Julie Earne - India

Summer Intership Learning Objectives & Report 2003

I have fulfilled each of my originally stated learning objectives during the 10 weeks I spent with DKT and PSI in India this summer. Following I will highlight each learning objective with experiences and activities from the summer.

• To gain field based knowledge about social marketing and social franchising concepts as they relate to community health development.

In preparation for my field work in India I read a lot of theory published on social marketing; however, once in the field I picked up an entirely new perspective. Combining the business concept of franchising with the public health aim of promoting widespread quality access to health services in developing countries has little to do with theory and everything to do with practice. This summer I learned about quality control in poor areas, the logistics of delivering clinical products and services with little infrastructure, informal local pricing and incentive systems and accountability of staff in rural areas. As difficult as it was at times, without being in India and participating in operations first hand, I would not have an understanding of the existence or magnitude of these issues; let alone an idea of how to deal with them.

• To apply recent course work to field based operations. Specifically: marketing and operations course work from the business school and population management course work from the school of public health.

I worked on a Behavior Change Communication for the social marketing of temporary methods of contraception. During this project I drew from marketing classes at Haas and public health breadth and international public health classes. The overriding objective of the social marketing plan was to communicate the importance of birth spacing thru the use of temporary methods of birth control. From the marketing side I helped o develop communications targeting three different levels of Indian society.

• i. Stage one targeted door to door communications with housewives. The communications were designed for highly illiterate populations and stressed the benefits of birth spacing to the entire family.

• ii. Stage two focused on the village community. Communications were placed in highly visible public spaces like wells and market areas. Short street theatre performances were held in the early evening when we would find a predominately male audience in markets. These performances were aimed at providing information to the male populations that complemented door to door communication to house wives.

• iii. Sage three encompassed mass media communications. I worked directly with creative teams from top ad agencies (BBDO, Ogilvy) in Delhi to come up with radio and TV messages that would permeate both educated and non educated populations.

While these communication campaigns highlighted products, the overriding purpose was to improve Knowledge, Attitudes and Practices or KAP's.

• To work outside the candidate's traditional geographical realms of experience to better understand varying social mores and their impact on health practices, family planning decisions and their subsequent economic impact on the family's financial sustainability.

India 's culture is strong and is withstanding incredible pressure from a growing middle class. My experience in India engrained in me the importance of respecting and incorporating a culture into development plans. In India , most health and family planning decisions are led by the men. Often women will not seek medical assistance without the approval of their husband. The significant male involvement changes the way counseling services are provided at clinics and family planning decisions are made.

Applying these cultural norms to franchising of health clinics, PSI tries to broaden the basket of contraceptive choices available to families. In addition to birth control pills and condoms, PSI promotes a basket of contraceptive options to both men and women. For men, in addition to condoms, safe vasectomy procedures are promoted. For women, in addition to pills, IUDs, Depo injections and Emergency contraceptives are offered. PSI believes that the more options available to a couple, the more likely they are to find a method that works for them and the more likely they are to stick to it and use it consistently.

The major deliverable I produced this summer was a funding proposal for the addition of Emergency Contraception to PSI India 's basket of product offerings. This proposal evaluated the incidence and impact of unwanted pregnancies, current available methods of prevention, health demographics for pilot test areas, supply and demand strategies as well as a logistical framework incorporating goals, objectives, outputs and activities for the project.

• To employ financial and sustainability disciplines frequently used in financial sector development to health related development.

Of all my objectives for the summer, this one was by far the most difficult. PSI defines sustainability in terms of lasting impact to the private sector. By leveraging the existing private sector for distribution of products and supply of services, PSI claims to make lasting improvements to the delivery of contraceptives in India .

However, all PSI products are subsidized in some way. The products themselves are often subsidized by the Government of India, the distribution is subsidized by PSI's sales force, and research and development for the introduction of new products is often subsidized by donors who fund pilot projects. To take away all or even one of these subsidies greatly reduces the impact of the programs. So there is a catch 22 situation. On one hand greater subsidies promote greater access in the short term; however, on the other hand, greater subsidies reduce financial sustainability in the long run. Without financial sustainability, PSI's projects are all heavily dependant upon the whims of the

donor community. A case in point this summer was when funding was running out for the injectable depo provera initiative in Rajasthan. PSI had trained a network of doctors in Rajasthan to provide injectable contraception and to treat side effects. PSI also subsidized the supply of the injectable contraceptive product thru donor funds. As the project was nearing its completion date, PSI requested an extension of funds for the continued supply of depo to the project areas. Only, the donor was now more interested in funding emergency contraception. Therefore, a proposal was written for the incorporation of Emergency Contraceptives to the project. As a result, the basket of options will expand in the short term, but the availability of options long term will remain the same.

In response to this experience I have become increasingly interested in the concept of cross subsidization; where pricing differential between middle class and low income markets are leveraged to help make products more affordable and sustainable in low income areas.

- To create a network of contacts at leading international health development organizations, donor organizations and local government ministries.

While in India I had the privilege of working with a group of very smart and well connected individuals and organizations including foundations, government agencies, NGO's, and research organizations. I have built a network of supporters within PSI India as well as PSI headquarters in Washington DC and am able to call on them easily for career advice and potential future placements.

In closing, while India was a difficult country to work in during the summer, the work at PSI was challenging and rewarding. PSI is interested in hosting another dual degree student next summer and I am happy to assist in connecting interested dual degree students with the organization.