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EVALUATION NEEDS OF THE BANGLADESH FAMILY PLANNING
SOCIAL MARKETING PROJECT

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FINAL DRAFT

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SOCIAL MARKETING PROJECT

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ith money netted from sales.



field staff of the Khulna
division. The person on the
motorcycle is a Medical Rep.
while the others are salesmen.



Table of Contents

	Page
I. Purpose of Site Visit.....	1
II. Site Visit.....	1
III. Current Evaluation Issues.....	2
A. The Condom Gap.....	2
B. Pill Sales.....	17
C. Cost-Effectiveness.....	19
1. Overall.....	19
2. Effectiveness of Adverstising Strategies.....	21
D. Future Strategies.....	22
IV. Recommendations.....	22
A. Evaluation.....	22
B. Action.....	28
V. Summary.....	32
Appendix 1 Materials Reviewed	
Appendix 2 Persons Consulted	
Appendix 3 Background Information on the SMP	
Appendix 4 Field Visits in Bangladesh	

I. Purpose of Site Visit

The International Fertility Research Program (IFRP), now called Family Health International, was asked to send a staff member to visit the Bangladesh Family Planning Social Marketing Project (SMP) in June-July 1982 to assess the evaluation needs of the Project. Although the SMP has commissioned a number of small marketing research projects and several previous site visits, the Project has not been evaluated recently nor comprehensively. The goal of this report is to point out areas where evaluation is needed and approaches which might be taken to obtain the needed information.

II. Site Visit

Between June 3 and July 8, 1982, Dr. Nancy E. Williamson, Senior Program Development Associate of IFRP, spent a total of two and a half weeks working in the Dacca office of the SMP, visiting retailers and wholesalers in and around Dacca, Chittagong and Rangpur and attending a zonal conference in Khulna. During several of these visits, she was accompanied by staff of the Bangladesh Fertility Research Programme (BFRP) or the SMP. The time in Dacca was spent reading through SMP documents, reports, and statistics, and talking with the managers of the SMP. Visits were also made to government officials, United States Agency for International Development (USAID) staff, and others involved in the Bangladesh population program to find out what questions they had about the SMP. (For more details on the site visits and persons consulted, see Appendices 2 and 4).

III. Current Evaluation Issues

As the visit progressed, the following issues emerged as the most important for the SMP: 1) the puzzling gap between condom sales/distribution and condom use in Bangladesh, 2) the plateauing of SMP pill sales, 3) the cost-effectiveness of the SMP, and 4) future directions of the SMP. The most attention is given in this report to the first problem. Since a management evaluation of the SMP was being conducted at the time of this visit by a management consulting firm (Rapport), management issues were not a concern of this visit. Similarly, a large public relations effort promoting family planning, planned for late 1982, will consider questions of cost-effectiveness of different advertising approaches so this issue also will receive less emphasis.

A. The Condom Gap

If yearly Social Marketing Project (SMP) sales are added to government condom distribution figures and are discounted by some number to take into account the number of condoms a couple would need per year (96 to 150 are figures used in Bangladesh), one would expect many more users than are reported in periodic Contraceptive Prevalence Surveys (CPS). To illustrate for 1981, if one assumes the mid-year population of Bangladesh was approximately 90 million, one fifth or approximately 18 million couples can be considered eligible for family planning. Throughout 1981, roughly 93 million condoms were reported as sold or

distributed: 50 million sold by the SMP and 43 million distributed by the government program.

If each SMP condom user needed on the average, 96 condoms per year (or 8 per month), this would imply 520,833 SMP condom users. Assuming a somewhat greater loss of the freely distributed government condoms, one can divide the 43 million distribution by 150 per year. This implies 286,667 users of government condoms. If the two figures (520,833 + 286,667) are added, the total number of users in 1981 would be 807,500. If this number is divided by 18 million eligible couples, one gets a prevalence rate of 4.5%. However, the May 1981 CPS reported that only 1.6% of currently married women under age 50 were using condoms. This is roughly a third of the expected percentage.

Below is a list of suggested explanations for the gap between condom sales/distribution and condom use, classified by whether SMP or government condoms are more likely to be involved. Also attached is an admittedly speculative ranking of their plausibility: 1 = very likely; 2 = somewhat likely; 3 = rather unlikely; and 4 = very unlikely. Ongoing and future research may shed light on the relative importance of these eleven explanations.

Possible Explanations	SMP Condoms	Government Condoms
✓ 1. Significant numbers of condoms are being used for non-contraceptive purposes (balloons, melted down for rubber, food and spice containers, parts of toys, etc.).	3	3
2. Significant numbers of condoms are being used outside marriage. This use would not appear in official prevalence figures which refer only to condom use in marriage.	2	2
3. Significant numbers of condoms are being smuggled to neighboring countries (India, Burma).	3 (supplies must be bought)	2 (supplies are free)
✓ 4. Women survey respondents underreported condom use in the CPS (compared to if husbands had been interviewed).	1	1
5. Condoms are being overstocked at the retail level (Note: condoms are considered to be "sold" if they are purchased by retailers--not by consumers) for the SMP or at the fieldworker level by the government program.	3	1
6. Surveys have not been recent enough to capture recent increases in condom use. The biggest condom sales have been since the last CPS (May 1981). Furthermore, there is some delay between retail sale and actual use (a "pipeline" effect). If these factors prevail, next CPS should show greater condom use.	2	Not applicable
✓ 7. Some people accept condoms from government workers but do not use them (i.e., the courtesy bias).	Not applicable	1
8. Government distribution figures above the fieldworker level are inflated.	Not applicable	2
9. SMP sales figures are not completely accurate.	4	Not applicable
✓ 10. Condom users need more condoms per year than has been calculated by the SMP (96) or the government (150).	2	2
✓ 11. Condoms are being used irregularly and hence are not being reported as "currently used."	1	1
12. <i>Government workers are overstocking supplies</i>		

Each of these suggested explanations is briefly discussed below.

1. Non-contraceptive Purposes

Because of the relatively low cost of SMP condoms as well as the free distribution of government condoms, the question has been raised about whether the products may be used for non-contraceptive purposes such as balloons or other toys or whether they might be melted down for rubber. One does occasionally see condom balloons in the rural areas. But it is unlikely that this would account for tens of millions of condoms. The fact that the SMP field staff as well as government officials are at somewhat a loss to know what purposes condoms may be used for, other than balloons, suggests that this is not a very widespread phenomenon. However, it is very difficult to prove this. In a survey of condom purchasers done for the SMP (Appendix 1, #1), fewer than 3% of the purchasers mentioned non-contraceptive use of condoms. Although some of the respondents may have been untruthful, it was clear from this that almost all purchasers knew the "right answer" (i.e., that the condoms were supposed to be for family planning).

In the field, SMP retailers sometimes mentioned that they had a policy not to sell to small children. Some SMP field staff felt that the balloon problem was diminishing as the novelty of condom availability wore off.

My only suggestion for exploring this is that the SMP staff be on the lookout for any noncontraceptive uses of condoms and report any misuse to the central office. Retailers could also be explicitly requested not to sell them as toys, although it is unlikely that this is a major problem. However, some children may be purchasing supplies for their parents or employers and this should not be discouraged.

2. Use Outside Marriage

It is likely that some condoms are used by premarital couples or by married people outside of their marriage. It is virtually impossible to estimate the extent of this "illicit" use. It is also difficult to say whether it is more likely that SMP or government products would be involved, although SMP products can probably be obtained with greater privacy. Some unmarried respondents in the SMP condom purchaser study were reluctant to participate in the survey. One tenth (11%) of the adult respondents in this survey were single. Possibly the MIS (Management Information System) pill and condom users study (discussed briefly below) may also collect information on this. But, overall, the prospects of getting accurate information on this topic are slim.

3. Smuggling

Many people connected to the Bangladesh population program have expressed concern that contraceptives are being

smuggled to neighboring countries such as India and Burma. From an international demographic point of view, the smuggling of contraceptives to neighboring countries is no problem. But from the viewpoint of Bangladeshi government officials, funding agents, and auditors, significant amounts of smuggling would mean resources originally allocated to Bangladesh to ameliorate the population problem are being diverted. Assessment of the effectiveness of the program is also made more difficult. Government officials may well question whether hard currency should be spent on new contraceptives if they will end up across the border.

Government officials often argue that SMP products are more likely to be smuggled because they are more attractively packaged and may command a higher resale price. The SMP staff point out, on the other hand, that the free government supplies are probably more attractive to smugglers. The issue remains unresolved.

Several suggestions can be made for exploring this further. Maps can be prepared by the SMP of their condom sales divided by population figures at the division, district, and subdivision levels. If the densities are color coded (for example, red for a high density of sales per population), a quick glance will show whether the high density of sales areas tend to be along the borders. This could be done for both pills and condoms for different time periods. (Note: These maps were produced as described above.)

Another suggestion is for SMP to make explicit its strategy for controlling smuggling of its products. Several policies are in force now including investigation of any large purchases along the border and keeping quantities sold small. Purchasers usually go through the SMP salesmen and very rarely purchase directly from the wholesalers. This gives a measurable control to the SMP staff.

The government is also making attempts to control the smuggling and possibly the two organizations could work together in their efforts and design a more explicit strategy. During martial law, the borders have probably been more closely watched and the problem may not be as serious now.

Chittagong Port is a plausible source of supplies going out by boat. A request might be made of the government authorities there to watch closely for condom smuggling.

Finally, it would be desirable for USAID/Dacca to commission a market study in India and Burma whose purpose was to look for supplies of government and SMP products in border areas. Of interest would be the quantities of contraceptives being stocked and sold (condoms, low dose pills, standard dose pills, and Neo Sampoons) for both government and SMP products and the sales prices. It would also be desirable (though more difficult) to obtain information on supply channels. The market surveys should cover at least the border areas and the major cities (Calcutta, Rangoon, etc.).

The surveys should be conducted by independent and well-respected marketing firms, preferably Indian and Burmese, and the results made available to the Government of Bangladesh, the SMP, and USAID.

This smuggling issue is especially relevant now that the SMP hopes to introduce a new low-dose pill to be purchased by the Bangladesh government with German money. One government official expressed concern that the new low-dose pill might be especially attractive to smugglers and that the money given to Bangladesh might be partially wasted.

4. Underreporting by Wives

The Bangladesh Fertility Survey and the two recent Contraceptive Prevalence Surveys (CPS) interviewed women only. Some research in other countries, such as Taiwan, has suggested that wives are less likely to report use of male methods of contraception than their husbands. If this were true in Bangladesh, condom use might be differentially underreported and the gap between sales/distribution and use might be smaller than it appears. There are some sketchy data available at the Management Information System (MIS) office that Bangladeshi men report higher use rates than women. (However, there does not appear to be a difference by method: men in several surveys reported more use of all methods, not just male methods.) Hence, condom use may be more extensive than indicated by the CPS.

If it is feasible at this late date to include a sample of husbands in the September 1982 CPS, this would be very desirable. Since husbands are difficult to locate and typically less eager respondents, a considerably smaller sample of husbands than wives should be included. To get a reliable estimate of current contraceptive use by method, it might be necessary to interview several thousand husbands. No attempt should be made to get regional estimates and this should be considered an exploratory effort.

The CPS might also collect information on whether contraceptive supplies are purchased and include a pictorial display of different pills and condoms for respondents to identify their present brand. This would be very useful for the SMP as well as for the government program and would be more reliable than asking for source of supply or asking the respondent to produce the brand.

Another possible source of information on condom use is a survey being done in connection with the Matlab extension project. The present plan is to do a periodic survey of five to six thousand households. Since husbands as well as wives will be included in some of the surveys, it might be possible to make husband/wife comparisons of contraceptive use by method and to collect some additional information on use patterns, including the number of condoms used per month and the brands. (Note: As of Dec. 1982, this was being done.)

In short, the SMP should cooperate with organizations conducting family planning research (such as the MIS Unit and the Matlab extension project) to collect the needed information.

5. Overstocking by Retailers and Fieldworkers

It is theoretically possible that condoms are being overstocked at the retail level at the SMP. This could happen if salesmen strive to meet their targets by strongly encouraging retailers to take stocks that they cannot "unload" immediately. In the SMP, condoms are considered to be sold if they are purchased by retailers--not by consumers. Hence, if stock is bottled up at the retailer level, this might explain the relatively low use levels.

However, this explanation could only be a temporary one since retailers will not continue to stock products they cannot sell. Their capital and shelf space are usually very modest, as is their profit margin. Few could afford to keep large quantities of slow-moving stock for long. Although this is unlikely to be an important explanation of the condom gap, the field supervisors in particular could be alerted to this potential problem and asked to report back if it seems to be serious.

Regarding the government program, Mr. Ali Noor found that fieldworkers in the areas he studied had, instead of the one month's stock specified in the manual, 3-32 months' stock.'

Thus, overstocking at the fieldworker level may be a major component of the condom gap on the government side.

6. Out-of-Date Prevalence Data

As we look at the upward trend in condom sales for the SMP, we note that sales reached over 6 million only in the fall of 1981, after the last CPS was conducted in May 1981. Furthermore, there is very likely to be a delay between retail sales and actual use, the "pipeline" effect. Whether these are important factors in explaining the condom gap will be resolved when the results from the next CPS are available. If the prevalence rate for condoms does not increase noticeably in the next CPS, this will raise some important issues about condom use.

7. Courtesy Bias

In the government program, condoms are often delivered from house to house. Workers may leave condoms at houses where the residents do not intend to use them; residents may accept them as a simple courtesy to the worker. (This is courtesy response not likely to be relevant to the SMP since condoms must be purchased. It is hard to imagine a person buying condoms from a retailer as a courtesy.)

Mr. Ali Noor of USAID/Dacca is conducting a study which attempts to "follow the government condom trail." He is assessing the quantity of stock from the central warehouses

to the periphery. In selected areas, he is asking workers about how many condoms they distribute per month per house. He will be obtaining information on this important question about the accuracy of household distribution figures. (By the time of this revision, Mr. Ali Noor's report was available. See Appendix.)

8. Inaccurate Distribution Figures: Government

Because the government commodities are distributed free, it is probably more difficult to account for them compared to the SMP which has cash on hand for condom sales. As noted above, Mr. Ali Noor has been investigating the numbers of condoms distributed at different levels of the system from the center to the periphery. He may be able to cast some light on whether the government distribution figures above the level of the fieldworker (thana, subdivision, district, division, etc.) are accurate, and the extent of overstocking.

9. Inaccurate Sales Figures: SMP

Theoretically, the sales figures of the SMP could be inaccurate. But this is unlikely. Salesmen must turn in money to back up sales records and must eventually collect cash in the case of credit sales. Salesmen might obtain cash from somehow trading on the facilities, transport, or assets of the SMP. But, this could not be kept up for long. The sales figures are probably reasonably accurate.

10. Couples Need More Than 8-12 Monthly

The SMP assumes that couples will need 8 condoms per month for contraceptive protection. The government uses the figure of 12. It is possible that these estimates are too low. Mr. Ali Noor found that government workers reported distributing an average of 20 condoms per month per acceptor. (However, workers may be anticipating visiting less frequently than monthly.) Similarly, the SMP condom consumer study found that purchasers bought about 12 condoms per month on the average which is higher than the SMP figure of 8 per month.

There is a need for more accurate information on condoms use. Condoms could be used more than once; others might be defective and a couple might need more than one. It is not surprising that little is known about these issues since they are certainly difficult to study.

Mr. Ali Noor is attempting to find out the number of condoms that might be needed for men in different age groups. Men under 30 might be given a greater stock than men over 30, for example.

The MIS Unit is just starting a study that may also shed some light on this question. This study will be done in four unions, the first in the Dacca area. Males will be asked about condom use and females about pill use. The areas have been selected to include a border area (Jessore)

and a typical union as well as one where the services statistics system is operating. The study director is Mrs. Salatun Nessa, the MIS Deputy Director. This study will try to collect information on switching between methods and the number of condoms required. There is a serious question whether the total number of condom users in this study will be large enough to get meaningful results. Nevertheless, the SMP should find out more about the study.

Another possible source of information will be the Matlab extension survey which may ask about the number of condoms used per month for users. Even though these studies will have relatively small samples of condom users, they may provide some information on condom users, which is an important evaluation need of the SMP and the government program. They might also give the SMP ideas and methods for studies it wants to commission.

11. Irregular Use

Couples may be using condoms irregularly and the wives may not report in surveys that they are "currently using" the method. In-depth interviews by Manhoff International suggest this possibility. Interviews with both husbands and wives might explore more fully the issue of irregular condom use. The CPS questionnaire asks about "ever use" and "current use"--irregular use may fall in between.

There is no single explanation for the condom gap. It is necessary to explore as many of the possible explanations of the condom gap as possible. The SMP should cooperate with other agencies and research organizations in exploring these issues. The SMP needs to keep in close touch with those who are doing research in this area and to make suggestions about the information it needs. If the above suggestions and research studies are implemented, we ought to know more about the situation a year from now.

The question of the demographic impact of the SMP is certainly one of the most important at this time. It is also a question that is not amenable to a site visit, the usual evaluation approach. I have recommended seeking the information mainly through ongoing or future surveys.

The SMP may also want to commission some of its own research as it has done in the past. One possibility would be to do a household survey around retail shops selling SMP products to see how far the SMP products reach from their source and to look at use patterns. For example, it would be interesting to know how widely the products are dispersed from a given retail source. For condom users identified in the household survey, questions could be asked about the number of condoms purchased, use patterns, switching between different brands, whether condoms are used more than once, breakage, and the like. For pill users, questions could be asked about patterns of taking pills, switching between brands, source of supply, who purchases the

SMP pills for the women, and the like. This would give more information about users of SMP products and it could be a companion to the MIS study which appears to focus more on users of government-distributed contraceptives.

B. Pill Sales

One question raised by the PSI Executive Director and others was what could be done about SMP pill sales which have more or less plateaued over the last few years. This is certainly an important issue. However, the SMP pill situation is currently in flux. Syntex has objected to stripping its name off the Norinyl 1+50 pill packets. Mead-Johnson is contesting the use of the name "Ovacon" for the SMP's low-dose pill because it is similar to their brand name, Ovcon. Meanwhile, the SMP is trying to get approval for purchase of a new low-dose pill, Nordette, a Wyeth product. This will mean a whole new advertising campaign. This change will have to be gradual and, at this time, the strategy has not been worked out.

One could argue that it is an appropriate time for a reevaluation of the SMP's pill program. If an expert could be located who had had very considerable experience in selling pills in developing countries, that person might be engaged as a consultant to advise on the SMP's pill strategy. However, one could also argue that the current situation is too uncertain for a consultant to be of much assistance and that it would be

better to wait until the decisions had been made about which pills will be marketed.

It seems clear that the SMP has a problem in reaching women, the pill users, through retail shops which are staffed and frequented by men. Bangladeshi women rarely visit the bazaar and rarely purchase products there. One report found that 90% of purchases in Bangladesh are made by males. Women must rely on their husbands (or others) to remember to bring back the pills.

Another difficulty is that the chemists selling the pills make much less profit on Maya and Ovacon than on the competing Organon products, such as Ovastat. Chemists make two or three takas per cycle of the commercial brands compared with less than one taka on the SMP products.

The national pill distribution and use have also plateaued, possibly due to widespread concerns over side effects. The dilemma is whether the SMP should put more effort into the oral contraceptive area or move into something else like promotion of vasectomy or injectables or continue mainly with condom promotion.

The difficulty with decisions of this type is that an outsider or an outside team has a difficult job becoming sufficiently familiar with the local political and cultural situation, as well as logistical and other constraints, to make useful suggestions. However, if the SMP did identify specific options for the future (sterilization promotion? setting up clinical services? injectables? promotion of health products? or other new

approaches?), an evaluation team or consultant might be able to provide some useful advice. The SMP executive staff would probably prefer to make these decisions on their own but, in my view, might benefit from an experienced outside consultant.

Not only is the SMP's pill policy in flux, but the government's policies regarding drugs, including injectables, are also in flux. The use of injectables will probably be restricted to settings with close physician supervision even though there might be demand in areas without physicians. This also argues for a postponement of a site visit until drug policies have been resolved and the SMP knows what products it will be able to promote.

C. Cost-Effectiveness

1. Overall

In talking with government officials, the question of cost effectiveness of the SMP came up several times. The underlying concern appeared to be that, though they felt the SMP was doing a good job, the Project was too expensive. But the question must be "expensive, compared to what?"

For the SMP, it is fairly easy to estimate the cost of one couple year of protection from pregnancy, assuming that 13 cycles of pills or 96 condoms give one couple one year of protection. Figures are available from the SMP Project Director on the estimated couple years of protection by

quarter and the total expenditures by quarter (excluding contraceptive supplies which have been donated by USAID). In 1975, the cost was \$6.53 per couple year of protection (excluding commodities) whereas in 1981, this had declined to less than \$3.00. Over the duration of the Project, the average cost of a couple year of protection is less than \$3.00. The total cost of the Project to date (excluding contraceptives) is almost \$5 million.

However, it is not as simple to obtain or compute cost-effectiveness for actual use since the Project does not have information on actual use. Some of the studies discussed earlier (under Section III, A) may provide information to assist in computing cost per actual user. For example, the figure of 96 condoms per couple per year may prove to be too low.

The major difficulty is in comparing the cost-effectiveness of the SMP with other projects, particularly the government program. Government health and family planning facilities have multiple purposes and the workers have multiple functions. This makes it difficult to attribute costs simply to family planning. Also, the family planning service outputs are subject to some uncertainty because of lack of coverage and inaccuracies in the statistics system. It might be possible, however, to compare the SMP with other semiautonomous or nongovernmental organizations such as Concerned Women for Family Planning.

There is another difficulty. The SMP actively promotes family planning throughout the country and increases the demand for family planning from other organizations, including the government program. Similarly, governmental promotion efforts encourages SMP sales. Thus, it is not easy to disentangle the different programs. Also, the government is providing the more expensive services such as sterilization.

There may well be a need for an overall cost-effectiveness analysis of the population program in Bangladesh. But the SMP would be a relatively simple part of such an evaluation. The greater challenge would be in evaluating the government program. An evaluation of this type would have to be initiated by the government, not by the SMP.

2. Effectiveness of Advertising Strategies

A more specific example of cost-effectiveness is to determine which advertising strategies reach the most people, the most effectively, at the lowest cost. The SMP anticipates conducting such research in connection with the subcontract to Manoff International in late 1982. The Manoff consultants will help the SMP develop a media monitoring system to measure the extent and effectiveness of media reach. This will help in making decisions about where to put more promotional resources. Because of the anticipated Manoff

project, it does not appear useful to initiate other media cost-effective studies at this time.

D. Future Strategies

As noted above in Section III B, the SMP could benefit from an outside consultant (or possibly a small team) to provide an outside view of future directions. For example, should the SMP establish a clinic network and/or promote sterilization? Should it sell or promote injectables? Should it discontinue marketing Joy? Are other activities (safe delivery kits, oral rehydration solution, fish concentrate) worthwhile? Should it add condom brands and concentrate most of its efforts on condom sales? The SMP staff could prepare a paper on "future options" and invite one or more consultants to explore the options and make recommendations.

IV. Recommendations

A. Evaluation

1. For future site visits, the SMP needs to prepare in advance a list of available reports, documents, files, records, statistics, and the like.

The SMP has very few narrative reports of its activities and no chronology of decisions, organizational changes, and progress. It has communicated with donors and interested parties mainly through its monthly distribution report which gives sales and income figures as well as couple months of

protection. These monthly reports are accompanied by one or two paragraphs on developments during the month. However, from the point of view of an evaluator, it is not easy to understand the Project since there are no annual, quarterly, or other narrative reports.

One of the most useful sets of documents are the minutes from the monthly zonal conferences held in the four divisions. These tell in detail how the field work is going after one has mastered the abbreviations unfamiliar to the outsider. There are also files on special projects and several popular articles on the Project.

Much of the important information is in the heads of the Project Director, Advisor, Founder and managers. An evaluator needs copies of all the essential documents as well as a list of other documents available.

This dearth of narrative documentation is unfortunate since the Project is of considerable international interest and many people would find it valuable to have a detailed description of how the Project has progressed and changed over its seven years of existence. Many skeptics would have predicted that trying to sell contraceptives in Bangladesh was hopeless. Instead, the Project has exceeded all expectations. With some effort, the history could be reconstructed, but it is unlikely this will happen. In any case,

for future evaluations, materials should be prepared ahead to save time.

2. Sales density maps should be prepared periodically by division, district, and subdivision.

To see in which geographical areas sales are relatively high compared to population, sales density maps should be prepared for the different SMP products. The maps should be color coded so that areas with unusually high sales per population are highlighted. These areas may have unusually strong salesmen, a higher urban or economic level, or may be areas where smuggling is occurring. Most of the data for these maps are currently available except for Raja sales at the subdivision level. It will take several weeks to obtain this information from the daily call records of the salesmen.

These maps could be a useful management tool. They can show the success the Project has had in reaching rural areas as well as patterns by salesmen and geographical region. Similar maps could be prepared for the government program's distribution of pills and condoms to see if the two patterns are similar. Although this approach cannot precisely identify possible sources of smuggled commodities, it may give a rough impression. (Note: As of December 1982, these maps were available and being used.)

3. The SMP should attempt to fill the vacant research officer position with a senior level consultant.

The SMP needs to have a liaison with organizations doing research in Bangladesh. This includes MIS, NIPORT, AID, BFRP, ICDDR-B, PIACT, BAMANEH, the Census Office and other research units. As noted earlier, there are many ongoing research projects which have relevance to the SMP. Furthermore, research organizations might be willing to cooperate with SMP to make their future studies more useful to the SMP.

Assuming the right person could be found, a senior consultant for research liaison could be engaged--preferably on a part-time basis. He or she should have a critical eye toward research because, naturally, some of the available research is quite weak. The person should also try to anticipate research needs of the SMP. For example, if the SMP decides to promote sterilization, the research officer should collect information on sterilization in Bangladesh. The person needs to have confidence in dealing with research agencies on an equal basis and could also review the statistics produced by the SMP for possible errors.

This would be a staff function and the person would serve as an advisor to the Project Director on research issues. The title might be something like Consulting Demographer or Research Consultant. It should be clear the person's

responsibilities would not be in the marketing area but would cover clinical trials, surveys, census data, anthropological studies, and the like.

The SMP tends to be somewhat isolated from research organizations so an important function would be liaison. The person should be a senior and well-respected member of the fraternity of population researchers in Bangladesh. He or she should be given ample time and opportunity to learn about the goals and operations of the SMP and to gain the cooperation of the sales managers.

4. To the extent possible, the SMP ought to cooperate with other research projects to try to obtain the information it needs.

As noted earlier, the next CPS may include both husbands and wives. This would be very useful for the SMP. Also useful would be a question about whether the contraceptives were purchased and, if possible, a display card from which the respondent could select the specific brand being used. The SMP could prepare such cards for the interviewers if MIS Unit were interested.

The same approach might be used in the Matlab extension survey. (Note: As of December 1982, this was being done.) This survey might also ask about numbers of condoms used per month for condom users. The MIS study on pill and condom use (mentioned earlier) might possibly be replicated or

adapted for catchment areas of the SMP products. In some cases, the SMP might commission a special analysis of data already collected.

Admittedly, these results will be slow in coming. But this is a reason for starting soon.

5. The SMP should commission several small studies.

Regarding pill and condom use, the SMP might contract out a household survey on use patterns at different distances from the retailers. Questions could be asked about numbers of condoms used, use patterns, switching between brands and methods, use patterns for pills, who purchases the pills, and the like. (NOTE: An ongoing study at the ICDDR-B on noncompliance of pill taking with the prescribed regimen indicates considerable variation from the ideal. The SMP might explore this further and find out how and why women are deviating from the prescribed regimen. This would be useful for educational and promotional materials. For example, if women are using the pills mainly when their husbands are at home, this should be mentioned to the chemists and the quack doctors as well as included in promotional materials.) The condom purchaser study (Appendix, 1 #1) commissioned by the SMP was a very useful study and could be built upon for the condom user study.

6. After future SMP options have been identified, a consultant or small team could be called into make recommendations about which options are most promising.

B. Action

Although this site visit was mainly for the purpose of identifying evaluation needs, a few action recommendations might be offered.

1. The four divisions might invite prominent businessmen, physicians and others working in the population field to serve as honorary advisors to the SMP division.

Although the SMP is very well integrated into the marketing and retail network, it tends to be somewhat isolated from the government population program and from the medical establishment. If each of the four divisions had an honorary advisory committee which met several times a year on an informal basis (possibly at a dinner meeting), it might gain valuable support in the community and at the same time some assistance from prominent citizens. Membership on these honorary advisory committees might include several prominent businessmen, a prominent obstetrician/gynecologist, a physician at a government or BAVS sterilization facility, the Deputy Population Officer, and possibly someone from the military. The permission of the latter is required to do promotional activities.

The physicians could advise on medical issues and provide product information to the staff. For example, in promoting the safe delivery kits, it is essential that this staff know about neonatal tetanus. They should know what it is, how common it is, and how the safe delivery kits are designed to prevent this tragic health problem. The businessmen could provide general marketing advice, while the Deputy Population Officer could be a liaison with government programs.

A semiannual meeting could begin with a progress report on the last half-year including the topics of sales, new products, accomplishments, and difficulties. The meeting could then proceed to future plans of the SMP and other family planning organizations.

This kind of coordination might be especially useful when the SMP begins to promote family planning in general rather than just its own products. The Manoff International project will be trying to create demand for family planning services from all agencies.

This honorary advisory committee could also be of assistance should the SMP launch a controversial program or advertising campaign. This advisory group could help to institutionalize social marketing in Bangladesh and gain local support.

I found that the goals and logic of the SMP were poorly understood by others in the population field in Bangladesh. This informal committee might partially alleviate this

problem. It would also inform the SMP staff of developments in the other agencies. Initially, this approach might be tried in one division to see how it goes.

2. Since the SMP has ready access to men through retail shops and bazaars, it might concentrate on promotion of vasectomy.

Most sterilizations in Bangladesh are female operations even though the male operation is simpler, cheaper and safer. BAVS (Bangladesh Association for Voluntary Sterilization) is interested in promoting vasectomy and has underutilized capacity for doing vasectomies. BAVS also plans to expand its clinic network. The SMP might devise a procedure whereby its sales force could gain credit for recruiting clients to a network of private physicians and to other facilities such as BAVS clinics. If the performance of the physician or clinic were not up to the standard desired by the SMP, the SMP would not renew its contract with that particular physician or clinic. This would be preferable to the SMP developing its own clinic network.

The tricky part would be maintaining high-quality services and working out some arrangement whereby SMP staff could be evaluated on their recruitment efforts. Promoters for vasectomy might be recruited from among men who have had vasectomies.

3. The SMP should hold a training course to improve the knowledge and performance of Sales Promoters (SPs).

The SPs are responsible for gathering crowds in the bazaars and talking to them about the SMP products. At the Khulna zonal conference, the four SPs gave demonstrations of their talks. Several could definitely use some training in public speaking. Their approaches needed to be lighter and more dynamic. They also need to improve their general knowledge about population problems, family planning and learn how to arouse the interest of the audience. They should be able to tell jokes and develop rapport.

The SPs might be brought together and given instruction and information. They could practice their deliveries among their peers and benefit from both criticism and examples of the more proficient SPs.

4. In the zones where the electricity is poor, a small generator or a battery-operated fan might be provided.

A key management tool of the SMP is the zonal conference. The staff come in one day before with all their paper work done and then meet for a very long session (from early in the morning until sometimes late in the evening) and then stay for a third day to finish up and have individual conferences. If there is no electricity, these sessions tend to be stiffling and very fatiguing. Productivity might improve if fans could be provided.

V. Summary

We have attempted to assess the current evaluation needs of the Bangladesh SMP. The greatest need appears to be more information on the demographic impact on the Project. This information must be collected mainly from surveys and studies rather than from site visits.

Regarding the policies of the Project toward pill sales and future directions, a site visit would be appropriate at a later date after decisions have been made about what products can be marketed.

Regarding cost-effectiveness, at this point the major lack is information about the cost-effectiveness of the government program with which to compare the SMP.

This short report contains six recommendations for evaluation, as well as four for action. I sincerely hope they will be useful for the SMP and for the overall Bangladesh population program.

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Appendix 1
Materials Reviewed

1. Family Planning Social Marketing Project, Consumer Study, February 1982. P & M Consultants Limited.
2. A Survey on the Impact of Advertisements of "Raja." Conducted by Bitopi Advertising Ltd., 1981.
3. "A Summary on the Findings of Assessment of the Bangladesh Contraceptive Social Marketing Project: Methodology and Basic Data" by M. Obaidullah, Institute of Statistical Research and Training, University of Dacca, Dacca 2, Jan. 1979.
4. Bangladesh: Proposal for Mass Media Campaign on Family Planning to Population Services International. Cover letter, April 22, 1982. Submitted by Richard K. Manoff, Manhoff International Inc., 845 Third Avenue, NY, NY 10022.
5. "A Report on Social Marketing of Contraceptives in Bangladesh" Robert L. Ciszewski. Undated.
6. "Social Marketing in Family Planning: Some Practical Issues for Policy Makers" by William P. Schellstede and Robert L. Ciszewski, Population Services International, January 1980.
7. Minutes of Monthly Zonal Conferences for all four zones for 1981 and the first half of 1982.
8. Population Reports, "Social Marketing: Does It Work?," prepared by Diana L. Altman and Phyllis T. Piotrow, Series J, No. 21, January 1980.
9. S. Anwar Ali, "Social Marketing of Contraceptives in Bangladesh," The Population Times, March 1982, pp. 15-18.
10. "A Study of the Bangladesh Government Condom Distribution System," (From District to Acceptor Level). By Mr. Sk. Ali Noor, USAID, October, 1982.

Appendix 2
Persons Consulted

SMP Staff:

Mr. Anwar Ali, Project Director, SMP
Mr. William Schellstede, Advisor, SMP
Mr. G. S. Khan, Marketing Manager, SMP
Mr. Shamsuzzaman Khan, National Sales Manager, SMP
Mr. Nuruzzaman Khan, Dacca Area Sales Manager, SMP
Mr. M. A. Khaleque, Khulna Area Sales Manager, SMP
Mr. Islam, Field Manager, SMP
Mr. I. U. M. Ashfaque, Field Supervisor, Chittagong, SMP
Mr. A. H. Wawesi, Field Supervisor, Khulna, SMP

In addition, I talked to several sales promoters, sales representatives, and medical representatives in Chittagong and Khulna, as well as one sales representative in Rangpur. I met with two wholesalers (in Chittagong and Rangpur), as well as a large number of stockists and retailers.

Government officials:

Secretary Abdus Salam, Population Control and Family Planning
Mr. Jalalludin, Joint Secretary, PC & FP
Colonel Hashmat Ali, Director General for Implementation, PC & FP
Dr. Atiqur Rahman Khan, Section Chief, Planning Division, PC & FP
Dr. Shafiqur Rahman Khan, Director, Biomedical Div., NIPORT, and
Director, BFRP
Mrs. Gole Afruz Mahbub, Director, MIS Unit

Donors:

Mr. Charles Gurney, Chief, USAID Mission/ Dacca, Health, Population and
Women's Programs
Ms. Suzanne Olds, Deputy Chief, Dacca
Dr. John Naponick, Medical Advisor, USAID Mission, Dacca
Dr. Carol Carpenter-Yaman, Population Officer
Mrs. Shanti Conley, USAID staff member, Dacca
Mr. Ali Noor, USAID staff member, Dacca
Dr. K. A. Pisharoti, Population Advisor, World Bank, Dacca
Mr. K. C. Bal Gopal, UNFPA, Co-ordinator, Dacca
Mr. Russell Vogel, Project Director, IPAVS, Regional Office, Dacca

Others:

BFRP staff

Dr. S. Firoza Begum, Dacca
Dr. S. N. Bhuiyan, Chittagong
Dr. Sultana Jahan, Khulna
Dr. A. B. Bhuiyan, Rangpur
Dr. James Phillips, ICDDR-B, Dacca
Dr. Brian Seaton, ICDDR-B, Dacca
Ms. Kiki Minor, Consultant, USAID
Mr. Michael Jordan, Asia Bureau, USAID/Washington
Mr. Don Newman, USAID/Washington
Mrs. Betty Ravenholt, The Futures Group, Washington
Mr. Gary Lewis, Westinghouse Health Systems
Mr. Robert Ciszewski, Executive Director, Population Services International
Dr. Malcolm Potts, Executive Director, IFRP
Dr. Peter J. Donaldson, Associate Director, IFRP
Dr. Pouru Bhiwandiwalla, Associate Director, IFRP
Other IFRP staff

Appendix 3
Background Information on the
Bangladesh Social Marketing Program

The Family Planning Social Marketing Project (SMP) of Bangladesh began in 1974, with a contract from AID through the Population Services International (PSI). The first Project Director was Robert L. Ciszewski. By late 1975, it began to market pills and condoms under the names "Maya" and "Raja." The pill was the Norinyl 1+50 provided through AID, while the "Raja" was the AID condom. Both were repackaged attractively and sold for very modest amounts. Gradually new products were added such as Neo Sampoons (Joy), a low-dose pill called Ovacon (the same as Norminest), and more recently, a "Safe Birth Kit." The Project has increased the availability of contraceptives throughout Bangladesh, starting first in urban areas and then moving out to rural areas.

The Project works through wholesalers and retailers. The retailers are general stores and pharmacists. By early 1982, over 80,000 retailers had purchased products at least once. Of the retailers, roughly 40% are pharmacies, 44% are general stores or groceries, while the remainder are other outlets. Some of these retailers sell to smaller retailers as well. The purpose of the Project has been to provide contraceptives widely, outside the clinic setting, and to increase the demand for contraceptives by modern sales techniques.

Organization

The Project is governed by a Board which is chaired by Mr. Abdus Salam, who is the Secretary for Population Control and Family Planning. The Project has a semiautonomous status. The Project Director is Mr. S. Anwar Ali. He supervises the Managers for Finance and Administration; Marketing, Development; Personnel; and National Sales. There are four area sales managers (Dacca, Chittagong, Khulna, and Bogra). The expatriate advisor is Mr. William Schellstede.

The educational level of the staff is high. The staff appear to be highly competent and have been provided with the supplies, equipment, and support they need to do their jobs. The staff of over 200 includes administrative staff, supervisors, sales representatives, medical representatives, sales promoters, packers of contraceptives, and the usual complement of guards and drivers. The organization is predominately male and has only three women among the professional staff--one secretary and two field educators. Many of the packers are women.

The key staff in the field are: 1) Sales Representatives (SRs). These individuals sell products to smaller and larger outlets, collect sales receipts, and give orders to wholesalers. They have monthly sales targets. 2) Sales Promoters (SPs). These individuals try to increase the demand for contraceptives by giving public talks in bazaars, demonstrating the use of products, and directly selling products and promotional materials such as T-shirts. 3) Medical Representatives (MRs). These persons are science graduates who are familiar with the pharmaceutical industry and who visit modern and traditional doctors and pharmacists to describe products and to

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promote contraceptives. Right now, Ovacon, the low dose pill, is being promoted mainly through physicians. The sales representatives get direct bonuses on sales, whereas other personnel in the Social Marketing Project get incentives at the end of the year based on sales performance. The SRs, SPs and MRs also get regular salaries. Many of the field workers have their own means of transportation, such as a motor bike. It is estimated that in a 6-8 week period, the sales representatives visit approximately 16,000 retailers.

Under the Area Managers are the field supervisors who supervise the Sales Representatives, the Sales Promoters, and the Medical Representatives as well as other guards and drivers. The supervisors try to find gaps in the work of the sales staff and to urge them to greater productivity and honest reporting.

Reporting

Monthly reports give sales figures for condoms, pills and foam tablets. These are expressed in couple months of protection by using a formula which divides condom and foam tablet (Joy) sales by 96 to obtain one Couple Year of Protection (CYP). Pill cycles are divided by 13 to obtain the number of CYP. The Project keeps a trend-line for Couple Months of Protection or Couple Years of Protection. It also reports changes from the current month's distribution from the past months and presents average monthly distribution for the past 12 months. Income figures are given as well as the number of outlets. Sales figures are also given by division for each product for each sales representative and for some of the medical representatives. The Project has not produced annual reports or any elaborate narrative reports on its history and progress. In that respect, it is run like a business rather than a social project. The Advisor has prepared occasional reports to PSI and marketing studies have been commissioned on certain aspects of the Project. No comprehensive evaluations have been done, however, and no documents deal with the question of actual use or demographic impact.

The SMP's records are usually produced by salesmen and by district and not by small geographical areas. This make geographical coverage estimates more difficult. Computer processing capacity could be very useful in a project like the SMP, providing programmers and maintenance staff could be found.

Logistics

The Dacca warehouse and packaging building, which is near the SMP headquarters, repackages the pills, packages the condoms in boxes of 3s, 12s and 100s, puts the boxed products in larger boxes, and assembles the new Safe Birth Kits. The warehouse staff of about 40 are now permanent staff of the SMP. The storage facilities are being air conditioned. The stock goes out to large wholesalers in each of the four areas and is then distributed by the salesmen and medical representatives and wholesalers to stockists who are small wholesalers and, from there, to retailers. The retailers, in turn, may sell to smaller retailers and to customers.

It is difficult to know how many retail units are distributing SMP products. The estimate of over 80,000 is a very rough one and could be considerably off, either too high or too low. It is probably more likely to be too low since the retailers who are given supplies by other retailers are not included. On the other hand, some retailers who purchased at least one supply stock from the SMP may now be out of business or may be inactive. Given this uncertainty of the number of distributors, it is difficult to say what proportion of all outlets shops in Bangladesh have been reached. There may be as many as a half million shops in the country.

Appendix 4
Field Visits in Bangladesh

The National Sales Manager accompanied me on my first field visit--to the Tongi area nearby Dacca. We visited several dozen retailers, stockists, and pharmacies. During this and several other field visits, the following problems were noted, some more important and some of minor significance.

1. The SMPs pill has to compete with the free government pills as well as commercial pills, the latter giving retailers considerably more profit. Particularly popular was Ovastat, an Organon product, which sold for over nine taka. Maya (Norinyl 1+50) sells for one taka and Ovacon, for four taka. Doctors prescribing pills are often affiliated with chemists and probably realize the profit differences.
2. There was some competition between chemists and general stores with the chemists feeling superior and not liking the general stores to sell contraceptives.
3. We located one shop with pills that were manufactured in October of 1974 and which had sold very slowly. The National Manager said he would have these removed.
4. Several chemists were out of stock for pills and condoms and were awaiting the salesman. (Before the SMP, retailers had to go to Dacca or other places to get contraceptives. Now they are delivered to them and they no longer have to make the effort.)
5. There is still a notion that an inexpensive pill such as Maya which costs only one taka must be inferior. It is not widely understood that these are subsidized pills and that they are equal to the commercial product.
6. Among chemists and physicians, there is not much understanding of the difference between standard and low-dose pills and of the possible differences in side effects or suitability.
7. Some of the sales clerks were quite uninterested in selling the products and felt they were going slowly and yielded too small a profit.
8. On the question of whether children used the condoms as balloons, several shopkeepers noted that they did not sell to children and that the use of condoms as balloons had been dropping off.
9. From what I saw, the supply side was being taken care of quite well and the need appeared to be greater stimulation of the demand side since the retailers were not actively promoting the products and were simply responding to public demand. Most did recognize the population problem but did not indicate any great urgency in solving it.

My second visit was to retail shops in the Thana town of Dhamrai. I visited a number of shops selling SMP pills and condoms with Mrs. Najma Ahmed. Again, there were no supply problems in this market area.

51

The third visit was to Chittagong where Mrs. Ahmed and I visited the division headquarters, the Chittagong warehouse, and retail shops in the area. We stopped at a large number of shops on the way to Rangamati. Most had good supplies of SMP products. The sales promotion work in Chittagong had come to a halt because the permission could not be obtained from the martial law authorities for "mikeing" (use of the microphone in the bazaar to promote SMP products). The supplies in the warehouse appeared to be well taken care of. The warehouse owner also was the distributor for several multinational drug companies.

When in Dacca, I visited a number of shops, particularly in slum areas. It appeared that there was room for expansion in stocking the small, somewhat isolated, shops in local slum neighborhoods. Salesmen probably visit mainly bazaar areas, towns, or shopping areas in towns or villages where many shops can be contacted efficiently to the neglect of the solitary shop away from the road.

I went to Rangpur for a one-day trip and met with an SMP salesman and visited the wholesaler. With a BFRP staff member, we also visited a number of retail and stockists in Rangpur. In general, condom sales were quite low in Rangpur although, according to the salesman, pills did better. As on previous trips, we saw some old products (pills) in some of the shops. These should probably be removed since the newer products were the ones being sold.

The final SMP trip was to Khulna where Mrs. Ahmed and I attended a zonal conference meeting. The meeting was chaired by the Area Sales Manager and attended by the Field Manager. In attendance were the 8 salesmen, 4 sales promoters, 2 medical representatives, and the Field Supervisor. The meeting lasted from 9 a.m. to 8 p.m. and dealt with sales figures, targets, incentives, transportation schedules, mobile film unit schedules and the like. Targets for the next quarter were presented and discussed as well as a new condom incentive scheme. The staff had come the previous day to present their records and then stayed the next day to have individual interviews with the Area Sales Manager. Detailed minutes of the meeting were taken and sent to Dacca. These minutes are a key management tool for the Dacca staff.

In general, the staff gave every evidence of being hard working and appeared to be under considerable pressure to fulfill their targets. The very high heat and humidity combined with the lack of electricity and the Ramadan fasting from food and water made for a fatiguing meeting. On the way to the airport in Jessore, an hour's ride from Khulna, we passed a child who had been killed on the highway.

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