

Community-based condom distribution involving NGOs can work in almost any setting—but it's critical to keep the process simple and transparent, to guarantee that everyone understands how it works and feels confident that their hard work will be rewarded equitably.



C'est à moi!

KAPÒT PANTÈ se plezi tèt poze, SIDA pa l'annan.

SEAN SPRAGUE/IMPACT VISUALS

A POSTER ON THE WALL OF A CLINIC IN PORT-AU-PRINCE PROMOTES PANTÈ CONDOMS, DISTRIBUTED THROUGH AIDSCAP/PSI COMMUNITY-BASED DISTRIBUTION IN HAITI.

SOCIAL MARKETING AND COMMUNITY-BASED DISTRIBUTION IN HAITI: WORKING WITH NGOS TO EXPAND ACCESS TO CONDOMS

142	INTRODUCTION
142	CONDOMS: A MUCH-NEEDED COMMODITY
143	SOCIAL MARKETING SUCCESS IN HAITI
144	COMMUNITY-BASED CONDOM DISTRIBUTION
147	THE LOGISTICS OF A COMMUNITY-BASED DISTRIBUTION PROJECT
148	LESSONS LEARNED FROM THE HAITIAN EXPERIENCE
149	BEST PRACTICE CRITERIA
149	AUTHORS
149	REFERENCES

SOCIAL MARKETING AND COMMUNITY-BASED DISTRIBUTION IN HAITI: WORKING WITH NGOS TO EXPAND ACCESS TO CONDOMS

INTRODUCTION

In 1991 a military coup ousted Haiti's president, and the country spiraled downward into chaos. Violence and fear became daily facts of life in both the cities and the countryside. When an international economic embargo cut off the supply of imported fuel and raw materials, factories and businesses closed, forcing hundreds of thousands of workers into desperate poverty in an already impoverished nation.

A country torn by political violence and economic deprivation, Haiti hardly seemed the setting for a success story in condom promotion for HIV/AIDS prevention. Yet efforts to promote condoms and make them more accessible to people throughout Haiti did succeed in dramatically increasing both condom sales and the number of locations where condoms could be obtained. This success was achieved through a combination of traditional social marketing techniques and an innovative adaptation of the social marketing model that expanded distribution by enlisting the staff of nongovernmental organizations (NGOs) to act as sales agents. The commitment and ingenuity of these community-based distributors and their NGOs helped Haiti overcome seemingly insurmountable obstacles to build one of the world's leading condom social marketing (CSM) projects.

CONDOMS: A MUCH-NEEDED COMMODITY

Condoms have long been an essential public health tool to prevent HIV infection. Apart from abstinence and mutual sexual fidelity, condom use is one of the very few ways individuals can protect themselves from sexual transmission of HIV. Promoting widespread use of this simple and affordable barrier method has thus become one of the most important strategies of HIV-prevention programmes, especially in the absence of a vaccine or cure.

But while messages that promote condom use have proliferated wherever there are efforts to curb the HIV/AIDS pandemic, the reality is that condoms are not always available, accessible or affordable in many parts of the non-industrialized world. In some places they may be available free of charge through the public health system, but acquiring them might require people to wait in line during limited daytime hours, sometimes miles from home, at sexually transmitted infection (STI) clinics or other locations where one might be reluctant to be seen. And while condoms may be commercially available in many countries, they are often sold at prices that much of the population cannot afford.

In Haiti, for example, condoms were commercially available during the early 1990s for about US\$0.25—a price far too high for most citizens, whose average per capita annual income is only \$400. These condoms could be found for sale in some cities and towns, but not in many villages or rural areas, most of which were simply off the usual commercial distribution grid. Free condoms were also available from some public health clinics and family planning programmes, but were not easily accessible to most people who needed protection.

Such protection is desperately needed in Haiti, which is believed to have the most advanced HIV/AIDS epidemic in the Western Hemisphere. In 1999 seroprevalence has reached 10 per cent in urban areas and is at 4 per cent and rising in rural areas. The country's extreme poverty and high unemployment rate—50 per cent at minimum—have greatly exacerbated the HIV/AIDS epidemic. Ongoing political and economic instability threatens to further disrupt an already weak economy, as does the degradation of the environment through deforestation and soil depletion. Such conditions inevitably lead to an increase in commercial sex, displacement of the population from rural to urban areas due to joblessness and environmental overload, the separation of families and a rising sense of desperation for out-of-school youth without hope of jobs. Within this context of crisis, the stakes have continued to rise for this small country in its struggle against the HIV/AIDS epidemic.

SOCIAL MARKETING SUCCESS IN HAITI

Social marketing has provided an innovative solution for making condoms affordable and accessible to a public that increasingly demands them. A development strategy that has become popular in recent years, social marketing is a not-for-profit enterprise that uses commercial marketing and advertising techniques, affordable pricing and existing retail networks to promote, distribute and sell products that are beneficial to public health and welfare, such as mosquito nets, birth control devices and solar ovens that require no coal or wood to provide heat. Because it involves selling rather than giving away these products, social marketing differs from other government, donor aid and charitable programmes that also seek to prevent disease, promote family planning or improve environmental conditions. The underlying principle is that charging for a product—at a low price that most people can afford—conveys value to consumers and makes them more likely to actually use the product.

In the case of condoms, social marketing projects have focused on increasing the number of places where customers can buy condoms (points of sale), lowering the price, strengthening distribution networks and other improvements that make these devices available, accessible and affordable to low-income people. Other goals of CSM projects are to promote condom use by making them attractive and desirable through advertising and appealing packaging, to market effectively to different target audiences to encourage safe sexual behaviour within promotional campaigns, and to involve community leaders and local organizations in HIV/AIDS prevention efforts.

In 1990 the non-profit organization Population Services International (PSI) launched Pantè (Creole for panther), Haiti's first socially marketed condom. A year later, PSI became a partner in the United States Agency for International Development (USAID)-funded AIDS Control and Prevention (AIDSCAP) Project, managed by Family Health International and Pantè became the centerpiece of AIDSCAP/PSI's condom social marketing effort in Haiti. At about three cents each, Pantè condoms were priced to allow even low-income Haitians to buy them regularly.

Pantè's eye-catching advertising campaign incorporated powerful behaviour-change messages as it built product recognition, portraying the condoms as an essential and everyday purchase both for protection from disease and for enhancement of intimacy. Promotion efforts were extremely successful: Pantè enjoyed widespread recognition and a reputation for quality and reliability. Sales figures soared: by the time AIDSCAP funding to the PSI project ended in 1996, national monthly condom sales had increased from an average of 30,000 in 1990 to more than 540,000. In fact, in per capita sales, the project ranked as one of world's leading CSM projects.

From the start, PSI took advantage of existing commercial networks to distribute Pantè within major markets throughout Haiti, working with more than 100 independent and commercial vendors. Soon, Pantè was available in places where condoms had not been sold before: nightclubs, beauty salons, small shops and other venues offering easy street access and convenient hours. But many parts of rural Haiti—where 70 per cent of the population

live—had never been covered by the standard distribution network, and in many of these regions buying a condom might require a two-hour hike over often mountainous terrain to a larger town on a major road. For these Haitians, behaviour change communication efforts encouraging condom use meant little, with condoms themselves so difficult to find.

COMMUNITY-BASED CONDOM DISTRIBUTION

The margin of profit for profit-making wholesalers or distributors of PSI's socially marketed condoms was a substantial 25 per cent—better than that of most other commercial products. However, the absolute value of that margin—initially about 1.7 U.S. cents per condom but declining to just over one cent as the economy deteriorated—was very small, even at high volumes. This meant that commercial distributors in Haiti had little incentive to go to the expense of increasing their capacity to market condoms beyond the capital city of Port-au-Prince or other major urban areas.

To broaden distribution throughout the country into distant rural districts as well as into more neighbourhoods in Haiti's cities and towns, the project created a partnership with four NGOs involved in AIDSCAP's various HIV/AIDS-prevention activities. PSI trained 175 staff members of these NGOs to act as both wholesale distributors, selling Pantè condoms to retail outlets, and as retail sales agents to consumers. The three-day training sessions covered such topics as preventing transmission of HIV and other STIs, social marketing goals and strategies, interpersonal communication and direct sales techniques, condom use demonstrations, basic money management and other

valuable skills. At the conclusion of each training session, every NGO agent received a free supply of condoms sufficient to generate enough revenue to both reward the seller and to provide reserve capital to purchase additional condoms from PSI.

As regional and district leaders, these NGO members had an intimate knowledge of their communities that helped ensure their success as salespeople, while their experience as HIV/AIDS counsellors, educators and activists enhanced their ability to advise customers on condom use. Apart from their own commitment to curbing the epidemic, these community-based distributors (CBDs) received a sales incentive in the form of a percentage of condom revenues, both for their organizations and for themselves.

Since most of the participating NGOs had multiple levels of supervision, PSI worked with each group to devise a profit structure that would motivate people at each level while ensuring that the individual CBDs kept most of the profits for their personal use. The sale of just two standard packs (three condoms each) would yield enough personal profit to, for example, pay for a packet of peanuts—not much, but a treat a CBD might otherwise have foregone. The sale of ten packs of condoms might pay for a beer, and 20 packs sold would yield a profit of U.S.\$1 in a country with a monthly per capita income of around \$33.

Given the country's economic instability, these profits offered a welcome source of extra income for many CBDs and their intermediate field supervisors. They also provided the sponsoring NGOs with sufficient income to cover the additional administrative costs of the CBD marketing efforts, such as condom storage and delivery and extra supervision and communications.

Despite the common goal of promoting HIV prevention, this kind of rapport between NGOs and social marketing is not automatic. Social marketing specialists operate in the commercial sector, appealing—on the immediate level—to the profit motive rather than altruistic goals. NGO staff members who provide assistance to the impoverished may object philosophically to selling anything to their clients or members. But both groups recognize the urgent need to ensure a reliable condom supply to NGO members and the communities they serve, and that common ground enabled AIDSCAP and PSI to foster productive relationships between social marketing operations and NGOs in Haiti as well as in other countries.

Even after an NGO signs on to participate in a community-based condom sales project, questions and discussion about potential conflicts between the NGO mission and the project's mission may continue. After the project began in Haiti, a community group providing outreach to sex workers expressed concern that NGO salespeople might abandon their original target population because it was easier to sell to more affluent customers. Some of the managers of that NGO were also concerned that—stimulated by the profit motive—some CBDs might neglect their educational obligations and instead concentrate all their efforts on making money through sales.

PSI conducted a study to look at these issues and found that, although CBDs were selling to new customers, sex workers continued to be well served—in part because the CBDs created new retail sales points in their communities that were available at all hours of the day and night. Determining whether CBDs were

doing less HIV/AIDS education in favour of “just selling” was more difficult, but AIDSCAP and PSI staff believed that—given the dramatic increase in the number of condoms sold—CBDs were doing a better job of explaining to people why they needed condoms.

As the Haiti project matured, several advantages of condom sales through community-based distributors became clear:

- Friends and neighbours have much more credibility as salespeople than outsiders, particularly strangers “selling something.”
- CBDs—who usually store condom stocks at their homes—are generally available 24 hours a day for those who need to buy condoms at all hours.
- CBDs are usually available for immediate, morning-after, remedial counselling in condom use if first-time users do not have a problem-free experience, a “service” rarely available from a traditional commercial source.
- CBDs can provide ongoing reinforcement and encouragement of consistent and correct condom use by their customers.

All in all, more than 3,000 points of sale for condoms were created during the project—hundreds of them by CBDs—ensuring availability for hundreds of thousands of potential customers throughout Haiti. A significant number of these sales locations catered specifically to female and adolescent condom buyers. This new distribution network ultimately penetrated eight out of nine of Haiti’s administrative *départements* and 95 per cent of all administrative *communes*, many of them quite difficult to reach—

and NGO-based sales were responsible for opening most new points of sale outside Port-au-Prince. To achieve this kind of geographic coverage, the project expanded to include nine NGOs, involving dozens of their members as CBDs.

Figures for NGO-based Pantè sales were equally impressive and critical to the overall success of the AIDSCAP/PSI project in Haiti. From January 1992 to June 1996, CBDs sold nearly 27 per cent of the more than 15 million condoms sold by the project. The CBD contribution peaked at 43.5 per cent during 1994, when the United Nations embargo of Haiti was in full force and PSI’s direct sales efforts were severely limited by fuel rationing and security concerns. This was a remarkable achievement.

Perhaps the most revealing proof of the value of CBDs is the fact that these successes took place against a background of political unrest and economic uncertainty that disrupted life throughout Haiti. While a lack of supplies and gasoline for delivery vans during the international embargo brought most commercial distribution to a halt, the highly motivated CBDs provided stability to the social marketing project. They continued to open new sales outlets, shared information on gasoline availability and military blockades with each other, and found ways to continue their work despite the dangers and uncertainties that came with each day. Many who have studied the project credit the CBDs for its strong showing during a period in Haitian history when few other commercial enterprises survived.

THE LOGISTICS OF A COMMUNITY-BASED DISTRIBUTION PROJECT

Community-based condom distribution involving NGOs can work in almost any setting—but it's critical to keep the process simple and transparent, to guarantee that everyone understands how it works and feels confident that their hard work will be rewarded equitably.

In the Haitian CSM project and others like it around the world, PSI discovered that the simplest way to operate the supply, sale and resupply chain is to make it a completely cash-based system: no credit and no bookkeeping. To get started, the first set of condom supplies is given free to CBDs. The sale of this first stock will create each CBD's "revolving fund" to keep the system going on a cash-and-carry basis. Once these first condoms are sold, each CBD takes out the agreed-upon percentage for personal profit and returns with the remaining money to the project supervisor to buy replacement stock.

As CBDs sell their stock, they develop the skill to calculate their own profit and set aside the amount needed to resupply. CBDs unable or unwilling to manage their money will be put out of business without endangering the whole organization, as might happen if condoms were given to them on credit that was never repaid. As the project supervisor sells stock wholesale to CBDs, he or she arranges to purchase replacements from the central supply office—again, a cash-only transaction. Throughout the process, no credit needs to be tracked and collected, and no intricate bookkeeping

maintained. Although participating NGOs should consider keeping an emergency reserve of condoms in case fire or rain destroys the stock, or it gets lost or stolen, the whole system remains simple and direct.

To set up an NGO-based condom sales operation, HIV/AIDS programme managers need to:

- Identify a reliable condom source, whether free from the national government or an international donor or wholesale from profit-making retailers or social marketing organizations.
- Work out how and when—and how often—condoms may be obtained from the source, and who will cover any costs involved: wholesale prices, time and/or labour in preparing the stocks for delivery to the NGO, transporting the supply to the NGO, and so on.
- Decide where and how the supplies will be stored before the first condoms are delivered to the NGO and who will have access.
- Determine when and how NGOs can replenish CBDs' stocks, how to keep track of stocks distributed to NGOs, who will decide when new supplies need to be procured, how the supplier will be alerted in advance to prepare a new delivery, and how and by whom the condoms will be delivered.
- Arrange to train the CBDs in basic selling skills and in how to handle the revenues from their profits.
- Decide at what price the condoms are to be sold, and how profits will be divided within the organization.

LESSONS LEARNED FROM THE HAITIAN EXPERIENCE

Allow CBDs to retain and immediately use—for their own purposes—their profits. Profits confiscated do not reward, and reward delayed does not motivate. Profits from condom sales offer real incentive to most CBDs and lead to a greater sales effort—which means more people are offered access to protection.

Make sure that everything concerning profits from sales is transparent. Community-based sales at one NGO in Haiti came to a halt when CBDs discovered that profits remitted to the head of the organization to be shared with other NGO members were being diverted for that individual's personal use.

Everyone must—from the start—agree on and accept how things will work. After training was completed, some of the Haitian NGOs changed the guidelines, particularly on how and when profits would be divided and what the profits would be used for. The effect usually was to eliminate any individual incentives and leave CBDs with the feeling they were being exploited.

Financial incentives are essential to cost-effective condom distribution. Above-average benefit margins for wholesalers and retailers are necessary, due to the product's extremely low per-unit price and the special efforts required for marketing condoms. Quantity discounts encourage vendors to increase the size of their orders and reduce the need for restocking.

Sales through CBDs on a regular basis necessitate intensive management for the sponsoring NGO or the social marketing organization, usually requiring a full-time staff person to deal with logistics and monitor

profits to ensure that they are adequately and equitably distributed among the members of the CBD network. Some participating NGOs may have a tendency to complicate the system with unnecessary bureaucratic requirements.

Community-based sales are not a significant income-generating opportunity for the NGO itself. Even with huge sales, the income potential—because of the very low price of socially marketed condoms—will not be sufficient to keep an NGO without other resources afloat. Attempts to divert profits to support an NGO only serve to discourage the CBDs who make the system work.

CBDs can also contribute to the creation and expansion of for-profit retail sales points. In addition to sales to individuals, some CBDs will be prompted by the profit incentive to seek out and establish retail customers such as bars, brothels and neighbourhood convenience stores. Supplying retail outlets can free up CBDs to spend more time on AIDS/STI prevention education, allowing them to enjoy sales profits while someone else does the selling.

Income generation appears to offset the normal tendency of volunteer CBDs to drop out. One Haitian NGO, operating for more than six years, held on to many of its original volunteers in part because they wanted to continue earning supplemental income as CBDs.

The cost of supporting sales through CBDs was minor, especially when compared to what it would have cost the project to hire more direct sales staff, pay travel, per diems and sales commissions and buy vehicles for product delivery.

BEST PRACTICE CRITERIA

Effectiveness After sales by CBDs were introduced, total sales of socially marketed condoms increased by about 100,000 units a month, or 50 per cent. Target group members surveyed reported more reliable availability of condoms and increased accessibility because the product could be purchased at more locations during more hours of the day. Anecdotal evidence suggests that awareness of condoms as an HIV-prevention method also increased as CBDs, motivated by profit potential, became more consistent and persistent in touting their wares and organizing promotional events. Because CBDs were known and respected members of their communities, their involvement with condom sales and promotion appeared to make condom use a less sensitive issue and to increase acceptance of condoms, which proved to be an invaluable asset in the process of changing social norms.

Efficiency It took very little additional time and human resources to organize and administer the CBD component of the project. The cost of training CBDs in HIV prevention and sales skills and equipping them with a supply of condoms to create a revolving fund to sustain future condom purchases was less than US\$100 per participant.

Relevance The CBDs model is highly relevant to programmes seeking to improve delivery of disease prevention products to socially marginalized or geographically isolated population groups, such as sex workers or people living in remote rural areas.

Replicability This model is replicable wherever a supply of affordable condoms can be obtained and community groups can be mobilized. It also can be adapted as a microbusiness development scheme.

Sustainability The model garnered strong CBD ownership, and the capacity and acceptance of CBDs increased with their experience and their communities' recognition. With proper profit margins, training in revenue management and an adequate initial supply of condoms (working capital), the model is inherently self-sustaining. However, it is important that the implementing agencies take measures to integrate the CBDs into the existing local condom supply network before external funding ends and for the sponsoring NGOs to allow their members to continue selling condoms after donor support for other activities is terminated.

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REFERENCES

AIDSCAP Final Report for the AIDSCAP/ABA SIDA Programme in Haiti. Arlington, VA: Family Health International, 1997.

