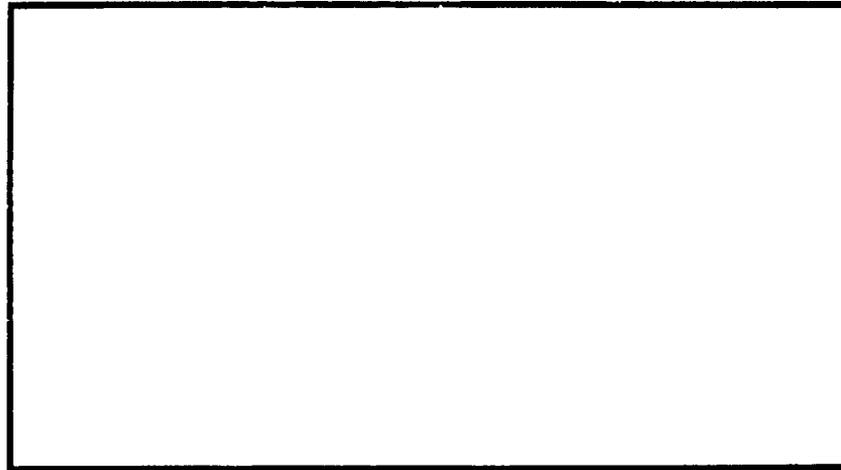


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AMERICAN PUBLIC HEALTH ASSOCIATION  
International Health Programs  
1015 Eighteenth Street, N.W.  
Washington, D.C. 20036

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AN EVALUATION OF THE RETAIL  
CONTRACEPTIVE SALES PROGRAM  
GHANA - AID/pha/C-1145

A Report Prepared By:  
DIANA L. ALTMAN, M.S.P.H.  
STEVEN J. SAMUEL, J.D.

During The Period:  
DECEMBER 1. THROUGH 26, 1978

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AN EVALUATION OF THE RETAIL  
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I. SUMMARY OF RECOMMENDATIONS

COMMUNITY SUPPORT

1. Advisory Board

The Westinghouse contract should be modified by an amendment removing the requirement of an Advisory Board to the Project. Practice in Ghana is to pay for the services of such persons, and AID and USAID regulations preclude conforming to this standard. Several knowledgeable persons have expressed an interest in giving free counsel because of concern for the success of the Project. Their advice on an ad hoc basis should be sufficient to insure adequate input from relevant and influential Ghanaian interest groups. The Westinghouse Resident Manager should have the option, however, of forming a group to act in an advisory capacity if this is appropriate at some time during the life of the contract.

SUPPLIES

2. Contraceptive Supplies

AID and USAID donated supplies of contraceptives to the Project will probably be necessary beyond the Westinghouse contract period. While the Project may eventually become completely self-sufficient, a steady flow of products must be assured until the project shows clear evidence of producing enough revenue to cover commodity costs.

3. Unlabeled Condom Commodities

An effort should be made to secure from Akwell an agreement to produce a plain condom wrapper with no identifiable inner pack brand marking. This would eliminate potential consumer confusion and suspicion as well as help differentiate contraceptives supplied by the government for clinics from those supplied for commercial outlets. The same principle should apply to all products marketed by the RCS project whenever possible.

## RESEARCH AND EVALUATION

### 4. Record Keeping and Controls

The requirement for detailed records of retail sales should be modified. Careful monitoring of sales through the small retailers dominating Ghana's current market system would be prohibitively expensive. Since estimating smuggling traffic is difficult, an effort should be made only to determine whether the volume of smuggled products is substantial or relatively minor.

### 5. Marketing Research

Sufficient funds should be made available for additional marketing research shortly after sales launch and before transition to GNFP. This will allow informed decision making on the most effective marketing mix for the ongoing program.

## DISTRIBUTION

### 6. Vending Machines

Vending Machines do not seem appropriate for the Ghanaian market, and it would be preferable not to approve this sub-project. Any funds available for this activity would be more effectively applied to promotion and advertising for the RCS project.

### 7. Household Distribution

Household distribution would be most useful if implemented as soon as, or shortly after, products become available on the market. About seventy-five people will be needed for wide geographical coverage in this sampling/educational effort. The Director of the GNFP has generously offered the use of his fieldworkers to complement those which will be recruited by the RCS project. This is an excellent and economical cooperative venture which should be vigorously pursued. Household distributors will be maximally effective if they receive brief, special training by RCS staff, can operate full-time for three or four weeks, and are given adequate incentive payment.

## PACKAGING AND PRICING

### 8. Packaging of Foaming Tablets

Informal tests of the utility of single tablets, boxes of six and tubes of 20 is desirable. This would facilitate pricing/packaging decision making and could lead to the conclusion that a broad packaging mix is necessary to satisfy all levels of consumer demand.

### 9. Pricing Policy

In light of a currently fluctuating economy and the importance of self-sufficiency for project continuation, there should be flexibility in determining the need for price increases during the contract period. If anything, launch prices are low. There should always be, however, a meaningful price differential between the same products sold by GNFPF through clinics and through the RCS project.

## ADVERTISING AND PROMOTION

### 10. Oral Contraceptives

Current promotion is limited to posters in pharmacies and newspaper ads which feature all RCS products together. If enforcement of restrictions on oral contraceptive advertising continues to be applied flexibly, additional promotion is advisable. The experience gained from a large number of RCS projects in many countries demonstrates that advertising is a crucial factor in effectively creating consumer demand for, and in providing information about, contraceptive products.

### 11. Additional Funds for Advertising

Funds available to the project as a result of devaluation of the Cedi, or from other sources, should be applied to the advertising budget (which is currently low). While the present campaign is well designed, it would benefit from additional promotional methods which are underdeveloped for lack of funds.

## 12. Generic Advertising of Family Planning

Generic advertising of family planning by the GNFPP would greatly enhance product advertising by the RCS project. This approach in other countries has demonstrated the synergistic effect of this approach in strengthening the entire family planning program.

## 13. Retailer Training

An effort should soon be made to develop a product information program for all retailers beyond the booklet already prepared by the project. It is clear, however, that the nature and inaccessibility of many retailers will limit the scope of this aspect of the project. Nevertheless, similar efforts elsewhere have shown that special attention to retailers has increased their support and strengthened their role as integral part of a RCS program.

### PROGRAM TRANSITION

## 14. Post Contract Period

The GNFPP is primarily responsible for the RCS project as part of the GOG's overall family planning program. Its demonstrated expertise and function, as a public sector arm, lies in policy making, coordination, and monitoring the programs of a government agency. As such, GNFPP carries the very heavy responsibility of overseeing all family planning activities in Ghana. The operations of functionaries, such as the Planned Parenthood Association of Ghana, are performed within the policy guidelines set by GNFPP, but these functionaries utilize their special talents to carry out activities in which they have experience and special skills. Thus, more can be accomplished and the burden of carrying out day-to-day tasks is shared. It appears that a continued similar division of responsibilities would best further the aims of the GNFPP's RCS Project when the advisory role of Westinghouse comes to an end.

The success of a RCS program strongly depends on the expertise, training and experience of those familiar with the business community-the sector from which the program derives its basic principles and in which it daily operates. The cornerstone and elements most critical to continuing success of a RCS program are distribution and promotion.

They are, at the same time, the most time consuming and demanding. Consequently, it is recommended that after the contract period the GNFPP continue to act as overseer and policy maker but delegate daily operation to organizations which have the structure, experience and private sector skills necessary for smooth functioning. If they continue to perform satisfactorily, the present contractors, DANAFCO and Lintas, appear to be logical candidates since they will have developed considerable experience with the RCS project during the Westinghouse contract period.

Coordination would be best achieved through liason between the designated GNFPP counterpart and an experienced project manager based at DANAFCO or the chosen distributor. Physical presence at the headquarters of the distributor will enable the product manager to carefully monitor product packaging and movement and will provide a familiar setting for project related business contacts. To ensure a smooth transition, this person should be hired from the private sector well before January, 1980. He will then have the benefit of working closely with the Resident Manager, the staff of GNFPP, and other parties in the RCS Project prior to transition. Funds to cover the project manager's salary beyond the Westinghouse contract may come from price increases to allow a higher margin for the distributor, from present project funds, bi-lateral assistance, or some combination of these.

## II. PREVIOUS CONDITIONS AND CURRENT STATUS

### A. Environmental Factors and Constraints

Project Delays. The commercial sales project in Ghana has been affected by delays since signature of the contract in July 1976. During the first year, the project was held up because of difficulties related to GOG official approval of the project. Assessment of this matter does not fall within the scope of this evaluation. AID has had similar experiences with commercial sales programs in other countries, and there are indications that AID plans a different approach for future projects which will promote a clearer understanding between AID, USAID, and host governments on the nature, objectives and design of these projects.

During the year and a half since arrival of the Westinghouse Health Systems' Resident Manager, a fluctuating economy has prevailed, and private and public sector services, including distribution systems and communications, have been disrupted. This situation is bound to have an impact on the normal functioning of the Retail Contraceptive Sales (RCS) project. John Hayes, the Resident Manager, accurately and successfully described the present system as part of a status report to this evaluation team (see Appendix A).

Specific events have prolonged launch until December, 1978. Delays related to loss of the first condom shipment are known by all parties. Unavailability in Ghana of some supplies basic to the project -- ink, paper printing plates, paint, etc. -- has obliged Westinghouse to import these and other products. Most recently, a local printer's failure to meet a promised deadline caused a delay on final packaging for scheduled mid-November launch. The requirement by GNFPP of their review and/or approval for many decisions, while a recognized prerogative, tends to delay more rapid progress on the project.

Communications, both international and in-country, have been strained. International phone communications are difficult, and local phones experience frequent disruption in service. (The Resident Manager has not had a working business phone for over eight months). Though cable traffic is somewhat better, mail exchange takes several weeks. It is notable that reports from the field, clearances, and approvals have been expedited as quickly as they have.

Ghanaian law classifies oral contraceptives as a prescription drug (Class A) and, therefore, prohibits their advertisement or sale outside the traditional medical channels (hospitals, pharmacies). However, efforts are being made to have this varied, and to open other avenues outside medical channels for their advertisement and sale. This move should be pursued vigorously as it will aid sales and promotion of oral contraceptives.

Discussions with several persons regarding the reaction to the project of religious, medical, and women's groups led us to conclude no serious threat of backlash exists. There seems to be consensus that the religious climate in Ghana has become more liberal toward family planning over the years. Physicians and pharmacists, too, likely will make fewer objections, especially if the requirement for prescription for orals is not openly or officially challenged. Support from women's groups can be expected, provided that project personnel are sensitive to misconceptions and fears about oral contraceptives, specifically those related to future fertility, adverse (and sometimes mythical) side effects, and rumors of the experimental use of drugs on Ghanaian women.

#### B. Organizational Factors

Home Office Support. Westinghouse/Columbia appears to be doing an acceptable job in backstopping and keeping the Resident Manager informed of contract requirements in which he directly plays a role. Necessary approvals and clearances appear up to date. Overall, we were impressed with the cooperative spirit, good working relationships and support shown by most of the individuals from the agencies necessary to make this project succeed.

While the GNFPF may have had some initial reservations regarding this project, these appear to have been cleared up. This is especially important since GNFPF support and approvals are crucial to the project's implementation and success. Early skepticism over the need for the appropriateness of a full-blown marketing project appear to have given way to interest in the potential of the project as an important contributor to the success of the overall family planning program. While Ghana's current economic and political problems have claimed the attention of many GOG officials in recent months, it is expected that with amelioration and clarification of the present situation even more support from GNFPF will be evidenced in future months. The friendly, easy relationship between GNFPF personnel and the Westinghouse Resident Manager further strengthened this expectation.

USAID Contractor Sub-Contractors. Support for the project at all levels in USAID personnel was clearly evident. The quality of working relationships between Westinghouse and DANAFCO and Westinghouse and Lintas is attributable to the obvious competence, professionalism, and experience of the management of all three. Since good distribution and advertising are central to success under Westinghouse and after expiration of the contract, the fine reputation and anticipated performance of these two companies should constitute a strong recommendation for the GNFPF to continue using them after termination of the Westinghouse contract.

### C. Project Design and Implementation

Marketing. The marketing plan developed by Westinghouse is well conceived. Appropriate programmatic revisions reflecting the rapidly changing situation in Ghana have been made. A plan for marketing foaming tablets (a recently added product) is in process and is near completion. During the evaluation, we focused on the following areas of the marketing program: 1) targets and supplies; 2) market research and sales control/evaluation; 3) distribution; 4) packaging; 5) pricing; and 6) advertising, promotion and training.

Targets and Supplies. Logistics for importation of the three products to be used in the project seem to be well planned. Discussions between the AID Program Monitor and the USAID Population Officer during the team visit clarified remaining commodity needs and scheduling. Sales projections for condoms over the remaining 13 months of the contract remain at those originally targetted for 27 months, namely 55,555 gross, oral contraceptives have been increased from 315,000 cycles to a maximum of up to one-half million. Projections for sales of foaming tablets are being formulated, and AID plans to ship one million tablets to Ghana for the Westinghouse Project by mid-December, 1979. It is also possible that an additional 1,500,000 tablets will be diverted to Ghana from El Salvador.

Market Research and Sales Control Evaluation. Initial market research has been completed satisfactorily. During the set-up period, a small KAP type study, tests for brand names, package preferences, and tests for negative reactions to advertising themes were undertaken. A bank account has been established for holding sales revenue. DANAFCO's inventory control system is excellent, and its system for recording sales is adequate (by individual outlet for orals and total sales for each condom brand). Westinghouse has designed a system of reporting to AID (apparently still unapproved) which seems more than reasonable, given conditions in Ghana.

Distribution. DANAFCO, the subcontractor for distribution of the four products, has an extremely impressive operation. In addition to very competent management personnel, their warehousing and packaging facilities are excellent, and they maintain a distribution network from four major cities (and arrangements with another firm in a fifth) which includes warehousing, personnel, a company and van. At least six trucks are always available for use to these distribution points from the central office

Household Distribution. Plans are in progress for product sampling and the gathering of consumer data through a household distribution component. Household distribution will be underway in early 1979. The present proposal, as suggested by GNFPP, is to use GNFPP fieldworkers in a commendable cooperative venture, with needed additional workers (for a total of up to 75) to be temporarily hired by Westinghouse. After a short training period, these household distribution workers will operate in a test field situation for three to four weeks, and for a similar time period later in the year.

Vending Machines. A test of vending machines as a distribution method is being considered for some time during the contract period, but is considered a low priority adjunct to the main distribution effort.

Packaging. Packaging materials for oral contraceptives and two condom brands have been designed pretested, and produced. All should be in the hands of DANAFCO for final packing the week of December 11. Packaging design for foaming tablets has been completed, will be tested soon, and will go into production in time for arrival of commodities. Adequate consumer input into package and brand names selection appears to have been elicited. All packs will include instruction sheets.

Pricing. Pricing policy for three products has been established and is virtually resolved for the fourth. Launch prices are 5 pesewas each for low-priced Panther condoms; 60 pesewas for a pack of the quality condom, SSS (6 to a box); and ¢1,00 per cycle of Floril, the oral contraceptive product. The tentative price for Coral, the foaming tablet, is 60 pesewa for a box of six. These prices are above those of the GNFPP products distributed by the Ghana National Trading Corporation (10 p. per condom and 20 p. per cycle of O.C.), but GNFPP is also considering raising its prices because of inflation.

Advertising, Promotion and Training. The advertising campaigns developed for pre-launch and launch are well designed for an initial low-key approach. Lintas, the agency holding the subcontract and one of the larger agencies in Ghana, has wide experience, including past campaigns for the GNFPP. The company is managed by a Ghanaian who is competent to handle full advertising backup for the project. All advertising and promotion has had full approval of GNFPP. The materials produced thus far are well executed although some lack dynamism, a concession to the need for a conservative beginning. For the moment, product specific radio spots, newspaper ads, p-o-p posters and plastic "canopies" will promote both condom brands, and 90 bill-boards are booked for the SSS condom campaign. Legal restrictions limit promotion of Floril to poster which will be placed in pharmacies, hospitals, and clinics and to newspapers ads which combine promotion of Floril, SSS and Panther as family planning products. A campaign similar to that for SSS is planned for Coral, the foaming tablet. These product advertising "packages" are scheduled to run until June or July of 1979.

Several other promotional ideas had been planned (i.e., bumper stickers, bus painting) but were temporarily shelved due to lack of funds. As with similar projects in other countries, the advertising budget for this project is not large enough to allow for full, creative advertising campaigns. Unanticipated expenses related to advertising (i.e., import of ink, paper, paint, plates) have further diminished the budget. While the project's campaign is among the largest in Ghana today, past consumer product campaigns in better times have spent as much as eight times more money.

Two questions about campaign strategy were raised in the evaluation. First, the Floril advertisement consists of an endorsement by a family planning nurse, whose picture is displayed on posters. While nurses are certainly acceptable authority figures, this choice also unnecessarily calls attention to the association of oral contraceptives with side effects and the prescription requirement. We were satisfied with the judgement made to use a nurse initially in order to establish product acceptability. Given the desire to make oral contraceptives widely available and less subject to fears of side effects, another approach may better serve the project at later stages. Second, only SSS ads will be displayed on bill-boards. Since bill-boards will reach the semi-literate, lower economic target market better than news print (or even radio perhaps), Panther ads might have been a better choice. We were nevertheless satisfied with the judgement of Lintas, based on its experience and market research in choosing SSS, that the attributes of the quality product would perceptually filter down to the less expensive condom.

Retailer Education. Training of retailers is centered around a long booklet still in the development stage. Other than the training planned for household distribution field workers and the informational mailings to doctors, pharmacies, and members of the Womens' Marketing Association (strictly speaking the mailings are not training materials), no specific materials for providing product information to sellers have been developed.

### III. OPERATIONAL PHASE: DECEMBER 1978 - END OF CONTRACT PERIOD

#### A. Environmental Factors

Economy. A variety of economic factors will likely continue to impinge on the project for the foreseeable future. These will affect prices for project supplies, smuggling of products across neighboring borders, product hoarding, and price instability. These factors plus anticipated brakes on program maturation to a full-blown system make long range planning and prognostication difficult and latitude for necessary adjustments imperative. Thus, dysfunctional and erratic behavior in the marketing system will require that the plan for marketing the four products be flexible.

Law. Although we see little likelihood of changes in the laws related to oral contraceptives, the prescription requirement is not always observed in Ghana, and Class A products, including oral contraceptives, are at times sold by non-pharmacy retailers. We anticipate similar leakage of Floril into the distribution network. The principal legal inhibitor is the law prohibiting advertising of Class A drugs. However, current enforcement practices allow some newspaper advertising of Floril. This is extremely encouraging since the demand creating function of promotion is unquestioningly critical to success of the oral contraceptive component of this or any RCS project.

Community Support. Project plans to mail information and letters to medical and pharmaceutical associations and to contact women's organizations and religious groups will help prevent negative community reaction. In fact, some of these groups may be counted on for support. Pharmacies are poorly stocked on all manner of drug products, and a reliable supply of attractive (physically and financially) products should be welcomed. Womens' groups (most are affiliated with the Ghana Assembly of Women) are well organized in Ghana, where women have always enjoyed some economic power and social status (most traders are women and family ties in many areas are matrilineal). Although large families are still the norm, more and more women (and men) from all socioeconomic strata feel the burdens of providing food, clothing and costs related to schooling for children. "Mammy Traders," organized into the Market Womens' Association, are a powerful group whose daily lives revolve around buying and selling. These small traders are likely to be interested in well advertised and predictably supplied products.

Non-TCS Project Distribution and Sales. The GNFPF clinic program, will continue to offer Blue Lady orals, bulk packed Thiti condoms, Emko foam, and, when they arrive from AID, vaginal foaming tablets. The same products are distributed for the GNFPF retail program by GNTC, the official government distributor/retailer. But their record on movement of product to their own stores and private outlets has not always been good and the results of this retail sales venture should not be taken as any predictor for the current RCS project. Shortly before the end of 1978, for example, GNTC requested 5,000 gross of condoms from GNFPF warehouses, the first since 8,000 gross were taken approximately four years ago. In GNTC's largest retail store in Accra, we observed over 200 gross of condoms, but more were visible in GNTC stores in towns as close as Nsawam and Suhum (35-50 Km from Accra). In fact, it is impossible to determine how much product the GNTC has distributed or is still holding since record keeping is inadequate for evaluation.

All GNFPF supplies, both in clinic and CNTC stores, are sold at prices below the RCS project's products, and none are packaged or branded. The USAID supplied condoms actioned by customs earlier in the year are now appearing on the market in small quantities, but there is some evidence that some were smuggled to Togo, where the going price is 3 per US \$1.00. No private companies have import licenses for condoms at present and none, other than AID and PPAG supplies, have come into the country for several years. Until recently, no private companies were importing oral contraceptives either, but Schering A. G. now has obtained import licenses for five of its products which will be marketed from ¢ 4.50 to ¢ 7.00; far above the RCS current or future prices. In short, although competing products are on the market, they are not advertised, are poorly distributed or very high priced.

## B. Organizational Factors

Increased support for the RCS project evidenced by the GNFPF in past months shows every sign of continuing. Although there was a cautionary concern about not evoking adverse reactions to the project, personnel of the GNFPF are anxious to have the RCS project successfully complement their present programs through wide coverage to retail outlets. We feel the project can market a significant quantity of products over the next 12 to 15 months and make a very important contribution to the overall family planning effort in Ghana. This should reinforce the GOG's commitment to an on-going program under a workable organizational arrangement.

In part, this bright future results from the support from USAID and AID. The competence and past performance of individuals in these agencies and Westinghouse make us feel confident that most problems which will arise during the year can be resolved expeditiously. Special mention must be made of the outstanding abilities of the Resident Manager, John Hayes, for his patience, diplomacy, persistence and energetic enthusiasm. In spite of his many responsibilities and daily burdens, he has organized his working conditions for efficient management. At the moment, he does not appear to need local hire assistance for routine tasks. Additional USAID assistance with a few minor details would be helpful (i.e., xerox facilities, transport and communication). As more components are added to the project, such as household distribution and vending machines, a local hire may become necessary.

Lintas and DANAFCO are well suited for the growing role their subcontracts play in this project. Years of experience in the Ghanaian private sector, and two or so years of working under the present subcontracts, should provide a solid foundation for GNFPP's evaluation of their continuing contribution to maintaining the momentum of the marketing project after Westinghouse leaves.

### C. Project Implementation

Supplies. No problems with supplies are foreseen during this period. Even if the targets are exceeded, the GNFPP should have sufficient inventory. It will receive additional supplies in 1979) which can be used in the RCS project (except for non-colored condoms, which are used only in this project).

Market Research and Sales Evaluation. A reasonably good record of sales and outlets can be expected in light of DANAFCO's fine record keeping system and the Resident Manager's experience. A better record of oral contraceptive sales can be expected than for condoms, since the latter will filter down the distribution chain to hawkers, Mammy Traders, and even traditional healers. Outlets can be pinpointed by type; i.e., pharmacies, large retail, and all others, within the approximately 9000 anticipated outlets -- 315 pharmacies, 3000 shops of all sizes, 1000-3000 Mammy Traders, and 3000 traditional healers. Record keeping for sales from these outlets is limited or impossible since this practice is both unknown and suspect among small retailers in Ghana. A modified record keeping system suggested by DANAFCO and John Hayes will provide rough estimates of sales and is more appropriate to market conditions.

Evaluation and KAP. Another KAP is scheduled for mid-year. This may be superfluous since the World Fertility Survey will be gathering data in 1979. Information specific to better marketing of the four products would be far more valuable than a WFS or KAP oriented study, and, indeed, may be a prerequisite to final modifications in the marketing design prior to transition.

Distribution. DANAFCC is confident that wide distribution will be a reality before too many months. They will truck packaged product to their warehouses at Kumasi, Sekondi, Koforidua, and Hohoe. Wholesalers and retailers will come to these points and to the warehouse in Accra to purchase supplies. Because of the heavy demand for nearly any products by retailers, a large portion will be sold to buyers coming directly to warehouses, who will then divide their purchases and resell to smaller buyers. Initially, heaviest sales will be in the Accra/Tema area, where one out of every two sales occur and where, because of extreme shortages, many retailers regularly come from upcountry by bus to buy supplies. DANAFCC will actively distribute by van (one at each of the four regional warehouses), in spite of the present "scavenger" distribution, in order to assure more even and stable distribution. In the first weeks, and until there is assurance of an even flow of packaged supplied, DANAFCC will sell on an allocation basis. As much as possible, the flow of goods will be scheduled to prevent hoarding and price increases, although this is probably inevitable in the first few months. This means, of course, that initial sales figures will be skewed as merchants attempt to buy up as much product as possible under the present shortage/inflation situation. This should straighten itself out during 1979 as the project matures.

Other Sales Outlets. The Resident Manager has plans for distribution outside the formal chain handled by DANAFCC. The Market Womens' Association will be contacted and support elicited from the local market "Queens" or "Queen Mothers," powerful women who set prices, control the flow of goods, sometimes own trucks, and often contract with farmers and craftsmen for exclusive rights to their products. Individual Mammy Traders belonging to this association are the shrewd, small entrepreneurs of Ghana, who daily earn a few Cedi turning over any product they can sell. They should be a vital sales force for the RCS project. Lottery ticket sellers, whose multi-colored stalls are ubiquitous in Ghana, might become retailers of condoms if government controlled management can be persuaded to cooperate. Midwives are another possible selling community, although officially they cannot handle orals. Perhaps the most intriguing of all are the traditional healer who have a formal association, regional chiefs, and are said to number up to 3000.

These men, native healers trained in the ancient practices and traditions of animism, are consulted and respected by the majority of Ghanians. They counsel on a wide variety of physical and spiritual ailments, including sterility and impotence, and sell elixers, herbs, salves and pills for cures. The promise of sufficient profit should make these herbalists more than happy to add condoms to their product line.

Household Distribution. The household distribution component will start somewhat later than originally planned. The GNFPP has volunteered to supply its fieldworkers, to distribute samples, and to gather consumer information, but details on training, compensation, and scheduling await a decision by the Executive Director. Although we commend this cooperative move, the impact of this component will be attenuated if it is not implemented soon after product launch. In any case more manpower will be needed in addition to the GNFPP fieldworkers, and the Resident Manager is encouraged to hire in this temporary staff as soon as possible.

Vending Machines. The addition of vending machines to the distribution methods is now scheduled for sometime in 1979. Experience with such machines in Ghana is limited to cocoa vend machines set up the Cocoa Marketing Board. These generally are not operating or are torn apart for useable parts and coins. Experience with vandalism of public telephones is the same. This record, plus the complexity and expense of arranging for the set-up, maintenance, coin collection, and resupply of vending machines, leads us to question the advisability of this approach in Ghana. If any vending machine project takes place in Ghana at all, it would be prudent to begin with a test period using a modest number of machines (fifty or fewer) in an urban area where they can be easily monitored. If this sub-project does go forward, the local hire of someone who can handle the many details of daily operation of vending machines is imperative. The Resident Manager simply does not have time to manage this aspect of distribution.

Packaging. We envision no changes in the packaging of Panther, SSS or Floril, although at some time, when prices become more stable, a fixed price may be printed on all products (none is on Floril now). Foaming tablets, branded Coral, will be sold six to a pack in boxes the same size and shape as SSS. Advertising and promotion also will be similar to SSS. Although the decision to begin sales with the six tablet box is a good choice for initially putting the product into the market, there is room for testing different quantities, prices and packs. There is some desire to test market a 20 tablet tube if this can be supplied by AID; and we feel a test of demand for unbranded, low priced, single tablets might prove that single sales may be popular.

Brand Name. This project may experience problems with consumer suspicion regarding a product with a brand name different from that on the inner wrap or card pack -- and one which is identical to a less expensive item distributed by clinics and the Government trading corporation. The Ghanaian consumer is not an unsophisticated buyer, and this suggestion of duping the consumer could have negative repercussions for the entire project.

Price. In light of the program goal of self-sufficiency, the current prices on the three products (and presumably on Coral, too) will probably have to be raised. Proposals for raising prices are presently under discussion with GNFP, which will have to approve any increases. Appendix B is an example of the elements which need consideration in arriving at a pricing policy; these figures are not current and are illustrative of the process.

Advertising. The advertising campaigns developed for pre-launch and launch have been discussed in Section II. Revisions of the present product campaigns are planned for June/July following the KAP-type survey. Since advertising and promotion are the heart of this project, we are disappointed that more money was not allocated and that, as a result, Lintas and Westinghouse have been seriously hampered in planning the campaign. The advertising budget has also been affected by the increased cost of importing ink, paper and plates. Even if new promotional ideas cannot be developed now greater, more frequent visibility of what has been designed would be efficacious for increasing sales.

Research specifically geared to determine advertising effectiveness is costly, but some small, more modest tests to gain information on effectiveness of various media, themes, and promotional techniques could be most beneficial.

Devaluation of the Cedi a few months ago has resulted in unexpected monies now available in the budget. AID should resist any temptation to hold back equivalent dollars or see this as a savings to the contract. Most of these funds should go toward raising the budget for advertising. Ghanians are used to seeing advertising for many products, and competition for attention is keen. In the past, companies selling high profit goods spent many fold what Westinghouse has allocated to product advertising. The combination in Ghana of standard heavy advertising, a superb advertising agency, well conceived products, excellent distribution potential, and a sellers market would make penny-pinching on advertising/promotion inappropriate. The RCS products have the potential for becoming the best known products in the country.

This potential would be even better realized if the GNFPP expanded its present plan for promotion. At present, GNFPP concentrates on promoting family planning during Family Planning Week. A generic advertising campaign on family planning by GNFPP would significantly increase the impact of product advertising by Westinghouse. While no such campaign is planned by GNFPP, money seems to be available within the GNFPP for such promotion.

Retailer Training. Some form of education for retailers is important. Training materials in addition to those already developed would be helpful, especially for salespersons in pharmacies, chemists and small retail outlets. It is, however, important to recognize the difficulty and expense involved in reaching and training the persons who will distribute these products. Although intensive training is limited by wide geographic coverage, transportation problems and lack of funds, provision of information, and promotion to retailers can develop this segment into a large cadre of merchant outreach workers.

Transition Period. It is not too early to begin planning for transition and ongoing operation of the project beyond the Westinghouse contract period. Marketing, with its many complex components, is a relatively new concept to all family planning programs. No one expects those who have developed the skills necessary to function well in the public sector to have the depth of knowledge on market processes which established commercial figures and their personnel possess. Distribution, advertising and marketing research are elements critical to successful product sales, and these need constant monitoring and responsive adjustment. Experience with similar programs in other countries is building, and it is becoming clear that continued success is best assured when an initial, solid organizational framework is left in tact, and day-to-day management is placed with persons trained and well versed in private sector business operations.

While it certainly is not the role of this or any other assistance projects to determine project organization, it would be a disservice the GNFPP to overlook or dismiss elements crucial to continued advancement of the project

Ideally, through a process of concensus, a project organizational design could be developed which would allow each agent to implement that aspect best suited to its skills. This may mean, for example, allocating daily, routine management to DANAFCO and Lintas, or other like agents chosen by GNFPP, while GNFPP assures overall responsibility for policy making, coordination and administrative oversight. It would be prudent for GNFPP, USAID, and AID to begin discussions about such organizational aspects in the near future.

MARKETING IN GHANA

\* \* \*

Most retailers in Ghana are women. Known as "Market Women" or "Mammy Traders," they handle somewhere in the neighborhood of 85% of Ghana's consumer sales, the remainder being handled through medium size departmental stores and small "supermarkets."

In better times, there was enough of a supply of goods, and enough resultant competition, that prices and wholesaler and retailer margins were fairly standard. There was an almost standard mark-up of 33 1/3% from wholesaler to retailer, and from retailer to consumer. Shortages of goods, inflation, and a complete lack of confidence in the country's currency have changed all this, and pricing all along the line is now more or less "what the traffic will bear."

Most manufacturers and suppliers of consumer goods operate a "wholesale" store right on their premises, and at depots in the various population centers in Ghana. (Kumasi, Kororidua, Hohoe, Sekondi-Takoradi, Bolgatanga.)

Wholesalers purchase from these points, as well as large and small retailers. Sales are for cash, and must be in "wholesale" quantities.

Retailers who are so located as to be unable to get to these points are serviced by the manufacturer's trucks and salesmen in part, and also by what might be called "independants." Much of Ghana's transportation is supplied by "tro-tro's" - small truck chassis fitted with rows of seats, and with roof racks for carrying merchandies. Many of these are driver-owned, and others are "fleets" - the owner having a many as four or five such vehicles and hiring drivers to operate them.

These drivers operate as independent businessmen, purchasing goods in bulk along their routes, and selling the goods at destination. Much of Accra's produce, for example, reaches the market in this way. A driver operating from Koforidua to Accra, for example, passes through villages where fruit and vegetables are grown. He purchases along the way, and on arrival at the "tro-tro" Terminal in Accra is met by Mammy-Traders who buy from him, and then resell at their little stalls, stands, or from the top of their heads.

Soap, cigarettes, razor blades, candy, biscuits - and our own commodities- are, and will be sold in this manner. In addition, the distributor's wholesale stores are visited daily by any of the market women, who buy whatever they see on which they believe they can make a profit.

As a closing illustration - DANAFCO (The CRS Project distributor) like everyone else in Ghana is short of raw materials. They have always produced their own plastic bottles, jars, etc. for their products, and recently have developed a sizable business, almost inadvertently, in half-litre plastic bottles. Mammy Traders buy these at the factory, and then sell them to vendors of palm oil, plum wine, bush gin, etc., as containers for their products!

# BEST AVAILABLE DOCUMENT

APPENDIX B

September 11, 1978

Dr. Augustus A. Armar  
Executive Director  
Ghana National Family Planning Programme  
Accra

Dear Dr. Armar:

Recent major changes in Ghana's economy make it necessary to review commodity pricing for the CRS Project, both at the present time, and as a prognostication for the time when the project is administered and operated solely by the GNFPF.

Retail prices for the commodities included in any CRS Program must be based on two premises:

1. They must be such that the products are available to and affordable by the majority of the population, and
2. the whole structure must be such that the many individuals and entities involved in the marketing process earn a reasonable profit for their efforts. While no such program is designed to become a viable business operation, there must be funds available to the management (whether GNFPF or a contractor working in conjunction with GNFPF) to cover operating costs and provide some additional discretionary funds for use in strengthening the project. We can never assume that outside sources will support the CRS Program (other than with donation of commodities) nor that the government will make funds available, in addition to those already earmarked for non-commercial efforts.

With that in mind, the pricing structure must be reviewed in light of changes brought about by revaluation of the Cedi - changes in local costs such as minimum wage - and changes in the whole retail price structure brought about by the above.

The following costs will always be a part of placing CRS Program commodities on the market, and determining their retail price. As such they are "constants" although their individual content and influence on final price may change from time to time, and so affect retail price:

1. COST OF THE PRODUCT - This, fortunately, is not applicable, nor should it be in the future. We can safely assume that products for the CRS Program (condoms, oral contraceptives, foaming tablets) will continue to be supplied free of charge.
2. DESIGN AND DEVELOPMENT COSTS - At this point these costs have already been incurred, and need not be taken into consideration for future pricing calculations. For example, the CRS Project and the GNFPF now own four brand names, package designs built around these names, research studies which developed the names and designs, texts for instructional material to be included in the packages, etc. Future costs will only be those involved in reproducing additional copies of these materials.
3. COSTS OF PRINTING AND REPACKAGING MATERIALS - Items such as paper-board for packages, printing plates, cutting dies, inks, etc., none of which is available in Ghana, and all of which must be imported and paid for with hard currency. Changes in the exchange value of the Cedi

will affect these costs.

4. COSTS FOR PRINTING AND REPACKAGING - All of the work involved here will be performed in Ghana, and costs are thus not directly affected by exchange rate fluctuations. Costs will be affected, however, by changes in minimum wage, wage increases due to cost-of-living increases, etc.
5. DISTRIBUTION COSTS - What the distributor selected expects to earn for handling the products. Includes costs for warehousing finished product, distribution to retailers by truck fleet, over-the-counter sales at factory stores, etc. Commodities for the CRS Project are distributed on a "consignment basis." The distributor receives and holds the products, not paying for them until he has sold them to wholesalers or retailers. The amount he retains of this price is usually, in Ghana, 50%.
6. RETAILING COSTS - Normally, in Ghana, 33 1/3 % of the price to the consumer.
7. ADVERTISING COSTS - The current CRS Project contemplates a heavy advertising campaign just prior to launch of products, and continuing for at least a year thereafter. After this period, some sort of continuing, sustaining advertising campaign must be provided. Costs for this program would have to come out of the project's income. The need for such a program is indicated on the pages that follow, although no figures are given at this time.
8. ADMINISTRATIVE COSTS - The salaries and benefits of those directly involved in operating the program. Again, these are not included as figures, but the need for these costs is indicated on the following pages.

The basis and assumption for each projection that follows is stated at the top of each page. Without too much "star-gazing" they attempt to take into account the changes that could take place in Ghana's economy over the next few years. To simplify the mathematical projections are based on costs and income from sales of 100,000 "units" of each product, i.e.,

100,000 boxes of 6 each SSS Condoms.  
100,000 individual PANTHER Condoms.  
100,000 cycles of FLORIL Oral Contraceptive.

At this time we have no information about the Foaming Tablet which is to be added to the CRS Program. Figures for this product will be calculated in the same way as the others once we have more facts.

For further simplification, the eight cost categories listed above have been broken down into three groups for future projection. These are:

- GROUP I. - Materials which of necessity must be imported and paid for in hard currencies. Devaluations of the Cedi make it necessary to use more Cedis in such transactions, and the retail price is accordingly affected. (Category 3.)
- GROUP II.- Materials and services purchased locally, and paid for in Cedis. These costs will increase as wages increase.
- GROUP III.- Distribution and retail costs. Paid in Cedis, these costs require no foreign exchange. They are expressed as percentages of the wholesale and retail prices, and while the percentages will remain constant, the amounts they involve will increase as the amounts in Groups I. and II. increase.

- 3 -

ultimately, all of these costs must come out of the final retail price, and we are perhaps fortunate that the changes contemplated by the Government of Ghana, and their effects on the economy will cause an increasing rise in retail prices. Thus the consumer and purchaser of our products will not be shocked at such time as he has to pay more for them, as he will be paying more for everything else.

SITUATION "A" - Basis: No assumptions. The following are current actual cost figures, and recommended retail prices for product launch. Many of the costs have already been paid, and those unpaid are covered by subcontracts and are not expected to vary. All figures are in Cedis.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Retail sales price - 60 pesewas per box.

* Printing and Packaging Materials	2,784
# Printing	2,990
# Repackaging	4,004
# Instructional Insert	1,722
# Dispensers	2,795
	<hr/>
Cost of packaged goods ready to distribute	14,298
+ Distribution Cost	20,000
+ Retailer Profit	20,000
	<hr/>
Total cost of goods sold	54,298
Gross income to program (100,000 @ \$.60)	60,000
	<hr/>
Net profit to program	5,702

PANTHER CONDOMS - 1,000 boxes of 100 each. 100,000 condoms @ 5 pesewas each.

* Printing and Packaging Materials	176
# Printing	31
# Packaging	46
# Instructional Insert	432
	<hr/>
Cost of packaged goods ready to distribute	688
+ Distribution Costs	1,650
+ Retailer Profit	1,650
	<hr/>
Total cost of goods sold	3,988
Gross income to program (100,000 @ \$.05)	5,000
	<hr/>
Net Profit to Program	1,012

FLORIL ORAL CONTRACEPTIVE - 100,000 cycles, individually packaged, at \$.60 per cycle

* Printing and packaging materials	2,865
# Printing	3,001
# Repackaging	4,465
# Instructional Leaflet	2,185
# Dispensers	1,955
	<hr/>
Cost of packaged goods ready to distribute	14,491
+ Distribution Cost	20,000
+ Retailer Profit	20,000
	<hr/>
Total cost of goods sold	54,491
Gross income to program (100,000 @ \$.60)	60,000
	<hr/>
Net Profit to Program	5,509

\* GROUP I. COSTS. Payable in hard currency  
 # GROUP II. COSTS. Payable in Cedis.  
 + GROUP III. COSTS. Payable in Cedis.

SITUATION "A" - RECAPITULATION

Neither this hypothesis nor the others given are to be construed as sales projections for any period. The 100,000 unit figure for each product was selected for mathematical simplicity. Thus the "Net Profit to the Program" figure would vary directly with the number of units sold. For example:

On sales of 100,000 units -

SSS CONDOMS	\$ 5,702
PANTHER	1,812
FLORIL	<u>5,509</u>

PROGRAM INCOME \$ 12,223

On sales of 200,000 units - \$ 24,446 - etc.

Thus the funds to cover program administrative and management costs, and to pay for an advertising program would increase as sales increased. The costs of administration, management and advertising would not increase at the same ratio, that is, the individual managing the program would need no additional help or funds for sales of 200,000 units (or more) than he would need for the 100,000 unit sales figure.

The advertising campaign might be increased somewhat, but it would not have to be doubled.

SITUATION "B" - Basis: Cedi valued at \$ 2.75 = \$1.00 (139% cedi cost increase.)  
 General wage increase or cost-of-living increase of 15%.  
 General rise in retail prices of 35%.

Assumptions: Suppliers of local services would raise prices at least 15% to cover their increased wage costs.  
 Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS: - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price 75 peswas per box.

GROUP I. COSTS (Imported materials)	6,653
GROUP II. COSTS (Local services)	<u>13,241</u>
Net cost of goods ready for distribution	19,894
GROUP III. COSTS (Distribution & Retailing)	<u>46,000</u>
Total cost of goods sold	65,894
Income to CRS Program	<u>9,106</u>
Retail sales of 100,000 boxes @ \$ .75	75,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 25 peswas per strip of four.

GROUP I. COSTS (Imported materials)	420
GROUP II. COSTS (Local services)	<u>1,223</u>
Net cost of goods ready for distribution	1,643
GROUP III. COSTS (Distribution & Retailing)	<u>3,795</u>
Total cost of goods sold	5,438
Income to CRS Program	<u>812</u>
Retail sales of 100,000 condoms @ \$.0625 ea.	6,250

FLORIL ORAL CONTRACEPTIVE - 100,000 cycles, individually packaged, at \$.75 per cyc

GROUP I. COSTS (Imported materials)	6,847
GROUP II. COSTS (Local services)	<u>13,370</u>
Net cost of goods ready for distribution	20,217
GROUP III. COSTS (Distribution & Retailing)	<u>46,000</u>
Total cost of goods sold	66,217
Income to CRS Program	<u>8,783</u>
Retail sales of 100,000 cycles @ \$.75 ea.	75,000

SITUATION "B" - RECAPITULATION

Under the conditions, actual and hypothetical, in this situation, CRS Program income would be:

On sales of 100,000 units -

SSS CONDOMS	9,106
PANTHER	812
FLORIL	<u>8,783</u>
TOTAL	18,701

This is an increase in income over Situation "A" of \$ 6,478, an increase of 53%.

This increase would enable the CRS Program to meet its additional administrative and management costs which would be affected by the expected wage increase. It would also provide funds for increased costs in overhead, transportation, etc.

With a general increase in retail prices, advertising costs would increase correspondingly, and a portion of this additional CRS Program income could go into maintaining an adequate advertising campaign.

SITUATION "C" - Basis: Cedi valued at \$4.00 = \$1.00. (285% cedi cost increase over Situation "A".)  
 General rise in retail prices of 50%.  
 General wage or cost-of-living increase of 25%.  
 Assumptions: Suppliers of local services would raise prices at least 30% to cover their increased wage costs.  
 Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price 80 pesewas per box.

GROUP I. COSTS (Imported Materials)	9,683
GROUP II. COSTS (Local Services)	<u>14,968</u>
Net cost of goods ready for distribution	24,651
GROUP III. COSTS (Distribution & Retailing)	<u>52,000</u>
Total cost of goods sold	76,651
Income to CRS Program	<u>3,349</u>
Retail sales of 100,000 boxes @ \$.80 ea.	80,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 10 pesewas each.

GROUP I. COSTS (Imported materials)	612
GROUP II. COSTS (Local Services)	<u>665</u>
Net cost of goods ready for distribution	1,277
GROUP III. COSTS (Distribution & Retailing)	<u>4,290</u>
Total cost of goods sold	5,567
Income to CRS Program	<u>4,433</u>
Retail sales of 100,000 condoms @ \$ .10 ea.	10,000

FLORIL - 100,000 cycles, individually packaged, at 80 pesewas per cycle.

GROUP I. COSTS (Imported materials)	9,964
GROUP II. COSTS (Local services)	<u>15,113</u>
Net cost of goods ready for distribution	25,077
GROUP III. COSTS (Distribution & Retailing)	<u>52,000</u>
Total cost of goods sold	77,077
Income to CRS Program	<u>2,923</u>
Retail sales of 100,000 cycles @ \$ .80 ea.	80,000

SITUATION "C" - RECAPITULATION:

Under the conditions described in this situation, CRS Program income would be:  
On sales of 100,000 units -

SSS CONDOMS	3,349
PANTHER	4,433
FLORIL	2,823
TOTAL	<u>10,705</u>

This is less than the income projected for Situation "A" and would oblige the CRS Program to operate at a loss. If the conditions projected for Situation "C" become reality, the only solution is a rise in retail price of CRS Program products. As we have assumed a 50% in consumer prices in general, we can apply that to our prices and have the following:

SSS CONDOMS - 100,000 boxes retailed at \$ .90	90,000
Less cost of goods packaged	<u>24,652</u>
	63,349
Less distribution & Retailing, based on new price	<u>52,000 + (*)</u>
Income to CRS Program	11,349
PANTHER 100,000 units retailed @ \$ .075	7,500
Less cost of goods packaged	<u>1,277</u>
	6,223
Less distribution & Retailing, based on new prices	<u>4,290+ (*)</u>
Income to CRS Program	1,933
FLORIL 100,000 cycles retailed at \$ .90	90,000
Less cost of goods packaged	<u>25,077</u>
	64,923
Less distribution & retailing, based on new price	<u>52,000 + (*)</u>
Income to CRS Program	12,923

Total income to CRS Program on retail sales of 100,000 units: (\*)

SSS	11,349
PANTH.	1,933
FLORIL	<u>12,923</u>
TOTAL	26,205 (*)

(\*) Distribution and retail figures would probably be slightly higher, as distributors and retailers would expect normal percentages. These amounts would have to be negotiated. Total income to the CRS Program would thus be reduced, depending on the negotiations, and would probably fall somewhere nearer \$ 21,500 to \$ 22,000, still adequate to make the program self-sufficient.

SITUATION "D" - Basis: Cedi valued at \$ 5.00 = \$ 1.00. (433% cedi cost increase over situation "A".)  
 General rise in retail prices of 60%.  
 General wage or cost-of-living increase of 35%.

Assumptions: Suppliers of local services would raise prices at least 35% to cover their increased costs.  
 Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price \$ 1.00 per box.

GROUP I. (Imported Materials)	12,100
GROUP II. (Local Services)	<u>15,504</u>
Net cost of goods ready for distribution	27,604
GROUP III. COSTS (Distribution & Retailing)	<u>54,000</u>
Total cost of goods sold	81,604
Income to CRS Program	<u>18,357</u>
Retail sales of 100,000 boxes at \$ 1.00	100,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 30 pennas per strip of four.

GROUP I. COSTS (Imported Materials)	765
GROUP II. COSTS (Local Services)	<u>691</u>
Net cost of goods ready for distribution	1,456
GROUP III. COSTS (Distribution & Retailing)	<u>4,455</u>
Total cost of goods sold	5,911
Income to CRS Program	<u>1,589</u>
Retail sales of 100,000 condoms @ \$ .075 ea.	7,500

FLORIL - 100,000 cycles, individually packaged, at \$ 1.00 per cycle.

GROUP I. COSTS (Imported materials)	12,455
GROUP II. COSTS (Local Services)	<u>15,695</u>
Net cost of goods ready for distribution	28,150
GROUP III. COSTS (Distribution & Retailing)	<u>54,000</u>
Total cost of goods sold	82,150
Income to CRS Program	<u>17,850</u>
Retail sales of 100,000 cycles @ \$ 1.00 ea	100,000

## SITUATION "D" - RECAPITULATION

Under the conditions in this situation, CRS Program income would be:

On sales of 100,000 units -

SSS CONDOMS	18,357
PANTHER CONDOMS	1,589
FLORIL	<u>17,850</u>
TOTAL	37,796

## SUMMARY -

While the figures on the following pages are based on assumptions and prognostications - and are subject in some areas to actual negotiation (in the case of distributor and retailer profit margins) - they indicate that the CRS Program can be operated profitably under a variety of conditions, while still maintaining its primary objectives:

To ensure that contraceptive products are available throughout the country, and are in addition promoted or "pushed" by retail outlets who can earn a satisfactory profit on their sale.

To ensure that the products are available at prices that can be afforded by a majority of the Ghanaian population.

## RECOMMENDATIONS -

1. That the CRS Program products go on sale at time of launch at the following prices:

SSS Condom	60 pesewas per package of 6.
PANTHER Condom	5 pesewas each - 29 pesewas per strip of 4.
FLORIL Orals	60 pesewas per cycle.

These prices were calculated to cover costs at the time of the inception of the CRS Program, and as mentioned elsewhere in this document, these costs have for the most part already been met.

During the time it takes for initial product to get into the market, trends and changes in Ghana's economy can be observed and evaluated, and future "batches" of product can go into the market at different prices if necessary.