



**Life
Saving
Commodities**
Improving access,
saving lives

**Demand Generation for Reproductive, Maternal,
Newborn and Child Health Commodities**

CONDUCTING A NATIONAL ASSESSMENT ON DEMAND GENERATION FOR UNDERUTILIZED, LIFE-SAVING COMMODITIES: GUIDANCE AND TOOLS

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Acronyms

ACS	Antenatal Corticosteroids
CH	Child Health
DHS	Demographic and Health Surveys
EWEC	Every Woman Every Child
HC3	Health Communication Capacity Collaborative
HEU	Health Education Unit
HMIS	Health Management Information Systems
ICT	Information Communication Technology
INGO	International Non-Governmental Organization
IPC	Interpersonal Communication
MH	Maternal Health
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NH	Newborn Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
RH	Reproductive Health
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SBCC	Social and Behavior Change Communication
SM	Social Marketing
TWG	Technical Working Group
UN	United Nations
UNCoLSC	UN Commission on Life-Saving Commodities for Women's and Children's Health
USAID	United States Agency for International Development

About this Guide

Aim

This tool provides guidance to country-based partners on how to conduct an in-depth examination of the demand generation landscape related to country-identified priority commodities for reproductive, maternal, newborn, and child health (RMNCH). It is the first step in laying the foundations to build strong demand generation programs or strategies. The tool provides guidance for reviewing existing national evidence on demand generation for priority commodities, identifying major evidence gaps and areas for additional analysis, and proposing recommendations for the development of programs to increase demand and utilization of the life-saving commodities.

The assessment is not intended to facilitate primary collection of research data. Where gaps in current understanding of the drivers of demand are identified, formative research should be conducted with end-users – both providers and women or men – as well as other influencing audiences to ensure that program design addresses the barriers to demand for each specific commodity.

This assessment can complement the broader Rapid Landscape Assessment by the RMNCH Trust Fund if carried out, but is not dependent on it.

Objectives

- The assessment will synthesize country-specific information to understand:
- Policy and systems environment for demand generation in RMNCH
- Social and behavioral barriers and facilitators to uptake and utilization of priority commodities
- Current tools and approaches used in demand generation programs
- National capacity to carry out demand generation programs
- Current projects related to RMNCH demand generation
- Existing materials aimed at supporting demand generation programs for priority commodities

Methodology

The suggested steps to carry out the assessment are as follows:

1. Engage Ministry of Health (MoH) and identify country priority commodities.
2. Adapt data collection tools to country.
3. Conduct desk review to collate existing documentation related to demand for priority commodities identified by the country and compile into document inventory.
4. Carry out semi-structured interviews with key stakeholders to verify information from existing documentation and gather information that may not be available from existing documentation.
5. Synthesize information gathered and identify key findings.
6. Organize a national stakeholder workshop—including professional associations, providers (facility, community, and private) and RMNCH



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practitioners and researchers to review the synthesized information and provide expert feedback and review and reach consensus on key findings.

7. Finalize assessment report.

Time Required

Approximately two weeks will be required to compile and synthesize existing documentation, with another two weeks for the key informant interview verification process.

A three-day workshop culminates the process.

Outputs

Three outputs will be produced following the workshop:

1. Completed set of assessment modules
2. Final report
3. Inventory and library of relevant documents

Structure of the Guide

The guide includes three modules to aid in the assessment process:

1. Desk review
2. Key informant interview tools
3. Stakeholder workshop templates

The final section of the guide provides suggested outlines for reporting.

Key Informants

In Module 2, the most appropriate key informant for a particular tool should be identified. Key stakeholders include, but are not limited to, the following:

- Directors and commissioners in RMNCH departments of MoH
- Officers in health education and promotion departments of MoH
- Donors and partner organizations that support/fund commodities
- Technical officers/Social and Behavior Change Communication (SBCC) experts at international non-governmental organizations (INGOs), local non-governmental organizations (NGOs) and other partner organizations
- Community-level implementers of RMNCH or demand generation/SBCC specific programs
- Health facility administrators/managers and health educators
- Private sector pharmacists and clinic staff

Assessment Process Overview

The assessment is designed to follow a logical process. It should start with a comprehensive desk review of available documentation related to demand generation. With that foundation, the next step is to conduct interviews with key RMNCH stakeholders in the country to provide background on the environmental and policy context in which demand generation activities are carried out and to gather up-to-date information to support the data gathered through the desk review about the individual and social determinants of demand generation for the commodities and the current use of demand generation programming, including process, materials and messages, and evaluation.

The assessment then examines the capacity of the lead government agency for SBCC and social marketing (SM) communication—usually the health promotion unit within the MoH. The assessment records a full

inventory of documents, materials, meetings and individuals involved in the process. The assessment concludes with a stakeholder workshop to review key findings, reach consensus on the assessment outcomes and identify opportunities to sharpen current country plans or programs around demand generation for the prioritized commodities.

Dissemination and Utilization of Findings

The findings from the assessment should be used to design demand generation programs—either new or integrated into existing programming—grounded in an evidence-based understanding of the barriers and facilitators of demand among providers and clients for the underutilized commodities. The gaps in existing knowledge on the social and behavioral drivers should be used to identify areas for formative research prior to designing demand generation campaigns.
















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13 Life-Saving Commodities for Women and Children

In 2010, the United Nations (UN) Secretary-General's *Global Strategy for Women's and Children's Health* (the Global Strategy) highlighted the impact that a lack of access to life-saving commodities has on the health of women and children around the world. The Global Strategy called on the global community to save 16 million lives by 2015 by increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address the leading avoidable causes of death during pregnancy, childbirth and childhood. Under the Every Woman Every Child (EWEC) movement, and in support of the Global Strategy and the Millennium Development Goals (MDGs) 4 and 5, the UN Commission on Life-Saving Commodities (UNCoLSC) for Women's and Children's Health (the Commission) was formed in 2012 to catalyze and accelerate reduction in mortality rates of both women and children. The Commission identified 13 overlooked life-saving commodities across the RMNCH 'Continuum of Care' that, if more widely accessed and properly used, could save the lives of more than six million¹ women and children (Figure 1, page 8). For additional background information on the Commission please refer to <http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities>.

¹For assumptions used to estimate lives saved see UNCoLSC Commissioner's Report Annex (http://www.everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf)

Figure 1: 13 Lifesaving Commodities

Reproductive Health			
 Female Condom	 Contraceptive Implants	 Emergency Contraception	
<p>Prevent HIV and unintended pregnancy: A female condom is a plastic pouch made of polyurethane that covers the cervix, the vagina, and part of the external genitals. Female condoms provide dual protection by preventing STI infection, including HIV, and unintended pregnancies.</p>	<p>Prevent unintended pregnancy: Contraceptive implants are small, thin, flexible plastic rods that are inserted into a woman's arm and release a progestin hormone into the body. These safe, highly effective, and quickly reversible contraceptives prevent pregnancy for 3-5 years.</p>	<p>Prevent unintended pregnancy: The emergency contraceptive pill (ECP) is the most widely available emergency contraceptive in developing countries. It is optimally taken in one dose of 1.5 mg as soon as possible after sexual activity. An alternative product of 0.75mg is also widely available.</p>	
Maternal Health			
 Oxytocin	 Misoprostol	 Magnesium Sulfate	
<p>Post-partum hemorrhage: WHO recommends oxytocin as the uterotonic of choice for prevention and management of postpartum hemorrhage.</p>	<p>Post-partum hemorrhage: In settings where skilled birth attendants are not present and oxytocin is unavailable, misoprostol (600 micrograms orally) is recommended.</p>	<p>Eclampsia and severe pre-eclampsia: WHO recommends MgSO₄ as the most effective treatment for women with eclampsia and severe pre-eclampsia.</p>	
Child Health			
 Amoxicillin	 Oral Rehydration Salts	 Zinc	
<p>Pneumonia: Amoxicillin is an antibiotic that is used to treat pneumonia in children under five. Amoxicillin is prepared in 250mg scored, dispersible tablet (DT) in a blister pack of 10 DTs.</p>	<p>Diarrhea: Oral rehydration salts (ORS) is a glucose-electrolyte solution given orally to prevent dehydration from diarrhea. ORS is packaged in sachets of powder to be diluted in 200 ml, 500 ml or 1 liter of fluid, prepared to an appropriate flavor.</p>	<p>Diarrhea: Replenishment with zinc can reduce the duration and severity of diarrheal episodes. Zinc is prepared either in 20 mg scored, taste masked, dispersible tablets or oral solutions at concentration of 10 mg/5ml.</p>	
Newborn Health			
 Injectable Antibiotics	 Antenatal Corticosteroids	 Chlorhexidine	 Resuscitation
<p>Prevent newborn sepsis: WHO recommends benzylpenicillin and gentamicin, in separate injections, as first-line therapy for presumptive treatment in newborns at risk of bacterial infection.</p>	<p>Prevent Pre-term RDS: ANC are given to pregnant women who are at risk of preterm delivery to prevent respiratory distress syndrome in babies born in preterm labor.</p>	<p>Prevent umbilical cord infection: Chlorhexidine digluconate is a low cost antiseptic for care of the umbilical cord stump that is effective against neonatal infections.</p>	<p>Treat asphyxia: Birth asphyxia, or the failure of a newborn to start breathing after birth can be treated with resuscitation devices.</p>

Introduction to Demand Generation

What is Demand Generation?

Demand generation increases awareness of and demand for health products or services among a particular intended audience through SBCC and SM techniques. Demand generation can occur in three ways:

- **Creating new users:** convincing members of the intended audience to adopt new behaviors, products or services;
- **Increasing demand among existing users:** convincing current users to increase or sustain the practice of the promoted behavior and/or to increase or sustain the use of promoted products or services; and
- **Taking market share from competing behaviors** (e.g., convincing caregivers to seek health care immediately instead of not seeking care until their health situation has severely deteriorated or has been compromised) and products or services (e.g., convincing caregivers to use oral rehydration solution (ORS) and zinc instead of other anti-diarrheal medicines).

When well designed and implemented, demand generation programs can help countries reach the goal of increased utilization of the commodities by:

- Creating informed and voluntary demand for health commodities and services;
- Helping health care providers and clients interact with each other in an effective manner;
- Shifting social and cultural norms that can influence individual and collective behavior related to commodity uptake; and/or
- Encouraging correct and appropriate use of commodities by individuals and service providers alike.

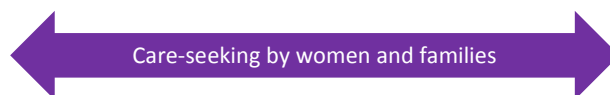
In order to be most effective, demand generation efforts should be matched with efforts to improve logistics and expand services, increase access to commodities and train and equip providers in order to meet increased demand for products and/or services. Without these simultaneous improvements, the intended audience may become discouraged and demand could then decrease. Therefore, it is highly advisable to coordinate and collaborate with appropriate partners when forming demand generation communication strategies and programs.

Who are the Audiences of Demand Generation Programs for the 13 Life-Saving Commodities?

Reducing maternal and child morbidity and mortality through increased demand for and use of RMNCH commodities depends on the collaboration of households, communities and societies, including mothers,

Figure 2: Audiences of Demand Generation

Provider-focused	Provider and End-user
<input type="checkbox"/> Oxytocin	<input type="checkbox"/> Female condoms
<input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> Implants
<input type="checkbox"/> Injectable antibiotics	<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> Antenatal corticosteroids	<input type="checkbox"/> Misoprostol
<input type="checkbox"/> Resuscitation equipment	<input type="checkbox"/> Chlorhexidine
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> ORS
	<input type="checkbox"/> Zinc



fathers and other family members, community and facility-based health workers, leaders and policy makers. Some of the commodities are more provider-focused in terms of demand and utilization, but all depend on the care-seeking behaviors of women and families.

Key Concepts and Definitions in Demand Generation

Social and Behavior Change Communication (SBCC): SBCC promotes and facilitates behavior change and supports broader social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at the family, community, environmental and structural levels. A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and then to design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding design for SBCC campaigns and interventions, ensuring communication objectives are set, intended audiences are identified and consistent messages are determined for all materials and activities.

Social Marketing (SM): SM seeks to develop and integrate marketing concepts (product, price, place and promotion) with other approaches to influence behaviors that benefit individuals and communities for the greater social good. (http://socialmarketing.blogs.com/r_craig_lefebvres_social/2013/10/a-consensus-definition-of-social-marketing.html)

Channels and approaches:

- **Advocacy:** Advocacy processes operate at the political, social and individual levels and work to mobilize resources and political and social commitment for social and/or policy change. Advocacy aims to create an enabling environment to encourage equitable resource allocation and to remove barriers to policy implementation.
- **Community Mobilization:** Community mobilization is a capacity-building process through which individuals, groups or organizations design, conduct and evaluate activities on a participatory and sustained basis. Successful community mobilization works to solve problems at the community level by increasing the ability of communities to successfully identify and address its needs.
- **Entertainment Education (EE):** EE is a research-based communication process or strategy of deliberately designing and implementing entertaining educational programs that capture audience attention in order to increase knowledge about a social issue, create favorable attitudes, shift social norms and change behavior.
- **Information and Communication Technologies (ICTs):** ICTs refer to electronic and digital technologies that enable communication and promote the interactive exchange of information. ICTs are a type of media, which include mobile and smart phones, short message service (SMS), and social media such as Facebook and Twitter.
- **Interpersonal Communication (IPC):** IPC is based on one-to-one communication, including, for example, parent-child communication, peer-to-peer communication, counselor-client communication or communication with a community or religious leader.
- **Mass and Traditional Media:** Mass media reaches audiences through radio, television and newspaper formats. Traditional media is usually implemented within community settings and includes drama, puppet shows, music and dance. Media campaigns that follow the principles of effective campaign design and are well executed can have a significant effect on health knowledge, beliefs, attitudes and behaviors.

Data Collection Modules and Tools

Module 1: Desk Review

Tool A: Literature Collection and Synthesis

Purpose:

- Collection and analysis of all possible relevant documents, government and NGO project reports, peer-reviewed articles and grey literature addressing demand for the priority commodities. This includes policies, protocols, guidelines and standards of practice; training materials and client-focused materials; SBCC and SM efforts to increase demand for the commodities; and any qualitative or quantitative reports on behavioral outcomes.

Some of these materials—particularly the policies, protocols and guidelines—may have already been collected as part of the RMNCH Trust Fund Rapid Landscape Assessment (conducted in some countries).

- The desk review of relevant documentation should precede the rounds of interviews—so to provide a foundation of knowledge and inform question development—and should pull together as many of the listed documents in the Tool (located in section 5) as possible. Further documentation can be requested during the interview process.

Key Questions for Desk Review:

Social and behavioral determinants of demand

- Has formative research been conducted among key audiences for each commodity? By whom? When?
- Who are the key audiences for each of the priority commodities?
- What are the knowledge, attitudes and behaviors of key audiences related to each priority commodity?
- What are the key barriers and facilitators to demand and utilization? Consider each level of the social ecological framework, including individual (knowledge, attitudes), interpersonal (family relationships, provider attitudes), community (norms, access to services) and social and structural (supply, stock-outs, financial).

Demand generation policies, interventions and activities

- What policies facilitate or hinder demand for the commodities?
- What commodities are dispensed at facility level? At community level?
- What demand generation programs have been implemented for each priority commodity?
- What activities/communication channels/media were used (e.g., group talks at clinics, house-to-house outreach, community events, print materials, radio, TV, internet)?
- Who was/were the target audience(s)?
- Who were the key partners?
- Where and when were these interventions implemented?
- Which social and behavioral determinants did they address? Which did they not address?
- Were the interventions/programs evaluated? What outcomes were achieved?

Suggested documents to collect:

Documents Needed	Likely Sources	Documents Collected
RMNCH Trust Fund Landscape Assessment Matrix	RMNCH Trust Fund	
Country health sector strategic plans	MoH	
Specific RMNCH-related strategies, roadmaps, policies, protocols and guidelines	MoH RMNCH	
Situation analyses of maternal and child health issues: national- and district-level if available	MoH RMNCH; donors, INGOs and NGOs working on RMNCH; academics	
Latest Demographic and Health Surveys (DHS) and supporting analytical reports	MoH/online DHS website	
Country RMNCH Indicators and Health Management Information Systems (HMIS) tools and guidelines	MoH RMNCH	
National demand creation guidelines for RMNCH issues	MoH RMNCH	
All related client materials from public and private sources	MoH RMNCH, Health Education Unit (HEU), private sector, INGOs	
RMNCH project reports, strategy documents, manuals and client materials, as well as print, radio and TV scripts, where possible	HEU, private sector, INGOs	
Creative briefs used in the development of RMNCH campaigns by all key partners	INGOs, HEU, private sector	
Evaluation reports and peer-reviewed articles about RMNCH and specific commodities within the country	MoH, HEU, INGOs, private sector, PubMed, scholar.google.com, HC3 evidence review on the 13 commodities	

Tool B: Readability Test for Electronic Print Materials for Clients and Providers

Purpose:

To assess the readability of any materials for clients and providers, which is an important and often ignored factor in helping people to easily understand health information. There are a number of very easy and accessible tools to measure readability of electronic text.

Most materials for clients should read between Grades 4–6, at the highest. For providers, that grade level could be slightly higher. No materials should be written above Grade 8 for any audience.

Instructions:

1. Select a sample of print materials designed for providers and clients from among those collected throughout the assessment.
2. Run one or more of the available readability tests described below.
3. Note the results against each of the materials in the table provided.

Readability tests:

Option 1: Microsoft Word (if material available in Word format or can quickly be typed into Word)

1. Open document in Word (or copy text into Word).
2. Click on “Tools,” then on “Spelling and Grammar.”
3. Click on “Options.”
4. Check the box that says “Show Readability Status.”
5. Run the “Grammar” check on your text. You can use “Ignore All” to speed it up.
6. At the end of the process, the program will give you the scores.

The **Flesch Reading Ease** is given as a percentage; the higher the percentage, the easier it is to read. Scores of 0–30 indicate the text is best understood by university graduates. The **Flesch-Kincaid Grade** is given on a scale of 1–12; the score represents the US grade level required to understand the text.

Option 2: Web-based test

1. Go to <http://www.readabilityformulas.com/free-readability-formula-tests.php>.
2. Cut and paste your text into the provided box. Text must be 150–600 words only.
3. Underneath the text insertion window is a security check: Are you a Human? Check yes.
4. Scroll down the page to view the results.

Record results in the following table:

Type of material	Flesch Reading Ease	Flesch-Kincaid Grade level score	Free web test site	Comments

Module 2: Key Informant Interview Tools

TOOL C: Interview Guide for Directors and Commissioners in RMNCH Departments

Purpose: To obtain an overview of the policy and enabling environment within the country. This information provides the context within which demand creation programs must function and may speak to the need for structural interventions, as well as SBCC/SM interventions to improve access to and use of the commodities.

Intended respondents:

- RMNCH department directors and commissioners

Introduction: Introduce yourself and other members of the team, including their titles and positions. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

A. Regulatory and Policy Environment

1.	<p>What government policies are in place that address matters related to RMNCH? (e.g., national health promotion policy, national health strategic framework, national RMNCH policies, international protocols nationally adopted). Request copies of those not collected during the desk review.</p>	
2.	<p>What timeframe do they cover?</p> <p>Do any of these policies specifically include any of the priority commodities? Please describe.</p>	
3.	<p>How do these policies facilitate demand for the priority commodities?</p>	
4.	<p>How do these policies hinder demand for the priority commodities?</p>	
5.	<p>Are there national counseling guidelines for providers related to the commodities? Please describe.</p>	
6.	<p>What training mechanisms are in place to train providers on implementing these guidelines?</p>	
7.	<p>Are any policies or guidelines currently being developed or revised that relate to the priority commodities? Please describe.</p>	

B. Partners, Mechanisms and Structures

8.	What government departments play a role in generating demand for the commodities?	
9.	What other national partners play a role in generating demand for the commodities?	

10.	Which of the following are in place and active? Who are members? What are their terms of reference?	Active	Not active	Membership/Composition	Specific tasks/terms of reference
a.	RMNCH TWG?				
b.	Coordination committees across departments?				
c.	Others (e.g., UN theme groups, donor groups). Please specify details.				

TOOL D: Interview Guide for Donors and Partner Organizations that Support/Fund Commodities

Purpose: To explore the policies, interests and actions of country-level actors in RMNCH and identify demand generation programs.

Intended respondents:

- RMNCH technical officers
- SBCC/SM technical officers

Introduction: Introduce yourself and other members of the team, including title and position. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze the programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

A. Agency Support/Supply of Commodities

	1.	Does the agency have a strategy related to...? Please describe. (Request copy.)	Has the agency supported programming related to...? If yes, what was the approach (e.g., training, service-delivery, supply)?	What resource commitments (past and planned) has your agency made toward...?
Maternal Health	Oxytocin			
	Misoprostol			
Newborn Health	Magnesium sulphate			
	Injectable antibiotics			
	Antenatal corticosteroids (ACS)			
	Chlorhexidine			
Child Health	Resuscitation equipment			
	Amoxicillin			
	Oral rehydration salts (ORS)			
	Zinc			
Reproductive Health	Female condoms			
	Contraceptive implants			
	Emergency contraception			

B. Support to Demand Generation of Commodities

	2.	Has the agency supported demand generation programs for...? (Request sample materials/ documentation.)	Who were the implementing partners?	Were these programs evaluated? (Request reports.)	What challenges were faced in implementation and/or evaluation?	Is the agency planning to support any demand generation programs for...? Please describe.
Maternal Health	Oxytocin					
	Misoprostol					
	Magnesium sulphate					
Newborn Health	Injectable antibiotics					
	Antenatal corticosteroids (ACS)					
	Chlorhexidine					
	Resuscitation equipment					
Child Health	Amoxicillin					
	Oral rehydration salts (ORS)					
	Zinc					
Reproductive Health	Female condoms					
	Contraceptive implants					
	Emergency contraception					

TOOL E: Interview Guide for MOH Health Education Unit (HEU) and SBCC/SM INGOs and NGOs

Purpose: To identify demand generation interventions for the priority commodities, including all key messages, target audiences, approaches used, etc. It also gathers information about the process used to design, produce, implement and evaluate demand generation interventions related to the commodities. The results will provide a picture of how comprehensive and clearly thought out the interventions were and—if there are any written evaluations of the interventions or campaigns—their impact. This tool also examines human resource capacity.

Intended respondents:

- Head of health education and promotion
- Senior health educators (RMNCH departments)
- SBCC/SM technical advisors in INGOs/NGOs

Introduction: Introduce yourself and other members of the team, including their titles and positions. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze the programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

A. Communication Strategies for Life-Saving Commodities

1. Does the HEU/organization have a stand-alone or integrated communication strategy for these life-saving commodities?		When was the strategy developed?	
	What is the key content?	How is the strategy being implemented?	
	Is a communication strategy available?		
Maternal Health	Oxytocin		
	Misoprostol		
	Magnesium sulphate		
Newborn Health	Injectable antibiotics		
	Antenatal corticosteroids (ACS)		
	Chlorhexidine		
	Resuscitation equipment		
Child Health	Amoxicillin		
	Oral rehydration salts (ORS)		
	Zinc		
Reproductive Health	Female condoms		
	Contraceptive implants		
	Emergency contraception		

B. Demand Creation Interventions for RMNCH Life-Saving Commodities

	A	B	C	D	E
2. Has the HEU/organization developed any demand generation campaigns (such as SBCC or SM) related to these commodities? What are the approaches, target audiences and partner organizations? (Request any materials related to the campaign.)					
What is the campaign name?					
In which district(s) was it implemented?					
What commodities are specifically included?					
What approach(s) was/were used (e.g., SBCC, SM, service-delivery, community, ICT)? Please describe key activities.					
Who was the target audience?					
Was the campaign evaluated? (Request report.)					
Who were the partner organizations?					
3. What challenges and barriers have there been in implementing these campaigns?					
4. How consistent is messaging across all projects on RMNCH programs?					

C. Assessment of Programming

For each campaign, rank the following elements on a scale of 1–5:

1 = Extremely Poor

2 = Poor

3 = Adequate

4 = Good

5 = Excellent

Campaign Opponent	Assessment Criteria	Campaign	Campaign	Campaign	Campaign	Campaign
Overall	Branding					
	Logo					
	Messaging					
	Call to action					
	Integration (with other health areas/sectors)					
Radio	Emotional content					
	Factual information					
	Level of engagement					
	Feedback mechanisms					
	Responsiveness to feedback					
Television	Emotional content					
	Factual information					
	Level of engagement					
	Feedback mechanisms					
	Responsiveness to feedback					
Print	Emotional content					
	Factual information					
	Level of engagement					
	Feedback mechanisms					
	Responsiveness to feedback					
Community Activities	Emotional content					
	Factual information					
	Level of engagement					
	Feedback mechanisms					
	Responsiveness to feedback					
ICT and New Media	Emotional content					
	Factual information					
	Level of engagement					
	Feedback mechanisms					
	Responsiveness to feedback					

D. Campaign Development Process

5.	Does the HEU/organization develop work plans for its SBCC programs? Please describe. (Request samples.)	
6.	Does the HEU/organization rely on research data to assist with the design of SBCC programs? Please describe.	
7.	Does the HEU/organization conduct situational analysis before designing SBCC programs or ensure that partners do so? Please describe the typical process taken.	
8.	For any of the campaigns mentioned, was there a theoretical framework used to inform the design and implementation? Please describe.	
9.	How does the HEU/organization develop content for demand generation activities, materials and messages? Describe the steps that are involved.	
10.	Does the HEU/organization develop M&E plans for its SBCC programs? (Request sample.)	
11.	What challenges does the HEU/organization face in implementing M&E plans?	
12.	Does the HEU/organization evaluate the impact of demand generation programs? (Request sample evaluation report.)	
13.	Does the HEU/organization coordinate implementation of SBCC programs among partners (e.g., MoH departments, INGOs, NGOs and civil society groups)? Please describe.	
14.	What challenges does the HEU/organization face in coordination with partners?	
15.	What support is required to improve coordination?	

E. Message and Materials Development

16. Has the HEU/organization developed any materials to create demand for the commodities? (Request copies and use to verify content.)		Was it pretested among target audience?
	Was it reviewed by technical experts?	Who was the target audience?
	What were the key messages?	In what year was it developed?
	What type(s) of materials are used (e.g., brochure, poster, SMS)?	
Maternal Health	Oxytocin	
	Misoprostol	
	Magnesium sulphate	
Newborn Health	Injectable antibiotics	
	Antenatal corticosteroids (ACS)	
	Chlorhexidine	
	Resuscitation equipment	
Child Health	Amoxicillin	
	Oral rehydration salts (ORS)	
	Zinc	
Reproductive Health	Female condoms	
	Contraceptive implants	
	Emergency contraception	

F. Human Resource Capacity

17.	Please describe the capacity of HEU/organization staff to manage and implement demand generation programs.	
18.	Please describe the capacity of HEU/organization staff to monitor and evaluate demand generation programs.	
19.	Does the HEU/organization have a plan for regularly strengthening staff competencies in SBCC/SM? Please describe.	
20.	When was the last SBCC training received and what was the focus of that training?	
21.	What capacity strengthening does the HEU/organization need for improved and effective demand creation for these commodities?	
22.	What sources of information do staff use to keep up-to-date on SBCC/SM issues? Prompt for specific sources.	
23.	What web-based tools and learning opportunities do staff use to build capacity in SBCC/SM?	
24.	What barriers do staff face in using web-based tools and training?	

TOOL F: Interview Guide for Community-Level Implementers of RMNCH and/or Demand Generation Programs

Purpose: To collect existing information on community and provider levels (key audiences) of knowledge, attitudes and practices related to each commodity.

Intended respondents:

- Community-level implementers of RMNCH programs
- Community-level implementers of demand generation/SBCC programs

Introduction: Introduce yourself and other members of the team, including title and position. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze the programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

A. Communication Strategies for Life-Saving Commodities

1. Based on the organization's own formative research and experience in implementing community-level RMNCH and/or demand generation programs, what is/are the community knowledge, attitude(s) and behavior(s) related to each applicable commodity? What are the key barriers to each commodity?		What is the community knowledge of...?	What are the community attitude(s) toward...?	What are the current community behavior(s) related to...?	What key barriers were identified?
Maternal Health	Oxytocin				
	Misoprostol				
	Magnesium sulphate				
Newborn Health	Injectable antibiotics				
	Antenatal corticosteroids (ACS)				
	Chlorhexidine				
	Resuscitation equipment				
Child Health	Amoxicillin				
	Oral rehydration salts (ORS)				
	Zinc				
Reproductive Health	Female condoms				
	Contraceptive implants				
	Emergency contraception				

B. Provider Knowledge, Attitudes and Current Behaviors Related to Each Commodity

2. Based on the organization's formative research and experience in implementing community-level RMNCH and/or demand generation programs, what is/are the community PROVIDER (clinical and non-clinical) knowledge, attitude(s) and behavior(s) related to each applicable commodity? What are the key barriers to provider use or promotion of each commodity?

	What is provider knowledge of...?	What is/are provider attitude(s) toward...?	What is/are current provider behavior(s) related to...?	What key barriers were identified?
Maternal Health	Oxytocin			
	Misoprostol			
	Magnesium sulphate			
Newborn Health	Injectable antibiotics			
	Antenatal corticosteroids (ACS)			
	Chlorhexidine			
	Resuscitation equipment			
Child Health	Amoxicillin			
	Oral rehydration salts (ORS)			
	Zinc			
Reproductive Health	Female condoms			
	Contraceptive implants			
	Emergency contraception			

C. Current Programming (Key Messages, Channels/Media, Successes, Challenges)

3. Based on the organization's current community-level RMNCH and/or demand generation program, what are the key messages and channels/media used to get the messages to their target audiences? What types of measurable successes has the organization experienced in their RMNCH or demand generation program? What are/were their challenges to implementation, uptake, monitoring, etc.?

	What are the programming key messages?	What channels/media are used?	What were the program successes?	What were the program challenges?
Maternal Health	Oxytocin			
	Misoprostol			
Newborn Health	Magnesium sulphate			
	Injectable antibiotics			
	Antenatal corticosteroids (ACS)			
	Chlorhexidine			
Child Health	Resuscitation equipment			
	Amoxicillin			
Reproductive Health	Oral rehydration salts (ORS)			
	Zinc			
	Female condoms			
	Contraceptive implants			
	Emergency contraception			

D. Additional Lessons Learned and Recommendations

4. Are there any additional lessons or recommendations that the organization would like to share?

TOOL G: Interview Guide for Health Facility Staff

Purpose: To explore the policies, interests and actions of country-level actors in RMNCH and to identify demand generation programs.

Intended respondents:

- Administrators/managers of facilities
- Health educators at facilities

Introduction: Introduce yourself and other members of the team, including title and position. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze the programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

A. Type of Facility

1.	What is the facility ownership? (Circle answer.)	Private	Social franchise	Public		
2.	What is the level of unit (e.g., regional hospital, district hospital, health center, pharmacy, shop)?					
3.	Where is the facility located? (Circle answer.)	Urban	Peri-urban	Rural		
4.	How many staff work at this facility? (Circle answer.)	1-5	6-10	11-15	16-20	21+
5.	Which of the following commodities are promoted within the facility? (Please read list and circle all possible answers.)	Oxytocin	Misoprostol			
		Magnesium sulphate	Injectable antibiotics			
		Antenatal corticosteroids (ACS)				
		Chlorhexidine	Resuscitation equipment			
		Amoxicillin	Oral rehydration salts (ORS)			
		Zinc	Female condoms			
6.	Does the facility maintain an adequate supply of these commodities? Why or why not?					
7.	Do staff in this facility have sufficient knowledge and understanding of these commodities? Please describe.					
8.	What kind of support and training have staff received to increase knowledge and utilization of these commodities? Please describe.					
9.	Does the facility use national counseling guidelines (if available) related to the commodities? Please describe.					
10.	What mechanisms are in place to train providers on implementing these guidelines?					
11.	Do clients come to this facility to seek out these commodities? If so, why? If not, why not?					

B. Client Materials

12. What materials are available within the health unit to increase demand among clients? (Request copies.)		What type(s) of materials are used (e.g., flipchart, leaflet, poster, brochure, 3D demo model, client cards)?	What are the key messages?	Are these materials routinely used by staff in this facility?
Maternal Health	Oxytocin			
	Misoprostol			
	Magnesium sulphate			
Newborn Health	Injectable antibiotics			
	Antenatal corticosteroids (ACS)			
	Chlorhexidine			
	Resuscitation equipment			
Child Health	Amoxicillin			
	Oral rehydration salts (ORS)			
	Zinc			
Reproductive Health	Female condoms			
	Contraceptive implants			
	Emergency contraception			

13. What client materials would be useful that are not currently available at the facility?

C. Assessment of Material Availability

For each client material, rank the following criteria on a scale of 1–5. Complete a sheet for each commodity with materials available.

1 = Extremely Poor

2 = Poor

3 = Adequate

4 = Good

5 = Excellent

Commodity: _____

14.		Material	Material	Material	Material	Material
a.	Clarity of information					
b.	Usefulness/responsiveness to needs of clients					
c.	Reliability					
d.	Breadth of information and range of topics covered					
e.	Availability for use					

TOOL H: Interview Guide for Private Sector Distributors

Purpose: To explore private sector strategies and materials used to generate demand for priority commodities.

Intended respondents:

- Marketing managers at distribution companies

Introduction: Introduce yourself and other members of the team, including title and position. Present the objectives of the assessment and describe briefly how the interview with this particular respondent will help the team achieve the objectives. The overall objective of the assessment is to analyze the programs and interventions that focus on increasing demand for life-saving commodities including [insert list of priority commodities].

Date: _____ Location of interview: _____

Starting time for interview: _____ Ending time: _____

Respondent information:

Name: _____ Title/position at job: _____

Length of time in that position: _____

Company name: _____ Company sector: _____

1.	Which of the following commodities does your company distribute? (Please read list and circle all possible answers.)	Oxytocin Misoprostol Magnesium sulphate Injectable antibiotics Antenatal corticosteroids (ACS) Chlorhexidine Resuscitation equipment Amoxicillin Oral rehydration salts (ORS) Zinc Female condoms
2.	Why does the company not distribute (list those commodities not mentioned)?	
3.	What marketing strategies are used (if any) for the commodities the company distributes?	
4.	What are the key challenges regarding creation of demand among customers?	
5.	What marketing materials does the company use? (Request copies.)	
6.	What methods of provider education does the company conduct (e.g., pharmaceutical detailing)? Please describe.	

Module 3: National Stakeholder Meeting

TOOL I: Sample Invitation Letter

Increasing Demand for Life-Saving Commodities in Reproductive, Maternal, Newborn and Child Health

National-Level Demand Generation Assessment: Stakeholders Meeting

[DATE]

Dear _____

[Organization name], together with the Ministry of Health and the [e.g. Maternal and Child Health Technical Working Group], will organize a national stakeholders meeting on the assessment of demand for life-saving commodities for Reproductive, Maternal, Newborn, and Child Health (RMNCH), from [dates].

As part of the Every Woman Every Child (EWEC) movement, the UN Commission on Life-Saving Commodities (UNCoLSC) for Women's and Children's Health (the Commission) identified 13 overlooked life-saving commodities across the RMNCH 'Continuum of Care' that, if more widely accessed and properly used, could save the lives of more than six million women and children. The Commission identified low demand of essential life-saving products as one of the key barriers to access and use and called for improving demand for and utilization of health services and products among underserved populations.

[Organization] is completing an assessment on demand generation activities and capacity in [country] related to the 13 underutilized commodities in RMNCH. The stakeholders meeting is a culmination of that assessment and aims to review and debate the findings to date, to examine the implications for the demand-related activities in [country's] country plan for RMNCH and to introduce new tools and resources that can be used to support those activities.

The agenda for the workshop is attached herewith. As you will note, the first two days will focus on reviewing the demand assessment findings and developing a way forward to integrate the findings on life-saving commodities with existing country level RMNCH activities.

Please note this is a full agenda and we hope that you will be able to participate fully throughout the workshop. The venue for this workshop will be _____.

Kindly confirm your participation and attendance for this workshop.

We look forward to your attendance and expert contributions.

Sincerely,

[Name]

[Title]

Tool J: Sample Agenda**Increasing Demand for Life-Saving Commodities in Reproductive, Maternal, Newborn and Child Health***National-Level Demand Generation Assessment: Stakeholders Meeting*

[Date] [Venue]

Day 1: [Date]

Time	Activity	Facilitator/Presenter
Session 1: Opening of the Meeting		
08:30	Arrival and registration	
09:00	Introductions	
09:15	Introductory remarks	
09:45	Overview and objectives of the workshop	
10:15	<i>Tea Break</i>	
Session 2: Assessment Findings		
10:45	Data assessment tools and methodology	
11:15	Social and behavioral drivers of demand for the life-saving commodities	
12:00	Discussion – Q & A	
13:00	<i>Lunch Break</i>	
14:00	Demand generation activities in RMNCH and the life-saving commodities	
14:45	Discussion – Q & A	
15:00	<i>Tea Break</i>	
15:30	Completion of demand generation scorecard – group work	
16:30	Group work presentations and plenary discussion	
17:15	Close of Day 1	

Day 2: [Date]

Time	Activity	Facilitator/Presenter
Session 3: Demand Creation Activity Plan		
09:00	Reflections on Day 1	
09:15	Recommendations for addressing gaps identified in assessment–group work	
11:00	<i>Tea Break</i>	
11:30	Group work presentations	
12:30	<i>Lunch Break</i>	
13:30	How assessment and recommendations can help refine demand creation activities for life-saving commodities and integration with RMNCH activities–group work	
14:15	Group work presentations	
15:00	Draft plan–moving ahead–group exercise	
15:30	<i>Tea Break</i>	
16:00	Group presentation on draft plan	
16:30	Action plan for inclusion in the final report	
17:00	Workshop evaluation (Days 1 & 2)	
17:15	Close of Day 2	

Assessment Outputs

Demand Generation Scorecard

Instructions:

Complete each box in the scorecard with a color—as indicated in the scale for performance (high, mid, low) and barriers to demand (high, mid, low)—based on findings of the national assessment. The result provides a quick-glance heat map to assist in identifying strong and weak areas in the country’s overall demand landscape for RMNCH commodities.

		PERFORMANCE		HIGH		MID		LOW											
		Enabling Environment for SBCC								Current DG approaches									
Commodities		RMNCH policies support demand generation efforts								Commodity-specific DG interventions designed/in use									
Conditions addressed		Research conducted on social & behavioral drivers								End-users involved in design of SBCC interventions									
		National counseling guidelines include commodity								DG campaigns use multiple channels									
		Commodity usage tracked								Provider job aides exist									
		RMNCH communication strategy includes commodity								Client materials exist									
Reproductive Health	Unwanted pregnancy, HIV/STIs																		
Female condom	Unwanted pregnancy																		
Implantable contraceptive	Unwanted pregnancy																		
Emergency contraception	Unwanted pregnancy																		
Maternal Health																			
Oxytocin	Postpartum hemorrhage																		
Misoprostol	Postpartum hemorrhage																		
Magnesium sulphate	Eclampsia and pre-eclampsia																		
Newborn Health																			
Injectable antibiotics	Newborn sepsis																		
Antenatal corticosteroids	Preterm RDS																		
Chlorhexidine	Newborn cord care																		
Resuscitation devices	Newborn asphyxia																		
Child Health																			
Oral Rehydration Salts	Diarrhea																		
Zinc	Diarrhea																		
Amoxicillin	Pneumonia																		
SBCC = Social and behavior change communication																			
DG = Demand Generation																			
MoH = Ministry of Health																			

Suggested Final Report Outline

Preliminary Pages

Acronyms
List of tables and figures
Acknowledgements
Executive Summary

1. Introduction

1.1 Background and context
1.2 Country status of Reproductive, Maternal, Newborn and Child Health (RMNCH)
1.3 Legal and policy environment for RMNCH
1.4 Priority life-saving commodities identified

2. Assessment Methodology

3. Assessment Findings

3.1 Enabling environment and the government role in health promotion for life-saving commodities
3.2 Country partners working in RMNCH demand generation
3.3 Social and behavioral drivers of demand for the life-saving commodities
3.4 Current/past demand generation activities related to the life-saving commodities
 a. Development process
 b. Messages and materials
 c. Programming quality
 d. Readability of materials
3.5 Gaps and challenges in demand generation
3.6 Opportunities for increasing access and demand for essential commodities

4. Technical Capacity Assessment

4.1 Assessment of capacity to plan for demand generation
4.2 Capacity for implementation and evaluation
4.3 Capacity gaps

5. Conclusions and Recommendations

Appendices

Log of persons interviewed
Inventory of documents reviewed
Assessment tools

Sample Log of Persons Interviewed

	Person interviewed	Organization	Position	Contact info	Date	Interviewer	Materials collected (against each interviewee, where applicable)
Tool A							
Tool B							
Tool C							
Tool D							
Tool E							



Life
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Improving access,
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