Daniele Brady	CIDA/Guyana	Kai Gesing	KfW
Carl Browne	PANCAP	Michel de Groulard	UNAIDS/Guyana
Robert Carr	CVC	Ayana Hypolite	PANCAP
Vandana Chinnakotala	CARISMA/EMG	Helen Jenkinson	EU
Angela Davis	USAID/Barbados	Malcolm McNeil	DFID
Joan Didier	OECS RCM/AIDS Action Foundation	Suzette Moses-Burton	NAP-St.Maarten/ CRN+
Kala Dowlath	CCNAPC	Amrita Paul	CIDA
Edward Emmanuel	PANCAP	Andrea Plautz	PSI/Washington
Pamela Faura	PSI/Eastern Caribbean	Neil Price	CARISMA/Options
Claudette Francis	CLCHA/CVC	Carmen Schickinger	KfW
Elizabeth Gardiner	CARISMA/Options	Annegret Spellenken	GTZ
Damani Goldstein	Intl. HIV/AIDS Alliance	Vania Vega-Ojopi	KfW
Ernest Massiah	International Development Bank/PANCAP	Adrian White	CARISMA/Options

#### Apologies received from the following organisations:

CAREC	NAP/Barbados
CARICOM	Netherlands Embassy (Trinidad)
Center for Disease Control	PAHO
CHRC	UNFAP Jamaica
Clinton Foundation	USAID
German Embassy (Trinidad)	UWI
GFATM	World Bank

## 1. INTRODUCTION

Hans Moerkerk (HM) welcomed everyone to the 2<sup>nd</sup> CMG meeting. He was pleased to advise that following previous efforts to highlight the need for Social Marketing in the Caribbean good progress had been made over the last year with PANCAP support for Social Marketing (SM) initiatives and funding being committed by KfW/CIDA (and GFATM). This was the first opportunity to report real progress on concrete activities by donors, SM implementers and the Regional Consultant.

## 2. IMPLEMENTER UPDATES ON SOCIAL MARKETING ACTIVITIES

### 2.1 The CARISMA Project

Elizabeth Gardiner (EG) introduced the Caribbean Social Marketing to HIV/AIDS Prevention programme (CARISMA) supported by PANCAP/KfW/CIDA. It is a €6 million regional programme that will sub-contract SM organisations (SMOs) in several countries (presently Dominican Republic (DR), Haiti and possibly Guyana and Cuba), undertake monitoring of the SM programmes, conduct research to support the country

programmes, share knowledge and information and address stigma and discrimination. Options Consultancy Services (Options) in association with Emerging Markets Group (EMG) are the Regional Consultant contracted to implement the programme now known as CARISMA. CIDA has funded PSI/Eastern Caribbean to implement SM in the OECS countries plus Barbados and Trinidad and Tobago. The principal role of CARISMA is to monitor the processes and outcomes of this programme. In this programme the focus is on generic condom behaviour change communication rather than SM of a particular branded condom. In the DR, Population Services International (PSI) is collaborating with 10 NGOs to implement the programme, which is a unique example of partnership.

CARISMA will promote the Total Condom Market (TCM) - see <http://www.carisma-pancap.org/Activities/totalcondom.shtml> - within the regional programme. CARISMA has so far achieved: visioning workshops in eight countries focused upon the TCM and behaviour change framework; tender processes for the DR and Haiti: signed a contract with an SMO for the DR; developed an approach to tracking the TCM including commercial brands; launched the CARISMA website; presented a draft research and monitoring plan.

### **2.2 PSI/Eastern Caribbean Social Marketing programmes**

Pamela Faura presented the programme she is implementing in the 14 Caribbean countries with several donors (CIDA, PANCAP/Global Fund and possibly the World Bank). She advised that the programme had grown substantially in size and complexity since its inception. The very different countries they operate in meant that it was necessary to adapt the behaviour change communication (BCC) model/approach to each country situation. She advised of further expected expansion to Montserrat and then Suriname. PSI/Eastern Caribbean had benefited from work undertaken by the International HIV/AIDS Alliance with men-who-have-sex-with-men (MSM) in developing peer education among this group. Further work is necessary to move forward with commercial sex workers (CSW). A key difficulty is that many risk groups do not self-identify for instance as MSM. Potential NGO partners with the strongest capacity mainly work with youth and the general population. PSI's interpersonal BCC programme is not focusing on youth as such, as much work was already being done, and within youth organisations such as National Youth Councils, young people in marginalised groups often do not disclose.

Visioning had been conducted in 10 countries. Only Sint Maarten has a national condom policy in place. A key issue to address is tax exemption on condoms in order to bring down the price. The focus on policies was not part of the CIDA-funded ECSMI programme. Joan Didier advised that the OECS Regional Coordinating Mechanism (RCM) would be looking at a policy for introducing tax free status on condoms.

### **2.3 PSI/Dominican Republic Social Marketing programme**

Elizabeth Beachy (EB) presented on the TCM and NGO partnership approach adopted within the DR's SM programme. PSI/DR has analysed the potential condom needs in the country, condoms available by brand and estimated the total condom market growth between 2005 and 2008 by public, commercial and social marketed condom sectors. This indicated that the greatest capacity for growth was in the C band socio-economic status served by Profamilia. Overall projected growth of the total condom market is 34% by 2008. This will be achieved through demand creation via the mass media, promoting mid-range price brands (Profamilia) and targeting marginalised populations (*bateyes*). Targeting of marginalised populations is to be achieved through an effective model of condom distribution through NGOs who have existing relationships with the target groups, SM experience and agreed geographic areas for condom distribution. In the new

KfW-funded programme a similar NGO model will be extended to *bateyes*. New brand and pricing strategies will be developed, condom tax exemptions advocated and BCC activities for *bateyes*, CSWs, their clients and youth developed and strengthened.

### **3. DONOR UPDATES ON SOCIAL MARKETING**

Carmen Schickenger advised that after seven enjoyable years working in the region for KfW, she has now moved to a new position. She introduced a new team headed by Kai Gesing (Senior Health Programme Adviser) and Vania Vega-Ojopi (Project Manager) who are now responsible for the SM programme.

She thought that the presentations from the DR and Eastern Caribbean were good approaches that demonstrated the use of local NGO capacity and provided models of best practice for PANCAP for implementation of SM in the region. The CARISMA programme intends to support the scale-up of stigma and discrimination interventions but KfW can only provide financial rather than technical cooperation. KfW was interested in opportunities such as for instance “Champions for Change” that might have potential to be supported by the programme. Another idea that had emerged from previous discussions with PANCAP, CIDA, UNAIDS and GTZ was the development of a conceptual framework as a basis for SM in the region. KfW is liaising with the World Bank (WB) and GFATM on this issue. A draft ToR has been developed and a suggestion has been made to integrate work on the SM framework within the overall review of PANCAPs HIV/AIDS Strategic Framework planned for 2006.

Helen Jenkinson mentioned that a €6 million EU-funded programme was being prepared to incorporate both prevention and stigma and discrimination in the Dutch and British Overseas Territories. They envision that the project will be managed through PAHO.

Cheryl Gopaul (CG) introduced the CIDA team and advised that the CIDA team would be augmented with experts in results-based management and gender. She also briefed the group on the bilateral programmes in Haiti and Guyana that have significant HIV/AIDS components. CG mentioned several other CIDA programmes in the Caribbean emphasising the importance of sharing relevant knowledge and information. For instance, one programme implemented by the Caribbean FPA targets youth and includes peer education and aspects of SM; another with the Caribbean Council of Churches is addressing stigma and discrimination.

All donors were encouraged by the progress made since the last meeting to increase access of vulnerable groups to condoms through SM.

### **4. COLLABORATION ON SOCIAL MARKETING**

#### **4.1 Regional Social Marketing Special Studies**

Neil Price (NP) advised that under CARISMA SMOs will undertake a range of routine studies and tracking exercises to monitor SM. In addition, CARISMA’s research team recommended four special regional studies be considered, in order to draw regional comparisons to inform strategic decision-making about SM investments and assess impact and effectiveness. The four studies proposed, pending agreement with the SMOs and donors, are: *Participatory Ethnographic Evaluation & Research (PEER)*; *the Total Condom Market, Condom Access & Affordability* and comparison of *Branded Product vs Generic BCC*. He advised that PEER would focus on transactional sex and condom use dynamics in relation to “trusted partner”. These studies would be among specific

communities, e.g. sex workers, migrants and youth. In preparation, a review of reports and information would be undertaken to identify information relevant to the PEER studies. The aim is to explore and develop knowledge about sexual behaviour among various groups currently poorly understood as a basis for improving the effectiveness of prevention interventions. Negotiations were still ongoing as to where PEER would be used taking into account the need for a comparative framework and capacity issues in the OECS sub-region.

#### **4.2 Logframe for Caribbean Social Marketing: Objectives and indicators**

NP's presentation focused upon core objectives at the project purpose level and output level of SM programmes. SMOs are not expected to measure impact at the goal level due to attribution difficulties. In all SMO logframes at the purpose level should be an objective of positive behavioural changes, linked to this should be core indicators for 1) increased consistent condom use and 2) positive changes in sexual behaviour (e.g. reduced number of sexual partners). SMOs are not expected to collect primary data for core indicator 2), but to report against these behavioural indicators using secondary sources such as the BSS in the OECS. Full details of the logframe, objectives and indicators can be found in the research and evaluation plan on the CARISMA website <http://www.carisma-pancap.org/Research/> NP advised that in the process of putting together the research and monitoring plan he had reviewed the indicators used in by the WB and GFATM to ensure those included are relevant and comparable across programmes.

Kai Gesing emphasised the importance of using secondary data to monitor progress against key indicators for instance in relation to the impact of SM programmes on the total condom market including the commercial sector. Andrea Plautz raised concern regarding the lack of good research in the region to monitor positive behaviour change in project and programmes. The research gap makes it difficult to report annually on core behaviour change indicators at the purpose level. NP said that SMOs needed to review the secondary data available and make changes in strategy where necessary. He also advised that the PSI developed MAP/Trac were cost-effective approaches that could be used to gauge progress regularly, although population-based surveys are also necessary, even if done sporadically. EG emphasised that donors need to ensure that funded researchers keep to agreed timelines for the delivery of regional research results as the results are important for monitoring all programmes including CARISMA. Malcolm McNeil (MM) mentioned that dissemination of results and best practice is commonly not given adequate emphasis in many SMO programme budgets and logframe indicators. NP agreed to the need for including in the monitoring plan a dissemination indicator.

During discussion, Damani Goldstein raised concern for the limited access of vulnerable groups in many countries to lubricants and the importance of ensuring high access levels for condoms and lubricants.

The CMG approved the research and evaluation plan.

#### **4.3 Launch of the CARISMA website**

Vandana Chinnakotala launched the new CARISMA website and emphasised that she welcomed feedback to improve the site. The aim was to provide a space for broadening knowledge and understanding of SM and disseminating knowledge and best practice. Next steps included the development of French and Spanish versions of the site. She will be responsible for ensuring that the website remained up to date. The site will eventually be transitioned to the PANCAP website.

Participants suggested spreading information about the new website via a press release, posting information/links on website of PANCAP, International HIV/AIDS Alliance, CRN+, PSI and UNAIDS.

#### ***4.4 Joint reporting for social marketing: format and indicators***

Participants discussed the harmonisation of reports on SM. MM advised that all donors had signed up to the principal of a harmonised reporting approach. It was agreed that while narrative reporting might differ by donor, all donors should be aiming to agree a joint reporting matrix. Participants asked CARISMA to collaborate with Ernest Massiah to develop a draft SM reporting matrix based upon the PANCAP logframe and PANCAP's Implementation Performance System. The format should provide both aggregate and country-specific information.

### **5. WRAP-UP AND NEXT STEPS**

#### ***5.1 CMG (DR, Haiti and Cuba)***

EB raised concern that the CMG does not have sufficient involvement from the DR, Haiti and Cuba and that it is necessary to consider other arrangements to facilitate their participation. Participants suggested inclusion of USAID/Haiti and DR, COPRESIDA (DR), Sogebank (Haiti), UNDP (Cuba) and MinVEC (Cuba).

#### ***5.2 CARISMA research***

The programming of the research needs to move forward whilst ensuring that studies fit with SMO needs and programme of activities.

#### ***5.3 Reporting formats***

CARISMA will move ahead with agreeing the narrative report format for the DR programme taking into account the need to ensure as far as possible a harmonised approach. At the same time it will work with Ernest Massiah on developing the quantitative reporting matrix.

#### ***5.4 CMG Chair closing remarks***

HM advised that he was impressed by the high quality of the presentations and the organisation of the meeting and thought that the CMG meeting had provided a valuable opportunity to review progress in the SM arena. He noted the positive shift that PANCAP has made of now including the Overseas Territories in its regional programme. He thanked everyone for their continuing support and participation in the meeting.

He advised that UNAIDS is discussing the issue of the future of prevention programmes given major concerns regarding USAID's position on condoms and the need for other donors to provide the financing required.

### **6. NEXT MEETING**

The next meeting of the CMG will be planned to coincide with the 2006 annual general meeting of PANCAP. This meeting is expected to focus on the substance of the SM activities.

**CARISMA will notify the participants when the minutes of the meeting along with all presentations are available on the website ([www.carisma-pancap.org](http://www.carisma-pancap.org)).**