DKT Ethiopia
Program Overview & Strategic Plan
Social marketing is an approach used to develop activities aimed at changing or maintaining people's behavior for the benefit of individuals and society as a whole.

What does that mean? Well, instead of selling hamburgers, you're selling a life without heart attacks. Instead of convincing teenagers to buy blue jeans, you're convincing them to buy the advantages of postponing pregnancy.

What really differ social marketing from commercial one is that- commercial marketing tries to change people's behavior for the benefit of the marketer; social marketing tries to change people's behavior for the benefit of the consumer, or of society as a whole.
As a Tool

- helps you reach the target audiences you want to reach.
- helps you customize your message to those targeted audiences; and by doing so,
- It helps you create greater and longer-lasting behavior change in those audiences.

As a Program

- Create awareness and interest
- Change attitudes and conditions
- Motivate people to change their behavior
- Empower people/individuals to act
- Prevent backsliding/ sustain the desired behavior
It is fast: Because social marketing relies to a great extent on existing commercial and health service delivery networks, it can be scaled up quickly, providing health products and services to tens of thousands of outlets in just a few years.

It is non-patronizing: Social marketing health products/services are not perceived as a “program” by consumers. Rather, they are seen as normal commercial goods that offer consumers a benefit at an affordable price.

It is highly cost-effective: Because social marketing products and services are purchased, they are more likely to be used than those given away for free.
Donors agencies usually provide contraceptive commodities/Funds to a social marketing NGO. These social marketing NGOs use already-existing commercial and noncommercial distribution networks and retail shops to make the subsidized commodities available to the target population.
Social Marketing
…the Model
Product: offer easy, affordable products. All social marketers create brand names for subsidized commodities, which often appeal to consumers more than generic alternatives.

Price: If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Price can be determined through research, PPI.

Place: Place usually describes the way that the product reaches the consumer. Pharmacies, shops and kiosks

Promotion: Promotional activities (e.g., radio, television, internet, billboards, public events, IPC) targeting the intended customers/beneficiaries, are essential to creating demand for the products and bringing the desired behavior.
Reduction in HIV/AIDS risk behavior and infections
Preventing Teenagers from Smoking,
Fighting Child Abuse
Increase Utilization of Public Health Services and combating Various Chronic Diseases
Promoting Family Planning, breast feeding, good nutrition, immunization
Undertaking Safe Drinking Water campaign and Promoting oral rehydration therapy, ORS
Promoting use of mosquito nets, anti drink driving etc.…
Promoting traffic safety,
Drug prevention,
Promoting environmental behavior, etc.…
In 1968, the Government of India became the first country to initiate a social marketing programme for contraceptives in the area of family health and welfare, with the launch of “Nirodh” brand of condoms. The market of family planning products in India has since been strengthened with the combined efforts of the public, private and non-governmental sectors.

Today, the Ministry of Health and Family Welfare (MoHFW) identifies social marketing as a key approach for providing accessible and affordable contraceptive products to vast majority of the population. This gave an impetus to Social Marketing Organizations in the early nineties, to start partaking in the implementation of social marketing programmes with funding from government and other organizations.
In Ethiopia, Social Marketing Supplies over 40% of Ethiopia’s CYPs and 35% of its reproductive health commodities.

In Bangladesh, the social marketing program has been highly successful at social marketing of injectable (RCS, 2003; RCS, 2006; Eminence, 2010).

Florida State University reported a 15% reduction in high risk drinking among male students and 5% among females; Florida's first TRUTH anti-smoking campaign, which reduced teen smoking in one year by 19%, was also followed by a well funded national campaign.

Exclusive breastfeeding rates were increased in Madagascar from 46% to 68%; in Ghana from 68% to 79%; and in Bolivia from 54% to 65%.
Dozens of HIV/AIDS prevention efforts ranging from the Swiss Stop AIDS Program, which increased condom use in casual partners from 50% to 80%, to programs throughout the developing world in Uganda, Jamaica, Brazil, Thailand, etc.… have also shown positive results.

In Ethiopia, Social Marketing supplied over 1.2 billions condoms in the last 25 years which contributed to one of the highest reduction in HIV/AIDS new infection in Africa.

PREMI, a program in Ecuador, increased full immunization coverage of the highest risk infants at one year of age from 5% to 28% in 18 months. Mass media and health practices, a program in Honduras, increased correct use of oral rehydration solution from 9.2% to 44.8% in five years.
Social Marketing is an important tool to
Ω Reach wide segment of vulnerable population such as Youth with targeted messaging and services
Ω Increase availability of family planning products,
Ω Increase range of available products at a variety of prices resulting in increased client choice,
Ω Reduce burden on the public sector by shifting clients who can pay to the private sector,
Ω Increase family planning program sustainability,
Ω Better targeting of donor funding, and
Ω Increase family planning use in general and among underserved populations
Ethiopia is the second most populous country in Africa. In 2016, the country’s population is estimated to reach 96 millions.

Ethiopian population is considered to be Young. Of the total 96 Millions about 66% aged under 25 years.

Reproductive Age Population (15-45 years) accounts for 46% of the total population.

The population pyramid also indicates that there has been a decline in fertility due to increasing contraceptive use.
Ethiopia Overview

Demography

Future Trend

- A gradual Decline in fertility results changes in population age structure- Rising proportion of working age leads to a “Demographic bonus” which will depend on the speed of fertility decline and the ability of the economy to create more jobs.

- Ethiopia’s population size is expected to double in less than 30 years time with very high rate of Urbanization. This will bring substantial adverse health, socioeconomic, environmental and political consequences if it is not balanced.

Policy Options

- Strengthen family planning/RH programs (improve access and choice for family planning and reproductive health services for couples and adolescents)

- Invest in human capital (particularly in girls education) which will improve health seeking behavior and family welfare

- Create more Job opportunities to employ the growing labour force which will contribute to sustainable economic development
The Gross Domestic Product (GDP) in Ethiopia was worth 77 billion US dollars (IMF estimates) which represents 0.2% of the world economy.

The Economy grows on double digit for the last 10 years and the GDP per capital reaches about 830 USD in 2017 (IMF estimates).

Agriculture and Service sectors are the main stay of the economy which contributes to 83% of the GDP and the work force.

Although the Country is enjoying one of the fastest growth in recent years, it is still one of the poorest country in the world.
In the last two decades, GoE has been putting tremendous efforts in designing and implementing feasible health policies and strategies towards:

- **Health promotion**
- **Disease prevention & Curative services,**
- **Strengthened community ownership**
- **Building Collaboration with partners and private sectors**
Ethiopia Overview

Health Sector Impact

Ω Reduction in under five mortality from 166 children from 1000 live births in 2000 to 64 in 2014. by 2020 this will decline to 28
Ω TFR declined from 5.5 children per a woman in 2000 to 4.6 in 2016. in 2020 TFR will be 3 children per a woman.
Ω Improved availability of FP services from 6% in 2000 to 36% in 2016. by 2020 this figure will improve to 60%
Ω MMR declined from 871/100,000 live births in 2000 to 420 in 2014. by 2020 this will further reduce to 199
Ω Reducing HIV new infection by 90% and mortality by >50% among adults in the last decade. By 2020, there will be Zero New infections
Ω Since 2005 Mortality due to TB has declined by more than 50%. By 2020, the plan is to reduce TB related deaths by 35%
DKT started its Social Marketing program in Ethiopia in 1990, when the country had been hit by HIV/AIDS which became a national health priority. The program now socially markets 2 brands of condoms (with eight variants of Sensation) and distributes to geographically wide spread Commercial Channels, Youth Clubs, Associations. DKT has been also delivering messages on condom use, and HIV/AIDS preventions. Since then Ethiopia has made remarkable progress in fighting HIV,

Ω when new infections dropped by 90% in Ten years time, the largest drop of any country in Africa (and the second greatest in the world).
Ω What’s more, HIV prevalence became at a relatively modest 1.5%.
The Organizational Structure is Highly decentralized, Bottom-up, Flexible. The overall operation will have main divisions, as follows:

**Head Office:** provides support to overall operations which includes Sales, Marketing, Projects (HEI, Wise Up, Technical, Finance Logistics, M&E)

**Area Offices:** the regional operations are currently managed by 8 Area Offices. Each Area office has an area manager, Sales Persons, Admin Assistance and Nurses/Detailers
DKT Ethiopia consistently aligns with the GoE’s HSTP priorities and the organization is considered by the FMOH and other stakeholders as a key health player in Ethiopia. Currently, DKT/E Social Marketing Program is part of the GoE strategic initiatives stated in Health Sector Transformation Plan (HSTP).
DKT Ethiopia
Target Population

Prevention of HIV/AIDS
- Sex Workers and Their Clients
- Persons in the Uniform (Military and Police Staffs)
- Youth, HEI Students
- Other MARPs (Persons with Multiple Sexual Partners)

Promoting Family Planning
- Married women and Men
- Adolescent women and men

Promoting Maternal and Child Health
- Married Women at risk of PPH
- Pregnant women at the risk of unsafe abortion
- Women and their Children suffered from Diarrhea
DKT Ethiopia  
Program Strategies

**INCREASE ACCESS TO FP/RH COMMODITIES**
- Import and Socially Marketing of 13 FP/RH Commodities
- Work with private commercial outlets both medical and non medical, NGOs and GoE

**IMPROVE DEMAND**
- Brand promotion through mass and printed medias,
- BCC such as HEI interventions, Wise-Up Workplace Interventions

**IMPROVE CAPACITY**
- Train health service providers, build partnerships for Quality services
- Involve in Design, review health related policies, strategies and guidelines.
DKT/E is the Key partner in the health sector

Based on the last Ten years reports from MOH, DKT Ethiopia procured and distributed nearly a third of contraceptives in Ethiopia.

DKT Ethiopia Has been providing couples with full options of family planning including condom, OCP, EC, Injectable and LARCs with affordable price.

Source: Ministry of Health, Health and Health Related Indicators 2005 EC Report
DKT Ethiopia

Coverage

Reaching Over 40,000 Direct and Indirect Outlets with FP/RH and ORS products through its Social Marketing Approaches.

Focus Area: Areas with Higher POPULATION DENSITY where the pressure on the scarce resources is very high.

Legend

Frequency of Sales
- 100 and Less
- 101 - 200
- 201 - 400
- 401 - 800
- 801 - 2750
The HEI is DKT/E’s activity to reach Ethiopia’s students in universities/collages who are particularly vulnerable to HIV and unwanted pregnancy. The Project uses a mix of BCC approaches including mass events, dormitory-based sessions, social media and training to reduce risk behaviors among these populations and facilitate demand and supply for condoms and contraceptives.

Since 2010 the project
- Supplied over 2.5 millions condom, nearly 33,000 cycles of OCP
- Trained 86,000 students on SRH, life planning
- Undertook 1,385 BCC large group events, reaching over 833,000 students
- Carried out 663 female focused blocked based BCC sessions reaching 127,000 female students
- Registered 70,306 Temari-net user, Distributed 246,000 IEC/BCC materials
- Installed 45 multi purpose condom kiosks in the universities, Established 24 SRH discussion rooms
Launched in 2005, Wise-Up is DKT/E's HIV-prevention activity for most at-risk populations. Wise-Up focuses primarily on sex workers and their paying / non-paying partners and seeks to increase correct and consistent condom use in all sexual interactions among these groups. Wise-Up achieves this goal through Behavioral and structural interventions.

Outreach Services
- DIC services (educational and recreational)
- Counseling and Referrals
- Condom Supply
- Coffee ceremony BCC sessions
- Life safe Campaign and condom use promotion
DKT/E, EEP and HAPCO has been implementing a workplace HIV intervention in the GERD since 2012 targeting ten of thousands of workforce and sexworkers in nearby towns. The key activities are

- IEC/BCC to improve the Knowledge, attitude and practice of the GERDP workforce and sexworkers towards safe sex practice and consistent and correct use of condoms.

- Strengthen the capacity of health care providers in the project to deliver integrated and comprehensive services which will include:
  - HIV counseling and testing (HCT),
  - Condoms promotion and distribution,
  - Treatment of sexually transmitted infections (STI), opportunistic infection (OI)
  - prevention, control, and Provision of anti-retroviral treatment (ART).
Currently the program is operational in 27 clinics in Addis Ababa, and Plan to scale up 100 clinics at end of 2017.

Since its inception in May 2015, the program

- Enhanced their capacity though training
- Mass media and outdoor promotion of the clinics and the services
- Delivered 6,017 CYP through clinics
- Provided 7,560 FP services (New Users, Continuers, Lapsed Users and Post abortion family planning service users)
DKT Ethiopia
360 ° Campaign
**MDG 5: Improve Maternal Health**

**Target 5A: Reduce Maternal Mortality Rate by three quarters, between 1990 and 2015,**

**DKT Impact:** Since the program began, over 1.2 millions of Medical Abortion kits delivered which directly contributed the decline in maternal deaths related to unsafe abortions (which is the leading causes of maternal mortality)

**Target 5B: Achieve, by 2015, universal access to reproductive health**

**DKT Impact:** in the last 20 years DKT distributed over 52 millions cycle of OCP, 33 millions vials of Injectable and 2.5 millions long acting contraceptives and 12 millions doses of EC which averted an estimated 6 million unwanted pregnancies
MDG 6:- Combat HIV/AIDS, Malaria and Other Diseases

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

DKT Impact: over 1.2 billions condoms distributed with a particular focus on low-income and at-risk populations. This greatly contributed to the sharp decline of new infections by 90% since 2001, the largest drop of any country in Africa and the second largest in the world.
MDG 4: Reduce Child Mortality Rates

**Target 4A:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Ω **DKT Impact:** over the last two decades, DKT Ethiopia distributed over 30 millions sachets ORS for the treatment of Diarrhea which is one of the leading causes of deaths among Children
Mission
Provides couples with an affordable and safe options for FP/RH, maternal and child health through Dynamic SM approach.

Strategic Themes
Sales, Improve Demand, Improve the capacity for supply and promotion of FP/RH products

Strategic Goal
Become a partially self-sustaining business in the next 5 years.

Vision
Become the most innovative, impactful and self sustaining SM organization that improves people’s life in Ethiopia.
The Health Sector Transformation Plan (HTSP V) :- Gives priorities in improving access to quality health services and highlights GO’s commitment to promote and expand family planning and reproductive health services;

The Country’s Vision:- Ethiopia anticipates attaining lower middle-income country status by 2025 and upper middle-income country status by 2035.

Global Scenario:- a decline in Funding FP/RH projects and DKT/E stands at a crossroads of greater sustainability and reduced donor dependence as the Nation continues growing towards middle / upper middle-income status

DKT/E’s SM Program focus in next five years:- Increase CYP and generate sales revenue to begin the transition to a partially self-sustaining business.
Ω GoE Policy Support: Commitment towards expanding and strengthening quality services in FP/RH, Maternal and Child health

Ω Market Potential: Demand for FP/RH products is growing with new users joining the market

Ω Growing PPP: the fastest growing economy will increase the purchasing power of Couples

Ω Infrastructure development: emergence of new towns, commercial centers, roads and rail network which will bring additional market opportunities

Ω Donor Interest: declining trend of Donor funding will strengthen DKT’s commitment to make strategic decision towards partially donor dependent (mid term) and self sustaining organization (long term)

Ω Organizational Experience and Reputation: The long year experience will ease its commitment to lay the foundation for a Sustainable Enterprise in the future.
The SECOND MOST POPULOUS Country in Africa with population size of nearly 96 millions. Large Consumers-Huge Market

The average annual growth rate is 2.5% is still VERY HIGH. The population doubles itself in 25-28 years. Large number of New Consumers joining the Market

The average size of a household is 4.7 and TFR is 4.6 still very HIGH and needs to be REDUCED. High and Growing demand for FP/RH products and Services

Infrastructure Development accompanied by very HIGH Rate of Urbanization (4-5%) one of the HIGHEST in the world. Emergence of New Commercial Centers and More Access to Market

Sustainable Growth in the Economic and Social Sectors. Increasing Number of educated and working population with more demand for services with willingness to pay for products and services
**DKT Ethiopia**

*Favorable Condition*

- Ethiopian Population has doubled itself in about 25 years. The population continues to grow in the future.
- The size has increased from 40m in 1984 to 96m in 2016 which already created huge markets (more people-huge market).
- The increasing population results in increasing in density which will bring pressure/burden on resources, (balancing the rate of growth is crucial for sustainable DVT).
- The rate of urbanization is very high accompanied by increasing number of working population joining urban centers, (market potential for SM and CM).

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1984</th>
<th>1994</th>
<th>2007</th>
<th>2016*</th>
<th>2020*</th>
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<tr>
<td>Population Size (in millions)</td>
<td>40.1</td>
<td>53.5</td>
<td>73.8</td>
<td>96.0</td>
<td>106</td>
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<td>Population Growth Rate</td>
<td>3.1%</td>
<td>2.9%</td>
<td>2.6%</td>
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<td>Density (Pop/Sq Km)</td>
<td>34</td>
<td>49</td>
<td>67</td>
<td>84</td>
<td>100</td>
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<tr>
<td>% Urban Population</td>
<td>11%</td>
<td>14%</td>
<td>16%</td>
<td>20%</td>
<td>24%</td>
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*Projected figures*
The increasing working age population (people with money) with sustainable growth in the economy will create sustainable market potential for commercial enterprises.

Growing Number of Working Age Population: People with Money

Growing demand for FP/RH Products
Education, especially for women, is closely linked with a number of demographic-health outcomes (fertility, contraceptive use, and health status of mothers and children).

More people with education—more demand for fertility regulation, health services.
Contraceptive use in Ethiopia has been increasing from 6% to 35% in the last 15 years. 58% of the women need at least one method of contraceptives.

Having larger population size with growing demand for FP services and ability to pay for services is the best opportunity for CSM and CCM.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2000</th>
<th>2005</th>
<th>2011</th>
<th>2016</th>
<th>2020*</th>
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<tr>
<td>TFR</td>
<td>5.5</td>
<td>5.4</td>
<td>4.8</td>
<td>4.6</td>
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<tr>
<td>CPR Country</td>
<td>6%</td>
<td>14%</td>
<td>27%</td>
<td>35%</td>
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<tr>
<td>CPR Urban</td>
<td>28%</td>
<td>42%</td>
<td>50%</td>
<td>50%</td>
<td>55%</td>
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<tr>
<td>CPR Rural</td>
<td>3%</td>
<td>11%</td>
<td>23%</td>
<td>32%</td>
<td>43%</td>
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<tr>
<td>Total Demand for FP</td>
<td>44%</td>
<td>49%</td>
<td>54%</td>
<td>58%</td>
<td>63%</td>
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<table>
<thead>
<tr>
<th>CPR by Method</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
<th>2016</th>
<th>2020*</th>
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<tbody>
<tr>
<td>Injectable</td>
<td>3.1%</td>
<td>9.9%</td>
<td>21.0%</td>
<td>23.0%</td>
<td>26.1%</td>
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<tr>
<td>OCP</td>
<td>2.5%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>2.0%</td>
<td>1.8%</td>
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<tr>
<td>LARC</td>
<td>0.1%</td>
<td>0.4%</td>
<td>3.7%</td>
<td>10.0%</td>
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<td>0.2%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
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<tr>
<td>EC</td>
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<tbody>
<tr>
<td>Injectable</td>
<td>14.1%</td>
<td>25.9%</td>
<td>35.4%</td>
<td>26.4%</td>
<td>29.0%</td>
</tr>
<tr>
<td>OCP</td>
<td>9.6%</td>
<td>10.7%</td>
<td>6.7%</td>
<td>6.5%</td>
<td>3.9%</td>
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<tr>
<td>LARC</td>
<td>1.2%</td>
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<td>4.7%</td>
<td>15.6%</td>
<td>21.0%</td>
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<tr>
<td>Condom</td>
<td>2.0%</td>
<td>1.4%</td>
<td>1.0%</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>EC</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
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*Projected figures*
Sexually active unmarried women of which the majority are Adolescents aged 15-24 are the key segment of population to be targeted in prevention of HIV/AIDS, STIs and Unwanted pregnancies through youth friendly FP/RH services and behavior change communications.

In the last 10 Years, their behavior in terms of using contraceptives has not been changed (only 3% increase) as compared to the behavior among married ones (21% increase).

Those group of population are expected to use Condom as dual protection, but over the years, their condom use behavior has dramatically falling from 23% in 2005 to 4% in 2016. This is a worrying statistics, indicating that they are becoming at risk of HIV/AIDS and STIs

<table>
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<tr>
<td>Total CPR</td>
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<td>57%</td>
<td>58%</td>
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<tr>
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<td>23%</td>
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<td>4%</td>
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<td>3%</td>
<td>5%</td>
<td>1%</td>
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<tr>
<td>EC</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>LARC</td>
<td>0%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>6%</td>
<td>3%</td>
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</table>

Compiled from Ethiopia Demographic and Health Surveys. Note that the total numbers studied were 52 in 2005, 268 in 2011 and 176 in 2016
DKT Ethiopia
Strategic Objectives & Deliverables

**Strategic Objective - 1**

- Reduce incidence of HIV/AIDS, STIs and unintended pregnancy

**Deliverables**

- Increased socially marketed, high quality condom availability and accessibility.
- Increased demand for socially marketed condoms through targeted/extensive branded condom messaging & promotion.

**Target (5 yrs)**

- 348 millions condoms

**GoE’s HSTPV**

Reduce incidence of HIV among adults to 0.01%
GoE’s HSTPV
Reduce incidence of HIV among adults to 0.01%

DKT Ethiopia
Strategic Objectives & Deliverables

Strategic Objective - 2

- Increase use of modern Contraceptives among women of reproductive age

Deliverables

- Increased access to both short term and long acting reversible Contraceptives
- Increased demand for DKT/E’s contraceptive Brands in the market.

Target (5 yrs)

- 20m cycles of OCPs
- 17m vials of injectables
- 13.5m packets of EC
- 3m IUCDs
- 88,000 implants
Strategic Objective - 3

- Improve safe abortion care

Deliverables

- Increased availability of safe abortion technology in authorized health facilities.
- Increased knowledge & skill of private providers on use of safe abortion products

Target (5 yrs)

- 2.1 Medical Abortion Kit
- 24,000 MVA Kits

GoE’s HSTPV

Provide safe abortion services in the all health facilities
DKT Ethiopia
Strategic Objectives &
Deliverables

Strategic Objective - 4

• Promote Safe Delivery

Deliverables

• Increased availability of misoprostol to prevent PPH and clean birthing kits (CBKs)
• Improved knowledge and use of misoprostol and CBKs during delivery.

Target (5 yrs)

• 561,000 Misoprostol Tablets for Prevention of PPH
• 6,700 Clean Birth Kits

GoE’s HSTP V

Reduce MMR to 192 per 100,000 live births
Strategic Objective - 5

• Reduce Child Morbidity and Mortality

Deliverables

• Increased access to socially marketed Diarrhea Treatment Kits (DTKs)
• Increased knowledge of mothers on use of socially marketed DTKs for diarrhea.

Target (5 yrs)

• 6.6 millions Sachets of LemLem ORS
• 7.6 millions DTKs

GoE’s HSTPV

Reduce under-five mortality from 68% to 33%
GoE’s Vision

Reduce Donor Dependency and rely on Local Resources

Strategic Objective - 5

• Strengthen SM Program Sustainability

Deliverables

• Increased sales revenue and cost recovery.
• Cost-efficient and effective approach to projects.
• Increased number of donors and/or donor revenue, particularly for projects that are cost-intensive.

Target (5 yrs)

• By End of Project DKT/E will generate sales revenue = 76% of total commodity procurement cost (COGS). Historically, it has been 34%.
**DKT Ethiopia**

**Strategic Approaches**

- **Build Branding and Sustain use of Socially Marketed Products among target population**
  - Ensure availability and accessibility of brands and variants of high quality PRODUCTS in Ethiopia through social marketing networks.
  - Capacitate Young Marketers (YM), ensuring sustainability in big towns, where HIV incidence is higher.
  - Ensure university students have access to youth-friendly services, including targeted BCC messages, condom brands, and RH referrals, within university compounds.
Strengthen partnerships and networking with private sector, NGOs and GoE entities, focusing on creating an environment for FP/RH quality service delivery,

Ensure all contraceptives meet quality standards set by international and national regulatory authorities.

Strengthen/build capacity of existing and emerging private health facilities, particularly to deliver LARCs

Upon availability of donor funding, Strengthen comprehensive HIV/STI prevention packages for sex workers through behavioral, structural, and biomedical interventions in Wise-Up sites.
Strengthen partnership with GoE entities, NGOs and health networks for harmonizing and aligning policies and regulations on MA and expanding safe abortion services.

Launch diverse brands/variants of ORS, with new flavors and features and advocate zinc as OTC drug and work with GoE to facilitate availability of ORS in non-traditional outlets.

Introduce integrated and comprehensive cost-efficiency approach, including tracking cost per CYP per program, cost recovery per product, rigorous cash flow management,

Strengthen system for evaluating project success/impact, including organizational capacity to track performance, measure outcomes, & maintain quality.
<table>
<thead>
<tr>
<th>Product</th>
<th>Project Period Target</th>
<th>YTD Target (July 2015-Nov 2016)</th>
<th>YTD Total Sales (July 2015-Nov 2016)</th>
<th>% Achieved (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condom</td>
<td>347,838,487</td>
<td>90,490,625</td>
<td>73,325,711</td>
<td>81%</td>
</tr>
<tr>
<td>Female Condom</td>
<td>174,581</td>
<td>41,703</td>
<td>82,753</td>
<td>198%</td>
</tr>
<tr>
<td>Smooth Move</td>
<td>504,393</td>
<td>120,485</td>
<td>138,486</td>
<td>115%</td>
</tr>
<tr>
<td>OC Pills</td>
<td>20,104,553</td>
<td>5,434,573</td>
<td>6,232,137</td>
<td>115%</td>
</tr>
<tr>
<td>Injectable Contraceptives</td>
<td>17,130,911</td>
<td>4,092,083</td>
<td>4,904,379</td>
<td>120%</td>
</tr>
<tr>
<td>IUCD</td>
<td>3,088,142</td>
<td>737,669</td>
<td>953,851</td>
<td>129%</td>
</tr>
<tr>
<td>Implants</td>
<td>87,669</td>
<td>20,942</td>
<td>43,996</td>
<td>210%</td>
</tr>
<tr>
<td>EC</td>
<td>13,510,586</td>
<td>3,227,292</td>
<td>3,861,577</td>
<td>120%</td>
</tr>
<tr>
<td>MVA Kit</td>
<td>24,002</td>
<td>6,333</td>
<td>10,833</td>
<td>171%</td>
</tr>
<tr>
<td>Cannulae</td>
<td>9,304</td>
<td>2,223</td>
<td>21,312</td>
<td>959%</td>
</tr>
<tr>
<td>Safe-T Kit (MA)</td>
<td>2,069,445</td>
<td>494,331</td>
<td>530,233</td>
<td>107%</td>
</tr>
<tr>
<td>Misoprostol in tab</td>
<td>561,059</td>
<td>134,021</td>
<td>1,415,132</td>
<td>1056%</td>
</tr>
<tr>
<td>CBK</td>
<td>6,716</td>
<td>1,604</td>
<td>5,910</td>
<td>368%</td>
</tr>
<tr>
<td>Lemlem Plus</td>
<td>7,574,910</td>
<td>1,016,750</td>
<td>658,670</td>
<td>65%</td>
</tr>
<tr>
<td>Lemlem</td>
<td>6,561,843</td>
<td>2,602,667</td>
<td>3,343,898</td>
<td>128%</td>
</tr>
</tbody>
</table>
in 2016, Sales Revenue is about 39% of the Total expenditure. This is 14% higher than the cost sharing limit proposed by ChSA which suggests, cost sharing fees should not exceed 25% of the costs of a Program/Project operation.
In 2014 DKT mobilized incomes of about 376m birr of which only 18% was from sales revenue.

In 2016 (Jan-Oct), the amount of income collected from various sources is about 306m (which is lower than 2014) but the income from revenue has increased from 68m (18% from total) in 2014 to 105m (34% from total) in 2016 (Jan-Oct).
Ω Social marketing is a different approach and needs policy support to become a sustainable strategy. It has a profound capacity to bring long term impacts particularly in health sectors. One of its nature is the flexibility to use the existing commercial environments and instruments to the best interest of the people. through this approach, larger portion of areas can easily be reached with services, products and demand (awareness) creation activities (as the map presented in earlier section reveals). it has also the capacity to transform itself a sustainable strategy as enabling environment allows (economic growth and policy support).

Ω DKT Ethiopia continue to increase its rely on local resources through increasing revenue as the economy continue to grow; which will be a gradual process. But setting 25% as a limit for cost sharing will be a predicament unless the charity get at least 75% of its resources from donors which will be gloomy in the future. under this set-up, DKT Ethiopia's social marketing program and its enormous contribution to the success in health sector will be in Jeopardy

Ω The cost sharing ceiling does not permit DKT/E to maximize the contribution of social marketing principles towards its commitments to address the public health priorities stated in GoE Health sector Transformation plan.