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**Child Survival VII
Cameroon Social Marketing Project
First Annual Report**

September 1991 to September 1992

Timothy Manchester MPH
Cameroon Program Director

Ariane Lisann
Marketing Associate/Project Manager

CHILD SURVIVAL VII FIRST ANNUAL REPORT

1992

1. Results in Year One

1.1 Major Results

In the first year of PSI's Child Survival Social Marketing Project in Cameroon, significant progress was made in getting three child survival products, the primary outputs of this project, on the market. The development of a family planning condom brand was completed and the product was launched on the market in June; brand name development and preparations for a market launch were completed for oral rehydration salts and an oral contraceptive. For all three products, commercial marketing techniques were employed in choosing a name, a logo, and a marketing approach. Each aspect of each product was carefully tested for appropriateness to the consumer. For PROMESSE, the family planning condom, a promotional strategy was established and an advertising campaign implemented that included distribution of point-of-sale promotional items and an intensive media effort. This highly successful public education campaign will now be used as a blueprint for the preparation of the launch of BIOSEL oral rehydration salts and NOVELLE oral contraceptives.

1.2 Change in Approach to Individuals at Higher Risk

The creative strategy for the promotion of birth spacing will include the notion that contraceptive use is especially important to avoid high-risk births: to very young women, to older mothers, to mothers who have had many children, and to mothers with small babies.

1.3 Staffing

The following chart provides a list of the current staff working on the project and their supervisory relationships. Job descriptions and resumes are attached in Appendix A.

Moussa Abbo, Marketing Specialist
Commercial Director

3 Sales agents

Jean-Paul Tchupo, Sociologist
Director of Research and Communications

Tim Manchester, Health Specialist
Project Director

2 Research assistants

Ariane Lisann, Marketing Associate
Project Manager

1 Marketing assistant

Françoise Bedimo, Accountant
Admin/Financial Officer

1.4 Continuing Education

The following project staff members participated in conferences and training exercises during the past year:

* Tim Manchester, Project Director, attended the VIth Conference on AIDS in Africa, held in Dakar in December, 1991.

* Moussa Abbo, Commercial Director, spent two weeks in Burkina Faso and Cote d'Ivoire in December, 1992, visiting PSI's Social Marketing projects in those two countries and working with the projects' directors and other staff members. This training period provided him important insights into the marketing and promotion activities of two other successful social marketing projects.

* Jean-Paul Tchupo, Director of Research and Communications, attended a seminar on operational research sponsored by the Population Council and held in Yaounde in September

1992.

1.5 Technical Support

The project received technical support from a number of different institutions. PSI headquarters (Washington, D.C.) staff members who provided technical assistance included:

* Judith Timyan, Director of Health Programs, spent a week in October 1991 assisting with project start-up and the preparation of workplans for each of the products.

* Dick Frank, PSI's President, spent two days with the project, establishing contacts with Government of Cameroon officials and with the USAID/Yaounde mission.

* Steve Chapman, Marketing Specialist, provided 10 days of technical assistance to the project in March 1992, developing and writing up a marketing plan for the project's oral contraceptive product.

* Dana Hovig, Project Officer, spent six weeks with the project in April 1992 assisting with the preparation of the launch of the PROMESSE condom and with the development of the BIOSEL product.

* Carlos Ferreras, Director of Marketing, spent three days with the project in June 1992, helping to refine marketing strategies and assisting with the product launch preparation.

* Peter Clancy, Project Director of PSI's social marketing project in Cote d'Ivoire spent ten days in June 1992 assisting with the launch of PROMESSE and taking over management duties during the absence of Tim Manchester, Project Director.

Glen Wasek, Vice President for Marketing from John Snow, Inc, was sent to the project as a consultant from A.I.D.'s R&D Office of Population in December 1991 to assess the oral contraceptive marketing strategy.

The PRITECH project provided intermittent technical support throughout the year through the collaboration of its resident project manager, Hugh Waters, who assisted with various aspects of the development of BIOSEL. Camille Saade, marketing specialist from PRITECH/Washington, provided a week of assistance to the project in September 1992 in the preparation of a marketing plan for BIOSEL.

1.6 Community Participation

Due to the nature of social marketing activities, community health committees are not associated with the project. There have been, however, close associations established with the private sector marketing equivalent: commercial networks of distributors and retailers who sell and promote the project's products. PSI has set up two distribution networks in Cameroon to distribute and sell the child survival products. The pharmaceutical network handles those products sold exclusively in pharmacies: PROMESSE, and later, BIOSEL and NOVELLE. The five pharmaceutical distributors who operate in Cameroon -- Laborex, Pharmacam, Campharm, SD Pharma, and Ad Lucem -- each distribute PSI's products to the pharmacies in their respective networks, that in turn cover all private pharmacies in the country.

Another commercial network has been set up by PSI for its PRUDENCE condom, which is primarily sold outside of pharmacies in hotels, bars, kiosks, food stores and markets. PSI

commercial staff have set up contractual relationships with wholesalers in each of the provincial capitals and in other large cities. These wholesalers in turn sell to retail outlets in their neighborhoods. Establishment of these networks represents an institutionalization of project activities.

1.7 Linkages to Other Health and Development Activities

PSI has developed extensive links to other health and development projects in Cameroon. It is working in close collaboration with PRITECH and the Ministry of Health's Diarrheal Disease Control Program to develop the ORS component of the project. PRITECH has provided 125,000 copies of an educational insert on oral rehydration developed and printed up especially for use with PSI's BIOSEL product. Peace Corps/Cameroon has purchased PSI's PROMESSE condoms for distribution to its volunteers. The project works closely with provincial level public sector family planning IE&C teams to facilitate access to family planning products and technical assistance. A number of behavioral and market research studies have been carried out in collaboration with Cameroonian organizations, including FOCAP (Forum Camerounais de Psychologie) and Bikanda Conseils.

As the project continues to develop its line of child survival and health products, an expansion of the distribution network is foreseen to encompass cost recovery programs being carried out by other NGOs and bilaterally-assisted health projects such as the German GTZ projects in the western provinces of the country and Project SESA in the South and Adamaoua provinces.

2. Constraints, Unexpected Benefits, and Lessons Learned

2.1 Constraints

One of the key inputs to a social marketing project is local private sector expertise in advertising and promotion. In spite of a fairly well developed private sector in Cameroon, it is difficult to find local technical expertise that can produce high quality work for all aspects of development of promotional campaigns. This constraint has been overcome in part through the collaboration with a highly qualified advertising firm, Acajou, in Abidjan, Cote d'Ivoire, with whom PSI has been working regionally for more than a year.

Social marketing, as a mechanism for the distribution and promotion of essential products for child survival, is new to A.I.D.'s PVC-supported PVO Child Survival Program. Established research strategies, health information systems, reporting and evaluation requirements that have worked uniformly well with other PVO Child Survival Programs have proven to be difficult to apply to a social marketing project. For instance, sampling procedures used in community-based population surveys are difficult to apply strictly to PSI's target population - all families living in urban areas of the country with at least one pharmacy. Another example is the inadequacy of the reporting format for the Detailed Implementation Plan to present the complexity and detail of a marketing project. These constraints have hampered communication with the PVC Child

Survival Office. They are currently being overcome with a reexamination of the research and reporting requirements for social marketing projects, an exercise that is receiving technical input from the Child Survival Support Program.

2.2 Unexpected Benefits

Working with the media in Cameroon is often a very frustrating experience, due to the difficulty of scheduling television coverage or articles in the press with any degree of timing precision. For the launch of PSI's family planning condom, PROMESSE, newspaper articles were written, interviews were given, and television talk shows were filmed, all scheduled beforehand to appear for maximum impact around one gala launch event. Unforeseen political scandals, the death of the President's wife, and the Olympic Games all conspired to delay the broadcast of these carefully planned interventions. In the meantime, due to last minute logistics problems, PSI was obliged to implement a staggered, multiple launch approach in different areas of the country, rather than one coordinated national launch. The staggered launches turned out to be an unexpected benefit, however, as the Cameroonian media's haphazard scheduling of launch promotions often happened to coincide with a planned launch event in one province or another. Thus, uncertainties in working with developing country institutions can sometimes be turned to advantage given the flexibility of PSI's programming.

2.3 Institutionalization of Lessons Learned

One key lesson learned by the project over the past year concerns the importance of carefully choosing an appropriate packaging presentation for a product. An example of this was the selection of a commercial presentation for BIOSEL, the project's oral rehydration salts product. The original decision was to market BIOSEL in a package containing four one-liter packets, a decision based on the Ministry of Health's recommended quantity of ORS needed for one diarrhea episode. The question was raised as to whether the product, packaged this way, would generate enough sales at its low price per packet to ensure complete cost recovery within a given period of time. In a price sensitivity survey, four different package presentation options were tested and consumers were asked about the prices they were willing to pay for each presentation. The results of this survey allowed the project to choose a presentation and a price that would maximize sales while still keeping the product affordable -- two packets per package for 150 F CFA. This combination also makes it easier to project sales levels and revenues to anticipate complete cost recovery on the product within three years.

3. Changes Made in Project Design

3.1 Change in Perceived Health Needs

Not applicable.

3.2 Change in Project Objectives

The sales objectives for BIOSEL Oral Rehydration Salts were modified as follows:

Year 1	-	500,000 packets
Year 2	-	1,000,000 packets
Year 3	-	1,500,000 packets

3.3 Change in Planned Interventions

Not applicable.

3.4 Change in Potential and Priority Beneficiaries

A change was made in the distribution strategy for the project's products, leading to a change in the number of potential beneficiaries of project services. Initially, the products were to be distributed and promoted only in the ten provincial capitals. A new and expanded distribution system, using established representatives in medium as well as large urban centers and all four national pharmaceutical distributors has permitted the expansion in number of potential beneficiaries to include the populations of all towns and cities served by private sector pharmacies. This comprises a population of 4,370,263 people, of whom 874,053 are under five and 987,679 of whom are women of reproductive age. The list of urban centers served by the project is included in Appendix B.

4. Progress in Health Information Data Collection

4.1 Characteristics of the Health Information System

4.1.1 The project's information system, given the nature of social marketing activities, does not involve the usual community/clinic records on the health of the family or the individual child. Instead, PSI monitors the distribution and sale of products and promotional activities to create demand for products to measure achievement of its objectives. This is done through a sophisticated tracking system. PSI monitors the amount of product that it sells to its wholesalers, who in turn have their own computerized tracking system to monitor sales to retailers. Monthly reordering by retailers provides a good indication of actual sales to consumers. Sales are tracked not only by quantity, but also by type of retail outlet (pertinent only to condoms in this project) and by region. PSI prepares monthly reports of sales nationwide with which to monitor trends and the achievement of overall objectives.

4.1.2 The social marketing approach to the distribution of essential child survival products entails mass marketing and promotion activities. The information systems of a social marketing project do not track specific consumers and thus it is difficult to identify the extent to which the high-risk woman or child is benefiting from the products. The project will, however, contribute to this effort by furnishing BIOSEL, PROMESSE and NOVELLE to other health projects (such as those run by GTZ, Project SESA and by other NGOs) that do identify and direct services to high-risk target groups.

4.1.3 Not applicable.

4.1.4 Not applicable.

4.2 Special Capacities of the Health Information System

4.2.1 Management information systems used by social marketing projects provide information not typically found in health information systems. For instance, the project monitors its warehouse carefully to ensure correct storage of condoms, oral rehydration salts, and oral contraceptives. A system of "first in, first out" is maintained to avoid spoilage. Product levels are regularly monitored at all levels of the distribution system to avoid stock-outs.

4.2.2 Sustainability indicators for the project include consumer demand for products, which is measured through the detailed records of sales to retailers kept by the wholesalers. Thus, weekly sales figures and reordering patterns at the retail levels provide an indication of the establishment of consumer demand.

4.2.3 Not applicable.

4.2.4 Not applicable.

4.2.5 It was initially decided to collect baseline data on home management of diarrheal disease and high risk births (the project's two interventions) from existing, recently conducted national surveys. This decision was considered appropriate because the target population for the project is essentially a nation-wide population that a) is expensive and difficult to cover in the rapid baseline survey technique recommended by the Child Survival project and that b) had just recently been surveyed by a Demographic and Health Survey that provided the same data required for the Child Survival information system. The only requirement of the Child Survival Support Program was that the data from the national survey be disaggregated into age groups such that data for children 0-2 years could be separated out. This was initially thought to be possible, as the data were collected through a USAID-funded project and were therefore to be made available to the PSI project in their raw, unanalyzed form, making it possible for project researchers to provide baseline data on 0-2 year olds. In the final analysis, the statistics department of the Ministry of Plan would not allow project staff direct access to the raw data. A fee was requested for the generation of new data tables disaggregated by age of child. It was finally decided that a baseline survey undertaken by the project would be less expensive than this fee.

4.3 Management of Health Information System

4.3.1 Approximately 10% of the project's expenditures have been spent on the establishment and operation of the information system over the past year. These expenditures covered a portion of the salary and travel of the Commercial Director, the Director of Research and

Communication, the Project Manager and the Project Director; a portion of the expenses of the various technical assistants that visited the project from PSI headquarters and other institutions (see 1.5 above); and communications costs both within Cameroon and between Cameroon and PSI headquarters.

4.3.2 Marketing data, the primary indicators used for monitoring project activity and progress, are reviewed monthly by the entire project staff and by PSI headquarters. Decisions on distribution and promotion activities for the following month are based on these reviews. For instance, when a monthly review reveals that retailers in a given province are out of stock, an immediate decision is made to make a follow-up call to the distributor responsible for that province to check up on his distribution activities. Or again, when sales figures from a region of the country remain low, even after project staff have made certain that there is adequate stock available in retail outlets, a decision will be made to increase promotion and advertising in that region in order to raise consumer demand.

4.3.3 The project provides feedback on distribution and sales performance to project staff and collaborating wholesalers on a monthly bases. This allows them to revise constantly their monthly sales objectives to take into account the different market factors affecting sales. Thus, marketing strategies are continuously being adjusted and, in the case of sales objectives, increased, in order to improve upon the previous months achievements.

4.3.4 The Commercial Director, Moussa Abbo, in collaboration with the Research and Communications Director, Jean-Paul Tchupo, and under the supervision of the Program Director, Tim Manchester, are responsible for collecting, compiling, analyzing, and monitoring the quality of data.

4.3.5 The project's retail client records are in the process of being computerized. Technical assistance from PSI headquarters will be provided in the first quarter of the second year of the project to train project staff in the computerized management of project information systems.

5. Sustainability

5.1 Recurrent costs

5.1.1 The pricing strategy put in place for the child survival products and the anticipated sales levels to be attained by the end of Child Survival VII funding are designed to achieve complete cost recovery on the products and certain of the product marketing costs. That is, product revenues should be sufficient by the end of Year 3 to cover the cost of future product purchases, packaging and display of product, promotion and advertising, and limited salaries for sales staff. Product revenues will not cover project infrastructure costs such as management, secretarial and accountant support, and operations.

5.1.2 The project is operated in collaboration with the local commercial private sector. One of PSI's partner private sector distributors may eventually be interested in taking over the

distribution of the child survival products. This will happen when sales volume and product revenues are high enough to make the product marketing activities economically viable. In a country such as Cameroon where the annual per capita GNP is over \$900, a social marketing project can set its prices high enough to make takeover by private sector institutions possible within a short period of time. In the case of BIOSEL, this time frame may be as short as 5 years, which means that two more years of infrastructure support will be needed after Child Survival VII funding ends. Neither the government nor the community is likely to pick up these costs. PSI will attempt to find funding from other sources to continue the project activities until they are completely financially viable.

5.2 Strategies for Increasing Post-project Sustainability

5.2.1 Three key issues in sustainability, the transfer of skills and technology to local counterparts, the setting up of cost recovery mechanisms, and the change of behavior and adoption of practices on the part of the Cameroonian consumer are central to the project. Every component of the project is carried out with local private sector institutions. In working with the private sector, PSI not only demonstrates that appealing to the profit motive can be used for socially beneficial ends but also seeks to strengthen local private sector capabilities to carry out education, communication and marketing activities related to health and family planning. It also has the effect of hastening the transfer of the burden of providing health services and products from the public to the private sector and thereby assuring long term sustainability. PSI has learned how to make a project cost-efficient and work effectively towards cost recovery and financial self-sufficiency.

5.2.2 Product diversification increases cost-efficiency, and the project has done this with the addition of three new products to the product line: a family planning condom, PROMESSE, which has already been launched; oral rehydration salts (BIOSEL); and oral contraceptives (NOVELLE). BIOSEL, for example, which was designed to approach recovery of product costs by Year 3 of the project, will generate revenues that can be used to offset costs incurred by the more heavily subsidized products.

5.3 Cost recovery

5.3.1 The revenues from sales of the PRUDENCE and PROMESSE condoms are collected by the project and kept in a separate account for reinvesting in project activities. Revenues this past year were used for the production of promotional material, for development of packaging for the NOVELLE oral contraceptive and for product advertising.

5.3.2 Because social marketing activities are carried out in the commercial private sector, the generation of revenues is not always understood by PSI's public sector counterparts, who mistake revenue generation for profit making on the part of PSI. The project has undertaken public relations activities with Ministry of Health counterparts to dispel the notion that PSI is making a profit institutionally from social marketing activities.

5.3.3 Moussa Abbo, the project's Commercial Director, visited two other PSI social marketing projects, Cote d'Ivoire and Burkina Faso, for training in social marketing. He gained an increased understanding of the way prices are set and distribution networks are run to maximize sales while keeping prices affordable to the poor.

6. Project Expenditures and Justification for Budget Changes

6.1 Pipeline analysis See attached spreadsheet.

6.2 Justification of Budget Changes

7. 1992/1993 Work Schedule and Budget

CAMEROON CHILD SURVIVAL VII WORK PLAN FISCAL YEAR 1992/1993

- I. 1992 Fourth Quarter - October through December 1992
 - A. Diarrheal Disease Control Component
 - 1. Overpackaging of 500,000 packets of ORS
 - 2. Completion of creative strategy
 - 3. Testing of creative strategy
 - 4. Identification of control groups for assessing impact of promotional campaign
 - 5. Procurement of point-of-purchase items
 - 6. Establishment of relations with pharmaceutical company for use of sales team
 - 7. Launch of "Biosel" oral rehydration salts
 - 8. Promotion of "Biosel" at wholesaler, retailer and consumer levels
 - 9. Search for other funding sources for promotional campaign
 - B. High Risk Birth Component
 - 1. Overpackaging of 200,000 cycles of oral contraceptives
 - 2. Completion of creative strategy
 - 3. Testing of creative strategy
 - 4. Completion of lay-out of insert
 - 5. Identification of control groups for assessing impact of promotional campaign
 - 6. Procurement of point-of-purchase items
 - 7. Identification of oral contraceptive trainers
 - 8. Launch of "Novelle" oral contraceptives
 - 9. Promotion of "Novelle" at wholesaler, retailer and consumer levels
- II. 1993 First Quarter - January through March 1993
 - A. Diarrheal Disease Control Component
 - 1. Continuation of promotion of "Biosel" to wholesalers, retailers and

COST ELEMENTS	Actual Expenditures to Date (09/15/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (08/31/92 to 09/15/94)			Total Agreement Budget (Columns 1 & 2) (09/15/91 to 09/15/94)		
	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL
I. PROCUREMENT									
A. Supplies (Packaging)	0	0	0	0	0	0	0	0	0
B. Equipment	0	0	0	0	0	0	0	0	0
C. Services/Consultants	0	0	0	0	0	0	0	0	0
SUBTOTAL I.	0	0	0	0	0	0	0	0	0
II. EVALUATION									
SUBTOTAL II.	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
HQ Overhead 1.40%									
SUBTOTAL III.	6,944	2,315	9,259	16,029	5,343	21,372	22,973	7,658	30,631
IV. OTHER PROGRAM COSTS									
A. Personnel	4,960	1,653	6,614	11,449	3,816	15,266	16,409	5,470	21,879
- Support									
B. Travel/Per Diem	766	255	1,021	8,246	2,749	10,994	9,011	3,004	12,015
C. Other Direct Costs	3,254	1,085	4,339	4,375	1,458	5,834	7,629	2,543	10,172
- telephone, supplies									
SUBTOTAL IV.	8,980	2,993	11,973	24,070	8,023	32,093	33,050	11,017	44,066
TOTAL HEADQUARTERS	15,924	5,308	21,232	40,099	13,366	53,465	56,023	18,674	74,697

COST ELEMENTS	Actual Expenditures to Date (09/15/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (08/31/92 to 09/15/94)			Total Agreement Budget (Columns 1 & 2) (09/15/91 to 09/15/94)		
	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL
I. PROCUREMENT									
A. Supplies (packaging)	55,064	18,355	73,419	14,761	4,920	19,681	69,825	23,275	93,100
B. Equipment	718	239	958	2,282	761	3,042	3,000	1,000	4,000
C. Services/Consultants	9,012	3,004	12,016	(7,148)	(2,383)	(9,530)	1,865	622	2,486
SUBTOTAL I.	64,795	21,598	86,393	9,895	3,298	13,193	74,690	24,897	99,586
II. EVALUATION									
SUBTOTAL II.	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
HQ/HO Overhead 140%									
SUBTOTAL III.	19,668	6,556	26,224	53,106	17,702	70,808	72,774	24,258	97,031
IV. OTHER PROGRAM COSTS									
A. Personnel	24,055	8,018	32,074	84,947	28,316	113,262	109,002	36,334	145,336
- Technical									
- Administrative									
B. Travel/Per Diem	2,731	910	3,642	6,393	2,131	8,524	9,125	3,042	12,166
C. Other Direct Costs	39,937	13,312	53,249	138,450	47,190	185,641	178,388	60,503	238,890
- utilities, printing									
- rent, maintenance, etc.									
SUBTOTAL IV.	66,724	22,241	88,965	229,790	77,637	307,427	296,514	99,878	396,392
TOTAL HEADQUARTERS	151,186	50,395	201,581	292,791	98,637	391,428	443,977	149,032	593,010

1992 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A
PVO/COUNTRY PROJECT: PSI - CAMEROON CHILD SURVIVAL

	Actual Expenditures to Date (09/15/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (08/31/92 to 09/15/94)			Total Agreement Budget (Columns 1 & 2) (09/15/91 to 09/15/94)		
	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL	A.I.D	PVO	TOTAL
TOTAL HEADQUARTERS	15,924	5,308	21,232	40,099	13,366	53,465	56,023	18,674	74,697
TOTAL FIELD	151,186	50,395	201,581	292,791	98,637	391,428	443,977	149,032	593,010
G R A N D T O T A L	167,110	55,703	222,814	332,890	112,003	444,893	500,000	167,707	667,707

Child Survival VII
Cameroon Social Marketing Project

Appendix A: Job Descriptions and Resumes of Key Staff

Job Descriptions and Resumes of Key Staff

Timothy Manchester, Project Director

Responsible for the expansion of existing condom social marketing program; coordination and supervision of all activities concerning Child Survival Projects; technical input on contraceptive technology, maternal and child health and research and evaluation activities; establishment of budgets, and relations with headquarters office and key collaborators such as the Ministry of Health.

Ariane Lisann, Project Manager

Responsible for day-to-day activities of Child Survival Project, including development of marketing plans, creative strategies, and promotional materials, and coordination and follow-up of launch activities.

Moussa Abbo, Commercial Director

Responsible for establishing a distribution network, relations and follow-up with distributors, management of sales system, establishment and maintenance of information and follow-up system for prospective clients, retailers and wholesalers, creation, realization, and follow-up of publicity campaigns, management of commercial sales force, and management of launch activities.

Jean-Paul Tchupo, Director of Research and Communications

Responsible for the creation and realization of market studies, baseline surveys and other research necessary for monitoring and evaluating programs, research of documents and information useful for each aspect of program, organization and maintenance of a project library, supervision of investigators, monitoring and reporting of sales of all program products, assisting in creation of promotional messages, and the drafting of project documents and periodic reports.

Françoise Bedimo, Administrative/Finance Officer

Responsible for the drafting of monthly and yearly financial reports, management of accounting system for following product sales, management of payroll, petty cash, storage space, inventory, maintenance of office and storage space, supervision of temporary personnel, and relations with bank and other legal institutions.

Timothy G. Manchester

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Personal: [REDACTED] [REDACTED]
Married, 2 children.
Citizenship: U.S.A.

Languages: Fluent French.
Working Knowledge Tshiluba, Lingala, Kiswahili.

Present Position: Program Director, Cameroon Social Marketing Project
Population Services International
120 19th St. N.W.
Washington D.C. 20036

Education: 1974 B.A. English Literature, and Education
Goddard College, Plainfield, Vermont.

1983 M.P.H. Epidemiology, Tulane University
School of Public Health and Tropical Medicine
New Orleans, Louisiana.

EXPERIENCE:

September 1991 to present: Program Director, Cameroon Social Marketing Program, Population Services International. Responsible for the expansion of the existing condom social marketing program (doubling sales) and the introduction of a second condom brand. Coordinating the development of a "kit" for the effective treatment of STDs, which included improved patient compliance and education, and contact referral. Also supervising the development of program to social market oral contraceptives and oral rehydration salts. Coordinated activities with the MOII Directions of Family Planning and AIDS control.

September 1990 to June 1991: Director, Primary Health Care Support Unit, Save the Children, Cameroon. Responsible for joint CARE International and Save the Children project to develop primary health care services across the Far North Province of Cameroon. Activities include training and technical assistance to public and private health care facilities throughout the Province, improving communication and coordination, and assistance developing an information system.

December 1987 to September 1990: Cameroon Field Office Director, Save The Children Federation. Responsible for design and implementation of major reorientation of Field Office program. Responsible for fiscal and personnel management of the field office and three project areas. Primary responsibilities are to redesign program to focus on Child Survival/community health, improve management, and develop proposals. Program responsibilities also include areas of rural water supply, community forestry, family planning, AIDS education and training.

November 1984 to December 1987: Epidemiologist and Microcomputer Manager for Tulane University Health Planning Project, Niamey, Niger. Evaluate the Ministry of Health's existing health information and management information system and develop complete protocols for an improved information system. Develop microcomputer data base programs to manage all aspects of the MOH's health information (infectious diseases) and management information (personnel and infrastructure) system. Serve as principal technical reference person for MOH's microcomputer laboratory hardware and software. Train MOH personnel in management of computer lab, word processing, data base management, statistical analysis, and programming. Develop microcomputer training and reference materials in French. Plan, implement and analyze the National Infant Morbidity and Mortality Survey. Develop work plans and train survey supervisory personnel; develop and test survey instrument (malnutrition) and train survey personnel; supervise data collection and data entry on project microcomputers. Assist in the development of varied health surveys, especially on issues related to sampling.

August 1982 to October 1984: Research Assistant, Tulane University, School of Public Health and Tropical Medicine. Extensive data management and analysis on Health and Nutrition Surveys. Train, organize and supervise data entry teams. Extensive research

on microcomputers and appropriate applications in Public Health projects in developing countries. Tutor graduate students in computers. Responsibilities also include developing project proposals primarily for Health Planning projects.

April to July, 1982: Public Health Technical Trainer, Zaire National University, Institute Superior Pedagogique, Bukavu Campus. Training Consultant for Peace Corps/Zaire Public Health training program. Responsible for all aspects of Public Health technical training including program planning and management, immunizations, primary health care, survey techniques and rural water supply.

January to April, 1982: Consultant, USAID/Zaire. Develop working papers for Peace Corps and USAID joint programming during the U.N. Drinking Water and Sanitation Decade in Zaire. Develop protocols to establish and manage auto-financing village pharmacies for primary health care projects. Programmatic recommendations for Peace Corps supported primary health care projects. Programmatic recommendations for joint Peace Corps and USAID projects.

January 1979 to December 1981: Associate Peace Corps Director for Public Health, Peace Corps Zaire. Responsible for all Peace Corps/Zaire activities in public health. Program coordination with Ministry of Public Health in Expanded Program of Immunizations (PEV), Maternal and Child Health, Primary Health Care, Rural Water Supply and Sanitation and Nursing School Curriculum. Training of volunteers in primary health care, project planning and management, including auto-financing and development of grant proposals. Placement and supervision of over forty volunteers in twenty health projects. Design and implementation of Peace Corps/Zaire program in village water supply and sanitation. Training volunteer leaders in administration, peer counseling and Land Rover repair and maintenance.

October 1977 to October 1978: Carpenter and cabinetmaker. Albuquerque, New Mexico.

August 1977, and June to September 1978: Technical Coordinator for Peace Corps Public Health training programs. Peace Corps/Zaire, and Peace Corps/Ivory Coast. Responsible for technical training in maternal and child health, tuberculosis control programs, Expanded Program on Immunizations, and project planning.

October 1974 to January 1977: Peace Corps/Zaire Public Health volunteer, assigned to a rural public health project (Bulape, Kasai). Administration of tuberculosis control project, including expanding case finding capability. Assist in administration of Maternal and Child Health project, and Endemic Goiter Control Program. Assist research projects in nutrition, maternal and child health, family planning, and sanitation. Coordination of installation of a large community water supply. Maintaining project vehicles, hospital equipment, water pumps and generators.

Publications:

R. Brown, D. Venzon, T. Manchester. "The Control of Endemic Goitre by Iodized Oil in a Community Health Programme." Transactions of the Royal Society of Tropical Medicine and Hygiene. Vol. 72, No. 3, 1978.

R. Brown, J. Brown, T. Manchester. "Four Family Planning Films - A Field Evaluation." Pathfinder Foundation, Boston, Mass. 1976.

W. Bertrand, J.J. Frere, T. Manchester, J. Setzer. "Microcomputer Use in Health Planning in Niger: Some Preliminary Results." American Public Health Association Meeting. Las Vegas, Nevada. October, 1986.

J.J. Frere, T.G. Manchester, I. Magagi, I. Chaibou, T. Idrissa, J. Setzer. "Enquete Nationale sur la Morbidité et la Mortalité au Niger." Médecine d'Afrique Noire. Vol. 34, 1987.

ARIANE R. LISANN

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PROFESSIONAL EXPERIENCE

Marketing

- Manage day-to-day operations of social marketing of oral rehydration salts and oral contraceptives. Duties include coordinating packaging of products, planning launch materials, and organizing media/advertising campaign.
- Assisted president of a flower marketing service. Duties included development of a marketing catalogue, planning of a media campaign, supervision of customer service and billing operations, hiring, training, and supervision of four staff members.

Organization

- Originated and coordinated annual No Smoking campaign in Cameroon for two years. Responsibilities included organization of an educational conference and advertisement campaign through the use of buttons, posters, and signboards.
- Participated in organization and planning of two AIDS conferences in Cameroon, one animated by WHO guest speaker, the other by the local health team.
- Coordinated vaccination campaign of twenty villages in Cameroon. Duties included scheduling, sensitization of local population, registration of children and mothers.
- Revitalized defunct village health post in Cameroon by retraining personnel and restocking medical supplies.
- Coordinated faculty Talent Show as fundraiser for community service group at Brandeis University.

Training

- Taught health education to four women's groups and ten villages in Cameroon on topics including STD's, family planning, hygiene, diarrhea, and oral rehydration therapy.
- Trained village health committee in Cameroon to manage their health post through financial and stock management.
- Trained twelve health center nurses in the reorientation of Primary Health Care in Cameroon through USAID-sponsored project. Topics included case management, resource, and financial management.
- Wrote manual on the training of village health workers in Cameroon in collaboration with host country physician.
- Wrote manual on the training of new staff members for flower marketing service.

Supervision

- Developed supervision checklist for vaccination sessions in Cameroon.
- Supervised and evaluated vaccination sessions at two Cameroonian health Centers.
- Supervised three village health workers and one village health committee in Cameroon.

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EDUCATION

B.A., Brandeis University, Waltham, Massachusetts. Degree in Politics, 1988.

Institut d'Etudes Politiques, Paris, France. 1986-87.

LANGUAGES

French

Working knowledge of Spanish.

EMPLOYMENT HISTORY

- Marketing Associate, Population Services International. Cameroon Social Marketing Program, Douala, Cameroon, March 1992 to present.

- Coordinator of Primary Health Care, Ministry of Health, Cameroon, U.S. Peace Corps, December 1989 to February 1992.

- Manager. Fanny Farmer Candy Shops, Boston, Massachusetts, September 1989 to November 1989.

- Assistant to President, Special Occasions Flower Marketing Service, Newton, Massachusetts, September 1988 to June 1989.

- News Intern, WNEV-TV, Boston, Massachusetts, September 1987 to December 1987.

Aout 1992

CURRICULUM VITAE

1. IDENTITE

Moussa ABBO

Nationalité Camerounaise

Célibataire

Adresse actuelle: PSI BP. 4989 Douala/CAMEROUN.

Adresse permanente: BP. 227 Maroua/CAMEROUN.

2. FONCTION ACTUELLE

Dépuis Novembre 1991, Directeur Commercial de POPULATION SERVICES INTERNATIONAL (PSI) CAMEROON.

3. FONCTIONS PRECEDENTES

1990-1991: Administrateur à "Save the Children Cameroun"

1988-1990: a) Responsable Administratif et Fiancier de la Société Industrielle de Transformation de fruits en pulpes, jus et confitures (SITRAF.SA)
- Gestion des frontières de la Société.
- Analyse et études financières des coûts de production
- Etudes de faisabilité pour le financement de la Rehabilitation et d'extention de la Société.

b) Directeur Commercial SITRAF.SA
- Revision des strataegies Marketing
- Ouverture et développement de 4 Agences Commerciales au pays
- Participation aux Foires Nationales et Internationales.
- Participations aux Forums Industriels organisés par UNIDO.

1987-1988: a) Agent Commercial de la Société Industrielle et Commerciale Import et Export.(SICIMEX)

b) Assistant du Directeur Général de la SICIMEX.

.../...

- 24'

4. SCOLARITE

1987: Diplome de Licence en Gestion Marketing et techniques économiques à l'Université du Tchad.

1983: baccalaureat A4 au lycée de Maroua.

1982: Probatoire A4 au lycée de Maroua.

1979: Diplome BEPC au lycée de Yagoua.

5. FORMATIONS PROFESSIONNELLES

1991: - 5 semaines de stage de perfectionnement en "GESTION ET EVALUATION DES PROJETS" à ISTAMBUL. Stage organisé par UNIDO et TAC.

- 1 semaine de stage en Gestion des Organisations Non Gouvernementales (ONG). Stage organisé par PVO NGO-NRMS.

1987: 3 mois de stage de fin d'études à la SITRAF. SA. Sujet Memoire: AUDIT MANAGEMENT : Cas SITRAF.

1979-1986: chaque année, 6 semaines de travail de vacances dans des entreprises familiales (ETS SIDIKI, ZOKE Sarl, NOTACAM).

7. REFERENCES

- Mr Alexina Chef de Département de Gestion Université du Tchad BP. 1117 N'Djamena.

- Mr Hamadou Ben Bappa DG SICIMEX BP. 4631 Yaoundé Cameroun.

- Mr Mana Toukour DG SITRAF.SA BP. 210 Maroua Cameroun.

- Mr Roger BLONDEL International Finance Corporation BP 4616 Douala Cameroun.

- Dr Nkodo Emmanuel Dr Save the Children BP. 523 Maroua Cameroun

- Mr Tim Manchester Directeur PSI Cameroun BP 4989 Douala.

CURRICULUM VITAE

IDENTIFICATION

TCHUPO Jean Paul

██████████ ██████████ ██████████
Camerounais

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BP. 4999 Douala

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FORMATION SCOLAIRE ET UNIVERSITAIRE

* 1986-1990: Université de Yaoundé (Faculté des lettres et Sciences Humaines)

- Septembre 1990: Maîtrise de psychologie

Specialité: psychologie sociale

Titre du mémoire: La résistance au changement de conduites sexuelles face au SIDA (Etude psychologique des obstacles à l'utilisation des préservatifs: le cas des facultés de l'Université de Yaoundé)

- Juin 1989: Licence de psychologie

* 1978-1986: Lycée du Manengouba-Nkongsamba

- Juin 1986: Baccalauréat D

- Juin 1985: Probatoire D

- Juin 1982: BEPC

* 1973-1978: Ecole primaire Saint-Victor-Nkongsamba

ACTIVITES PROFESSIONNELLES

- Depuis décembre 1991: Directeur Recherche et Information à Population Services International (PSI Cameroun).

• Réalisation des tests de matériels, d'études de base au lancement de projets et des études documentaires.

• Réalisation de l'étude anthropologique du phénomène de la prostitution à Douala.

- Août - Novembre 1991: "Manager-adjoint" du projet d'éducation des groupes à haut risque au Cameroun.

- Octobre - Novembre 1991: Responsable du recrutement des donneurs de sang au centre de transfusion sanguine de l'Hôpital Central de Yaoundé.

• Réalisation de l'enquête sur les déterminants psychosociaux des obstacles au don de sang.

- Juin-Juillet 1991: Consultant "Behavior research specialist" à PSI-Cameroun: réalisation de l'étude intercept des consommateurs de "Prudence" (cf. TCHUPO J.P. et al: Le préservatif "Prudence", son public et son image à Douala et Yaoundé, rapport préliminaire, septembre 1991, non publié).

- 1991: Supervision de l'enquête sur l'acceptabilité des condoms féminins dans une population à haut risque au Cameroun en collaboration avec Family Health International (FHI).

- 1991: Supervision des enquêtes d'évaluation du projet d'éducation des groupes à haut risque: prostituées, patients des MST - au Cameroun.

- Août - Octobre 1991: Réalisation des enquêtes CAP - MST, CAP - BARS à Yaoundé en collaboration avec l'OCEAC (Organisation de Coordination pour la lutte contre les Endémies en Afrique Centrale).

FORMATION SPECIFIQUE

- Saisie et analyse sur EPI INFO. Word perfect 5. Quatro pro.

CURRICULUM VITAE

IDENTIFICATION

BEDIMO MOUKADI Françoise

■■■■ ■■■ ■■■ ■■■■■■■■

Camerounaise

Adresse: PSI, BP 4989, Douala, Cameroun

DIPLOMES OBTENUS

- Deux années de formation au Cycle de Brevets de Techniciens Supérieurs (BTS)
- Baccalauréat G2
- Probatoire G2
- BEPC
- Certificat d'études primaires élémentaires

LANGUES

- Français (parlé et écrit)
- Anglais (parlé et écrit)

EXPERIENCE PROFESSIONNELLE

- Comptable
- Agence Nelson, Douala, Cameroun
August 1990 - June 1991

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Child Survival VII
Cameroon Social Marketing Project

Appendix B: Urban Centers Served by Project

Cameroon Social Marketing Project

Urban centers served by Project

City	Estimated population 1992	City	Estimated population 1992
Douala	1,048,915	Bangangte	32,208
Yaounde	903,649	Loum	29,278
Garoua	203,799	Tiko	29,093
Maroua	162,479	Kribi	28,861
Bamenda	160,493	Sangmelima	28,605
Efoussam	147,580	Mbanga	26,111
Ngaoundere	107,211	Bandjoun*	25,000
Kousseri	104,371	Banyo	22,317
Mkongsamba	93,230	Manjo	22,189
Kumba	86,493	Meloung	20,445
Foumban	72,845	Nanga Eboko	18,346
Bertoua	70,385	Akonolinga	18,228
Edea	69,236	Sa'a*	18,200
Limbe	55,969	Monatele*	17,500
Mokolo	54,473	Abong Bang	16,756
Mbouda	53,293	Obala	16,289
Dschang	49,000	Muyuka	15,984
Ebolowa	46,622	Eseka	15,844
Efang	45,448	Mfou*	15,000
Guider	43,940	Makak*	15,000
Mbalmayo	43,858	Belabo*	15,000
Meiganga	42,273	Batcham*	15,000
Foumbot	41,206	Penka Michel*	15,000
Yagoua	38,570	Kekem*	15,000
Bafia	37,875	Mbandjock	13,353
Euea	37,511	Baham*	10,000
Wum	34,932		

TOTAL:	4,370,263
under 5 years:	874,053
0 - 12 months:	218,513
women of reproductive age:	987,679

-1992 population figures taken from Demo '87, Ministère du Plan et de l'Aménagement du Territoire, Direction Nationale du Recensement Général de la Population et Habitat, Yaounde, Cameroon. 1992.

- "*" represents population figures estimated by CSMP staff