



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

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

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## Acronyms

NEEDS ADDING

## 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 in reviewing existing national evidence on demand generation for priority commodities, identify major evidence gaps and areas for additional analysis and propose 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 and their 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:

- Step 1) Engage Ministry of Health (MoH) and identify country priority commodities.
- Step 2) Adapt data collection tools to country.
- Step 3) Conduct desk review to collate existing documentation related to demand for priority commodities identified by the country and compile into document inventory.
- Step 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.
- Step 5) Synthesize information gathered and identify key findings.
- Step 6) Organize a national stakeholder workshop, including professional associations, providers (facility, community and private), RMNCH practitioners and researchers to review the synthesized information and provide expert feedback and review and reach consensus on key findings.
- Step 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 3-day workshop culminates the process.

## Outputs

- 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:

Module 1: Desk review

Module 2: Key informant interview tools

Module 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, 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. Fuelled with that background, the assessment moves to meeting with the drivers of RMNCH in the country - Senior MoH Directors - to provide background on the environmental and policy context in which demand generation activities are carried out. From there, the assessment attempts to gather information from key informants to provide depth and up-to-date information on 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 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, that are based on an evidence-based understanding of the barriers and facilitators to demand among providers and clients for the under-utilized commodities. The gaps in existing knowledge on the social and behavioral drivers of demand should be used to identify areas for formative research prior to designing demand generation campaigns.

## Thirteen 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* 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 through increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address 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 and Children's Health 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 6 million<sup>1</sup> women and children (Figure 1). For additional background information on the Commission please refer to: <http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities>



Figure 1: 13 overlooked life-saving commodities

<sup>1</sup> For assumptions used to estimate lives saved see UNCoLSC Commissioner's Report Annex ([http://www.everywomaneverychild.org/images/UN\\_Commission\\_Report\\_September\\_2012\\_Final.pdf](http://www.everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf))

## 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 social and behavior change communication (SBCC) and social marketing 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 and services;
- 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-diarrhea medicines).

Demand generation programs, when well-designed and implemented, 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 advised 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, 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 care-seeking by women and families.



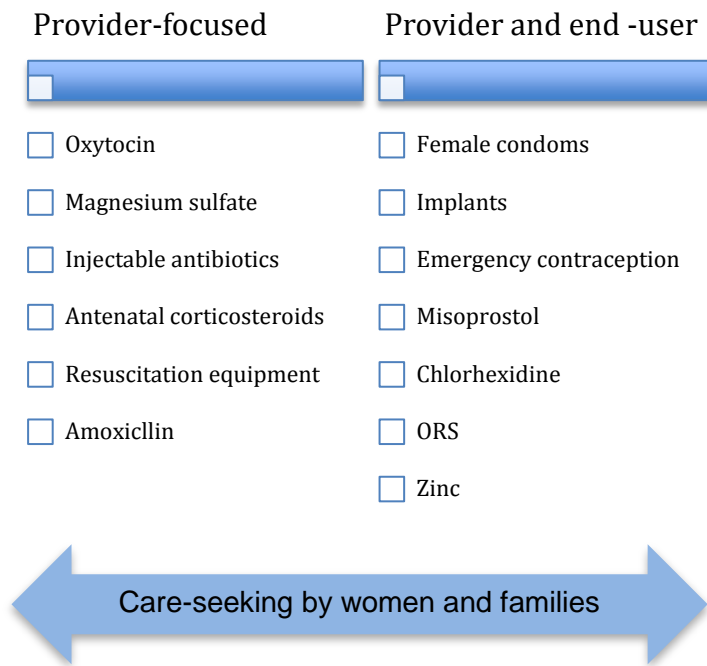


Figure 2: Audiences of demand generation programs

## 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 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.** Social Marketing 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](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.** Entertainment education 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 medium, 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 and should pull together as many of the listed documents in the Tool as possible. Further documentation can be requested during the interviewing process.

##### 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	HEU, private sector, INGOs	

materials, including print, radio and TV scripts where possible		
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 particularly LSCs in country	MoH, HEU, INGOs, private sector, scholar.google.com Rec 7 evidence review	

## 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 were used? (e.g., group talks at clinics, house-to-house outreach, community events, print materials, radio, TV, etc.)
- Who were the target audience(s)?
- Who were the key partners?
- Where were these interventions implemented?
- When were these interventions implemented?
- Which social and behavioral determinants did they address? Which did they not address?
- Were they evaluated? What outcomes were achieved?

## **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 Grade level 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. TICK 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 indicates 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? Tick 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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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**

<p><b>1</b></p>	<p>What government policies are in place that address matters related to RMNCH? What timeframe do they cover?</p> <p>(e.g., National health promotion policy, national health strategic framework, national RMNCH policies, international protocols nationally adopted).</p> <p>(Request copies of those not collected in desk review)</p>	
<p><b>2</b></p>	<p>Do any of these policies specifically include any of the priority commodities? Describe.</p>	
<p><b>3</b></p>	<p>How do these policies facilitate demand for the priority commodities?</p>	
<p><b>4</b></p>	<p>How do these policies hinder demand for the priority</p>	



	commodities?	
6	Are there national counseling guidelines for providers related to the commodities? Describe.	
7	What training mechanisms are in place to train providers on implementing these guidelines?	
8	Are any policies or guidelines currently being developed or revised that relate to the priority commodities? Describe.	

**B. PARTNERS, MECHANISMS AND STRUCTURES**

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

	the commodities?	
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<b>11</b>	Which of the following are in place and active? Who are members? What are their terms of reference?				
		<b>Active</b>	<b>Not Active</b>	<b>Membership/composition</b>	<b>Specific tasks/terms of reference</b>
(a)	RMNCH Technical Working Group (TWG)?				
(b)	Coordination committees across Departments?				
(c)	Others (specify details), e.g., UN Theme groups; donor groups;				

**C. RMNCH programs**

<b>12</b>	What RMNCH programs are currently active?						
	<b>Program</b>	<b>Where was</b>	<b>What</b>	<b>What was the program</b>	<b>Did the program</b>	<b>Was the</b>	<b>Who were the partner</b>

	<b>name</b>	<b>the program implemented?</b>	<b>commodities are specifically included?</b>	<b>approach used? (e.g., Guideline development, provider training, facility-based services, community-based, ICT, etc.). Describe.</b>	<b>include demand generation? Describe.</b>	<b>program evaluated? (Request report )</b>	<b>organizations?</b>

<b>13</b>	What challenges and barriers have there been in implementing these programs?	
<b>14</b>	How consistent is messaging across all projects on RMNCH programs?	

<b>15</b>	Have programs integrated across reproductive, maternal, neonatal and child health areas? Describe.	

## **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/social marketing 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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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**

	<b>1</b>	<b>Does the agency have a strategy related to...? Please describe. (Request copy)</b>	<b>Has the agency supported programming related to...? If yes, what was the approach (e.g., training, service-delivery, supply, etc.)?</b>	<b>What resource commitments (past and planned) has your agency made towards ...</b>
MH	Oxytocin			
	Misoprostol			
	Magnesium sulphate			
NH	Injectable antibiotics			
	Antenatal corticosteroids (ANCs)			
	Chlorhexidine			
	Resuscitation equipment			
CH	Amoxicillin			
	Oral rehydration salts (ORS)			
	Zinc			
RH	Female condoms			
	Contraceptive			

	implants			
	Emergency contraception			

**C. SUPPORT TO DEMAND GENERATION OF COMMODITIES**

	<b>2</b>	<b>Has the agency supported demand generation programs for...? (Request sample materials/documentation)</b>	<b>Who were the implementing partners?</b>	<b>Were these programs evaluated? (Request reports)</b>	<b>What challenges were faced in implementation and/or evaluation?</b>	<b>Is the agency planning to support any demand generation programs for...? Please describe.</b>
MH	Oxytocin					
	Misoprostol					
	Magnesium sulphate					
NH	Injectable antibiotics					
	Antenatal corticosteroids (ANCs)					
	Chlorhexidine					
	Resuscitation equipment					
C	Amoxicillin					

	Oral rehydration salts (ORS)					
	Zinc					
RH	Female condoms					
	Contraceptive implants					
	Emergency contraception					



## **TOOL E: Interview guide for MOH Health Education Unit, 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, Health Education and Promotion
- Senior Health Educators (RMNCH departments)
- SBCC/social marketing 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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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 LSCs**

**1. Does the HEU/organization have a stand-alone or integrated communication strategy regarding these life-saving commodities?**

		Communication strategy available?	Key content?	How is the strategy being implemented?	When was the strategy developed?
MH	Oxytocin				
	Misoprostol				
	Magnesium sulphate				
NH	Injectable antibiotics				
	Antenatal Corticosteroids (ANCS)				
	Chlorhexidine				
	Resuscitation equipment				
CH	Amoxicillin				
	Oral rehydration salts (ORS)				
	Zinc				
RH	Female condoms				
	Contraceptive implants				
	Emergency contraception				

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**B. DEMAND CREATION INTERVENTIONS FOR RMNCH LIFE SAVING COMMODITIES**

<b>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)</b>								
		Campaign name	District(s) implemented	Commodity specifically included?	Approach (SBCC, social marketing, service-delivery, community, ICT, etc.). Please describe key activities.	Target audience	Evaluated? (Request report)	Partner organizations
MH	Oxytocin							
	Misoprostol							
	Magnesium sulphate							
NH	Injectable antibiotics							
	Antenatal Corticosteroids (ANCs)							
	Chlorhexidine							
	Resuscitation equipment							
C	Amoxicillin							

	Oral rehydration salts (ORS)							
	Zinc							
RH	Female condoms							
	Contraceptive implants							
	Emergency contraception							
3	What challenges and barriers have there been in implementing these campaigns?							
4	How consistent is messaging across all projects on RMNCH campaigns?							

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**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 COMPONENT	ASSESSMENT CRITERIA	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 & 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.	

<b>8</b>	For any of the campaigns mentioned, was there a theoretical framework used to inform the design and implementation? Please describe.	
<b>9</b>	How does the HEU/organization develop content for demand generation activities, materials and messages? (Description of steps that are involved)	
<b>10</b>	Does the HEU/organization develop M&E plans for its SBCC programs? (Request sample)	
<b>11</b>	What challenges does the HEU/organization face in implementing M&E plans?	
<b>12</b>	Does the HEU/organization evaluate the impact of demand generation programs? (Request sample evaluation report)	
<b>13</b>	Does the HEU/organization coordinate implementation of SBCC programs among partners (e.g., MoH departments, INGOs, NGOs and civil society groups)? Please describe.	
<b>14</b>	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)						
		Type of material (e.g., brochure, poster, SMS, etc.)	Year developed	Key messages	Target audience	Reviewed by technical experts?	Pretested among target audience?
MH	Oxytocin						
	Misoprostol						
	Magnesium sulphate						
NH	Injectable antibiotics						
	Antenatal Corticosteroid (ANCS)						



	Chlorhexidine						
	Resuscitation equipment						
CH	Amoxicillin						
	Oral rehydration salts (ORS)						
	Zinc						
RH	Female condoms						
	Contraceptive implants						
	Emergency contraception						

**F. HUMAN RESOURCE CAPACITY**

<b>17</b>	Describe the capacity of HEU/organization staff to manage and implement demand generation programs.	
<b>18</b>	Describe the capacity of HEU/organization staff to monitor and evaluate demand generation programs.	
<b>19</b>	Does the HEU/organization have a plan for regularly	

	strengthening staff competencies in SBCC/SM? Please describe.	
<b>20</b>	When was the last SBCC training received, and what was the focus of that training?	
<b>21</b>	What capacity strengthening does the HEU/organization need for improved and effective demand creation for these commodities?	
<b>22</b>	What sources of information do staff use to keep up-to-date on SBCC/SM issues? Prompt for specific sources.	
<b>23</b>	What web-based tools and learning opportunities do staff use to build capacity in SBCC/SM?	
<b>24</b>	What barriers do staff face in using web-based tools and training?	

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## Tool F: Interview guide for community level implementers of RMNCH and/or DG programs

### Purpose:

To collect existing information on community and provider levels (key audiences) of knowledge, attitudes and practice surrounding 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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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. COMMUNITY KNOWLEDGE, ATTITUDE AND CURRENT BEHAVIOUR SURROUNDING EACH COMMODITY**

<b>1. Based on the organizations own formative research and experience in implementing community level RMNCH and/or demand generation programs, what is the community knowledge, attitude and behavior surrounding each applicable commodity? What are the key barriers to each commodity?</b>					
		<b>Community knowledge of...</b>	<b>Community attitude towards...</b>	<b>Current community behaviors surrounding...</b>	<b>Key barriers identified</b>
MH	Oxytocin				
	Misoprostol				
	Magnesium sulphate				
NH	Injectable antibiotics				
	Antenatal corticosteroids (ANCs)				
	Chlorhexidine				
	Resuscitation equipment				
CH	Amoxicillin				
	Oral rehydration salts (ORS)				
	Zinc				
RH	Female condoms				
	Contraceptive				

	implants				
	Emergency contraception				

**B. PROVIDER KNOWLEDGE, ATTITUDE AND CURRENT BEHAVIOUR SURROUNDING EACH COMMODITY**

**2. Based on the organizations own formative research and experience in implementing community level RMNCH and/or demand generation programs, what is the community PROVIDER (clinical and non-clinical) knowledge, attitude and behavior surrounding each applicable commodity? What are the key barriers to each commodity?**

		Provider knowledge of...	Provider attitude towards...	Current provider behaviors surrounding...	Key barriers identified
MH	Oxytocin				
	Misoprostol				
	Magnesium sulphate				
NH	Injectable antibiotics				
	Antenatal corticosteroids (ANCs)				
	Chlorhexidine				
	Resuscitation equipment				
CH	Amoxicillin				
	Oral rehydration salts (ORS)				

	Zinc				
RH	Female condoms				
	Contraceptive implants				
	Emergency contraception				

**C. CURRENT PROGRAMMING (Key Messages, Channels/Medium, Successes, Challenges)**

<b>3. Based on the organizations current community level RMNCH and/or demand generation program, what are their key messages and channels/medium used to get the messages to their target audiences? What types of measureable successes has the organization experienced in their RMNCH or DG program? What are/were their challenges to implementation, uptake, monitoring, etc?</b>					
		<b>Key Messages</b>	<b>Channels/Medium</b>	<b>Successes</b>	<b>Challenges</b>
MH	Oxytocin				
	Misoprostol				
	Magnesium sulphate				
NH	Injectable antibiotics				
	Antenatal corticosteroids (ANCs)				
	Chlorhexidine				
	Resuscitation equipment				

CH	Amoxicillin				
	Oral rehydration salts (ORS)				
	Zinc				
RH	Female condoms				
	Contraceptive implants				
	Emergency contraception				

**D: ADDITIONAL LESSONS LEARNED & 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 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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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: .....

**TYPE OF FACILITY**

1	What is the facility ownership? (circle)	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)	Urban Peri-urban Rural
4	How many staff work at this facility? (circle)	1-5 6-10 11-15 16-20 21+

5	Which of the following commodities are promoted within the facility? (Read list & circle)	<ul style="list-style-type: none"> <li>(a) Oxytocin</li> <li>(b) Misoprostol</li> <li>(c) Magnesium sulphate</li> <li>(d) Injectable antibiotics</li> <li>(e) Antenatal corticosteroids (ANCs)</li> <li>(f) Chlorhexidine</li> <li>(g) Resuscitation equipment</li> <li>(h) Amoxicillin</li> <li>(i) Oral rehydration salts (ORS)</li> <li>(j) Zinc</li> <li>(k) Female condoms</li> <li>(l) Implants for contraception</li> </ul>
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		(m) Emergency contraceptives
<b>6</b>	Does the facility maintain an adequate supply of these commodities? Why/why not?	
<b>7</b>	Do staff in this facility have sufficient knowledge and understanding of these commodities? Describe.	
<b>8</b>	What kind of support and training have staff received to increase knowledge and understanding of these commodities? Describe.	
<b>9</b>	Does the facility use national counseling guidelines (if available) related to the commodities? Describe.	
<b>10</b>	What training mechanisms are in place to	

	train providers on implementing these guidelines?	
11	Do clients come here to seek out these commodities? If not, why not?	

**CLIENT MATERIALS**

12	What materials are available within the health unit to increase demand among clients? (Request copies)			
		<b>TYPE OF MATERIALS (e.g., flipchart, leaflet, poster, brochure, 3D demo model, client cards, etc.)</b>	<b>What are the key messages?</b>	<b>Are these materials routinely used by staff in this facility?</b>
MH	Oxytocin			
	Misoprostol			
	Magnesium sulphate			
NH	Injectable antibiotics			
	Antenatal corticosteroids (ANCs)			

	Chlorhexidine			
	Resuscitation equipment			
CH	Amoxicillin			
	Oral rehydration salts (ORS)			
	Zinc			
RH	Female condoms			
	Contraceptive implants			
	Emergency contraception			

<b>13</b>	What client materials would be useful that are not currently available at the facility?	
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**INSTRUCTIONS TO INTERVIEWER: FOR EACH CLIENT MATERIAL, RANK FOR THE FOLLOWING CRITERIA ON A SCALE OF 1-5  
COMPLETE SHEET FOR EACH COMMODITY WITH MATERIALS AVAILABLE**

1= EXTREMELY POOR

2= POOR

3= ADEQUATE

4= GOOD

5= EXCELLENT

**Commodity:** \_\_\_\_\_

<b>11</b>		MATERIAL:	MATERIAL:	MATERIAL:	MATERIAL:	MATERIAL:
<b>a</b>	Clarity of information					
<b>b</b>	Usefulness/Responsiveness to needs of clients					
<b>c</b>	Reliability					
<b>d</b>	Breadth of information and range of topics covered					
<b>e</b>	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 analyse the programs and interventions that focus on increasing demand for life-saving commodities including (list 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? (Read list &	(a) Oxytocin (b) Misoprostol
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	circle)	<ul style="list-style-type: none"> <li>(c) Magnesium sulphate</li> <li>(d) Injectable antibiotics</li> <li>(e) Antenatal corticosteroids (ANCs)</li> <li>(f) Chlorhexidine</li> <li>(g) Resuscitation equipment</li> <li>(h) Amoxicillin</li> <li>(i) Oral rehydration salts (ORS)</li> <li>(j) Zinc</li> <li>(k) Female condoms</li> <li>(l) Implants for contraception</li> <li>(m) Emergency contraceptives</li> </ul>
<b>2</b>	Why does the company not distribute [list those commodities not mentioned]?	
<b>3</b>	What marketing strategies does the company have regarding the commodities it distributes?	
<b>4</b>	What are the key challenges regarding creation of demand among customers?	
<b>5</b>	What marketing materials does the	



	company use? (Request copies)	
6	What medical detailing does the company conduct? Describe.	

## MODULE 3: NATIONAL STAKEHOLDER MEETING

### TOOL H: 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 and Children's Health 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 6 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 I: 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
<b>Session 1: OPENING OF THE MEETING</b>		
08:30	Arrival and Registration	
09:00	Introductions	
09:15	Introductory Remarks	
09:45	Overview and objectives of the workshop	
10:15	<b>Tea Break</b>	
<b>Session 2: ASSESSMENT FINDINGS</b>		
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	<b>Lunch Break</b>	
14:00	Demand generation activities in RMNCH and the life-saving commodities	
14:45	Discussion – Q & A	
15:00	<b>Tea Break</b>	
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]**

<b>Time</b>	<b>Activity</b>	<b>Facilitator / Presenter</b>
<b>Session 3: DEMAND CREATION ACTIVITY PLAN</b>		
09:00	Reflections on Day 1	
09:15	Recommendations for addressing gaps identified in the assessment– Group work	
11:00	<b>Tea Break</b>	
11:30	Group work presentations	
12:30	<b>Lunch Break</b>	
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	<b>Tea Break</b>	
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 identified 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	Conditions addressed	RMNCH policies support demand generation efforts	RMNCH Communication Strategy includes LSC	Research conducted on social & behavioral drivers for LSC demand	National counseling Guidelines include LSC	LSC usage tracked	LSC specific DG interventions designed/in use	DG campaigns are evidence-based and theory-driven	Campaigns use multiple channels	End-users involved in design of SBCC interventions	DG campaigns respond to MoH DG guidelines and policies	Provider job aides exist	Client materials exist	
<b>Reproductive Health</b>														
Female condom	Unwanted pregnancy, HIV/STIs													
Implantable Contraceptives	Unwanted pregnancy													
Emergency contraception	Unwanted pregnancy													
<b>Maternal Health</b>														
Oxytocin	Post partum haemorrhage													
Misoprostol	Post partum haemorrhage													
Magnesium Sulphate	Eclampsia and pre-eclampsia													
<b>Newborn Health</b>														
Injectable antibiotics	Newborn sepsis													
Antenatal corticosteroids	Pre-term RDS													
Chlorhexidine	Newborn cord care													
Resuscitation Devices	Newborn asphyxia													
<b>Child Health</b>														
Oral Rehydration Solution	Diarrhea													
Zinc	Diarrhea													
Amoxicillin	Pneumonia													

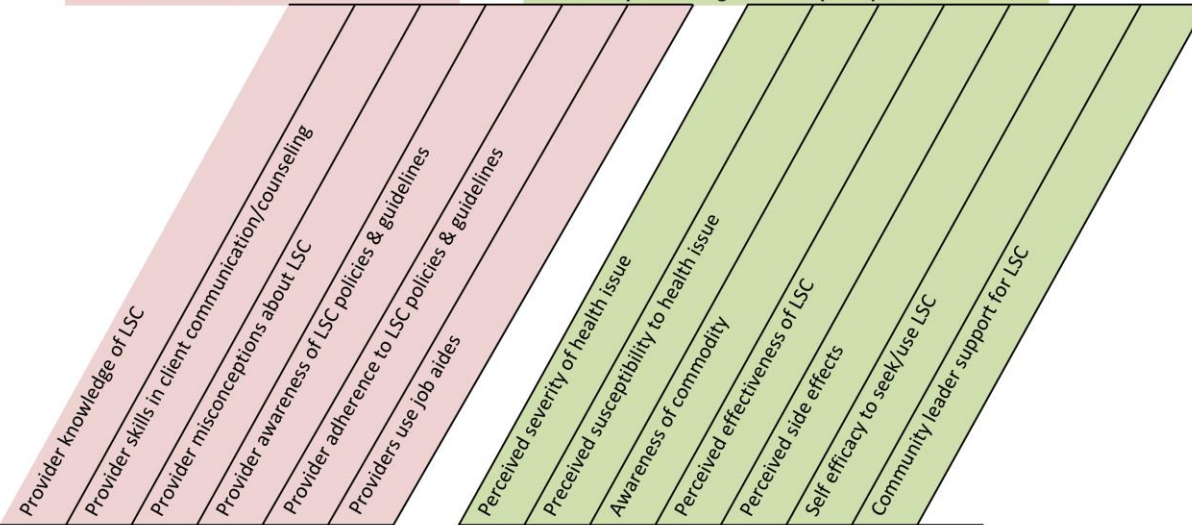
LSC = Life Saving Commodity  
 SBCC = Social and behavior change communication  
 DG = Demand Generation  
 MoH = Ministry of Health

**BARRIERS TO DEMAND**

**HIGH** **MID** **LOW**

**Provider-related drivers**

**Community knowledge and risk perception**



Commodities	Conditions addressed	Provider knowledge of LSC	Provider skills in client communication/counseling	Provider misconceptions about LSC	Provider awareness of LSC policies & guidelines	Provider adherence to LSC policies & guidelines	Providers use job aides	Perceived severity of health issue	Perceived susceptibility to health issue	Awareness of commodity	Perceived effectiveness of LSC	Perceived side effects	Self efficacy to seek/use LSC	Community leader support for LSC
<b>Reproductive Health</b>														
Female condom	Unwanted pregnancy, HIV/STIs													
Implantable Contraceptives	Unwanted pregnancy													
Emergency contraception	Unwanted pregnancy													
<b>Maternal Health</b>														
Oxytocin	Post partum haemorrhage													
Misoprostol	Post partum haemorrhage													
Magnesium Sulphate	Eclampsia and pre-eclampsia													
<b>Newborn Health</b>														
Injectable antibiotics	Newborn sepsis													
Antenatal corticosteroids	Pre-term RDS													
Chlorhexidine	Newborn cord care													
Resuscitation Devices	Newborn asphyxia													
<b>Child Health</b>														
Oral Rehydration Solution	Diarrhea													
Zinc	Diarrhea													
Amoxicillin	Pneumonia													

## **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, Neonatal 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**

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