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AID/Office of Population
Family Planning Services Division
Rosslyn, Virginia

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TRIP REPORT

GHANA

September 30, 1985 - October 17, 1985

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EXECUTIVE SUMMARY

The October 1985 SOMARC trip to Ghana successfully resolved a number of management issues and established the groundwork for implementation of the Ghana CSM program.

The timetable of activities necessary to accomplish product launch was agreed upon as well as what technical and monetary inputs SOMARC would have in the CSM program. The role of each of the organizations within the program was clearly defined and agreed upon (USAID Mission, SOMARC, DANAFCO, Lintas, and Pharmahealth).

A marketing plan outline was written by the SOMARC team while in country and approved by the USAID Mission, DANAFCO, and Lintas. Other marketing considerations were examined including product line, packaging design, and pricing.

A considerable amount was accomplished in the research area. A consumer intercept study was designed and field tested during the trip. Five other research projects were identified, and plans were made to develop them.

SOMARC initiated the registration of the foaming vaginal tablet, Conceptrol, produced by Ortho Pharmaceuticals. According to information received from the registrar of the Pharmacy Board, there should be no problems with the registration process.

Working closely with Pharmahealth, Ltd., SOMARC began planning the training program for pharmacists and chemical sellers. Our work in this area included design of the training manuals (to be produced by SOMARC) and developing a budget for the entire training program.

During this trip, the USAID Mission and SOMARC agreed to plan and sponsor a conference on the role of family planning in the national reconstruction of Ghana. This conference, to be held in Accra in March or April of '86, will set an appropriate climate for the CSM program prior to the advertising launch.

The results of the October SOMARC trip to Ghana are clearly defined objectives and a strategy to implement the CSM program. To ensure the effective management of the CSM program SOMARC agreed to make quarterly visits to Ghana, with the next visits scheduled for November 1985 and January 1986

PRINCIPAL PERSONS CONTACTED

USAID

William Lefes, Mission Director
Dr. Ray Kirkland, Population Director

AID Washington

Jack Thomas, Deputy Chief--Health and Population Africa Bureau

REDSO-Abidjan

Sarah C. Clark, Regional Population Officer

DANAFCO

Yaw Berko, General Manager
A. E. Boateng, General Manager, Manufacturing Division
L. S. Akuetteh, Administrative Manager

Lintas Ghana, Ltd.

Jake Obetsebi-Lampsey, Managing Director
Kwaku Mensa-Bonsu, Client Service Manager
Opia Mensah-Kumah, Research Manager

Pharmahealth Center, Ltd.

James Pearce-Biney, Managing Director

Ministry of Health

Dr. Joseph D. Otoo, Director of Medical Services

Ghana Pharmacy Board

T. C. Corquaye, Executive Secretary/Registrar

UNFPA-Accra

Dr. Ahmadu T. Fadlu-dren

Price Waterhouse Management Consultants, Inc - Monrovia

Victoria J. Cooper

World Health Organization, Geneva

Ernest Laurdser, Director, Action Programme on Essential Drugs

Susan D. Foster, World Bank, Economist on loan to the Action Programme

Margaretha Helling-Borda, Senior Scientist, Action Programme

Gerald Moore, Senior Scientist, Action Programme

Agatha Wehri, Pharmaceuticals Division

MANAGEMENT

Objectives

- o Resolve program management issues including:
 - Level and type of assistance to be provided by SOMARC.
 - Communications between SOMARC and USAID Mission.
 - Program budget.

The consultants, in discussions with representatives from USAID, DANAFCO, Lintas and Pharmahealth, defined specifically how SOMARC would fulfill its role of providing technical assistance to the CSM program. Project activities to receive SOMARC contributions were defined. In so doing, a schedule of activities required for product launch was written, showing which organization would have primary responsibility for each activity (see Appendix A).

Further, SOMARC agreed to fund up to \$1 million over four years toward the project and outlined which activities it would consider funding. These included providing DANAFCO with one year's salary for a CSM project manager, printing supplies for a year's quantity of CSM packaging, spare parts for the printing press, and training materials. SOMARC agreed to contract with Lintas for market research, package designs and user inserts. All these commitments are detailed in a memorandum included here as Appendix B. These commitments are part of the overall four-year SOMARC budget that was subsequently developed for the program (see Appendix C).

At the request of the AID Mission, SOMARC prepared an additional outline of the line items to be included in the overall four-year Ghana CSM budget including inputs from all the organizations involved: SOMARC, DANAFCO, Lintas, and Pharmahealth. As the extent of all monetary inputs to the program had not previously been known, this budget outline was used by USAID-Accra in preparing a contract between DANAFCO and the Ministry of Finance and Economic Planning.

The issue of conflict of interest was raised with respect to Jacob Obetsebi-Lamprey's dual role as SOMARC Regional Advisor and Lintas Managing Director.

It was decided that Mr. Obetsebi-Lampsey would not serve as the SOMARC Regional Advisor in Ghana. It was further agreed that SOMARC will make quarterly visits to Ghana to ensure adequate technical assistance.

MARKETING

Objectives

- o Identify marketing requirements and impediments, if any.
- o Develop a marketing plan outline.

During previous visits to Ghana, SOMARC consultants Vicki Freimuth and Stella Goings had reported that a large variety of contraceptive products were available in substantial quantities in pharmacies and chemical sellers located in a number of different towns and cities they visited throughout the country. During this trip to Ghana, the SOMARC consultants, accompanied by representatives of DANAFCO and Lintas, made an effort to verify these findings.

The team visited approximately 20 pharmacies and chemical sellers in the eastern capital of Koforidua, the towns of Suhum and Nsawam, as well as Accra. The team found a large quantity of the products (oral contraceptives, condoms and spermicides) to be widely available and sold at reasonable prices. The products available were three to ten years old. Among the spermicides, the Japanese product Neo-sampon was available almost exclusively and was said by the pharmacists to be quite popular.

As it was noted that most of the pharmacists and chemical sellers visited had considerable stocks of these products available (in some cases, three to five years' worth, based on questioning the retailers themselves), this presents a marketing challenge as to how to price and sell the new CSM products to retailers who already possess large quantities of similar products.

Based on these findings, it was determined to conduct a retail audit of 250-300 retail outlets in the ten regional capitals and 22 major towns. This audit will provide a better picture, on a nationwide basis, of the inventory size, available

brands, display of contraceptives, methods of using promotional materials, and the depth of retailers' knowledge of contraceptive products.

Various methods of addressing this issue were discussed including purchasing and destroying existing expired stock, trading the new CSM products for the retailers' older stock, or providing an initial supply of the CSM products to retailers at no charge. This issue is still under consideration.

While in country, the SOMARC consultants wrote a marketing plan outline for the CSM program. This outline was accepted by the USAID Mission, Lintas and DANAFCO and is attached in this report as Appendix D.

Other marketing considerations addressed during this trip include product line, pricing, and packaging.

It was determined that the Ghana CSM program will initially market three products: (1) an oral contraceptive of standard dosage, Noriday, produced by Syntex Laboratories; (2) a foaming vaginal tablet, Conceptrol, produced by Ortho Pharmaceuticals; and (3) an uncolored condom, Panther, produced by Ansell Inc.

Product names for the oral contraceptives and vaginal tablets were not determined pending marketing research being developed. The condom will be marketed under the name Panther, as the Panther logo is already imprinted on the condom packaging and the Panther name was used previously during the Westinghouse CSM program in 1980.

One of the objectives of the retail audit previously mentioned is to obtain a sample of current contraceptive prices. This information is vital to the development of an effective pricing strategy.

The marketing considerations on which pricing decisions should be based include: (1) ability of the consumer to pay, (2) cost of sales and program cost recovery, (3) attractiveness to the trade (retail margin), and (4) competitive pricing.

The number of units of each product to be contained per package has been established and pricing estimates have been made. These estimates will be refined and finalized following the results of the retail audit. The units per package and suggested prices are as follows: (1) the condom, C 10 per package of four condoms; (2) orals, C 30 per package of three cycles; and (3) foaming tablets C 20 per package of 12 tablets.

RESEARCH

Objectives

- o Develop and execute a Consumer Intercept Study designed to provide direction for the development of various marketing elements including:
 - Product positioning strategies.
 - Brand name identification.
 - Pricing elasticity.
 - Advertising strategies and message content
 - Alternative communication needs (package instructions, pharmacist training, public information programs).
 - User demographics.
- o Identify short- and long-term research needs for the overall program.

Development of the Consumer Intercept Study

Upon review of alternative proposals, a decision was made to work with Lintas Research Department for the following reasons:

- o Low bid cost proposal.
- o Superior methodology design.
- o Overall competency of research department.

- o Leadership and professional expertise of Research Manager, Opia-Mensah Kumah.

Five previously drafted questionnaires were refined to include detailed questions on the following subjects:

- o Nonusers Opposed to Family Planning. Reasonably opposed. Recognition of Ghana family planning symbol, demographic profiles.

- o Nonusers/Former Users of Family Planning Products
 - Knowledge of methods and products.
 - Usage/nonusage motivators.
 - Product perceptions: effectiveness, safety, price, attributes.
 - Recognition of Ghana family planning symbol.
 - Media usage patterns
 - Demographic profiles.

- o Oral Pill Users/Condom Users and Foaming Tablet Users/Buyers
 - Knowledge of methods and products.
 - Usage/nonusage motivators.
 - Purchase and usage behavior.
 - Product perceptions, attribute ratings (effectiveness, safety, price, problems, etc.).
 - Brand recognition/awareness/loyalty.
 - Recognition of Ghana family planning symbol.
 - Demographic profiles.

These questionnaires were submitted to a two-day pretest by 19 trained interviewers in two locations (Accra and Cape Coast). Based on their experience, 12 interviewers were selected to constitute the final teams (six male and six female) and received a final day-long training session.

After review of the proposed questionnaire with the USAID Population Development Officer and other interested parties, the scope of the study was revised to include the following frame design:

CONSUMER INTERCEPT STUDY
FRAME DESIGN

Location	Pop.	Female			Male		
		Pill Users	Foaming Tab Users	Non-users	Non-users	Foaming Tab Users	Condom Users
Accra	950	25	25	25	25	25	25
Sekondi/Takoradi	200	25	25	25	25	25	25
Kumasi	400	25	25	25	25	25	25
Tamale/Yondi	200	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>
Totals		100	100	100	100	100	100
					200		
					200		

The teams were then sent into the field according to the frame design. Each group will be supervised closely by a same-sex research supervisor from Lintas.

Next Steps

During the next field trip, consultants plan to review raw computer data and assist Opia-Mensah Kumah with the preliminary findings report and the structure of the final written document.

These findings will then be used in the development of specific marketing programs for the three product lines including direction on brand name identification, pricing, advertising message strategies, package instructions, and communications target demographics

Identification of Future Research Projects

- o Name testing for foaming tablet and pills is in the field with results due in early December.

- o Retail Sales Audit. Questionnaire, methodology, and cost proposals

Exploratory Focus Groups. Discussion outline sample frame, moderator training program, and cost proposals to be reviewed during November field trip.

- o Advertising Strategy/Package Design pretesting.

- o Advertising Message Content Analysis.

Baseline/Monitoring Research Project to be initiated. (Design concept to be developed during November field trip.)

RETAIL OUTLETS VISITED

Town	Pharmacies	Chemical Sellers	Total
<u>10/02/85</u>			
Nsawam	1	2	3
Suhum	0(1 clinic)	6	6
Koforidua	<u>3</u>	<u>-</u>	<u>3</u>
Subtotal	<u>4</u>	<u>8</u>	<u>12</u>
<u>10/10/85</u>			
Mankesim	-	4	4
Elmina	-	1	1
Cape Coast	<u>2</u>	<u>1</u>	<u>3</u>
Subtotal	<u>2</u>	<u>6</u>	<u>8</u>
TOTALS	6	14	20

TRAINING

Objective

- o Assist Pharmahealth in the development of the retailer training program.

A. World Health Organization

En route to Accra, meetings were held in Geneva with staff of the World Health Organization's Action Programme on Essential Drugs and the Pharmaceuticals Division to discuss primarily:

- Initiatives and/or training materials available for pharmacists and dispensers.
- WHO activities in Ghana with respect to family planning and essential drugs.
- Operations research in drug distribution models that could serve as background information for a potential SOMARC special research topic on the comparative cost effectiveness of commodity distribution systems

B. Essential Drugs/Family Planning in Ghana

In Ghana, the consultant discussed with Dr. Joseph Otoo, Director of Medical Services, M.O.H., potential essential drugs programme initiatives and described a microcomputer model under development by MSH for planning drug requirements. This model incorporates epidemiology data, course-of-therapy/rational use determinations, and priority purchase requirements, which can take into account the percentage of population served within national drug and health programs. He was intrigued by this approach and expressed an interest in the possibility of field testing the model in Ghana. This possibility will be followed up with MSH/Boston and WHO/Geneva.

C. United Nations Fund for Population Activities (UNFPA)

Upon the request of William Lefes, USAID Director, Accra, the consultant met with Dr. Ahmadu T. Fadlu-deen (UNFPA), who had expressed concern regarding oral pill side effects, especially the estrogen component, and quality control of pill manufacture. The side effects' issue was discussed in great detail. The world data regarding safety versus risk were summarized for him. He also was briefed on the SOMARC project in Ghana in general and specifically on the training materials being developed for the Ghana demonstration project for training pharmacists and chemical sellers to dispense oral contraceptives without prescription.

Phase 1. Developing Training Materials (October 7-18, 1985)

The demonstration project calls for training pharmacists and chemical sellers to competently screen potential female users of oral contraceptives and safely dispense the pill without a prescription. Additionally, the training should prepare pharmacists and chemical sellers to be sources of accurate information on CSM products, safely expand the number of retail outlets that sell contraceptives, and motivate the retailers to become promoters of family planning.

Development of the training materials is in accordance with the approach of pretesting, revising, and retesting trainee messages that ultimately will be conveyed to consumers. The training materials are based upon a detailer's manual prepared by The Futures Group for use in Latin America. In preliminary and detailed discussions with James Pearce-Biney of Pharmahealth, Ltd., subcontractor to DANAFCO to provide training, these materials have been modified to be specific for Ghana. Included in the changes are Ghanaian data for maternal and child morbidity and mortality; pictures depicting African health workers; and sections that will address local myths, superstitions, and cultural beliefs. Additionally, results from the consumer intercept surveys and retail audits will be utilized to further refine the training materials to address the concerns specific to the Ghana target groups.

Continuing education and support marketing items for pharmacists and chemical sellers will be developed in the form of handouts, brochures, certificates

of achievement, posters, and possibly T-shirts to promote family planning and product identification. To the extent possible, these materials will be derived directly from, or related to, the trainer's manual and the advertising campaign

Phase 2. Pretesting Training Materials (November 11-15, 1985)

It was determined during this visit, that during the November SOMARC trip to Ghana, three focus groups will be assembled to test the clarity and effectiveness of the training materials and trainers for the demonstration project.

The first group will consist of five DANAFCO salesmen who will be responsible for delivering family planning products to regional depots and retail outlets. Training of the salesmen will have the benefit of providing in-service instruction on products DANAFCO will be delivering; therefore, the sales force should be capable of conveying accurate information on proper use and storage as well as providing inventory management assistance for CSM retailers.

The second and third focus groups will consist of a representative sample of large- and small-volume stores of five chemical sellers and five pharmacists in the Accra area. Input from these two groups should provide information on their respective retail points of view and expose any special areas for modifying the training to address special needs.

Additionally, these sessions will be used to give trainers an opportunity to present the materials and modify, refine, and strengthen their presentations. At the end of the three trial training sessions an assessment will be made, using feedback from the trainees, as to the teaching and communications abilities of the trainers to convey clear, simple, and accurate messages and their ability to answer questions from participants regarding CSM products and family planning programs. This assessment will be useful in the further development of the training program.

Phase 3. Demonstration Project (February-May 1986)

The formal training of pharmacists and chemical sellers will be conducted in ten regional centers from February to May 1986. This schedule is designed to

maximize the training efforts in concert with the product launch. The current training schedule includes a total of 22 seminars (6 for pharmacists and 16 for chemical sellers), which will require approximately 49 days to complete. An estimated 226 pharmacists and 832 chemical sellers are targeted to receive training under the demonstration project. This ambitious effort will provide training for approximately 80 percent of the pharmacists and 33 percent of the chemical sellers registered in Ghana.

Phase 4. Nationwide Training (1987-1988)

Information and feedback from the ten regional seminars will be used to determine if the training should be extended to all chemical sellers and other health personnel nationwide. If the project is successful, the Ghana Pharmacy and Drug Act of 1961 will be amended so that oral contraceptives can be legally available over the counter.

Additionally, pending the outcome of the demonstration project, a final set of training/information materials will be developed that could be given consideration for use in other in-service training such as maternal and family planning clinics, nurses/midwives, and community health workers.

PRODUCT REGISTRATION

Objective

- o Begin the process of registering the vaginal foaming tablet, Conceptrol, and verify that the other two products are properly registered.

The registration process was initiated for the vaginal foaming tablet containing nonoxylol-9 100mg (Ortho). Support documents were presented to Theophilus C. Corquaye, Registrar, 9 October 1985, and a follow-up meeting was arranged to answer any questions after he had reviewed the data. All indications are that the vaginal foaming tablet will be registered in Ghana in November 1985, when the Pharmacy Board meets. Considering the support documentation, Mr. Corquaye did not foresee any problems with the registration process. The brand name will be

submitted for registration after the results of the name testing are available.

The Registrar confirmed that the Panther condom is still properly registered in Ghana. The Syntex oral contraceptive, Noriday, is still registered under the name Floril (from the previous Westinghouse program). If the name is changed in the new CSM program, the name (but not the product) will have to be re-registered. If Noriday is unavailable and the CSM program uses a different oral contraceptive, the new product will have to be registered in Ghana.

GHANA FAMILY PLANNING CONFERENCE

In order to set an appropriate climate prior to the advertising launch, SOMARC along with the USAID mission in Accra decided to hold a conference on the role of family planning in the national reconstruction of Ghana. The Regional Institute of Population Studies at the University of Ghana in Legon will sponsor the conference in Accra during April 1986. This conference will be attended by government officials in all sectors, university professors, hospital administrators, pharmacists and chemical sellers, physicians tribal leaders and influential business and church leaders

The keynote speaker will be Mr. Fred Sai, a prominent Ghanaian and internationally known expert in the field of population planning and the Senior Population Advisor to the World Bank. Mr. Omaboe, author of the population policy of Ghana , economist and tribal chief, will chair the meeting. There will be additional speakers as well as papers presented during the conference.

APPENDIX A

TO: Ray Kirkland
FROM: Betty Ravenholt *Mr*
DATE: 9 October, 1985
RE: SOMARC Assistance to the Ghana CSM Program

As we have discussed during the past week, SOMARC is able to provide technical and funding assistance toward the development and implementation of the CSM program in Ghana.

The following is an outline of our current estimate of SOMARC assistance required up to product launch. We expect that modifications to this plan may occur as program development and implementation proceed.

October - Team visit (Ravenholt, Williams, Wear, Foreman)
(SOMARC/USAID/DANAFCO) - Management issues resolved
(SOMARC/DANAFCO/LINTAS) - Outline of marketing plan prepared
(SOMARC CONTRACT with LINTAS) - Consumer intercept survey begun
(SOMARC/DANAFCO) - Detailed program budget begun
(SOMARC CONTRACT with DANAFCO) - Initial retail audit begun
(SOMARC/PHARMAHEALTH) - Planning of training program begun
(SOMARC/USAID) - Begin planning for family health conference
(DANAFCO/LINTAS) - Develop estimates of pkg. materials needed
(SOMARC/MOH) - Registration process for Conceptrol begun

Mid November - Team visit (Williams, Foreman, Porter)

(USAID/SOMARC/other) - Assist in developing monitoring program
(LINTAS) - Intercept survey completed and tabulated
(LINTAS) - Retail audit
(SOMARC) - Begin analysis of intercept survey

(SOMARC CONTRACT with LINTAS) - Begin anthropological focus groups
(SOMARC/DANAFCO) - Complete development of detailed budget
(SOMARC/PHARMAHEALTH) - Continue planning of training program
(SOMARC/USAID) - Continue planning for family health conference
(SOMARC) - Order packaging materials

Mid December

(LINTAS) - Anthropological focus groups completed
(SOMARC) - Analysis of intercept survey completed
(SOMARC/DANAFCO) - Analysis of retail audit completed
(SOMARC/LINTAS) - Preliminary findings of focus group research
(LINTAS) - Presentation of communications strategy

January - Team visit (Wear, Williams, Foreman, Porter)

- (LINTAS/SOMARC) - Final analysis of focus groups completed
- (SOMARC/DANAFCO/LINTAS) - Marketing plan completed
- (SOMARC/PHARMAHEALTH) - Training planning completed
- (LINTAS) - Begin development of advertising messages, package design, point of purchase
- (LINTAS) - Begin public relations campaign
- (SOMARC /LINTAS) - Begin design of KAP/baseline

February

- (LINTAS) - Focus groups for advertising, packaging pre-test
- (DANAFCO) - Begin production of product packaging
- (LINTAS) - Begin production of display cartons and point of purchase
- (LINTAS) - Begin production of advertising
- (SOMARC/PHARMAHEALTH) - Begin training

March - Team visit

- (SOMARC/USAID/LINTAS/DANAFCO) - Pre-launch review of marketing
- (SOMARC /PHARMAHEALTH) - Continue training
- (SOMARC/USAID) - Family planning conference

April

- (DANAFCO) - Stock-in of products
- (DANAFCO) - Product sales begin
- (LINTAS) - Advertising launch

We have agreed that, in general, during the life of the Ghana CSM program that SOMARC staff will visit program management once each quarter for a regular review of the implementation of the marketing plan and program progress. In addition, if interim assistance is required, "special" visits for technical assistance will be made.

In terms of funding, SOMARC can provide a minimum of US \$500,000 and perhaps up to US \$1,000,000 if needed for project implementation costs. (These amounts exclude the cost of technical assistance provided). It is agreed that a firm estimate of SOMARC's dollar contribution will be made upon completion of the full program budget, now being developed.

Preliminary Estimate of SOMARC Funding Inputs

Packaging

Spare parts for press
Unit pks: card stock
inks
dic cuts
plates/separations
package design costs

Display cartons: card stock
inks
dic cuts
Plates/separations
package design costs

Users inserts: content development
printing

Research

Consumer intercept survey
Anthropological focus groups
Retail audits
Advertising/pkg. pre-test focus groups
Baseline/KAP
Consumer or other panels
Monitoring project marketing aspects

Advertising and Promotion

Inks for silkscreens
PVC
Stencil material
Promotional items for MDs and pharmacists
Family planning conference, e.g. commissioned papers, etc.

Distribution

Materials for training sessions
Training certificates
Salary of product manager
Training for product manager
Initial clearing costs
MIS system: design
implementation
training
microcomputer

SOMARC

SOCIAL MARKETING FOR CHANGE

APPENDIX B

MEMO: SOMARC CONTRIBUTIONS TO GHANA CSM PROGRAM

MEMORANDUM

Date: October 16, 1985

TO : Yaw Berko, General Manager, DANAFCO
Jake Obetsebi-Lamphey, Managing Director, LINTAS

FROM : Douglas Wear, SOMARC Group Manager - Africa *D.W.*

SUBJECT: SOMARC Assistance to DANAFCO and LINTAS for the
Ghana CSM Program

To confirm our conversation in Ray Kirkland's office yesterday, the following are the items that SOMARC is prepared to provide, as of this date, to your firms, to assist you in implementing the Ghana CSM program.

Any further assistance, at a later date, will need to be discussed and agreed upon. Please note that any proposed SOMARC assistance is subject to review and agreement by Ray Kirkland's office.

Ray Kirkland has read, and concurred with the content of this memo.

DANAFCO:

1. The salary, in full, of one full-time C.S.M. Project Manager at DANAFCO, for one year from the date of hiring, under the following conditions:
 - a. SOMARC reserves the right to interview and approve of the candidate prior to his being hired.
 - b. SOMARC reserves the right to agree on the proposed salary.
 - c. Upon giving notice to DANAFCO, SOMARC reserves the right to terminate payment of the salary at any time that it feels the Project Manager is not adequately performing his duties.

2. The necessary printing supplies to print the first year's quantity of packaging for the three products in the program: the pill, condom, and the foaming tablet. These supplies are to include:

- Card stock, and/or paper
- Ink
- Die cutting materials
- Separations and plate making (LINTAS)
- Package design costs (LINTAS)

3. Spare parts for DANAFCO's printing press. A one-time purchase of a reasonable amount of spare parts necessary for the printing of the above-mentioned packaging. SOMARC reserves the right to concur with the list of parts submitted.

4. Training Program. SOMARC will provide a training manual, and any other training materials it considers necessary for the program, as well as appropriate technical assistance.

LINTAS:

1. RESEARCH:

- a. Consumer intercept survey
- b. Testing of names for foaming tablet & pills
- c. Anthropological focus groups
- d. Retail audit
- e. Adv./pkg. pre-testing, focus groups
- f. Baseline/KAP

2. Packaging:

- a. Design costs for 3 product packages.
- b. Separations & plate making for above.
- c. User inserts (to be agreed upon), content development and printing.

cc: Ray Kirkland
Betty Ravenholt

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APPENDIX C
Somarc Program Budget

	Year* 1	Year 2	Year 3	Year 4
<u>Packaging</u>	\$ 50,000	\$ 30,000	\$ 20,000	
<u>Research</u>	\$ 65,000	\$ 30,000	\$ 25,000	\$ 15,000
<u>Monitoring Program</u>		\$ 30,000	\$ 30,000	\$ 30,000
<u>Advertising, Promotion, and Public Relations</u>		\$150,000	\$150,000	\$100,000
<u>Family Planning Conference</u>	\$ 40,000			
<u>Training Program of Pharmacists and Chemical Sellers</u>	\$ 5,000	\$ 30,000	\$ 30,000	
<u>Distribution</u>				
Salary of DANAFCO Project Manager	\$ 15,000	\$ 15,000	\$ 15,000	
Training, Marketing Staff	\$ 10,000			
Initial port clearing costs	\$ 10,000			
MIS system	\$ 5,000			
<u>Miscellaneous</u>				
For technical assistance not otherwise provided for	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
YEARLY TOTALS	----- \$225,000	----- \$310,000	----- \$295,000	----- \$170,000
GRAND TOTAL		\$ 1,000,000		

* Year 1 begins October 1, 1985 and ends September 30, 1986.

APPENDIX D

Marketing Plan Outline

I. Program Objectives

- A. To build urban population awareness of the benefits of family planning, the methods available, and their correct use from _____ to _____ percent (Note 1)
- B. To increase general acceptance (in the urban areas) of the concept of family planning from 37 to 50 percent (Note 2).
- C. To increase contraceptive prevalence in the urban areas from 7 to 10 percent (Note 3).
- D. To increase the cost effectiveness of the Ghana CSM program from \$_____/CYP at the end of year one of sales to \$_____/CYP at the end of year two, to \$_____/CYP at the end of year three, and to \$_____/CYP at the end of year four (Note 4).

- 1 The 1980 WFS does not comment on percent with knowledge of correct use or on percent with knowledge of all three methods to be offered by the CSM program. Data from the proposed CSM research will be used in the final marketing plan.
- 2 According to the 1980 WFS, 30% of all currently married women who have never used contraception intend to in the future. 7% of all WRA are current users of an efficient method.
- 3 According to the 1980 WFS, nationwide prevalence of an efficient contraceptive method is 7.2%. Data from the proposed CSM research will be used in the final marketing plan.
- 4 Costs/CYP will be filled in based on further work with USAID and DANAFCO on program budget and products' prices to the consumer.

II. Target Market

A. Female

- 15-49 years of age
- urban
- less than eleven years of education
- working outside the home (trader, seamstress, office worker, etc)
- goals: marriage and healthy family (with a man who may provide a TV, radio, cooker, sewing machine, refrigerator) and education for the children

B. Male

- 20-55 years of age
- urban
- less than 15 years of education
- working within the full range of jobs throughout the economy
- goals: status, property

III. Product Strategy

A. Product Line

Condom. One brand (Panther) only. Additional condoms, if any, line extension of that one brand.

Oral. Noriday, one brand only. Low dose, if added, line extension of that one brand.

Foaming Tablet. Conceptrol.

ORS and related health products. Possible separate "family of products" for later addition.

B. Schedule of Product Introduction

Year I April 1986: Panther (plain), oral (Noriday), and foaming tablet (Conceptrol).

Year II: Research and decisions/planning regarding feasibility of increasing contraceptive product line. Consideration of adding ORS or other health related products at end of year II.

Year III: Possible introduction of additional contraceptive products (e.g. low dose pill, ultra-thin condom).

C. Branding and Packaging

1. Family of products.

- a. Each method with own brand name.
- b. Thematic approach using red triangle or other element for linkage.

2. Upscale image.

- a. Reinforcing quality and efficacy.

3. Packaging elements

- a. Unit pack
 - box of 4 condoms
 - envelope for 3 cycles of pills
 - box of 12 foaming tablets
- b. User insert printed on envelope interior or separate sheet in box (family of products shown on back), heavily pictorial with English captions.
- c. Display cartons.

IV. Pricing Strategy

A. Marketing considerations

1. Ability of the consumer to pay.
2. Cost of sales (and program cost recovery).
3. Attractiveness to trade, i.e. retail margin. This needs more consideration than appears to have been given to date.
4. Competitive pricing.

B. Suggested Prices

1. Condom: C 10 per package of 4 condoms.
2. Orals: C 30 per package of 3 cycles.
3. Foaming tablets: C 20 per package of 12 tablets.

V. Distribution Strategy

A. Geographic Penetration

Year I: 10 regional capitals and 22 larger towns (80% of targeted urban population and 24% of total population).

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Year II: Expansion into the remainder of the 189 cities and towns with population over 5000 each.

B. Outlets

1. Pharmacies (289): all three products.
2. Chemical sellers (2,500): condoms and tablets to all; orals to those who complete the training program.
3. Clinics (284): all three products.
4. Midwives (238): all three products.
5. Retail stores, supermarkets: condoms and tablets.

C. Retailer training

1. Seminars
 - physicians
 - pharmacists
 - other health workers
2. Training sessions for chemical sellers
 - Year I
 - Year II
 - Year III

VI. COMMUNICATIONS STRATEGY

A. Pre-Launch

1. Objectives
 - a. Generate awareness and receptivity to all products among wholesales, retailers, pharmacists, and physicians.
 - b. Create positive climate for the overall program among influentials in government, religious, educational and health sectors.
 - c. Create positive climate for the overall program among consumers and physicians.
 - d. Seminars and symposia for health professionals.
 - e. Presentations to government influentials.
 - f. Training and incentive program for the trade (stocking allowances, point of purchase materials, and bonuses).
 - g. Public information program through the mass media (talk shows, article placement, advertising) and other vehicles such as rallies, booths at markets, etc.
 - h. Family Planning Conference in March 1986, to generate positive public relations.

B. Launch

1. Objectives
 - a. Regenerate awareness of family planning and stimulate trial of products.

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- b. Achieve awareness of brand names by 60% of target audience.
- c. Gain recognition of packs by 45% of target audience.
- d. Create knowledge of products use for family planning by 50% of target audience.
- e. Create positive marketing environment and overcome negative criticism, if any, in order to allow continuation and future development of contraceptive brand advertising.

2. Implementation

- a. Attempt to coordinate CSM brand specific advertising with the GOG's proposed IE&C campaign in order to reinforce the family planning message to consumers.
- b. Utilize all primary mass media in a coordinated manner (including television, radio, print and outdoor)
- c. Utilize point of purchase materials to stimulate consumer awareness and interest in the products as well as family planning in general.
- d. Continue the public information program through the mass media and other outlets (as above).

C. Maintenance

1. Objectives

- a. Reinforce support of the overall program on the part of influentials.
- b. Maintain and expand consumer interest.
- c. Continue support of initial products.

2. Implementation

- a. Support infusion of new products and line extensions into market through mass media and trade promotions (e.g., other contraceptives and/or health related products).
- b. Conduct project update seminars for influentials.
- c. Support ongoing sales of initial products through periodic use of mass media, public information, and trade activities.

VII. RESEARCH STRATEGY

A. Objectives

1. Address consumers' basic motivations for family planning and current attitudes and contraceptive usage patterns.

2. Develop packaging, advertising concepts, and product line extensions.
3. Develop pricing strategy.
4. Monitor over time shifts in attitudes, changes in behavior, sales, contraceptive prevalence, etc.

B. Implementation

1. Intercept survey
2. Brand name pretesting
3. Exploratory focus groups
4. Retail audit
5. Package pretesting
6. Advertising concepts pretesting

VIII. MONITORING PROGRAM

A. Objectives

Utilizing results of research, the monitoring program will track areas such as side effects of the oral contraceptive, retailer product knowledge, retailer screening of customers and providing instructions for proper use of contraceptives, public knowledge of proper use of contraceptives, and attitudes and practices of contraception.