

KIT DISTRIBUTION AND PROMOTION

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Program for Appropriate Technology in Health

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SECTION 5

KIT DISTRIBUTION AND PROMOTION

SUMMARY

Section 5 discusses the distribution of basic delivery kits, including:

- effective distribution systems,
- re-supplying distributors, and
- monitoring distribution.

This section also addresses promotional activities that are essential to increasing awareness and acceptance of clean delivery practices, as well as basic delivery kits.

5.1 DISTRIBUTING BASIC DELIVERY KITS

To ensure that an adequate number of delivery kits reaches end-users, kit project managers should:

- estimate demand (see Section 4.2, Step 2, and Work Tool 4.2);
- select distributors, distribution outlets, and routes;
- distribute basic delivery kits on a regular schedule; and
- monitor distribution to determine resupply.

Effective Distribution Systems

Kit project managers should develop a distribution system that addresses the following issues:

- types and numbers of outlets and distributors;
- quantity of kits that will be supplied to each outlet and distributor;
- frequency of distribution;
- mechanisms for moving kits from the assembly unit to storerooms, and to outlets/distributors;
- potential collaboration with existing distribution mechanisms for health care supplies, such as social marketing projects;
- coordination with the other program activities (for example, kits should be supplied only after training of traditional birth attendants (TBAs) or midwives has been conducted);
- transportation systems that ensure timely and adequate supply of kits and minimize damage; and
- identification of all personnel responsible for various distribution activities.

The kit project manager should establish the distribution strategy in consultation with the groups and individuals who will be involved in kit distribution, including local TBAs, nongovernmental organization (NGO) managers, government health managers, commercial retailers, shopkeepers, village cooperatives, and religious and community leaders. Communicating with these groups will help ensure that distribution meets and maintains demand.

The kit project manager also should identify commercial or social marketing distributors. Generally, a contractual agreement is established to outline the distribution process and financial compensation. Figure 4: Model Distribution System was developed by Maternal and Child Health Products, Ltd. (MCHP) in collaboration with Contraceptive Retail Sales (CRS) in Nepal.

NGOs as Distributors

Kit project managers should contact major NGOs with strong primary health and maternal and child health (MCH) programs to determine whether they are interested in buying the basic delivery kits. NGO primary care centers that provide essential drugs and oral rehydration salts may be interested in selling the kit as a standard item.

Additionally, NGOs may have established women's groups that can be important outlets for the kits. They also may have trained outreach workers who can distribute the basic delivery kits to users in inaccessible areas. Kit project managers should send these NGOs a brief description of the basic delivery kit, suggested retail prices, a brief history of the kit's development, ordering information, and promotional materials.

EXAMPLE FROM THE FIELD: UGANDA



In a collaborative effort, USAID, the Commercial Market Strategies Project (CMS), Population Services International (PSI), and CARE International sponsor a program to socially market clean delivery kits in southwestern Uganda. The program distributes kits and trains users through CARE's network of over 300 community health workers in three districts.

Groups such as antenatal care providers, drug shop owners, and women's groups also distribute the clean delivery kits. To encourage appropriate delivery practices and

increased use of the kits, project partner agencies employ a variety of promotional activities, such as advertising and educational campaigns.

Each kit contains a clean razor blade, cord ties or clamps, a plastic sheet, soap, one pair of latex gloves, and pictorial instructions on the correct use of kit components. For more information on this project, contact the Uganda office of PSI or CARE.¹

Distribution Directly to Pregnant Women or TBAs

Basic delivery kit projects can also supply kits directly to pregnant women or TBAs. For example, kits can be sold to pregnant women when they attend antenatal clinics, when a health worker or TBA visits them at home, or by members of voluntary women's groups in the community. TBAs can carry the kits with them when they are called to attend a delivery, and pregnant women can buy the kits from village pharmacies, shopkeepers, voluntary women's groups, or other outlets.

Essential Drugs Program

National Essential Drugs Programs distribute essential drugs to NGOs and government medical stores throughout many countries. The basic delivery kit can be added to their order list or included in their basic monthly shipment of essential drugs that go to health sites. This would provide subsidized and continuous distribution.

Commercial Distribution Networks

Through commercial distribution networks, delivery kits can be distributed to small retail outlets selling a variety of essential household items such as soap, candles, and cooking oil. Large distributors may be willing to distribute the kits to retailers as a public service.

Government

In situations where NGOs develop kits in collaboration with the ministry of health (MOH), the government may be able to assist with national distribution. If the government (or MOH) purchases the basic delivery kit, it can then be distributed as samples to female health workers and TBAs during their training sessions. The government also can provide a subsidy in the form of tax-free sales, which would help maintain the low retail price of the kit to support those practices. To further promote distribution, the government can provide public service announcements on radio and television that promote clean delivery practices and use of the basic delivery kit. Please note that this activity should take place only after the

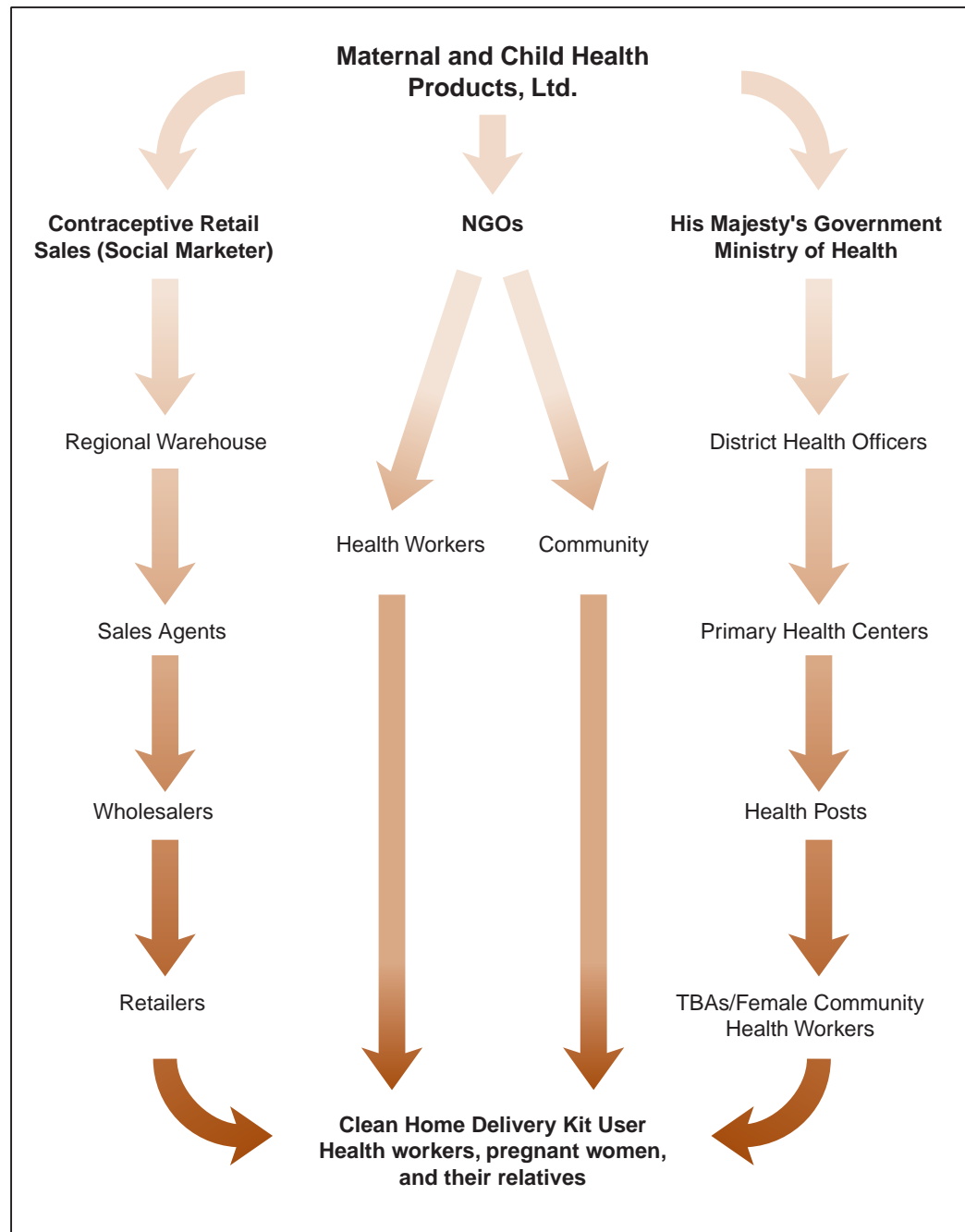
Distributors of the Home Birth Kit in Cambodia

Because the kit was intended for all levels of birth attendants, kit program managers in Cambodia felt it could be marketed commercially through pharmacies, drug shops, itinerant drug sellers, small retail shops, and stalls selling goods of all kinds. Distribution was planned through the same channels that distribute drugs and other products, with support from local social marketers such as Population Services International (PSI).²

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distribution network has covered areas reached by the media. Figure 4 provides a model of the distribution system used by MCHP in Nepal.

Figure 4: Model Distribution System



Source: MCHP "Report of District Promotional Campaign," September 15, 1999.

Resupplying Distributors

Long-term program success relies on the ability to resupply distributors with basic delivery kits well in advance of their need for them. Effective resupply systems will prevent stock-outs at the community and retail levels. Regular distribution is important for product credibility with wholesalers, retailers, and consumers.

Methods for ensuring adequate quantities of delivery kits include:

- **Regular replacement of a fixed quantity.** Each outlet receives a fixed quantity on a regular basis (for example, ten kits every three months). This type of replacement schedule is common with commercial distributors and social marketers, who usually keep their own system for tracking quantities needed and distributed. The quantity should be based on the expected number of births in the area and the expected number of kit sales within a fixed time period.
- **Replacement of quantities used.** Kits can be replaced as they are used or sold. This method requires monitoring and may be logistically challenging.

Monitoring Distribution

Monitoring of assembly sites for control of storage quality and stock quantities was covered in Section 4. In addition to assembly-site monitoring, regular record reviews and site visits must be conducted to monitor kit distribution. This includes monitoring the number of kits at each level of the distribution system and the number and types of distribution channels. Helpful tools include checklists of the number of kits distributed by each distribution site over a specified period of time. Informal discussions with TBAs, community health workers, retailers, wholesalers, and distributors also provide information about how kit distribution systems are functioning.

Photo: JHU/CCP



Distribution of kits requires careful planning and budgeting.

A sample record form to track production and distribution is provided in Table 7. Additional information about monitoring is included in Table 8 in Section 6.

Table 7. Sample Production and Distribution Record³

Date	No. of Kits Produced	Total No. of Kits Available (No. of Kits Produced + Balance)	No. of Kits Distributed to Each Outlet*				Total No. of Kits Distributed	Balance of Kits Available	Comments
			A	B	C	D			
1/1/2000	200	200	50	0	10	50	110	85	5 damaged by rodents
3/15/2000	300	385	50	70	90	65	275	100	10 damaged by rain
5/20/2000	350	450	90	80	100	80	350	85	15 damaged by rain

*In some programs, the number of distribution outlets will vary greatly (perhaps up to 100 or more) and the number of kits distributed will be higher.

5.2 DEVELOPING A KIT PROMOTION STRATEGY

Kit project managers should develop a strategy for promoting their basic delivery kits. These promotional activities will be one component of a larger communication strategy that focuses on safe motherhood and specifically, clean delivery practice issues.

Promoting Basic Delivery Kits

The use of basic delivery kits must be actively promoted with potential users during clean delivery orientations and training with health workers, midwives, and TBAs. They should also be promoted during meetings with manufacturers, distributors, wholesalers, and retailers. It is especially important to include men as targets of promotional efforts; beyond their key role as community leaders, health decision-makers, and purchasers, many want to be involved in improving the health of women and children.

Promotional activities with community leaders and potential users will increase people's awareness of the kit and motivate them to purchase and use it. Promotional activities should be conducted in a manner that is culturally appropriate and acceptable to the users. It is important that the project staff network with NGOs

and MOH programs to expand awareness of and motivation to use the delivery kit, and to expand the marketing base.

In some countries it may be appropriate to ask the MOH to promote the delivery kit by including it on the essential drugs list or by placing the MOH's seal of approval on the kit package.

Developing Promotional Materials

A basic delivery kit project's promotional materials can include a range of items, depending on the target audience. For example, audio-visual materials are more appropriate for low-literate mothers and TBAs, while shop owners may be more interested in using materials that can be displayed in their store. Kit project managers should base the design of their promotional materials on the needs-assessment data. Promotional materials may include:

- banners,
- kit logo printed on items,
- point-of-purchase items such as danglers,
- leaflets,
- posters promoting clean delivery practices,
- key chains,
- stickers, and
- TBA canvas bags with kit logo and clean delivery messages.

Work Tool 5.1 describes sample materials from a basic delivery kit promotional campaign in Nepal, and Work Tool 5.2 provides a work plan for promotional materials development.

Pretesting

The materials must be pretested with the target audiences such as vendors and users. If the materials are unattractive, inappropriate, or unacceptable to their target

Promoting the Kit in an Indian Community

In one district in India, several strategies were implemented to increase community demand for their delivery kits:

- Illustrated flip books and kit samples were provided to local health administrative staff, women and child welfare officers, supervisory staff, and health volunteers to increase their awareness.
- Kits were demonstrated to village leaders to encourage their promotion and use in the villages.
- Children's fairs were organized where kits were displayed and promoted. One type of fair took place during weekly immunization sessions in the villages. The kits' benefits were explained to mothers, and they were encouraged to seek the services of a trained TBA for delivery.⁴



Photo: PATH

Pretesting the instructional insert with non-literate woman.

Clean Delivery Kit Promotional Idea

MCHP constructed a large wooden replica of the clean home delivery kit. The wooden “delivery kit” was placed on top of a vehicle equipped with

loudspeakers, that went to weekend bazaars to promote the kit. The bright red color and huge size of the “kit” attracted

crowds of curious people who were then exposed to messages about the importance of clean delivery practices.⁵



audiences, they could be a waste of valuable resources. Pretesting the materials, therefore, is critical.

Work Tool 5.3 provides pretest questions for promotional materials and kit pictorial instructions.

Key Messages

Kit project managers should identify appropriate messages about the benefits of clean delivery and the basic delivery kit. These messages can be determined through formative research conducted during the needs assessment.

Messages must be designed to reach a range of audiences. Promotional materials targeted to different audiences may have distinct messages. For example, a message for women delivering alone at home might emphasize ease and convenience, whereas, a flyer for a male purchaser may emphasize the importance of buying the kit several weeks before the delivery date.

Key messages may include:

- Basic delivery kits promote healthier deliveries and infants.
- Basic delivery kits are easy and convenient.
- A clean delivery is a healthier delivery.
- All items necessary for clean delivery are in the kit; there is no need to search for supplies.
- Buy the kit several weeks before delivery, in case the baby arrives early.
- Basic delivery kits help protect against infections.

Communication Channels

Channels for communicating information about the basic delivery kit vary according to the audience. They may include:

- demonstrations of the kit during meetings with women's groups;
- short discussions of clean delivery practices during community gatherings;
- posters, kit samples, and short discussions about the kit during tetanus toxoid (TT) immunization campaigns or immunization days;
- promotion through songs or poetry at community gatherings, on the radio, and over loudspeakers;
- storytelling, dances, or drum groups at community events or village performances;
- displaying posters on buses, at health centers, and near areas where community members congregate (such as wells, shops, and bus shelters);
- health education talks with mothers during antenatal visits;
- radio spots, or broadcasting songs and interviews with authority figures and satisfied users;
- wall paintings; and
- posters in shops and community centers.

Depending on the skills of the staff, it may be necessary to hire consultants with expertise in the development of communication activities.

Promotion by Interested Groups

One of the most effective means of promoting delivery kits is through interpersonal communication channels. This requires the involvement of all interested groups and collaborators.

Photo: JHU/CCP



Puppet shows, such as this one in India, are a major promotional activity in some cultures.

Photo: MCHIP



Promoting the Clean Home Delivery Kit through wall paintings in Nepal.

Promotion of the Clean Home Delivery Kit Through the Use of Loudspeakers (Miking) in Weekend Markets in Rupandehi, Nepal

A PATH consultant observed an effective use of kit promotion in Nepal, reporting that “the Field Coordinator located shops in the bazaar that rented miking equipment. The miking equipment consisted of a car battery, large speaker cone, amplifier, and microphone, and could be rented cheaply. The storeowner directed us to a boy who could do good miking—he had recently done miking messages for politicians during political rallies . . . it was important to use an older female voice to project the message. The District Health Officer was able to provide us with one of his staff, a nurse who proved to be a good miker. The two mikers would take turns broadcasting messages such as: “Infant deaths from tetanus and sepsis can be decreased by practicing clean delivery techniques and using the Clean Home Delivery Kit.”⁵

- **TBAs** are likely to promote the kits if they are convinced of their benefits and are trained in their use. Their training and endorsement of the kits will enhance their status in the community, possibly leading to increased income or greater prestige. TBAs can become active promoters, suppliers, and users of kits. In addition, by providing TBAs with a limited supply of delivery kits when they have successfully completed their training, MCH program managers can increase TBAs’ skills and confidence, as well as the community’s faith in their services.
- **Members of community associations** such as voluntary women’s groups can promote the use of basic delivery kits and develop a sense of achievement for the work they have performed for their community.
- **Medical providers** should be informed directly about the benefits of basic delivery kits. They may be unaware of related national policies and strategies. When convinced of the benefits of the basic delivery kit, medical providers may be more likely to promote it to other health workers.
- **Health workers** such as midwives should discuss how the basic delivery kit will improve the integration of TBAs into the health care system.
- **NGOs** should encourage community discussions on the role of clean delivery practices, emergency obstetric activities, and TT immunization in protecting birth outcomes.⁶

Community Meetings

Whenever possible, kit project managers should identify and involve community groups and leaders in their basic delivery kit project. Community meetings organized by midwives or TBAs offer an excellent opportunity to encourage the

participation of voluntary women's groups, shopkeepers, and village leaders. Community leaders who learn about the benefits of basic delivery kits and the simplicity of their use will likely be willing to promote them.

Discussion of the basic delivery kits at these meetings should include a demonstration of kit use. Kit project managers should provide refreshments or similar incentives. They should be sure to obtain feedback from the participants and discuss how the basic delivery kit may alleviate some common birth-related health problems.

Photo: MCHP



Orienting TBAs to Clean Home Delivery Kits in Nepal.

Mass Media

With changes in media technology, most national or large delivery kit projects should seriously consider developing mass media interventions. Both radio and television are available to many thousands of villagers and peri-urban populations. The messages broadcast through both media are extremely effective in raising awareness of the delivery problems (such as tetanus and cord infection), clean delivery practices, and the availability of basic delivery kits. Beyond awareness raising, the media can help direct people on how to access and, sometimes, how to correctly use the delivery kits.

In many countries, the government, often in collaboration with the United Nations Children's Fund (UNICEF) and other United Nations (UN) agencies, subsidizes both radio and television programs and public service announcements containing socially beneficial messages. UNICEF offices often have a specialized staff skilled in creating radio and television programs that integrate key messages on reproductive health. The involvement of the government and UN agencies in promoting delivery kits is an important form of subsidy.

While mass media is extremely effective in raising awareness and motivating people to change behavior, it must be carefully integrated with and reinforced by community discussions and interpersonal communication techniques. The cost of media campaigns must be carefully weighed against other less expensive communication channels.

Work Tool 5.4 provides a sample marketing budget, and Work Tool 5.5 provides a sample radio broadcast schedule.

Providing Incentives

In subsidized basic delivery kit projects, kit project managers may offer small incentives to people who distribute the kits to pregnant women and TBAs. The incentives should be consistent with national policies. If direct financial rewards are not feasible, the kit project manager may develop other ways of recognizing the TBAs, such as certificates of appreciation.

With partially subsidized or commercial kit projects, kit project managers may wish to offer a promotional package to NGOs and/or retailers. The package could contain promotional items including posters, flyers, and danglers that would serve to promote the kit and save the NGOs and retailers the expense of doing it themselves.

Ensuring Satisfaction

Client satisfaction is extremely important to promoting the kit. Clients who are pleased with their use of the delivery kit will encourage others to use it.

The ability to ensure satisfaction depends on numerous factors, including:

- affordability and ease of obtaining the kit,
- ensuring a regular supply of kits,
- appropriate use of the kit,
- quality of the kit components,
- association between healthy delivery and the use of the kit, and
- willingness of the user to recommend the kit to others and/or to use it in future deliveries.

Client satisfaction can be achieved by:

- informing users how and where kits can be obtained,
- training TBAs in the correct use of delivery kits, and



Photo: JHU/CCP

Interpersonal communication is one of the most effective kit promotional activities.

- monitoring and maintaining quality control during the assembly and storage of delivery kits.

Ensuring and maintaining client satisfaction is essential to the project's long-term success.

Promoting Behavior Change

In conjunction with promotion of the basic delivery kit, it is critical that kit project managers work to promote behavior change with respect to clean delivery issues. Promotional activities should include:

- working with women's groups to inform and promote the importance of neonatal and postpartum care;
- targeting men to promote care and nurturing of pregnant women and new mothers; and
- promoting information, education, and communication (IEC) campaigns aimed at young women, their families, and communities.

These campaigns should promote essential safe motherhood messages including birth preparedness planning, postpartum care for mothers and neonates, knowledge of serious complications of pregnancy, childbirth and the postpartum period, and immediate and exclusive breastfeeding. Once community groups outside of the basic delivery kit project consider these behaviors important, there is a much better chance of them becoming social norms, thus, sustaining behavior.⁷

The communication strategy for basic delivery kit projects should focus on behavior change models that are appropriate for the community. Models that have originated in the field of social psychology are particularly useful, such as the Health Belief Model (HBM), the Theory of Reasoned Action (TRA), and the Social Learning Theory.⁸ These behavior change models emphasize individual and community involvement in the negotiation of healthy or safe behavior. Behavior change models help to explain how individuals analyze the costs and benefits of their actions and their perceived ability to change. They recognize the relationship between attitudes, beliefs, intentions, and behaviors, and the role of culture in affecting change.

The main purpose of behavior change communication is to support people to adopt healthier practices by providing encouragement, information, and skills development. The desired behavior change should be feasible—a simple behavior (e.g., washing hands during delivery or using a clean razor blade) that is reinforced through the influence of community leaders and key informants such as doctors, TBAs, and midwives.

KIT DISTRIBUTION AND PROMOTION **Work Tools**

Adapt as needed for local circumstances.

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5.1 SAMPLE BASIC DELIVERY KIT PROMOTIONAL CAMPAIGN IN NEPAL

Promotional Campaign Activities

Preparation of Promotional Materials

To promote the Clean Home Delivery Kit (CHDK) within the community:

- Banners were constructed with messages promoting the CHDK and clean delivery.
- A large wooden model of the CHDK box was constructed to attract attention during miking (using loudspeakers) efforts in weekend bazaars.
- Promotional messages were created for banners, miking, TBA bags, female community health volunteer bags, radio spots, and wall paintings. These messages were pre-tested with local people and adapted accordingly.
- Four radio spots were designed for regional broadcast. A member of the UNICEF-sponsored popular television series “Devi” was contracted to design and produce these radio spots. Preliminary spots were recorded and then pretested with local men and women. Adaptations were incorporated and aired in the western region first, during the time of the first district promotion (Rupandehi), to gauge local reaction before broadcasting in all five regions of the country.
- Plastic packets with a photo of the kit, kit materials, history of the CHDK, statistics for national and district maternal mortality, and use of CHDK were made. Fifty of these packets were created for Village District Committee chairmen and other officials.

Preparation of Training Materials

To promote the CHDK with training participants:

- Plastic bags were designed and ordered from a local plastic producer. These bags for the female community health volunteers were imprinted with the CHDK logo and the message “Let’s work together to protect the lives of mother and baby.” These bags were given to the targeted 900 female community health volunteers, complete with one CHDK and IEC materials discussed during training.
- Cloth bags were designed and ordered from a local bag maker. These bags for the TBAs were imprinted with the CHDK logo and the message “Protect mother and baby from tetanus and cord infection.” The bags, each containing five CHDKs, two posters, and other IEC materials, were given to 500 TBAs at the completion of their refresher training.
- Training syllabi for the female community health volunteers and TBAs were developed. Information included an overview of clean delivery practices and correct use of the CHDK.
- For the training of TBAs and female community health volunteers, 2,750 CHDKs were manufactured, and training, promotional, and IEC materials were cataloged and assembled.
- District Health Office staff were contacted to arrange for convenient dates and sites for training TBAs and female community health volunteers.
- Obtaining a letter from His Majesty’s Government’s Ministry of Health was essential to obtaining support from local government staff. Obtaining this letter took much longer than was anticipated, due to inaccessibility of the Divisional Chief.⁹

W O R K T O O L S

5.2 PROMOTIONAL MATERIALS DEVELOPMENT WORK PLAN

Activity		Month	1	2	3	4	5	6	7	8	9	10
I.	Review data collected during needs assessment		X									
II.	Draft materials											
	A. Design messages			X								
	B. Develop storyboard			X								
	C. Work with artist on illustrations			X								
	D. Draft the text			X								
III.	Pretest and revise materials											
	A. Pretest and revise			X	X	X						
	B. Preview by interested persons and organizations					X						
	C. Revise and pretest further until materials are satisfactory					X	X					
IV.	Final approval by groups interested in using materials							X				
V.	Print							X	X			
VI.	Train health workers									X	X	
VII.	Distribution										X	X
VIII.	Evaluation										X	X

5.3 SAMPLE PRETEST QUESTIONS FOR PROMOTIONAL MATERIALS

When pretesting promotional materials, kit project managers should ask potential users probing questions such as:

1. What information is this page trying to convey?
2. What does the text mean in your own words?
3. If there is a picture, what does the picture show? Is it telling you to do anything or to take any action? If yes, what?
4. Do the words match the picture on the page? Why, or why not?
5. What do you like/dislike about this page?
6. Are there any words in the text you do not understand? Which ones? (If so, explain the meaning, and ask respondents to suggest other words that can be used to convey that meaning.)
7. Are there any words that you think others may have trouble reading or understanding? (Again, ask for alternatives.)
8. Are there sentences or ideas that are not clear? (If so, have respondents show you what they are. After explaining the intended message, ask the group to discuss better ways to convey the idea.)
9. Is there anything you like/dislike about this pictorial instruction (or kit package, flyer, poster, radio message, etc.)—use of colors, kinds of people represented, or choice of women represented?
10. We want the materials to be as good as possible and easily understood by others. How can we improve the pictures?
11. What other suggestions do you have for improving this material—pictures, words, or both?¹⁰

5.4 SAMPLE MARKETING BUDGET FOR CLEAN HOME DELIVERY KIT/NEPAL

	Rupees	US\$
Creative Development and Design		
Design and development of advertising and merchandising materials listed below	670,000	10,000
Subtotal Creative Development and Design	670,000	10,000
Advertising		
Radio advertising production (3 spots @ 22,000/each)	66,000	985
Radio advertising (500 30-second spots @ 1,000/spot and 400 60-second spots @ 1,500/spot on "A" Time—National Radio)	1,100,000	16,418
Outdoor boardings (14 billboards @ 40,000/each)	560,000	8,358
Outdoor road signs (200 @ 1,500/each)	300,000	4,478
Wall paintings (100 @ 2,000/each)	200,000	2,985
Subtotal Advertising	2,226,000	33,224
Merchandising		
Shop perimeter/wall paintings (100 outlets @ 1,500/each)	150,000	2,239
Metal flange signs (5,000 @ 35/each)	175,000	2,612
Pillar posters (10,000 @ 12/each)	120,000	1,791
Stickers (3,000 @ 12/each)	36,000	537
Danglers (10,000 @ 12/each)	120,000	1,791
Bunting—fabric (1,000 @ 150/each)	150,000	2,239
Consumer brochures (20,000 @ 10/each)	200,000	2,985
Jute bags (5,000 @ 28/each)	140,000	2,090
Subtotal Merchandising	1,091,000	16,284
Consumer and Trade Promotions		
<i>J&J baby oil co-promotion</i>		
Baby oil (15,000 baby oil products @ 38/each)	570,000	8,507
Tactical radio ad production (1 spot @ 22,000/each)	22,000	328
Tactical radio ads (250 30-second spots @ 1,000/spot)	250,000	3,731
Tactical posters (3,000 posters @ 20/each)	60,000	896

**Work Tool 5.4 Sample Marketing Budget for Clean Home Delivery Kit/
Nepal (continued)**

<i>Community Promotion</i>		
Vehicle—4WD w/video and sound PA equipment	1,500,000	22,388
Vehicle running costs (3,000kms/month @ NRs 7/km x 12 months)	252,000	3,761
Driver (Salary: 6,000/month x 14 months)	84,000	1,254
Promotional team (2 team leaders @ 9,500/month x 14 months and 2 team members @ 6,000/month x 14 months)	434,000	6,478
Promotional team/driver per diem (5 persons x 264 days @ 515/day)	679,800	10,146
Drama development (9 regional dramatic plays @ 30,000/each)	270,000	4,030
Actors (1 coordinator @ 700/day and 4 actors @ 600/day x 264 days)	818,400	12,215
Actors' per diem (5 persons @ 300/day x 264/days)	396,000	5,910
Subtotal Consumer/Trade Promotion	5,336,200	79,644
Public Relations		
Educational video	637,071	9,509
National Clean Delivery Day (1 event @ 120,000/each)	120,000	1,791
Subtotal Public Relations	757,071	11,300
Research		
Advertising concept/creative test	200,000	2,985
Retail audit baseline and monthly tracks	1,450,000	21,642
KAP study	650,000	9,701
Subtotal Research	2,300,000	34,328
Training		
Sales force training/Training of Trainers (TOT)	115,000	1,716
Retailer training (25 @ 16,225/each)	405,625	6,054
NGO training (20 sessions @ 16,225/each)	324,500	4,843
Subtotal Training	845,125	12,613
TOTAL CHDK MARKETING BUDGET 1998-9	13,225,396	197,393

5.5 SAMPLE RADIO BROADCAST SCHEDULE FOR CHDK IN NEPAL

Media: Radio Regional Transmission
Product: Clean Home Delivery Kit (CHDK)
Period: 2nd month (December 1997)

STATION **Surketh**

Program	Time	Category	Duration	Rate in Nepalese Rupees (NRs)		Spots/day	Total spots per month	Amount in NRs
Health & Sanitation, Ethnic Language programming, Ethnic/mixed songs	9:30 to 11:30 am	Sun to Fri	30 seconds		300	1	30	9,000

STATION **Pokhara**

Program	Time	Category	Duration	Rate NRs	Spots/day	Total spots per month	Amount in NR
Health & Sanitation, Ethnic language programming, Ethnic/mixed songs	9:30 to 11:30 am	Sun to Fri	30 seconds	300	1	30	9,000

STATION **Dipyal**

Program	Time	Category	Duration	Rate NRs	Spots/day	Total spots per month	Amount in NR
Ethnic songs, Ethnic language programming, Requested Programming	9:30 to 11:30 am	Sun to Fri	30 seconds	85	1	30	2,550

STATION **Dhankuta**

Program	Time	Category	Duration	Rate NRs	Spots/day	Total spots per month	Amount in NR
Local news/Devep. Prg., Ethnic & requested songs, Local news	9:30 to 11:30 am	Sun to Fri	30 seconds	300	1	30	9,000

Developed by Contraceptive Retail Sales

Total NRs: 29,550

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