Federal Ministry
for Economic Cooperation
and Development

Social marketing in Côte d'Ivoire

Working for sexual and reproductive health and rights in a country affected by civil war

A publication in the German Health Practice Collection

Published by: giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

In cooperation with: KFW AIMAS

German Health Practice Collection

Showcasing health and social protection for development

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Publications

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Front cover photo: *Mme Diomandé (in yellow on right), head of Dioulabougou Women's Association, a partner of the Ivorian social marketing agency AIMAS, leading a discussion on reproductive health in her courtyard.*

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Acronyms and abbreviations

AFD	Agence Française de Développement
AIBEF	Association Ivoirienne pour le Bien-Être Familial
AIDS	Acquired Immune Deficiency Syndrome
AIMAS	Agence Ivoirienne de Marketing Social
BCC	Behaviour Change Communication
BMZ	Federal Ministry for Economic Cooperation and Development, Germany (Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung)
DHS	Demographic and Health Survey
ECODEV	Ecoforme Développement
FCFA	Franc CFA
GDC	German Development Cooperation
GFA	GFA Consulting Group
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HIV	Human Immunodeficiency Virus
INS	Institut National de Statistique (of Côte d'Ivoire)
IUD	Intrauterine Device
KFW	KfW Entwicklungsbank
MAP	Measuring Access and Performance
MSLS	Ministère de la Santé et de la Lutte contre le SIDA
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
PERForM	Performance Framework for Social Marketing
PSI	Population Services International
RTI	Radiodiffusion-Télévision Ivoirienne
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive summary

Box 1. Key Messages

Situation. Côte d'Ivoire is recovering from a civil war which largely destroyed the health system. With on average five children per woman and only 14% use of modern contraception, 27% of women have an unmet need for family planning, which the public and private health services are not able to satisfy.

Approach. With support from KfW Entwicklungsbank (KfW), the local Agence Ivoirienne de Marketing Social (AIMAS) has developed into a national and regional social marketing specialist, complementing the Health Ministry's family planning efforts. AIMAS distributes its branded contraceptives country-wide, training health personnel, and promoting reproductive health via mass media and community-based NGOs.

Results. AIMAS has contributed significantly to raising family planning prevalence (from 4% to 14%) and knowledge (from 73% to 93% among women), providing two-thirds of the condoms and oral contraceptives used in Côte d'Ivoire.

Lessons learned. Impact and sustainability of a social marketing programme can be enhanced by investing in a dedicated local agency rather than a time-bound 'project approach'. A combination of mass media and community-level communication is effective in promoting behaviour change.

This publication describes how AIMAS, a local organisation supported by German Development Cooperation (GDC), has persevered during and after Côte d'Ivoire's 10-year civil war (2002-2011) in providing women and families greater choice and control over their lives through social marketing of contraceptives and condoms.

Situation

An estimated 225 million women in developing countries have an unmet need for family planning, (i.e. they want to avoid pregnancy but do not use modern contraception), resulting in tens of millions of unintended pregnancies. In addition to fuelling unsustainable population growth, hundreds of thousands of these pregnancies end tragically in abortions or maternal deaths.

The health and development challenges associated with a lack of access to reproductive health services are particularly evident in Côte d'Ivoire, West Africa's former economic powerhouse now struggling in the aftermath of the civil war. The population has increased in the last 40 years from 7 million to its current 23 million and continues to grow at 2.6% per year. Côte d'Ivoire was one of the first countries in West Africa to develop a generalised HIV epidemic; even today AIDS remains the number one cause of death in adults.

Low use of modern contraception (14%) is reflected in high rates of fertility – an average of five children per woman – and of maternal mortality, while two out of five Ivorian mothers report having had an abortion. A major constraint is the disarray of the Ivorian health system, which was largely destroyed during the civil war. Only 40% of public health facilities presently offer family planning services, and only 26% of the population lives within five kilometres of such a facility. Cultural factors, including men's traditional role as family decision-makers, also hamper women's free access to contraception.

Approach

In 1995 KfW, with funding from the German Federal Ministry for Economic Cooperation and Development (BMZ), took over financial support for Côte d'Ivoire's social marketing programme. Product social marketing uses commercial marketing techniques to encourage socially desirable behaviour change by promoting the uptake of certain products, in this case condoms and other contraceptives.

When it was launched in 1991, the Ivorian social marketing programme had focused on promoting the use of condoms for HIV prevention, but with KfW's support family planning became an increasingly important part of the mission, and other contraceptives were added to reflect the needs of different groups. Today the programme also offers pills and hormonal injections through health facilities and pharmacies, and is about to launch a long-acting intrauterine device.

The second change that came with KfW support relates to the organisational set-up of the social marketing programme. The American non-profit organisation Population Services International (PSI) with local NGO Ecoforme Développement (ECODEV) had implemented highly successful communication and condom marketing strategies and was initially maintained as the executing agency. But KfW encouraged development of the existing project team to form the nucleus of an autonomous, specialised Ivorian agency. The Agence Ivoirienne de Marketing Social (AIMAS) was created in December 2001. AIMAS has developed into an efficient and resilient organisation, which was able to increase provision even during the country's period of instability, and now ensures country-wide coverage with contraceptives, complementing the limited services provided by the health system still recovering from the war.

The well-organised distribution system for AIMAS's products involves various channels from pharmacies to street vendors, with training and follow-up of medical and pharmaceutical personnel. It is complemented by promotion strategies via both mass media (such as TV soap operas) and local NGOs subcontracted for face-to-face communication in densely populated areas. A close and complementary relationship with the Ivorian Ministry of Health as well as a strong research and Monitoring and Evaluation (M&E) department have also been crucial in targeting interventions to changing needs.

Results

Today, AIMAS is recognized as a leader – in Côte d'Ivoire and in West Africa – in fields such as logistics, training, Behaviour Change Communication and television and video production and it has made considerable progress in promoting rights-based and gender-sensitive use of contraceptives:

- Ivorian women's use and knowledge of modern contraception rose respectively from 4% to 14% and from 72% to 93% between 1994 and 2012 – results very likely influenced by the social marketing programme, the country's only constant source of family planning promotion.
- AIMAS products represent 66% of the condoms and 70% of the contraceptive pills used in Côte d'Ivoire.
- AIMAS products protected over 432,000 couples from unwanted pregnancy in 2013 at a low cost of €8.64 per couple.
- About 2.5 million people were reached by AIMAS through community-level NGOs between 2007 and 2014. In the areas targeted, 26% of women in union use modern contraception (compared with 12.5% nationally) and unmet need for family planning is at 20% seven percentage points below the national average.
- The programme has also played a major role in halting and reversing the country's HIV epidemic, as prevalence actually declined despite the civil war from 10.2% in 1997 to 3.7% in 2012.

Lessons Learned

Factors contributing to AIMAS's success include:

- KfW's investment in the development of a strong local agency instead of a time-bound 'project approach' in order to achieve continuity, sustainability and the commitment of a pool of dedicated local experts
- having all required departments available to work together under one organisational roof
- AIMAS's two-tiered promotion strategy, associating the broad reach of mass media with the power of face-to-face communication through local NGOs
- strong partnerships, particularly with the Ministry of Health, but also with other organisations, whose support is helping reduce AIMAS's dependence on KfW.

Addressing the challenge of unmet need for family planning and HIV prevention

Debating family planning and sexual health in Madame Diomandé's courtyard

After a dusty ride over a bumpy road, the four-by-four approaches the popular neighbourhood of Dioulabougou. This teeming suburb of the capital city Yamoussoukro was affected by Côte d'Ivoire's decade of civil war, its population swelling as families of different origins sought security and stability in this central region.

In the vehicle is a team from the Agence Ivoirienne de Marketing Social (AIMAS), Côte d'Ivoire's social marketing organisation, and they have come to conduct one of their regular supervision rounds.

Côte d'Ivoire's social marketing programme, which started in 1991, is one of the longest-running in Africa. It is one of over 25 programmes worldwide supported by the KfW Entwicklungsbank (KfW) on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), which regards social marketing as a powerful tool to promote large-scale behaviour change in the domain of reproductive health and HIV prevention.

The AIMAS vehicle arrives at the home of Mme Diomandé, head of the Dioulabougou women's association. She has invited the supervision team to attend one of the regular meetings she organises with the young women of her neighbourhood. A short, dignified woman with a generous smile, Mme Diomandé welcomes her visitors into the spacious mud-walled compound she shares with 19 other families. Plastic chairs have been set up in a U-shape facing a small television set, and about half of the seats are already filled, as more young women, some with babies tied on their backs in brightly coloured cotton wrappers, continue to file in.

Box 2. What is social marketing?

'Social marketing is the use of commercial marketing strategies to achieve social goals. Unlike commercial marketing, the main goal is not to sell products but rather to spread ideas, values and behaviours. The sale of products, in this case of condoms and other contraceptives, is combined with user education and ultimately serves the purpose of encouraging health-promoting behaviour change.' (KfW, 2010)

Entering Dioulabougou neighbourhood (Yamoussoukro).

Mme Diomandé shares her perspective on how dramatically life has changed from her generation to the next: 'In our day, we used to accept however many children God sent us. That's just the way it was. Myself, I had nine children. But things are different now, especially with the families so unsettled by the recent conflicts. Life is expensive when you have children, with school fees and so many extras to pay for. Of course many young couples still want large families. The difference though, is that now with modern contraception they have a choice – and young women are becoming more and more aware of this. So they start thinking about things like how many children do they want, and getting a longer rest between children so as to stay beautiful and keep their man interested. I try to help them with these questions, giving them information and helping them to get in touch with the services they need.'

Today's event is presenting an episode from AIMAS's popular television series *Ma femme, mon amie*, to be followed by a discussion. Such sessions always attract a good audience. The half-hour film elicits laughter, but also gasps at the dire situations the heroines of the series have to face. After the showing, many hands shoot up to comment on what they have just seen. Mme Diomandé, as moderator, asks a timid young newcomer to introduce herself and explain what she found interesting about the film.

'My name is Angèle. I was just married when the war started up again and my husband was called into military service. I moved here with my parents to escape the rebels in the north. Now my husband has rejoined us, and he's looking for work. I saw in the movie that there are pills that allow you to wait before having a baby. I would like to know, where can a person get such medications? How much will I have to pay?'

As an older, respected figure in the community, Mme Diomandé is able to reinforce AIMAS's Behaviour Change Communication campaigns on a personal level. 'We have many different languages spoken in Dioulabougou, and very different experiences of life', she explains. 'Women may be shy to visit a health centre or hospital to get help on these matters, but I'll tell them exactly where to go and what to ask for. And usually, they listen.'

This is the case with Angèle, who with a grateful smile accepts Mme Diomandé's offer to accompany her to the local health centre the next day. The midwife will examine her and can give her a prescription for a hormonal contraceptive which can be filled at the nearby pharmacy, well-stocked with AIMAS's *Confiance* pills and *Harmonia* injectables. But Angèle has a further request: 'Could you help me explain these things to my husband, so he understands the medication is safe and we're just going to wait until he's able to support us?'

'Of course', replies Mme Diomandé, 'and meanwhile Mr Daouda on the corner sells AIMAS's *Prudence*-brand condoms, which will also keep you safe in case your husband picked up an infection during his stint in the army. When I meet your husband, I will suggest you both get tested so you can be treated before starting a family.'

As the evening shadows fall, a scent of fried *alloko* (plantain banana) wafts into the concession and the Muslim call to prayer rises in the distance. The women file out, still chatting softly about the film they have seen.

Women around the world echo the concerns of Mme Diomandé and her neighbours. Whilst many of them want to have children, two major decisions – how many children and when to have them – are often not within their power to make, and this is further compounded by the risk of an HIV infection whenever they have unprotected sex. In some cases, the problem is one of access to effective and affordable means of contraception; in others, it is the disapproval of their communities or unwillingness of their husbands or partners to actually use these means. Yet these very basic decisions can have a huge impact on their health and that of their families.

Mme Diomandé (in yellow on left) and her neighbours.

Sexual and reproductive health and rights for women and men: a global concern

According to estimates by the United Nations Population Fund (UNFPA), in developing countries almost 290,000 women die annually during pregnancy or childbirth; of these, a third did not want to become pregnant. Unintended pregnancies are estimated to cause 28 million unplanned births, 36 million abortions, and 8 million miscarriages per year. Some 225 million women in developing countries are estimated to have an unmet need for family planning (Guttmacher Institute, 2014).

The right to choose how many and when to have children is crucial, for it permits families to arrange their lives in ways that best suit their overall health, their economic and social circumstances, and their aspirations for the future. The World Health Organization (WHO) describes family planning as an activity that 'allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility' (WHO, 2014a). Investment and programming in this area have a significant payoff in reducing maternal and infant mortality and morbidity, thus also reducing demands on scarce emergency and chronic care resources.

Rights-based family planning has implications well beyond the field of health, however. Economic development approaches have little chance of success without family planning to stabilise population growth, and to ensure that the population as a whole is healthier and more productive. Particularly in countries with a generalised HIV epidemic, HIV prevention is an integral part of Germany's efforts to support rights-based reproductive health.

This publication describes how, with steady support from German Development Cooperation, a local organisation in Côte d'Ivoire has taken the lead in bringing gender-sensitive family planning and HIV prevention to increasing numbers of women and couples. It complements two previous case studies in the German Health Practice Collection about these topics: 'Social marketing for health and family planning: Building on tradition and popular culture in Niger '(2009) and 'TV soap operas in HIV education: Reaching out with popular entertainment' (2009), which features three countries, including Côte d'Ivoire.

Box 3. Germany's increased commitment to rights-based reproductive health

The 2010 G8 summit in Muskoka, Canada, organised to give a boost to the Millennium Development Goals, pledged a total of US$ 5 billion in additional development assistance through 2015 for the so-called 'Muskoka Initiative on Maternal, Newborn and Child Health'. As part of this commitment Germany added another €400 million to its official development assistance, thus investing between 2011 and 2013 alone €1.31 billion toward these priorities, including through contributions to multilateral organisations.

In May 2011 the BMZ launched its bilateral Initiative on Rights-Based Family Planning and Maternal Health in partner countries that have high maternal and child mortality rates and a high unmet need for family planning, and in which a German commitment to related efforts is already in place. With this initiative the BMZ has raised its annual bilateral commitment for Reproductive Health to approximately €100 million between 2011 and 2015 and has now pledged to extend this support through 2019 (Deutscher Bundestag, 2015).

West Africa's former powerhouse: emerging from difficult times

From economic miracle to civil war

The recent history of Côte d'Ivoire has been a turbulent one. Following independence from France in 1960, under its first president, Houphouët-Boigny (1960-1993), the country experienced two decades of steady growth, making it one of Africa's strongest and most stable economies by the early 1980s. The world's biggest producer of cacao and the third biggest of coffee, with major exports of wood, cotton, palm oil, bananas and pineapples, Côte d'Ivoire applied a shrewd economic policy encouraging foreign investment and reinvested its revenues in improved infrastructure and education.

What is called the Ivorian 'miracle' multiplied the country's Gross Domestic Product by 12 between 1960 and 1978 and raised the standard of living with the emergence of a substantial middle class. Côte d'Ivoire's plantations and bustling port of Abidjan became an Eldorado for immigrants from other West African nations, who by 1988 at the height of economic activity made up 38% of the total population (INS, 2014).

When in the late 1980s falling commodity prices in world markets and persistent droughts in Côte d'Ivoire severely reduced rates of economic growth, social and political unrest began to challenge President Houphouët's rule. After his death, increasing political dissension culminated in a *coup d'état* in 1999. New elections in 2000 were marred by violence and failed to dissipate the socio-political tensions, which exploded finally in all-out civil war on September 19, 2002.

For the next 10 years Côte d'Ivoire was de facto divided between north and south, with the rebels of the *Forces Nouvelles* in the predominantly Muslim north occupying about 60% of the territory and the *Forces Armées Nationales de Côte d'Ivoire* controlling the south including Abidjan. Most international partners who had not already left in the difficult 1990s now retreated from the disputed country. A peace accord in March 2007 led to a new election in 2010 between the incumbent Laurent Gbagbo and Houphouët's former prime minister, Alassane Ouattara. The results of the election were contested, with both claiming victory. Intense fighting again broke out until the victory of the *Forces Nouvelles* in April 2011 and the confirmation of Ouattara as president.

Since then order has gradually been restored, the international partners have returned, and the country has been engaged in political reconciliation and in rebuilding its economy.

Côte d'Ivoire today: social and economic development and health

Since 2012 growth has returned to the economy and is currently projected to stabilise at 9-10%. With assistance from a variety of international partners, various infrastructural and administrative improvements are underway and, according to its National Development Plan 2011-2015, Côte d'Ivoire aims to gain the economic status of 'emerging country' by 2020 (World Bank, 2015).

Côte d'Ivoire's population is estimated at approximately 23 million, with a great diversity of ethnic groups and 60 local languages in addition to French, the official language. About 39% of the population is Muslim and 33% Christian, with the remainder divided among indigenous religions. Despite the mass exodus during the civil war, currently nearly a quarter of the population is still made up of recent immigrants from neighbouring countries (INS, 2014).

As a consequence of the civil war, Côte d'Ivoire's poverty level rose from 36% in 1998 to around 50% in 2008 (World Bank, 2015). Today an estimated 62% of inhabitants of rural parts of the country live in poverty compared to 29% in urban areas. In 2014 Côte d'Ivoire was ranked 171st out of 187 countries on UNDP's Human Development Index (World Bank, 2015). The adult literacy rate is only 57% and at 53 years, life expectancy is well below the African average.

With a large population of male migrant workers separated from their families, Côte d'Ivoire was one of the first countries in West Africa to develop a generalised HIV epidemic in the 1980s, reaching an estimated 10% prevalence in the late 1990s. Even today, with an HIV prevalence estimated at 3.7% (INS & ICF International, 2012), AIDS remains the number one cause of death in adults in Côte d'Ivoire (WHO, 2015).

In 2007 only 44% of the population lived less than 5 kilometres from a health facility. As a result of the civil war, many of these facilities, particularly in the north and the northwest, were destroyed, their products and equipment plundered, with 50-75% of the health personnel in these zones seeking safety in the government-controlled south (Ministère de la Santé et de la Lutte contre le SIDA – MSLS, 2012a). Quality of services was compromised by the breakdown of administration, supplies, supervision, and the national health information system.

Today the density of the country's health workforce remains far below the African average. Particularly in urban areas, private and NGO-run health facilities have sprung up to fill some of the gaps in the public health services, but many of them operate outside the surveillance and quality control of Côte d'Ivoire's Ministry of Health (ibid.). Even more problematic is the proliferation of street vendors of medicinal products of uncontrolled origin which the Government is now tackling (Abidjan.net, 11/2014).

With its National Health Development Plan 2013-2015, the Ministry of Health has been aiming to address these different challenges in order to rehabilitate this essential sector of public life.

Reproductive health challenges

The latest national census indicates that Côte d'Ivoire's population is currently growing at a rate of 2.6% per year (INS, 2014) and UNFPA estimates that by 2030 the population could attain 36 million – 57% more than today (AFD, 2013). Still in the process of rebuilding most of its essential infrastructure and its economy, Côte d'Ivoire has been struggling to ensure basic services and necessities such as education, health, employment and security to its rapidly growing population, 41% of which is under 15 years of age.

Côte d'Ivoire's estimated fertility rate – the average number of children to whom a woman will give birth over her lifetime – is 5.0,[1] which is close to the African average. Côte d'Ivoire's 2012 Demographic and Health Survey (DHS) (INS & ICF International, 2012) indicates that 55% of the women interviewed had begun child-bearing before the age of 20.

Côte d'Ivoire has failed to reach the targets it set itself for the Millennium Development Goals on reducing maternal and child mortality. With under-five mortality at 100 per 1000 live births in 2013, Côte d'Ivoire has achieved a 34% reduction instead of the 67% it aimed for, and the current maternal mortality rate of 720 deaths per 100,000 live births represents only a 3% reduction instead of the targeted 75% (WHO, 2015).

Just under a third of married Ivorian women are in polygamous unions where their husbands have two or more wives. One quarter of women in union[2] report having suffered physical violence from their partners (INS & ICF International 2012). Women's traditionally weaker socio-economic position tends to maintain them in a position of dependency, contrasting with men's 'autonomy in decision-making on all levels', particularly pronounced in Côte d'Ivoire's commercial agricultural economy (CARID/AIMAS, 2004).

The 2012 DHS found that in 64% of Ivorian unions, women's health decisions are subject to their husband's approval. Women report that there is little discussion of reproductive health matters between spouses, and many women feel unable to raise these subjects with their partners (Palitza, 2012; CARID/AIMAS, 2004; Anoh et al., 2002).

Unmet need for contraception

At 27% the unmet need for contraception among women in union in Côte d'Ivoire remains very high. Only 14% of women aged 15-49 use modern contraceptive methods. For women in union it is only 12.5%. The method women in union use most is the pill (7%), followed by male condoms and injectables at about 2% each, while intrauterine devices (IUDs) and sterilisation are hardly used at all. When traditional methods such as the rhythm method or withdrawal are factored in, contraceptive prevalence among women in union in Côte d'Ivoire reaches 18% (INS & ICF International 2012).

Among the women surveyed in the 2012 DHS, the majority, especially younger women, wanted family planning for purposes of birth spacing, while between a quarter and a third, particularly older women, wanted to stop having children permanently. As a consequence of unmet need for contraception, two out of five Ivorian mothers report having had at least one abortion, over half with complications (AFD, 2013).

[1] With pronounced variations between rural (6.3) and urban (3.7); without education (5.8) vs. with secondary education (2.6); poorest quintile (6.7) vs. richest quintile (3.2) (2012 DHS).

[2] Married or living with a partner.

The 2012 DHS points out, 'If unmet need for family planning of women in union were actually met, contraceptive prevalence would be 45%.' It is estimated for the francophone West African countries that measures to eliminate unmet need for family planning could increase per capita Gross Domestic Product by 33% in 2040, while every dollar invested in family planning would save four dollars on health, education, water and sanitation due to the smaller population (AFD, 2013).

Family planning policy and practice in Côte d'Ivoire

Côte d'Ivoire was late in recognising the value of family planning as an effective measure for improving maternal and child health. In 1981 it liberalised access to reversible methods of contraception, but the first family planning clinics were not opened until 1986 by the Association Ivoirienne pour le Bien-Être Familial (AIBEF), the Ivorian affiliate of the International Planned Parenthood Federation. Through its four urban clinics in Abidjan and eventually additional clinics in other parts of the country, AIBEF was for several years Côte d'Ivoire's main provider of contraceptives and education on reproductive health.

In 1994 Côte d'Ivoire adopted the Action Programme of the Cairo International Conference on Population and Development and began to devise its own National Population Policy. Since 1996, the National Reproductive Health and Family Planning Programme at the Ministry of Health has been in charge of family planning.

In 2002 the Ministry of Health prepared a draft law on reproductive health, which due to the September crisis and the ensuing civil strife was never discussed or adopted by the National Assembly (MSLS, 2012b). Thus the country continues today to apply the nearly 20-year-old legislative and procedural framework which has not been updated to reflect current international standards in relation to gender-sensitive, rights-based sexual and reproductive health services.

The major bottleneck for the expansion of family planning services across Côte d'Ivoire, however, remains its lack of health facilities and personnel in the aftermath of the civil war. Family planning is not provided for free but is included in the Health Ministry's cost recovery scheme. Hormonal contraception can only be prescribed by a health professional who has received the relevant training, and 40% of Côte d'Ivoire's governmental health facilities still do not offer family planning (ibid.). As a consequence, only 26% of the Ivorian population has access to such services within 5 kilometres – the majority of them in the more southern and more urbanised areas.

The Ministry of Health is, however, aware of these problems and intent on rebuilding the Ivorian health system and on increasing the accessibility of health services. In its new Strategic Plan for Family Planning 2013-2016 (MSLS, 2012b) it aims to introduce family planning services in all health facilities – public, private and NGO – by training personnel and ensuring contraceptive availability, as well as to update and pass the reproductive health law originally drafted in 2002.

Box 4. KfW Development Bank

KfW Entwicklungsbank is the financial branch of German Development Cooperation. KfW carries out large-scale programmes in partner countries on behalf of BMZ, including many infrastructure projects. Health is one of KfW's main sectors of investment with projects totalling €2.1 billion and over one billion beneficiaries worldwide in 2014. With 70 out of 182 projects, and a volume of over €661.5 million, reproductive health dominates KfW's health portfolio (KfW, 2015). Since the 1990s KfW has adopted social marketing as one of its most important instruments promoting sexual and reproductive health and HIV prevention. Currently German Financial Cooperation is financing 30 sexual and reproductive health programmes that use social marketing or social franchising instruments in 25 countries with a total volume of €225 million.

In these efforts the Ministry relies heavily on AIMAS, the KfW-supported social marketing agency which has persevered in maintaining access to family planning and HIV prevention in all parts of the country, even during the darkest days of the armed conflict.

German support for Côte d'Ivoire's social marketing programme

Germany has been a development partner of Côte d'Ivoire since 1975. Even during the conflict years between 2002 and 2011 Germany was one of the few bilateral partners to maintain its support for Ivorian projects and programmes run by civil society organisations.

Under the longstanding bilateral agreement between the two countries' governments, KfW, on behalf of BMZ, started in 1991 to provide financial support to improve the reproductive health situation in Côte d'Ivoire. After an initial focus on health infrastructure and equipment, KfW began in 1995 to invest in Côte d'Ivoire's social marketing programme, which the Ivorian government had launched in 1991 with the support of USAID in response to the rapidly spreading HIV epidemic.

In Côte d'Ivoire the social marketing programme had begun as an effort to combine Behaviour Change Communication with the reliable provision of the necessary products for HIV prevention and family planning, and to do this through an increasingly capable non-governmental organisation (NGO). This proved to be both an effective and a particularly relevant and sustainable approach for a country that was first on the brink and then in the thick of civil war.

The next chapters describe how German Development Cooperation through KfW helped to build this organisation into Côte d'Ivoire's specialist for social marketing of family planning and other rights-based sexual and reproductive health services.

AIMAS: building an effective organisation

From HIV prevention to a focus on family planning

Côte d'Ivoire's social marketing agency AIMAS grew out of one of the first nationwide HIV prevention projects in Africa. After diagnosis of the first AIDS cases in the late 1980s, the Côte d'Ivoire Social Marketing Programme was launched with USAID support in 1991. Executed by the American non-profit organisation Population Services International (PSI) in partnership with Ivorian NGO Ecoforme Développement (ECODEV), the programme promoted PSI's *Prudence* brand of low-cost, reliable condoms, ensuring their availability in all parts of the country. As HIV prevalence in Côte d'Ivoire climbed, the project implemented innovative approaches to promote behaviour change, calling on admired singers and sports figures to speak out for HIV prevention, and developing a TV soap opera *SIDA dans la cité* (AIDS in the city), which became highly popular throughout West Africa. The project's promotion and distribution strategies became a model for other social marketing programmes in the region.

When in 1995 USAID opted in favour of a regional response to HIV, KfW took over support for the programme, continuing with the successful PSI/ECODEV team. The effective HIV prevention strategies were continued, including two new series of *SIDA dans la cité*. Côte d'Ivoire's social marketing programme is largely credited with halving HIV prevalence since the height of the epidemic in the late 1990s. Today, according to the 2012 DHS, *Prudence* represents 66% of the condoms used in Côte d'Ivoire (INS & ICF International, 2012).

However, two important things did change with KfW's arrival: the programme's focus was broadened to include promotion of family planning in general, and KfW encouraged a transition from a project-based approach to the establishment of a permanent national resource specialised in social marketing.

The demonstrated effectiveness of social marketing in HIV prevention set the stage for its application to other domains, especially family planning - part of the dual protection already provided by condoms. Rob Eiger, a long-time advisor to Côte d'Ivoire's social marketing programme, explains, 'In Africa to begin with - certainly in Côte d'Ivoire – social marketing programmes were HIV and AIDS programmes with condom promotion and sales being the driving force. It was only after people recognised the power of social marketing for HIV and AIDS that programmes expanded their portfolio to include family planning.'

Condoms do provide a barrier against unwanted pregnancy as well as sexually transmitted infections including HIV. However, they are mainly used by occasional partners including unmarried youth. Since most children are born to couples in union, there is a need for family planning methods – such as hormonal contraceptives – that are more effective and more convenient for couples, in order to achieve a significant impact on demographic trends.

In early 1997, barely a year after the switch from USAID to KfW, the novel idea of supporting hormonal contraception through social marketing became reality when the programme introduced a branded oral contraceptive called *Confiance*, which was sold in pharmacies with a prescription from a health professional. Today *Confiance* makes up 70% of contraceptive pills used in Côte d'Ivoire (ibid.).

Elke Bindewald was KfW Programme Manager in Côte d'Ivoire between 2004 and 2014, and has accompanied the transformation of the social marketing team into the specialised instrument AIMAS is today. She feels that one of the reasons for the team's success has been its flexibility and openness to new ideas. She relates how it was able to shift, in an ongoing exchange with KfW, from an almost exclusive focus on HIV in the 1990s to one that balanced HIV and family planning in the early 2000s, and finally to its current focus on gender-sensitive family planning. This shift was necessary, she says, due to the chronic under-financing of family planning in Côte d'Ivoire, with its resultant high levels of unmet need. However, she stresses, 'It was not just *any* family planning, but a truly gender-sensitive one, tailored to the Ivorian cultural context.' (This approach is discussed in the next chapter in the description of AIMAS's current activities.)

KfW support for organisational development

According to Rob Eiger, KfW placed great emphasis on building an organisation rather than a project or programme: 'A project generally ends when the funding ends, while a solid local organisation is something that is more likely to last. KfW was well aware of this and understood its support to AIMAS as an investment for the longer term.'

By 2001 German Development Cooperation and the government of Côte d'Ivoire reached an agreement to create an independent Ivorian organisation dedicated to social marketing. Building on the team already assembled by PSI/ECODEV, AIMAS was formally created under the appropriate legislation on 11 December 2001. An apolitical, secular, and not-for-profit organisation, its founding objective was to 'improve the health of vulnerable and low-income population groups by offering products via social marketing in collaboration with the government, development partners, the private sector, and civil society.' It also adopted as its cardinal values good governance, team spirit, innovation, professionalism, and making an impact on health.

From the start, KfW did not attempt to micro-manage the fledgling organisation. Rather, says Eiger, it encouraged AIMAS to form a solid local organisation run by a strong local director and a strong board: 'KfW helped the local organisation hire the best managers and staff, set up the approach oversight and supervision structure, and then let them get on with the job.' At the same time, KfW recognised the importance of continuing to provide expert technical support and advice by hiring international specialists to work with the local organisation.

> 'KfW did not attempt to micro-manage: it helped the local organisation hire the best managers and staff, set up the approach oversight and supervision structure, and then let them get on with the job.'
>
> *Rob Eiger*

With the creation of AIMAS as the new executing agency of the social marketing programme, PSI's role changed to that of an advisor, a consultant position which is tendered out. PSI continued to accompany AIMAS, and, in 2007, was succeeded in this assignment by Abt Associates and later by the German consulting firm GFA. During the greatest upheavals of the civil war the long-term international advisor was evacuated from Côte d'Ivoire and obliged to provide technical support from afar.

As the decade progressed, KfW continued to support AIMAS's organisational development. In 2005, for example, the international management consultant KPMG was hired to carry out an in-depth study of the organisation. This allowed AIMAS to achieve a major restructuring in the following year, improve its financial systems and instil an organisational culture of constructive criticism and internal review. KPMG returned in 2014 to reinforce AIMAS's financial management. Rob Eiger explains that KfW also helped AIMAS to become a more sustainable entity by promoting entrepreneurial skills such as new business development, creation of organisation and business plans, and 'forward planning budgeting'.

Of strategic importance was KfW's policy of allowing AIMAS to use social marketing revenue to further develop the organisation. These revenues, which represented 26% of the programme's budget during its third phase (2007-2014), are an important source of AIMAS's resilience. Eiger explains, 'The social marketing revenues have been invaluable in enabling AIMAS to continue programme activities unabated despite political upheavals and bureaucratic delays.' In fact, they allowed AIMAS to continue to serve its clients even during the civil war (See Box 5). In 2014 the revenue from sales of commodities covered nearly 100% of AIMAS's operational costs (not including training).

AIMAS today

Today AIMAS has consolidated its organisation as Côte d'Ivoire's specialist social marketing agency, with country-wide distribution networks and four regional offices. AIMAS has a privileged relationship with the Ministry of Health and is a sought-after partner of international organisations, which are helping reduce its financial dependence on KfW. As a legal entity, AIMAS can and does submit project proposals to potential donors.

In addition to its headquarters in Abidjan's Cocody suburb, AIMAS maintains branch offices in Daloa, Korhogo, San Pedro and the capital Yamoussoukro. AIMAS has a fully-equipped centre for media production and manages a 3,000-square-metre warehouse in the Abidjan port area, the nerve centre of its distribution activities. AIMAS presently has 52 full-time employees, a number scheduled to rise with the planned expansion of activities (see chapter 'Looking ahead'). AIMAS's geographic penetration is extended through the outreach activities of 19 carefully selected local NGOs, subcontracted to augment the impact of its mass media campaigns with face-to-face sensitisation (described in the next chapter).

One of AIMAS's major departments is Marketing and Communications, with sections on Behaviour Change Communication, Family Planning and HIV and AIDS. The Administration department is in charge of the commodities warehouse and the four branch offices.

Box 5. 'Condoms were our *laissez-passer*'

■ *Administration and Logistics head Gilbert Ehile (centre) preparing a field mission with AIMAS team.*

'One of our trucks got held up near Bouaké,' says Gilbert Ehile, reminiscing about the civil war years. 'We were used to being stopped at checkpoints by soldiers from either side. But this was different – they stole the truck at gunpoint. It was probably the most dangerous incident that AIMAS staff faced during the civil war. And here's the strange thing: we eventually got the vehicle back but not its cargo – 100 cartons of *Prudence* condoms!'

Wars do not reduce the need for vital goods and services; if anything, they increase them. When Côte d'Ivoire's civil war broke out in 2002, dividing the country between north and south, AIMAS knew that Ivoirians' need for contraceptives would not suddenly stop. Couples still needed to be able to prevent or space pregnancies; individuals still needed to protect themselves against HIV and other sexually transmitted infections. With hundreds of thousands of people displaced and large numbers of armed young men – soldiers and irregulars – in every part of the country, opportunities for unprotected sex had greatly increased, while access to protection was greatly reduced.

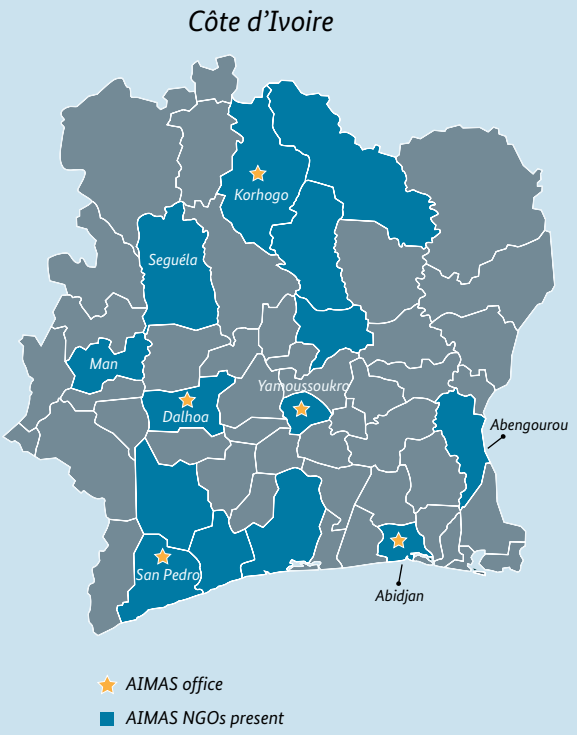
In such an environment, AIMAS was determined to maintain the distribution channels that had been carefully built up over the years, even if its offices in the north had to close and many of its related communications activities were severely curtailed throughout the country. KfW, its main source of funding at the time, agreed and continued to provide support.

Dr Evelyne Obodou picks up the story: 'Since the big commercial distributors we'd worked with could no longer operate in the north, we had to deliver to wholesalers and big retailers ourselves. We drove up in teams of three, which we chose very carefully because it was essential to have someone fluent in the local language of the place you were going. As we drove north, we'd start running into the roadblocks. We had letters from the Ministry of Health and the United Nations mission, but even so we'd have to negotiate a *laissez-passer* (security pass) from the local commander, and that could take hours. Often the soldiers would ask for money, but just as often they'd want us to give them free condoms – they knew that guns weren't the only protection they needed!'

Reflecting on the experience, Mr Ehile says, 'Our strategy worked: sales actually went up during the war. After all those years of social marketing – the advertising, and behaviour change activities, and the television programmes – our "brand" was very strong on both sides of the conflict. Everyone knew about *Prudence*, so even before we got to the roadblocks there was a level of trust. In a funny way, you could say that *Prudence* was our *laissez–passer*.'

The department of Research and Monitoring/Evaluation (M&E) coordinates a vast operation of information-gathering on programme effects and processes from all sections of the organisation and its affiliated NGOs. Based on the yearly M&E plan, the data are compiled, analysed and presented in quarterly reports, which guide the Programme section in adjusting activities. The Research and M&E department also carries out baseline and follow-up surveys as well as research on specific topics such as TRaC[3] surveys on how AIMAS operations impact their target groups. In addition to the yearly planning workshop, a semester review halfway through the year allows AIMAS decision-makers to adapt their strategies to the evolving situation.

Figure 1. AIMAS intervention zones



This geographical map is for informational purposes only and does not constitute recognition of international boundaries or regions; GIZ makes no claims concerning the validity, accuracy or completeness of the maps nor assumes any liability resulting from the use of the information therein.

AIMAS has a governance structure that aims to ensure the necessary balance between executive efficiency and appropriate supervision. Programmatic oversight is provided by an Administrative Council of independent experts, currently composed of four women and five men with expertise in fields such as commercial marketing, health economics and Behaviour Change Communication. A separate Accounts Commission reports to the Council. Operational responsibility rests with the Executive Director.

Partnerships

The partnerships that AIMAS has forged over the years are a crucial element of its functioning.

A major partner for the Ministry of Health

Part of what makes AIMAS exceptional in the world of social marketing is its close and complementary relationship with the Ivorian government, and the special responsibility it has taken on at national level. From the beginning, the Côte d'Ivoire Social Marketing Programme adhered to the national public health policy. It was scrupulously careful to align its activities within the Health Ministry's strict legal framework regulating access to family planning. Thus, the hormonal contraceptives sold by AIMAS are available only in pharmacies and health services with a prescription from a health professional. As a result, the Ministry of Health, chronically challenged by inadequate contraceptive supply – made worse by the civil war – gratefully welcomed AIMAS's contribution as an extension of the services the Government was not in a position to provide. The Ministry of Health is Germany's partner on the project agreements for support to AIMAS, which appears as a major actor in national policy documents on Family Planning (2013) and Reproductive Health (2009).

Few governments describe their relationship with NGOs in terms of true partnership, but this is the terminology used by Mr Hyacinthe Andoh Kouakou, Vice-Director of Côte d'Ivoire's National Programme for Maternal and Child Health: 'The Ministry of Health is the senior partner, of course,' he says, 'since it has overall responsibility for the health sector, for activities such as planning and setting standards, and for agreements with external organisations.'

[3] Tracking Results Continuously, an instrument developed by PSI (see next chapter).

Just as AIBEF complements government provision of reproductive health services through its dedicated family planning clinics, 'AIMAS is our other major partner. We rely on it for social marketing and communications, and its contribution to activities such as estimating the need and potential uptake of contraceptives. It is also an important source of family planning training for government clinics, and does a lot of work with local NGOs in different parts of the country.'

Mr Kouakou's directorate supervises the Ministry's contracts with the two NGOs, receiving periodic reports and staying in touch through tri-monthly meetings. AIMAS was appointed as a member of the Technical Committee for the 2012 Demographic and Health Survey as well as of Côte d'Ivoire's Committee on Contraceptive Logistics. To avoid stock-outs AIMAS has even lent the Ministry contraceptives (which were replaced when the regular supply arrived).

Côte d'Ivoire's Ministry of Health relies on the social marketing agency AIMAS to expand its outreach in reproductive health.

A close relationship is also maintained with the General Directorate of AIDS Control (Direction Générale de la Lutte contre le SIDA). Its director, Dr Joséphine Diabaté, explains that Côte d'Ivoire's HIV and AIDS programming is increasingly emphasising links with reproductive health, centred particularly around the 'dual protection' of the condom against HIV as well as unwanted pregnancy. She praises AIMAS's contribution to technical questions regarding logistics and distribution.

Box 6. It takes time to build an organisation – but patience is rewarded

Lazare Koudou Goussou, Executive Director of AIMAS.

AIMAS's Executive Director trained as an economist and then studied health programme management. 'My MBA included private sector marketing,' he notes, 'which is useful when you are doing social marketing.' He joined ECODEV in 1994 and describes his time there as 'an education in itself' as the organisation took on new challenges. 'The practical experience on real-life issues is invaluable,' he says. 'How do you actually do a television series, with all the problems you can have with artists and scripts and so on? How do you maintain a distribution network during a civil war? Well, we have that experience, and are now among the most experienced groups doing social marketing in Africa.'

When discussing his organisation's achievements, Mr Goussou gives a great deal of credit to KfW's steady support through good times and bad. 'They were patient and flexible during the crisis times. But KfW was also prescient: it anticipated a long time in advance that family planning would rise in importance alongside HIV.'

Mr Goussou appreciates that the long-term approach enabled AIMAS to maintain a stable base of staff and thus build up managers and specialists who are now leading experts in their fields: 'Take our head of administration. He sits on the national panel of experts on contraceptive logistics. And that is because, when you are doing quantitative work on contraceptives in this country such as projecting demand, you absolutely need him at the table. Or the head of our warehouse: USAID "borrowed" him a few years ago to help with their work in Burkina Faso. Or the director of our audiovisual centre: he is the top guy in mass Behaviour Change Communication, and whenever there is a big production in this country, Malibu simply has to be part of it.'

But, Mr Goussou notes, the organisation is not standing still, and is constantly trying new things. 'For example, social franchising (see chapter 'Looking ahead') will be new for us, a radically different way to provide family planning services. It is an innovation for this country. So that's why we've taken it on.'

A growing list of international partners

Although the German government through KfW has remained AIMAS's biggest external supporter, as Côte d'Ivoire's flagship social marketing agency, AIMAS has forged a number of partnerships with other development organisations. UNFPA as well as smaller organisations such as the Population Council and the oil company Vivo Energy (a subsidiary of Shell) have all called on AIMAS to execute activities or programmes on their behalf. AIMAS has also been a sub-beneficiary of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the American President's Emergency Plan for AIDS Relief (PEPFAR). Most recently the French Development Agency (Agence Française de Développement - AFD) has enlisted AIMAS in a new reproductive health programme in two regions of the country that are currently underserved (see chapter 'Looking ahead').

NGO partnerships

One of AIMAS's strengths is the network of NGO partners on which it can count. These activists for reproductive health play a major role in bringing messages and services to target groups in densely populated areas and keep AIMAS constantly in touch with reality in the field. The next chapter describes how AIMAS works with its NGO partners.

Logistics partners

Crucial for AIMAS's activities is the network of suppliers, distributors, transporters and manufacturers it has built up over the years, as well as the hundreds of health professionals and pharmacists involved in prescribing and delivering the contraceptives it sells. (These aspects will be developed in the next chapter.)

Partnerships with traditional and religious leaders

Côte d'Ivoire's social tensions having revolved to a great extent around religion, AIMAS is careful to take a balanced approach, associating both Christian and Muslim opinion leaders when developing new messages or information campaigns. AIMAS attributes its broad acceptance and popularity in the population at large to its lively and good-humoured communication campaigns that penetrated into every household well before the civil war, while providing commodities widely recognised as useful and attractive. This reservoir of good will built up on both sides of the political divide, which made *Prudence and Confiance* household names, was an important factor in allowing AIMAS to persevere and even increase its sales during the civil war.

Mr Zambé di Benin, Head of Duokro governmental health centre, was trained by AIMAS in family planning. Here he counsels a family planning client.

Box 7. Traditional, but open to change

Chief Nanan Kouassi Konan (in yellow) and his counsellors in Kami village.

Kami village has hosted AIMAS behaviour change activities since 2003. The village, a half-hour's drive north of Yamoussoukro, is run by a traditional council headed by Chief Nanan Kouassi Konan.

The Chief, an affable middle-aged man, receives visitors in his courtyard, flanked by his male councillors. Ritual courtesies are exchanged, with a spokesman doing the talking on the chief's behalf. Eventually the chief addresses his visitors directly: 'When AIMAS first offered its services here, we were suspicious. Would it be yet another organisation that comes, does a bit of work, then disappears? But 10 years later, here we are still working together.'

In 2006 the Chief found himself involved in the preparatory discussions on AIMAS's *Ma femme, mon amie* television series (presented in the following chapter). He mentions with evident pride his role in representing 'traditional values' during the preparation of the series. He fully supports the use of mass media to promote public health matters like family planning. 'Television is important here,' he says. 'Everyone watches, though not everyone has one. The radio – that's different, there is one in every house.'

But it is the face-to-face Behaviour Change Communication activities – discussion groups, door-to-door visits, film and video shows – that are most valued in this village. Chief Konan remembers that AIMAS's social communicators were careful of local sensibilities when they first came to promote family planning: 'For example, their messages about the advantages of birth spacing – these had to be explained. But once that had been done, they were perfectly acceptable to us.' Asked how many children he has, the Chief smiles broadly and raises the fingers of both hands: 'A football team,' he jokes. 'I was not myself strong enough to respect birth spacing as well as I should have, but I certainly support people doing so.'

Social marketing for behaviour change

The PERForM model for product social marketing

The term 'social marketing' was first launched in 1971 in a seminal article in the *Journal of Marketing* (Kotler & Zaltman, 1971) with the following definition:

> Social Marketing is the application of principles and tools of marketing to achieve socially desirable goals, that is, benefits for society as a whole rather than for profit or other organizational goals and includes the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communications and market research.

Since then the term has been associated with a myriad of different approaches, practices and theories, most of which would fit under this definition or that of KfW (see Box 2, p.6). A fundamental distinction made by Honeyman (2008) in his typology of social marketing models is between *product social marketing and non-product social marketing*. Examples of the latter are campaigns to change behaviour, for example stopping smoking or alcohol abuse, without promoting a commodity whose availability will support this desired behaviour change.

> Social marketing uses commercial marketing techniques – e.g., consumer research, market segmentation, and incentives – to increase the uptake of practices, goods or services that have social value.

Product social marketing likewise aims for behaviour change, but of the kind that requires a material commodity *(product)* in order to be carried out. Examples are:

- 'Protect yourself from malaria by sleeping under a *bednet*.'
- 'Protect yourself and your partner from HIV by using a *condom*.'

Social marketing of products for family planning and other health benefits has been widely taken up by governments, donors and NGOs around the world.

Honeyman (2008) describes the product social marketing approach:

> The traditional product social marketing program involves developing a brand; establishing an in-country management unit; and selling and promoting through the local infrastructure. The entity usually undertakes research, planning, procurement, marketing, behavior change/demand creation while 'piggy-backing' on existing distribution systems.

This is what AIMAS does, applying the Performance Framework for Social Marketing (PERForM) model developed by PSI, one of the world leaders among product social marketing organisations.[4] PSI applies its PERForM model in the 70-some countries where it is active at any one time, including many where it executes or supports programmes funded by KfW.

AIMAS uses the PERForM social marketing framework to plan, execute and evaluate its interventions. This model mirrors the log-frame levels, where the behaviour change aimed at – in AIMAS's case rights-based, gender-sensitive use of contraceptives and condoms – is the programme's behavioural **objective** contributing to a higher **goal**: improved health status and quality of life. For AIMAS this overarching goal is formulated as: 'Contributing to stabilise the sexual and reproductive health of the Ivorian population through reduction of unplanned pregnancies and sexually transmitted infections, particularly HIV'.

Customer orientation: A particular feature of this model is that it synthesises current behaviour change theories to focus on a number of factors determining individual behaviour, grouped under **opportunity, ability and motivation**. The social marketing interventions (**method mix**) are designed to influence these **behavioural determinants** through what are traditionally called the '**four Ps**':

- **Product.** In this case the branded condoms and contraceptives required for the targeted individuals to adopt the desired behaviour.
- **Price.** What does the targeted individual have to give up in order to obtain the product? The amount of money he or she is willing to pay – but also the pain of giving up comfortable ingrained habits (such as sex without a condom).

[4] PSI promotes some 20 products including commodities such as Insecticide Treated Nets and Oral Rehydration Salts in addition to condoms and a variety of contraceptive methods.

- **Place**. Where can the targeted individual obtain the physical product (distribution channels) and be exposed to the promotional messages (communication channels)?
- **Promotion**. Behaviour Change Communication encouraging both the desired behaviour change and the uptake of the commodity required to adopt this behaviour change.

AIMAS's target groups

AIMAS's overall target group for reproductive health commodities and communication includes all sexually active men and women of reproductive age in Côte d'Ivoire.

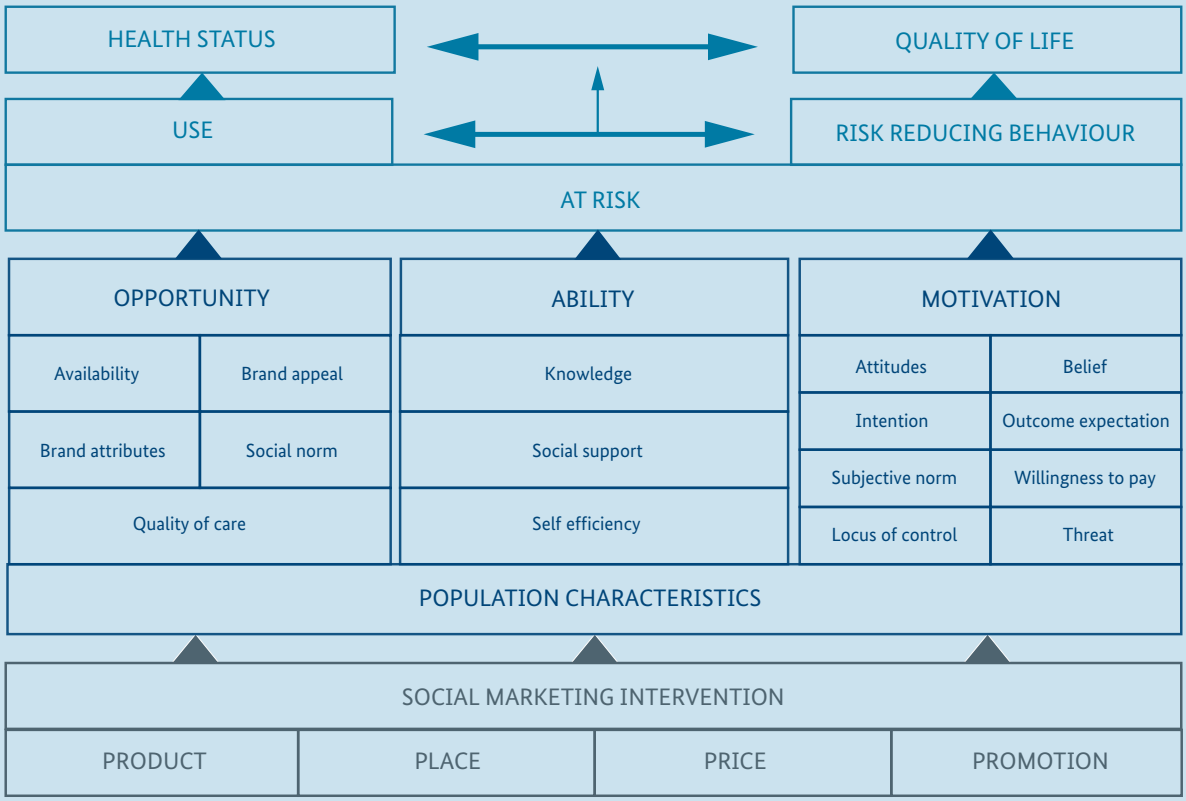
However, AIMAS focuses on two primary target groups, reflecting its two types of products:

- hormonal contraceptives, which are convenient, effective protection against unwanted and unspaced pregnancies, but are less accessible, since they can only be bought in a pharmacy and require a medical examination and prescription.
- condoms, which protect both against HIV and unwanted pregnancy and are more accessible because they do not require a medical prescription, but are less 'convenient' because they need to be used at each sexual relation.

The primary target group for the hormonal contraceptives are **women in union in rural and peri-urban areas**, with their **male partners as a secondary target** because of their decision-making power within the family. For the condoms the primary target group are **young, single men and women aged 15-24 in urban and peri-urban areas**.

> Underlying all of AIMAS's activities is a gender-sensitive approach which recognises that giving women greater power over their sexual and reproductive lives is crucial, and that this requires changing male attitudes.

Figure 2. The Performance Framework for Social Marketing (PERForM)



Source: PSI, 2004

Research for situational analysis and target group segmentation

As a basis for decision-making, AIMAS's Research and M&E department uses a number of evidence-based tools developed by PSI to assess different aspects of the social and economic context. Examples include TRaC (Tracking Results Continuously) surveys of target group knowledge, attitudes and practice in relationship to the behavioural determinants, MAP (Measuring Access and Performance) surveys of product accessibility and quality of presentation, analyses of the overall contraceptive market, and a study on gender relations in Côte d'Ivoire and their implications for social marketing strategy (CARID/AIMAS, 2004). The latter analysis has guided AIMAS in its efforts to reduce the communication barriers between its primary and secondary target groups (women and men in union) concerning reproductive health.

These studies provide AIMAS an objective basis on which to select its target groups, identify and develop key themes and messages, test ideas and hypotheses, explore audience reaction and evaluate the impact of the programme. Further sources of information are national statistical studies such as the DHS.

AIMAS's Research and M&E team applies the PERForM model to gain profound insight into the behavioural determinants of their target group members' decisions to adopt health-promoting behaviours or not. Going beyond demographic characteristics (e.g. sex, age, ethnic group), the analysis allows further segmentation of this audience for very precise targeting with products and sensitisation of individuals with similar concerns, interests and abilities.

For example, the 2013 TRaC survey of women in union aged 25-35 in AIMAS's community-level intervention zones identified six behavioural determinants for these women's choices concerning modern contraception: *availability, knowledge, social support, belief, expected outcome and [perceived] threats*. The analysts then established correlations between the types of response, e.g. women with *knowledge* that birth spacing reduces maternal and infant mortality are more likely to use modern contraceptives (*expected outcome*). Thus one of the study's recommendations is to reinforce women's awareness of the health benefits of birth spacing and their perception that modern contraceptives are effective for birth spacing (AIMAS, 2013b).

Products

The majority of contraceptives and condoms in Côte d'Ivoire are sold through the private sector rather than in government clinics and hospitals. A number of brands are available, particularly in urban areas, although AIMAS's brands continue to be the bestsellers. The product range provided by AIMAS with KfW support currently comprises three branded contraceptives.

- ***left:*** *Hortense De Laphafiet of AIMAS distributes condoms during an HIV information session at Abengourou.*
- ***right:*** *Winners of a women's foot race against HIV at Daloa.*

Prudence condoms

Introduced in 1991, the ***Prudence*** brand of condoms is by far the market leader in Côte d'Ivoire; the most recent DHS survey found that two out of every three condoms used in the country are *Prudence.* This male condom[5] is used by women for family planning as much as the hormonal injection (INS & ICF International 2012).

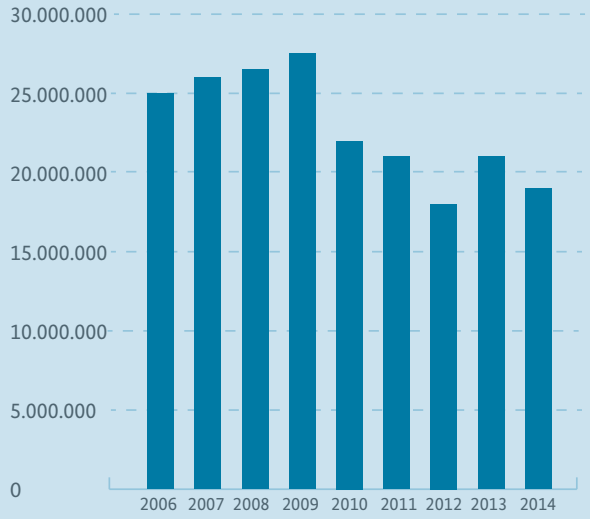
Confiance contraceptive pill

Confiance, introduced in 1997, remains Côte d'Ivoire's bestselling and most widely available oral contraceptive, with approximately 70% of the market share in the country (INS & ICF International 2012). A combination of oestrogen and progestin, its distribution is entirely carried out through private sector pharmacies and clinics. Sales of *Confiance* have risen consistently in recent years (see Figure 4).

Harmonia injectable contraceptive

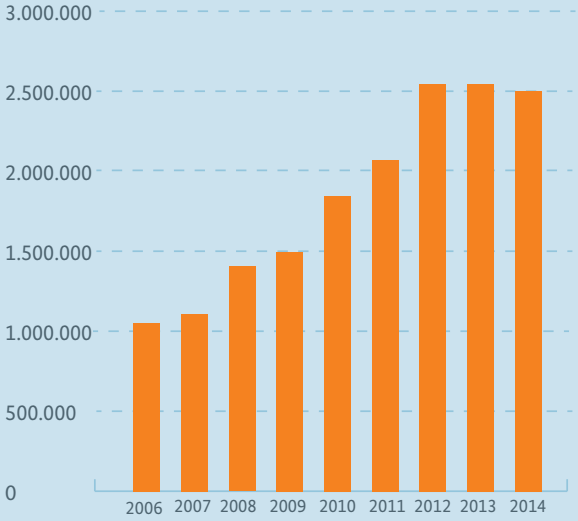
Harmonia is an injectable contraceptive (medroxyprogesterone acetate) that was launched by AIMAS in 2011. It still has a relatively small share of the market for injectables, the majority of which are distributed through government health centres.

Figure 3: Sales of *Prudence* condoms



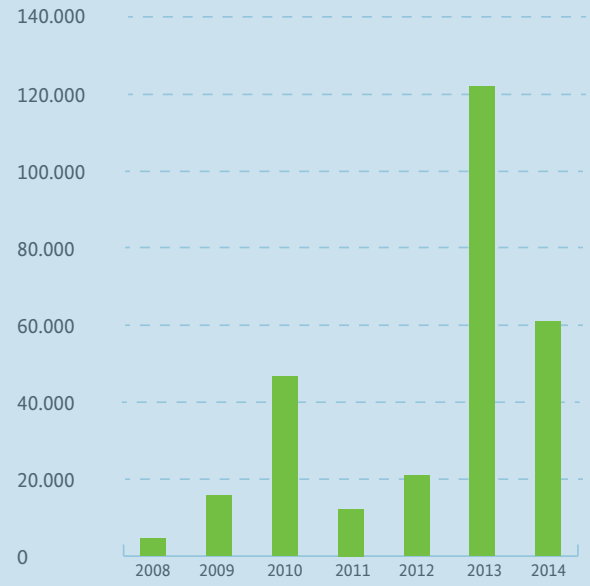
Source: AIMAS, 2015

Figure 4: Sales of *Confiance* oral contraceptives (monthly cycles)



Source: AIMAS, 2015

Figure 5: Sales of *Harmonia* injectable contraceptive (three-month cycles)



Source: AIMAS, 2015

[5] AIMAS's attempted introduction of a female condom in 2007 failed due to competition with similar products distributed for free by UNFPA to the same high-risk target group (sex workers).

Price

The commodities are acquired through an international tender supervised by KfW based on quality and cost. Setting the price to consumers for subsidised social marketing products is a balancing act: they need to be affordable for the target group, but at the same time not so cheap that potential users suspect them of being of poor quality.

To ensure a range of prices appropriate for different population segments, subsidised social marketing commodities should be priced lower than commercial condoms and contraceptives, but higher than those sold in public health facilities. At present, this is not the case: some of AIMAS's products sell for even less than the contraceptives sold in the public health services. The Ministry of Health has not yet authorised AIMAS to significantly increase the prices of its products. *Prudence* for instance continued for 20 years – despite inflation – to be sold at its initial price of 100 FCFA (€0.15) for a package of four condoms. In 2011 its price to the consumer was raised by 25%. The unit cost of a monthly cycle of *Confiance* (€0.25) is not even half covered by its price to the consumer (€0.12). Only the injectable *Harmonia* is priced higher (at €0.95) than its acquisition cost of €0.67.

The overly low price of its commodities also reduces AIMAS's revenues available for reinvesting in its operations. AIMAS's long-term objective is for the price to the consumer to cover the cost of acquisition, for sustainability and reducing dependency on outside funding.

The overall contraceptive market is further perturbed by inadequate coordination of the international partners who provide contraceptives to Côte d'Ivoire as well as by competition with free condoms supplied by donors such as PEPFAR and the Global Fund (especially when their distribution is not well targeted), and with cheap condoms illegally imported from neighbouring countries. As a member of the Health Ministry's Committee on Contraceptive Logistics, AIMAS has been lobbying for better coordination through a Total Market Approach.[6]

Place

Distribution chain

Over the years AIMAS has built up a strong distribution system for its various products. This system is widely recognised for its efficiency and professionalism, most recently in a USAID-funded analysis (Tuddenham & Ouedraogo, 2013). The AIMAS supply chain begins at its main warehouse in Abidjan's port area, where up to a year's inventory can be kept. The warehouse handles both the social marketing products and some that are stored for other development partners.

Condoms constitute the largest volume of commodities that need to be distributed and, as they do not require a prescription, have a broader distribution network than the hormonal contraceptives. A large proportion of condoms are supplied straight from the AIMAS warehouse to four major commercial distributors, who in turn sell through their own networks of wholesalers. AIMAS also distributes directly to some wholesalers in different parts of the country through its own two smaller warehouses in Daloa and Yamoussoukro. The retailers who sell *Prudence* condoms to clients include AIMAS's partner NGOs, as well as shops, supermarkets, pharmacies, clinics, hotels and bars, and the ubiquitous *tabliers* (informal sector merchants operating small roadside stands).

Confiance and *Harmonia* are sold only with a prescription through pharmacies and local drugstores (of which there are about 700 and 1500, respectively, countrywide) and clinics, which can be commercial or government-run. AIMAS has a contractual relationship with the country's major pharmaceutical wholesalers through which many pharmacies are kept supplied. As well as distributing AIMAS products, the pharmacies also receive information and periodic training regarding their use.

Supporting its distribution activities, AIMAS has a team of medical sales representatives whose job is regularly to visit and promote these products among pharmacies, pharmaceutical distributors, and health facilities. The representatives also help to increase the knowledge and skills of these service providers in such areas as prescription and follow-up of clients.

[6] In a Total Market Approach all sectors and partners work together to ensure that the family planning needs of all population segments are covered with products that fit their respective financial capacity.

Health providers' role in product accessibility

Since in Côte d'Ivoire hormonal contraceptives can only be obtained with a medical prescription, doctors, midwives and nurses play a key role in AIMAS's marketing strategy. AIMAS contributes to the Health Ministry's plan for wide availability of reproductive health services by training large numbers of health workers from both the public and private sectors in family planning counselling and prescription. AIMAS's trainers ensure that the personnel thoroughly master the various contraceptive products, both the generic ones provided by the Ministry of Health and AIMAS's branded products, which they can rely on if the others run out. Private sector clinics are an increasingly important source of medical services in Côte d'Ivoire. AIMAS sales representatives keep health providers' knowledge fresh by visiting both public and private health facilities on an ongoing basis.

Box 8. Following the supply chain

Mr Adam Yapi, head of AIMAS central warehouse in Abidjan, with his assistant Eric Zahoui.

Mr Adam Yapi, head of AIMAS's central warehouse in Abidjan's busy port area, is all business. 'I have a manual of operating procedures, and I make people stick to it. If our Executive Director showed up here this morning and he hadn't filled out a requisition form correctly, I wouldn't hand over even the smallest box of our products.' Mr Adams breaks into a smile at the end of his statement, but his assistant standing nearby nods: this warehouse is run like a tight ship.

Mr Yapi walks visitors through the spotless, well-organised warehouse, enthusiastically describing its computerised management system and security measures. It even has temperature controls in place to ensure that products do not deteriorate. In 2010, he was sent on a mission to help USAID organise its warehousing in Ouagadougou, Burkina Faso, making him one of the many AIMAS staff members to lend expertise to neighbouring countries.

Some 246 kilometres to the north, in Yamoussoukro, Hassan Ezzedine waits to receive a shipment of *Prudence* condoms from his head office in Abidjan. He runs the local operation of CDCI, one of the four major wholesalers that AIMAS uses to distribute its products to the private sector in different parts of the country. His bustling warehouse is full of products, from soap powder to building materials, and every two minutes or so he breaks off the conversation to answer questions from staff and to speak to clients.

'I've been waiting for this new shipment for a couple of days now,' he says. 'The roads were disrupted by floods, so supplies are getting tight. I distribute to everyone around here: shopkeepers, supermarkets, even the *tabliers* that set up their stalls next to nightclubs and hotels – they can sell a lot of condoms, you know. *Prudence* is by far the biggest seller, so I don't bother with any other brands. The price is okay, we don't make a lot of money but sales are steady, so that's good.'

When it comes to condoms, Mr Ezzedine has other worries. 'We're losing business to cheap condoms from across the border in Guinea. It may be 25-30% of the market. And it isn't just condoms; of course, lots of things come through the borders. They need to be tightened up.'

Mr Hassan Ezzedine, wholesaler in Yamoussoukro.

Box 9. Family planning in two different settings

On market day in Duokro village Mr Zambé di Benin, head of the governmental health centre , receives up to 60 clients for preventive care, including family planning.

Duokro village's primary health care centre south of Yamoussoukro serves a population of 3,365. This sparsely furnished governmental facility is headed by male nurse Zambé di Benin. His team, which includes a midwife and two attendants, provides a range of basic medical services, including family planning counselling.

'I attended an AIMAS training on injectables two years ago,' he says. 'They are now very popular here. In fact, women ask for them more than the pill, and they frequently ask for *Harmonia* by name.'

The big day for consultations is Wednesday, when people from the surrounding countryside come to the village market. 'On those days you'll typically have a queue of 50 or 60 women, often with their children. We start at seven in the morning and end at six in the evening. A lot of the day's activities is vaccinations, but we also get women asking for family planning. We have to be fast, about 10 minutes for a counselling session, which costs 100 FCFA (€0.15). I provide counselling in French, and my attendants, who are local, do it in Baoulé. That is a good thing, because people are most comfortable in their own language – even single women will speak openly about their needs and fears. If we are out of the contraceptives provided by the Ministry, we give women a prescription for an AIMAS product that they can buy at the local pharmacy.'

In the attractive private *Clinique Emmanuel* on the outskirts of Yamoussoukro, its director, Dr Jacqueline Kouakou, explains, 'You have to understand the social pressures on African women. There is huge pressure to have children, and while that is most women's wish, it can be very risky to refuse, or to say they want to postpone it. Even a well-educated woman can face problems from her family – and my clinic is not here to destroy marriages! So discretion and good advice are essential.'

Dr Jacqueline Kouakou administering the injectable contraceptive 'Harmonia' to a client.

Clinique Emmanuel is one of two private clinics in the area that sell *Harmonia* and *Confiance*. The clinic is visited regularly by the AIMAS sales representative, and has sent some of its staff to AIMAS trainings.

'A clinic like ours has a number of advantages compared to public health centres,' Dr Kouakou explains. 'Waiting times are lower here, and it feels more discreet for some women. They are less likely to meet someone they know, and in any case no one can know which of our many services they are here for. The patient pays 5,000 FCFA (about €7.60) for a consultation, and can also buy the product they want without having to go to a pharmacy.'

Monitoring distribution performance

One of AIMAS's notable strengths is its emphasis on data collection, research and evaluation of its activities. The Research and M&E department carries out periodic studies aimed at mapping access to AIMAS products in different parts of the country. This allows it to pinpoint the number and geographic location of its points of sale, their market share, and the important issue of stock-outs.

A countrywide MAP survey (AIMAS, 2013c) determined that 46% of potential sales points sold condoms, and of these two thirds sold *Prudence*. However, the data also found that 40% of the sales points reported experiencing stock-outs of *Prudence*, prompting the organisation to review its distribution procedures at this local level.

Promotion

Promoting behaviour change via mass media

AIMAS promotes behavioural change in support of family planning both through mass media and through community-level interventions. The overall objective is to increase informed demand for contraceptives including condoms for dual protection against HIV and other sexually transmitted infections, and thus (a) increase overall prevalence of contraceptive use and (b) address unmet need. Important messages include the benefits of family planning, risk factors associated with unplanned pregnancies, the value of dialogue within couples about reproductive health and related issues, and female empowerment over their own bodies and reproductive lives.

Target group members are involved in all stages of campaign development, including action research, target group analysis, and pre-testing and validation of communication strategies and materials.

AIMAS has achieved a high profile with its production centre for television and other audiovisual presentations that support different aspects of reproductive health (see German Health Practice Collection 2011 publication 'TV soap operas in HIV education: Reaching out with popular entertainment'). AIMAS's dramas are initially broadcast on television channels provided by Radiodiffusion-Télévision Ivoirienne (RTI), the country's publicly owned radio and television authority, which has four television channels and two radio networks. The broadcast time is subsidised by the Ministry of the Economy under a formal agreement with AIMAS and RTI – further evidence of the close partnership established with the Ivorian Government.

AIMAS also works closely with community radio stations, which are found across the country, often operating in local languages. It provides both training for station staff and programmes (including dramas, advertising and brief spots on specific topics) that they can broadcast.

In 2013, the organisation's audiovisual centre changed its name to the Centre of Strategic Media, reflecting AIMAS's determination to expand its communications activities beyond television and radio to social media and other internet-based platforms, including via its website www.aimas.org.

Drama in service of reproductive health

AIMAS and its predecessor organisation ECODEV achieved international recognition for the three *Sida dans la cité* series of soap operas, which were highly effective in informing the Ivorian public about HIV and AIDS. However, the media centre has also featured family planning and related topics such as polygamy as a theme in its productions since the late 1990s. AIMAS now has an established methodology for creating engaging dramas that capture large numbers of viewers while effectively promoting behaviour change. Each project begins with the creation of a conceptual framework that outlines the problems and needs to be addressed, the level of understanding of the target population, and the practical objectives of the project. After approval by AIMAS's administrative council, the project is discussed in a workshop by the audiovisual centre staff and some of the country's top creative professionals. A script, budget and shooting schedule are then proposed and approved, actors and technicians are hired, and the project enters production. The behaviour change objectives remain paramount: as the long-time head of the audiovisual centre, Malibu Yehiri, notes, 'The creative staff remain in constant touch with the thematic experts. That means we can rework scripts quickly when there are important communicative nuances that need to be accentuated.'

The most ambitious production so far has been *Ma femme, mon amie* ('My wife, my friend'), a 21-episode soap opera designed to increase public knowledge about family planning and reproductive health. The series was broadcast starting in May 2012 on the main television network and was accompanied by two additional programmes in a documentary format that explored the major themes. In addition, a 'roadshow' travelled throughout the country hosting discussions and distributing information on family planning. Capitalising on the success of the television series, AIMAS also created a set of short radio broadcasts on family planning and reproductive health entitled *Ma radio, mon amie*, involving more than 100 local radio stations throughout the country.

Marketing on the airwaves

The centre has produced a variety of advertising spots for television and radio which market AIMAS's branded contraceptives in five major languages (French, Baoulé, Guéré, Dioula and Bété). Recently it produced a generic spot on injectable contraceptives, informing audiences about their specific advantages: they do not require daily action (unlike the pill) and do not interfere with sexual relations (unlike condoms). Once this generic spot had been widely broadcast, AIMAS followed up with a spot on its own brand of *Harmonia* injectables, which was followed by a noticeable increase in sales.

Box 10. 'The man said, "Why should I talk to my wife?"'

Malibu Yehiri at work in the audiovisual centre.

Malibu Yehiri joined the media production centre as an intern in 1995 and is now AIMAS's director of strategic media. 'I've worked on all our major productions, but this latest series, *Ma femme, mon amie*, is the one I am proudest of. It truly broke new ground in the way it dealt with gender relations and reproductive health here in Côte d'Ivoire. We shocked everyone when it was first broadcast: in the opening scenes, a woman dies in childbirth as a family waits outside the operating room. I confess, it still makes me cry when I see it.'

AIMAS first formed the idea of focusing a new series on family planning in 2005, and held a workshop with a range of stakeholders to discuss different points of view and concerns. 'We consulted everyone, including the traditional chief of Kami, one of the villages we work in (see Box 7, p.19). The script emerged once we had a good grasp of how people saw the issues, particularly the obstacles to family planning.'

The title came out of a roundtable discussion. 'We were talking about communication between couples, and one of the participants asked, in all seriousness, "Why should I talk to my wife? It's not like she's my friend!" And that sparked the idea: why *don't* men think of their wives as their friends?'

Shooting the series was difficult, Mr Yehiri recalls, particularly when it went on location. 'Forty people in a small village, including some very strong personalities – that's not easy. And struggling to keep within budget and on time... Well, I like to say that the constraints make the film.' In the end, the series was a major success, both in Côte d'Ivoire and in other African countries. 'But the fact that it was entertaining is a reflection of our expertise,' concludes Mr Yehiri. 'The visuals, the powerful story, the casting – all of that is important to get the message across in a region where so many people are semi-literate.'

Poster of 'Ma femme, mon amie', first broadcast in 2012.

The effectiveness of AIMAS's mass communication strategies may well be linked to remarkably high levels of knowledge about modern contraception in 93% of Ivorian women and 99% of men noted in the 2012 DHS (INS & ICF International 2012).[7]

Behaviour Change Communication on community level

In addition to its use of mass media to reach a country-wide audience, AIMAS also harnesses the power of face-to-face communication in group discussions organised by its medical representatives and social communicators (*animateurs* and *animatrices*) as well as by its subcontracting NGOs. Gender relations are delicate in any context, but particularly so when discussing a subject as intimate as family planning. For this reason, AIMAS's behaviour change programming at community level uses both women-only and mixed-gender discussion groups.

Community outreach through local NGOs

AIMAS currently conducts much of its behaviour change and communication activities through contracts with 19 local NGOs based in 10 densely settled communities around the country, both rural and peri-urban. These NGOs have strong community ties from long experience in their local areas. Many sprang up in the 1990s to provide support to people living with HIV.

Much of the work is done by social communicators, who receive a monthly stipend of about €33 plus travel costs to conduct a variety of activities, particularly door-to-door visits. These are usually carried out by a team consisting of a male and a female *animateur* who, when invited into a household, present AIMAS's flip-chart *Pour planifier votre famille* ('Planning your family'). This material contains graphics and text designed for use among people with very basic educational levels. Questions and discussion are encouraged during the course of the visit, and as confidence develops, the discussion may cover couple relations and issues such as negotiating the use of contraceptives. Cost of services is an important issue for poor people, and the *animateurs* are careful to explain what the prices for various services are likely to be, both at government-run and private clinics.

Gisèle Sehi Makeur, Animatrice with Lumière Action NGO in Abobo neighbourhood, Abidjan, sharing AIMAS's flip-chart on family planning in a home setting.

The *animateurs* conclude by telling women where they can purchase contraceptives, or by referring them to clinics or health centres. The NGOs work to establish good relations with local health providers, in some cases structuring this relationship with self-devised referral documents.

The NGOs also carry out public events that reach much larger audiences. Some of these are supported by AIMAS staff and include group discussions and public screenings of films and videos. For these events, the NGOs take advantage of occasions such as religious or popular festivals, market days, and even sporting events that draw crowds.

In the past 12 years, a partnership with the oil company Vivo Energy (a subsidiary of Shell) has provided AIMAS with a community centre in the capital city Yamoussoukro. The centre is used for outreach activities for young people aged 10-24. As well as sports, cultural programming and computer training, the programme offers age-sensitive information, peer education and counselling on reproductive health, relationships, HIV and family planning.

AIMAS maintains the high quality of its community-level activities through regular supervision and sharing of experiences and innovations among the NGOs. It is estimated that approximately 2.5 million people, over half of them women, were reached by face-to-face interaction during AIMAS's Phase 3 (2007-2014).

[7] Unfortunately, the DHS survey did not ask respondents about their source of information.

Results

The social marketing programme's goal in Phase 3 (2007-2014) of KfW support was to 'contribute to stabilising sexual and reproductive health of the Ivorian population through prevention of unwanted and insufficiently spaced pregnancies as well as of sexually transmitted infections, particularly HIV.' These goals are to be achieved by 'motivating target groups for responsible sexual and reproductive behaviour' (*promotion*) and 'making available high-quality contraceptives that are affordable for the target group' (*product, price* and *place*).

Having provided 66% of the condoms and 70% of the contraceptive pills used in Côte d'Ivoire in 2012 (INS & ICF International 2012), AIMAS clearly has contributed to these objectives: the reported use of these products indicates that the targeted behaviour change has taken place.

Increased demand and use of contraceptives at national level

AIMAS has been the major source of publicly available information on family planning in Côte d'Ivoire, both through mass communications and community activities. In the absence of consistent government or external donor programming, the increase in contraceptive use and demand can largely be attributed to AIMAS.

Overall use and knowledge. While still low at 14% of women aged 15-49, modern contraceptive prevalence in Côte d'Ivoire represents a considerable increase from previous surveys, up from 4% in 1994 and 7% in 1999. The 2012 DHS also found that intention to use contraception in the future had risen appreciably between surveys. Forty percent of women said they intended to use contraception in the future, compared to only 31% ten years previously. The proportion of those who said they never intended to use contraception dropped from two-thirds to less than half.

This increase in use and interest is consistent with rising levels of knowledge about modern contraceptives over the same period, from 72% in 1994 to 93% in 2012 among women in union and from 85% to 99% among men in union (INS & ICF International 2012).

Use of AIMAS products. Looking more closely at the 14% of women identified as using modern contraception, 6% reported using oral contraceptives and 5% reported using condoms. The DHS included a further question about which brands women used, which indicated that 70% of the oral contraceptives used were *Confiance*, while 66% of the condoms were *Prudence* (INS & ICF International 2012). In other words, more than two thirds of the most popular types of contraceptives used in the country were brands promoted and distributed by AIMAS.[8]

AIMAS estimates the impact of its family planning activities using a standard measure (AIMAS, 2014b): the *Couple Year of Protection* estimates the number of couples protected from unwanted pregnancy through the use of a particular product during a given year.[9] By this measure, for all AIMAS products, the number of couples protected in 2013 was just over 432,000 – an increase of more than 50,000 over the previous year. *Prudence* condoms accounted for 46% of this growth, *Confiance* oral contraceptives for 42%, and the *Harmonia* injectable 8%.

Impact of AIMAS's community-level activities

A TRaC survey carried out by AIMAS's Research and M&E department in 2013 studied the impact of its community-level behaviour change activities, including determining factors in target groups' uptake of modern contraceptives (AIMAS, 2013b). Surveys were carried out among women in union aged 25-35 and their male partners in nine districts and two peri-urban areas where AIMAS works with local NGOs. Comparison with the nationwide results of the 2012 DHS indicates a better situation in these zones, which may reflect AIMAS's local activities.

Use of modern contraception. A total of 37% of the women surveyed in the AIMAS zones said they practiced family planning, markedly greater than the 18% reported on the national level for modern and traditional methods combined. Furthermore, 26% of the women surveyed in the study zones used modern methods, which again is well above the 12.5% reported on a national level for women in union.

[8] At the time of the 2012 DHS, social marketing of *Harmonia*, AIMAS's injectable, had barely begun.
[9] One Couple Year of Protection is calculated by AIMAS as the equivalent of 120 condoms, 14 oral contraceptive cycles, or 4 injectables.

Unmet need. Unmet need for contraceptives in the study zones was calculated to be 20%, compared to 27% nationally. Asked about access to modern methods, 76% in the study zones replied that it was easy to obtain oral contraceptives (the majority mentioned *Confiance*) and 58% that it was easy to obtain injectables (again, most mentioned *Harmonia*). These are relatively high measures of *self-efficacy*,[10] one of the pre-conditions to behaviour change identified in the PERForM model.

The study collected a wealth of information about the knowledge, beliefs and practices of women and men in the target areas, which AIMAS is using to further adjust its activities and those of its partners. A striking finding is that 77% of men in the survey stated that they would support their female partners if they decided to use a modern contraceptive method. This contrasts with the majority of reports on male hegemony in Côte d'Ivoire (see p.10) and again, may reflect an impact of AIMAS's gender-sensitive promotion of family planning.

Decrease of HIV prevalence

A major result of the social marketing programme is its success in attaining its initial objective: reversing the tide of Côte d'Ivoire's HIV epidemic. AIMAS and its predecessor organisation succeeded in modifying the behaviour of a critical mass of Ivoirians through assiduous and imaginative communication campaigns encouraging use of condoms, while ensuring wide accessibility of its branded, quality condom *Prudence* for those ready to adopt this novel behaviour. From a high estimated at between 8.7% and 10.2% in 1997, HIV prevalence dropped to 4.7% in 2005, and then to 3.7% in 2012.

Efficiency and cost-effectiveness

These results have been achieved with a high degree of efficiency and cost-effectiveness. AIMAS often not only meets its sales and behavioural targets but exceeds them. The average cost of the Couple Year of Protection (all methods combined) during Phase 3 came to €8.64, well below the programme's target value of €10.50. Through efficient management including rationalising its personnel structure, by 2014 AIMAS achieved nearly 100% coverage of its operational costs with the revenue from commodity sales, making it the most cost-effective of KfW's social marketing programmes in Africa (Elke Bindewald, personal communication).

[10] Individuals' confidence in their own ability to achieve or obtain something they aim for.

Lessons learned

Germany has supported family planning and HIV prevention in Côte d'Ivoire through AIMAS and its predecessor organisation for almost two decades. A number of lessons have been learned during that time that may be useful for organisations engaged like AIMAS in product social marketing, i.e. where behaviour change is supported by making available the physical commodities – in this case condoms and contraceptives – required to effectively adopt and maintain the desired behaviour.

Encourage local organisations rather than time-limited projects

One of the key factors in AIMAS's success has been German Development Cooperation's emphasis on building sustainable national capacity through the creation of a strong local organisation. This approach is based on the assumption that assembling expertise, equipment and infrastructure within a permanent entity will have a more durable impact than a time-bound programme- or project-based approach. This was the basis for KfW's active involvement in the creation of AIMAS in December 2001. This small national organisation with its dedicated local team continued to function and even increase its provision of family planning and HIV prevention commodities throughout the country during the years when political conditions in the country were so difficult that many development partners had withdrawn. Allowing the young agency to reinvest the revenue from its commodity sales into building up its own organisational capacity has greatly helped to consolidate it as a viable entity.

Today, more than a decade after its creation, AIMAS is recognized as a leader – both in Côte d'Ivoire and in West Africa – in fields such as logistics, training, Behaviour Change Communication, and television and video production. This is evidenced by regular requests for its staff to provide technical support to other organisations even outside Côte d'Ivoire and by AIMAS's regular participation in national planning committees.

Flexibility and innovation

Family planning and reproductive health are fields which continuously advance on the basis of new experiences worldwide. AIMAS has managed to stay abreast of progress in these fields and is one of West Africa's most visible 'early adopters' of promising practices, starting with the early shift of focus from HIV prevention to family planning and the pioneering introduction of hormonal contraceptives among the commodities promoted through social marketing. Current examples include AIMAS's piloting of a public-private social franchising network, and launching of the Copper-T intrauterine device (see next chapter).

One organisational roof

One of AIMAS's strengths is that it contains all the departments needed to carry out a social marketing programme under one organisational roof, guided by the essential Research and M&E department. With its commodities warehouses, the organisation has a strong distribution infrastructure and broad-based sales staff able to deliver contraceptive products throughout the country (*product and place*). With its own well-equipped audiovisual studio, AIMAS also has the means to create awareness of its products, make people understand their benefits, and help to change behaviours (*promotion*). This is done both nationwide through its mass communications activities, as well as at local level through its partner NGOs. The high quality of AIMAS's audiovisual 'edutainment' productions is confirmed by their popularity throughout West Africa.

Promotion at community and mass levels

AIMAS promotes positive behaviour change both through mass communication and at community level. The latter is made possible through sub-contracts with local NGOs, which greatly extend AIMAS's reach in highly populated areas without requiring a large increase in staff. The two-level strategy allows AIMAS to ensure that messages are consistent and reinforcing across both levels, and permits messages and support activities to be modified as necessary. Direct feedback from the community level keeps the organisation as a whole 'grounded', while providing early warning about emerging issues or problems.

Strong partnerships (be the Health Ministry's best friend)

The AIMAS team attributes much of its effectiveness to the close and complementary relationship it has built up with the Ivorian Ministry of Health. If in certain countries there can be mistrust between the public health services and a social marketing programme perceived as intruding on the privileged domain of the national government, in Côte d'Ivoire the Ministry of Health, rebuilding its human and material resources weakened by governmental underfunding and years of political chaos, appreciates AIMAS's transparency and rigorous adherence to government policy, notably on access to contraceptives.

The Ministry of Health trusts AIMAS with the large-scale training of its own health personnel, and AIMAS functions practically as an arm of government, a constant partner in national consultations and decision-making. With its comprehensive range of activities, highly qualified personnel and modern infrastructure, AIMAS is entrusted with managing a vital segment of Côte d'Ivoire's reproductive health efforts. It distributes the majority of contraceptives sold in the country and provides the lion's share of information on family planning available to the general public.

As Côte d'Ivoire's social marketing specialist, AIMAS has attracted a variety of technical and financial partners eager to add their particular touch and perspective to its activities. Complementing KfW's support, the contracts awarded by UNFPA and most recently AFD to carry out specific major assignments confirm that AIMAS is highly considered as an effective and reliable organisation. With a flexible and forward-looking attitude, capable of securing new partnerships and funding, AIMAS is reducing its financial dependency on KfW.

> Today, AIMAS is recognized as a leader – both in Côte d'Ivoire and in West Africa – in fields such as logistics, training, Behaviour Change Communication, and television and video production.

Looking ahead

In November 2014 AIMAS embarked on Phase 4 of the Family Planning and HIV/AIDS Prevention Programme supported by KfW. In this new phase, though continuing its effective HIV prevention programme, two-thirds of financial resources are to be invested in family planning-related activities.

New activities include launching new products and a new form of delivery – social franchising – as well as branching out with a new partner to intensify family planning coverage in underserved regions.

New products, 'places' and promotion campaigns

A 'cool' condom for youth

In Phase 4 AIMAS is launching its very own branded male condom *Complice*, which specifically targets male and female urban and peri-urban youth aged 15 to 24. Based on detailed market research (AIMAS, 2013a), *Complice* is being positioned as a quality product for young people providing dual protection including against unwanted pregnancies. Contrasting with PSI's original brand *Prudence*, which is sold at 125 FCFA (€0.19) for a package of four, mainly through non-medical vendors (kiosks, supermarkets), *Complice* is a thinner, perfumed condom available only in pharmacies at a price of 300 FCFA (€0.46) for 3. The significantly higher price of *Complice* is perceived by this target group as an indication of a higher quality product. AIMAS hopes with *Complice* to increase condom use by this particularly vulnerable group. The higher price will also help AIMAS better cover its operational costs.

Copper-T intrauterine device

One of AIMAS's most daring innovations will be launching social marketing of the Copper-T intrauterine device. This non-hormonal contraceptive, which is made of copper and shaped like the letter 'T', offers considerable advantages since its long-term cost to users is significantly less than that of condoms and oral contraceptives. Providing contraceptive protection for over 10 years, the practical drawback of the IUD is that its insertion and removal can only be done in a health facility by a specially trained health provider. In Côte d'Ivoire the IUD is presently available in only a few public health facilities and AIBEF's family planning clinics: only 25% of women have heard of it and practically none use it (INS & ICF International 2012).

In addition to promotion and distribution of this new product, AIMAS will take responsibility for certifying, training and monitoring private and public sector health providers across the country for safe and hygienic insertion and removal of the device, based on quality criteria set by the Ministry of Health. Promotion of the IUD will go hand in hand with AIMAS's launching of yet another innovation for Côte d'Ivoire: social franchising.

Social franchising

AIMAS is starting the country's first social franchising programme. Like social marketing, social franchising applies strategies from the private sector to social objectives. Social franchising typically gives independent entrepreneurs or organisations the opportunity to join a branded network (in the same manner as car dealerships or fast-food restaurants) and gain benefits such as training, mentoring, use of brand logos and advertising, supplies and equipment, and a variety of support services.

AIMAS's Executive Director Lazare Koudou Goussou is impressed by the success of social franchising for reproductive health services in countries such as Cameroon, India, Pakistan and Togo. 'Here in Côte d'Ivoire,' he says, 'we hope to increase overall demand by improving quality of service and increasing the diversity of reproductive health and family planning methods available on the market.' Private and public clinics will be selected in partnership with the Ministry of Health to join the franchise network and will be recognisable by the AIMAS logo on the front. AIMAS will provide intensive training and supervision of clinic staff in order to meet the highest standards possible. 'Rather than facing long queues and over-worked staff,' adds Mr Goussou, 'a range of customers – individuals, couples, young people – will all expect to receive the kind of rapid, good-quality treatment that the private sector is supposed to deliver. This will be a pilot, a collaboration of private and public sectors, to see how and if it will work.'

> A franchise will have the mission of offering all family planning services on the market, and training and supervising staff to a high standard, since quality of service will be a key selling point.

New accents in promoting behaviour change

Accompanying the launching of AIMAS's new condom *Complice* is a campaign of TV and radio spots aimed at reinforcing urban young people's self-efficacy – the conviction that they individually are capable of obtaining and using a condom to protect themselves. Because of their particular vulnerability, young women are specifically targeted with the encouragement to 'make the condom woman's best friend.'[11]

Adoption of family planning will be promoted through two new Behaviour Change Communication campaigns targeting women and men in union. One campaign will aim at reinforcing women's knowledge of contraceptive methods including the IUD and will specifically debunk common rumours about these products. Providing reassuring information that will reduce women's sense of *threat* from supposedly dangerous side effects will improve their *outcome expectations* and liberate their ability and motivation to adopt more effective methods.

The second campaign will target men in union in view of encouraging dialogue within the couple. The campaign will promote the advantages of family planning and sensitise men about the dangers of unwanted and at-risk pregnancies.

Other new promotional initiatives include establishing a 'green line' that women and men can call to receive gender-sensitive information on sexual and reproductive health and rights, and a similar service using the internet.

Branching out with a new partner

The French Development Agency has recently joined with the Ivorian Health Ministry's National Programme of Reproductive Health to launch an ambitious three-year project in support of family planning focused on two underserved regions. In this project, AIMAS with co-financing from KfW is responsible for social marketing of contraceptives and promotion of family planning in these regions. Doubling its outreach with two new branch offices in Korhogo and San Pedro and nine new NGO partners, AIMAS is intensifying its activities including social franchising in a network of private health facilities in the two regions.

Facing the future with confidence

As a close partner of the Ministry of Health, AIMAS is well positioned to contribute actively in the planned updating of the 2002 draft law on reproductive health for increased accessibility to gender-sensitive family planning (see p.11).

Challenges still remain, with Côte d'Ivoire's contraceptive prevalence at only 14% and an unmet need twice as high. One priority is better coordination among partners in family planning to ensure reliable contraceptive supply, with the Ivorian Government taking an increasing role in organising and financing this essential dimension of reproductive health.

Pricing of social marketing commodities is another issue which needs to be resolved in a 'total market approach' as proposed by AIMAS to the Ministry of Health and its development partners. If the Ministry agrees for AIMAS to increase its current prices, this will help adjust the currently skewed market for condoms and oral contraceptives for a more balanced differentiation of population segments. It will also increase AIMAS's revenues from sales of its commodities, which will reinforce its operational capacities.

AIMAS successfully pursued its mission to maintain access to family planning and HIV prevention throughout the civil war and has acquired stature and credibility as a vital element of Côte d'Ivoire's reproductive health sector. Ms Bindewald of KfW confirms, 'Today AIMAS is one of the most solidly established of the national social marketing agencies whose organisational development German Development Cooperation has encouraged since the 1990s.'

[11] *Faire du condom le meilleur ami de la femme.*

Peer review

The German Health Practice Collection has established eight criteria that programmes and projects must largely fulfil in order to qualify for publication in this series (see Box 11). The two social marketing experts who reviewed the present study strongly agree that the AIMAS experience is of interest to a broad audience of development practitioners and in some aspects can even be considered 'state of the art'. Particular mention is made of:

- the combination of **traditional social marketing approaches with long-term organisational development** to create in-country capacity and enhance sustainability
- the **comprehensive multi-media approach**, effectively linking an impressive array of different communications approaches and channels
- successfully **harnessing the forces of the private sector** to achieve a greater social good, while also supporting the Ministry of Health in **developing family planning in the public sector**
- AIMAS's **resilience** in maintaining operations during the civil war.

AIMAS's provision of two-thirds of the condoms and oral contraceptives used in Côte d'Ivoire in 2012 is cited as proof of its **effectiveness** in making available the means to reduce HIV incidence and unplanned pregnancies. The reported improvements in Knowledge, Attitude and Practice are highlighted, although one reviewer notes the difficulty of proving with hard evidence that these can be attributed to AIMAS interventions.

The opinion on AIMAS's **innovativeness** is nuanced, since its PERForM model is widely applied in other product social marketing projects launched elsewhere by PSI. However, the above-mentioned specificities of AIMAS's implementation of the model, as well as its introduction of family planning when focus was on HIV prevention, are pointed out as making AIMAS a pioneer in its field.

Both reviewers agree that AIMAS's approach is **transferable** to other contexts, particularly the outstanding aspects mentioned above. One reviewer points out that AIMAS has long served as a model in the region, including for 'nationalising' PSI-launched projects.

Both reviewers appreciate AIMAS's approach as **participatory and empowering**, including target groups both in design and production of its campaigns and giving them voice during their community exchanges with NGOs – while improved access to condoms and contraceptives gives individuals control over their own reproductive health. The approach is also judged **gender-sensitive**, addressing both men and women with a good understating of the gender roles that exist in the Ivorian setting.

Box 11. Publication process of the German Health Practice Collection

Each year, GDC experts propose projects that they regard as good or promising practice to the GHPC. These proposals are then posted on the Collection's website to allow the interested public to compare, assess and rate them. They are also discussed in various GDC technical fora.

With this input, a joint GDC-BMZ editorial board selects the projects they deem worthy of publication. Professional writers then visit and document these projects, working with the local partners and GDC personnel who implement them.

The resulting report is submitted to two independent peer reviewers who assess whether the documented project represents 'good or promising practice,' based on eight criteria: **effectiveness**, **transferability**, **participatory and empowering approach**, **gender awareness**, **quality of monitoring and evaluation**, **innovation**, **comparative cost-effectiveness and sustainability**.

The reviewers assess AIMAS's **M&E system as effective**, pointing out the dynamic role of its internal Department of Research and M&E and its diligent exploitation of the many evaluation tools developed by PSI.

The organisation is appreciated as **cost-effective** and potentially **sustainable**. One reviewer points out AIMAS's efforts to diversify its revenue streams and to increase the sales price of its commodities, which would improve cost recovery and reduce dependence on donors. The other reviewer recommends continued funding of the project until the Ivorian social norm has completely shifted to accepting condoms and contraceptives as 'normal'. Although the potential sustainability of the subcontracted NGOs' activities in the absence of donor support is questioned, AIMAS's training of public and private health care providers is appreciated as contributing on a broader scale to sustainability of in-country family planning knowledge and professional capacity.

The positive assessment of AIMAS is summed up in the words of one reviewer: 'This project is meaningful, effective, and important. It can serve as a model for those needing to promote use of a tangible product that, when used properly and appropriately, improves lives.'

Acknowledgements

The German Federal Ministry for Economic Cooperation and Development (BMZ) would like to thank the Ministry of Health of Côte d'Ivoire for many years of close cooperation. We express our appreciation to the Agence Ivoirienne de Marketing Social (AIMAS), which grew out of a project funded by KfW Development Bank, for its unflagging efforts in favour of reproductive health and rights, and to Population Services International (PSI), Abt Associates and GFA Consulting Group (GFA) for their technical support on this journey. We also thank AIMAS's new partners, including the Agence Française de Développement (AFD), UNFPA, USAID, the Global Fund, Population Council and Vivo Energy, for expanding the organisation's opportunities to contribute and thrive.

Special thanks go to AIMAS's Executive Director, Mr Lazare Goussou, for his leading role in the development of this independent national agency, as well as to two long-term technical advisors who have helped to shape it: Ms Angelika Kobilke of PSI and Mr Rob Eiger of GFA. A particular mention goes to Ms Elke Bindewald, who as KfW Country Programme Manager from 2004-2014 greatly contributed to AIMAS's emergence as the specialist agency it is today.

We are grateful to the many individuals in Côte d'Ivoire who agreed to be interviewed for the preparation of this publication, and to the staff of AIMAS, who gave generously of their time. We particularly thank Mr Goussou, who as Executive Director still made time to prepare detailed written explanations in response to our writers' many queries, and Mr Malibu Yehiri, head of the Strategic Media Centre, with photographer Mounkaïla Boubacar, for organising the photo shoots in different parts of Côte d'Ivoire to illustrate this publication.

Two independent peer reviewers read the publication and provided valuable comments. Many thanks for their time and expertise go to Dr Suzanne Suggs, Associate Professor of Social Marketing at Università della Svizzera italiana in Lugano, Switzerland, who is also Co-Founder and Chair of the Board, European Social Marketing Association, and to Camilla Buch von Schroeder, Senior Health Specialist at Euro Health Group, Denmark.

Andrew Wilson visited Côte d'Ivoire, conducted interviews for this publication and prepared a first version of the text, which was then finalised by Dr Mary White-Kaba. We thank Elke Bindewald, Programme Manager at KfW, Rob Eiger of GFA, and Viktor Siebert, Advisor with GIZ's PROFILE programme, for their useful comments on the draft text. Anna von Roenne, the Managing Editor of the German Health Practice Collection, provided significant editorial support throughout the process.

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For more information about AIMAS, go to www.aimas.org

Published by
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn,
Germany

PROFILE - Programme to Foster Innovation, Learning and Evidence
in HIV and Health Programmes of German Development Cooperation

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German Health Practice Collection
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Writers
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Design and layout
Karsten van der Oord

Printed by
Aksoy Print und Projektmanagement, Eppelheim
Printed on FSC-certified paper

Photo credits
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As at:
December 2015

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On behalf of
Federal Ministry for Economic Cooperation and Development (BMZ),
Division for health, population and social protection

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