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**MIDTERM EVALUATION OF THE
GUINEA SOCIAL MARKETING
OF CONTRACEPTIVES PROJECT**

by

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Table of Contents

Acknowledgments	v
Project Identification Data	vii
Glossary	ix
Executive Summary	xi
1. Introduction	1
1.1 Country Background	1
1.2 Project Description	2
1.3 Purpose of the Evaluation	3
1.4 Summary of Progress to Date	3
1.5 Constraints	5
2. Social Marketing	9
2.1 Findings	9
2.1.1 Sales History	9
2.1.2 Distribution	10
2.1.3 Pricing	10
2.1.4 Terms of Trade	10
2.1.5 Consumer Purchases	11
2.1.6 Stock	12
2.1.7 Sales Team Modus Operandi	12
2.1.8 Marketing Activities	13
2.1.9 Display	14
2.1.10 Sampling	14
2.1.11 Oral Contraceptives	15
2.2 Conclusions	15
2.3 Recommendations	17
3. Public Sector Integration	19
3.1 Findings	19
3.1.1 Introduction	19
3.1.2 Personnel	19
3.1.3 Standards and Protocols	20
3.1.4 Training and Initiation of Services	20
3.1.5 Supervisors	23
3.1.6 Service Delivery Personnel	24
3.1.7 Health Center Conditions	25
3.1.8 Contraceptive Mix	25
3.1.9 Logistics, Stock Management, and Cost Recovery	25
3.1.10 Client Levels Reached	26
3.1.11 Performance of AGBEF in Support of Public Sector Integration	28

3.2	Conclusions	28
3.3	Recommendations	30
4.	Family Planning Support Activities	33
4.1	Findings	33
4.1.1	Policy	33
4.1.2	Faculty of Medicine	34
4.1.3	Community-Based Distribution	35
4.2	Conclusions	35
4.3	Recommendations	36
5.	Information, Education, and Communication	37
5.1	Findings	37
5.1.1	Introduction	37
5.1.2	Research	37
5.1.3	National Radio and Television	38
5.1.4	Rural Radio	38
5.1.5	Supporting Materials and Activities	39
5.1.6	Impact of the Mass Media	39
5.1.7	Interpersonal Communication	40
5.1.8	Other Facets of IEC	41
5.2	Conclusions	42
5.3	Recommendations	43
6.	STD/AIDS Prevention Activities	45
6.1	Findings	45
6.1.1	HIV/AIDS Situation	45
6.1.2	Guinea's AIDS Control Program	45
6.1.3	Accomplishments of the National AIDS Committee	46
6.1.4	Impact of the Community Outreach Activities	47
6.1.5	Challenges Faced by the NAC Community Outreach Program	48
6.1.6	Linkages between STD/AIDS Prevention and Family Planning	48
6.1.7	PSI and NAC Relationship	49
6.2	Conclusions	50
6.3	Recommendations	50
7.	Impact on Women and Youth	53
7.1	Findings	53

	7.1.1	Impact on Women	53
	7.1.2	Impact on Youth	55
	7.2	Conclusions	55
	7.3	Recommendations	55
8.		Project Management	57
	8.1	Findings	57
		8.1.1 USAID Management Concerns	57
		8.1.2 PSI Management	58
	8.2	Conclusions	60
	8.3	Recommendations	61
9.		Project Finances	63
	9.1	Findings	63
		9.1.1 Introduction	63
		9.1.2 PSI Budgets and Expenditures	63
		9.1.3 Likely Budget Constraints	64
		9.1.4 Financial Reporting	65
	9.2	Conclusions	65
	9.3	Recommendations	66
10.		Evolution of Project Concept and Future Programming Options	67
	10.1	Shifts in Approach	67
	10.2	Modifications Indicated	68
	10.3	The Nature of a National Family Planning Program in Five Years	68
	10.4	USAID Programming Options for Assuring Continuity and Future Expansion	71
		10.4.1 Option 1: An 18-Month Funded Extension of the Present Project	71
		10.4.2 Option 2: Design of a Follow-On Project	72
	10.5	Recommendations	72
11.		Lessons Learned	73

List of Appendices

Appendix A	Description of Evaluation	77
	Attachment 1 Scope of Work	79
	Attachment 2 List of Persons Contacted	83
	Attachment 3 Bibliography	87
Appendix B	Project Logframe	91

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PSI staff, both in Washington and Conakry, were extremely helpful in providing background and current information on project planning and implementation. Their assistance in arranging a full schedule of interviews in Conakry, Kankan, and N'Zérékoré helped the team gain a broad perspective and detailed understanding of project objectives, constraints, and achievements. Despite two training programs going on in the interior and crucial actions within the social marketing area, PSI staff always accommodated the team's needs and provided assistance in the most cordial and helpful manner.

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Above all, the team appreciates the warm and open reception extended by health officials, supervisors, hospital and health center staff, pharmacists, shopkeepers, IEC agents, social marketing delegates, and community groups — all those on the front lines of service delivery who are dedicating time and effort to these activities and who graciously shared their understandings and expectations.

Project Identification Data

1. Project Title: Social Marketing of Contraceptives
2. Country: Guinea
3. Project Number: 675-0227
4. Project Dates:
Agreement Signed: August 30, 1991
End Date: June 30, 1994
5. Project Funding:
Authorized Life-of-Project Funding: \$6,719,183
Funding to Date: \$3,444,895
Host Country Funding: (None required in cooperative agreement; 20 million Guinean francs to date [\$30,000 at the time])
6. Mode of Implementation: Cooperative Agreement
7. Responsible USAID Officials:
Mission Director: Wilbur G. Thomas
Project Officer: Felipe Manteiga, Chief, General Development Office
8. Previous Evaluation: None

Glossary

API	assessment of project impact
AGBEF	Guinean Association for Family Well-Being
A.I.D.	Agency for International Development (Washington)
AIDS	acquired immune deficiency syndrome
APCP	AIDS prevention and control program
AVSC	Association for Voluntary Surgical Contraception
CPSP	country program strategic plan
CTO	cognizant technical officer
CYP	couple year(s) of protection
DHS	demographic and health survey
EEC	European Economic Community
FAMPOP	Family Planning Options Project
FDA	Food and Drug Administration (of the US government)
FG	Guinean franc, unit of currency
FHI	Family Health International
FNUAP	United Nations Population Fund
FP	family planning
FPLA	Family Planning International Assistance
FPSD	Family Planning Services Division
FY	fiscal year
GDP	gross domestic product
GOG	government of Guinea
HIV	human immunodeficiency virus
ICAF	International Clearinghouse on Adolescent Fertility
IEC	information, education, and communication
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
KAP	knowledge, attitudes, and practice
MCH	maternal and child health
MCH/FP	maternal and child health/family planning
MIS	management information system
MOH	Ministry of Health
MST	sexually transmitted disease
NAC	National AIDS Committee
NGO	non-governmental organization
OMS	World Health Organization
PACD	project activity completion date
POPTECH	Population Technical Assistance Project
PSC	personal services contract
PSI	Population Services International
R&D/POP	Bureau for Research and Development/Office of Population
RDO	regional development office
REDSO/WCA	Regional Economic Development Support Organization/West and Central Africa
SEATS	Service Expansion and Technical Support (project)
SIDA	acquired immune deficiency syndrome

SM	social marketing
SMI/PF	maternal and child health/family planning
SOGIP	Guinean Society for Industry and Pharmaceuticals
STD	sexually transmitted disease
TOT	training of trainers
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development (mission)
WHO	World Health Organization
WID	women in development

Executive Summary

Background

Faced with a population in excess of 6 million and an annual population growth rate of 2.8 percent, the government of Guinea has approved a population policy calling for reducing the birth rate by 25 percent by the year 2010. The country has recognized that high birth rates (45 per 1,000 population) are contributing to high infant mortality (139 per 1,000 live births), high maternal mortality (9 per 1,000 births), and a population growth rate that is consuming the benefits of economic development. The AIDS epidemic has not yet struck Guinea with the virulence experienced in other sub-Saharan countries, but its specter is seen on the horizon, particularly with the high levels identified in neighboring Côte d'Ivoire.

Concern for the potential growth of the AIDS epidemic provided the initial foundation for the social marketing of contraceptives in Guinea. Sales of the Prudence condom were begun in early 1991 by Population Services International (PSI) with private funding. Based on encouraging early results, PSI presented an unsolicited proposal to USAID/Conakry, which then authorized a three-year \$6,719,183 cooperative agreement with PSI on August 30, 1991. The Social Marketing of Contraceptives Project or Family Planning Options (FAMPOP) addressed the problem of AIDS in the broader context of population growth and family planning. The project purpose, as stated in the logframe, is to increase availability, accessibility, affordability, acceptability, diversity, quality, and use of family planning and sexually transmitted disease (STD) and AIDS prevention products and services. Focus on AIDS prevention was seen as a logical entry point for the several facets of this project — social marketing, population policy development, broad scale information, education, and communication (IEC) activities, and the integration of family planning into the Ministry of Health (MOH) primary health care system.

The social and cultural constraints on project implementation are serious in Guinea, a country with a traditionally conservative outlook and a historic pronatalist policy. For years, the country followed a path of centralized development inimical to the private sector. Add to this a lack of roads and other types of communication, a population that is 70 percent rural and 80 percent illiterate with a per capita gross national product of only \$350, and the difficulties become apparent.

Project Implementation

Progress has been encouraging in building on the momentum of early informational and promotional activities. PSI, the central manager of the program, acted quickly to develop a staff of expatriate advisors and Guinean counterparts. PSI has made subagreements with both the National AIDS Committee (which operates under the auspices of the MOH and comprises members from within and outside the MOH) and the local family planning non-governmental organization, AGBEF, for major portions of the program activities. Effective relationships were developed with the MOH in fostering a collaboration between it and AGBEF. This public-private collaboration is rare in family planning programs around the world.

This strategy has proven effective in providing the basis for a nationwide mass media campaign buttressed by the widespread interpersonal communication activities of the National AIDS Committee. Messages about AIDS and Prudence condom promotion and advertising have increased

public awareness. They have opened the way for much more freedom in public discussion of human sexuality and condom use, considered to be an essential step in the introduction of the stronger family planning campaign which is now being developed by the project.

- **Social Marketing.** One of the major successes in the social marketing component of the project has been that PSI has sold large quantities of Prudence condoms to wholesalers and retailers in the last 12 months. In the absence of finding a local distributor, PSI has recruited an enthusiastic team of 10 sales representatives who have obtained coverage in most major urban areas. Major sales were first made to pharmacies in the expectation that they would serve as stockholding points for other outlets which would use them for resupply. As this did not work out well in practice, the PSI representatives took an active role in selling the condoms to less traditional outlets — bars, night clubs, hotels, and small shops — in addition to their role in developing community promotional activities. By the end of March 1993, 2.1 million condoms had been sold to wholesalers and retailers, over 1 million of them in Conakry and the rest in urban areas virtually nationwide. Rough estimates suggest that a substantial portion of these sales has been in building up stock in the trade and that much still remains unsold in the distribution chain. The unknown at this time is how much of this quantity is being sold to consumers, the ultimate test of whether contraceptive prevalence will increase. Considerably more effort must be put into converting condom awareness into actual sales and use, and it appears that expected couple years of protection (CYP) project targets are unlikely to be met.

The requirements of servicing this nationwide network are enormous and initial PSI sales management, resupply, and ability to assess actual sales to customers has left something to be desired. The recent addition of a social marketing position in the PSI staff is tightening up management and introducing changes in the distribution system. This should produce a more orderly marketing plan and implementation. PSI is also experimenting with establishing a regional supply and sales presence in Upper Guinea. Efforts need to be made to achieve better coordination with the mass media and the interpersonal communication IEC programs in order to make the work of the sales staff more effective.

To date, social marketing efforts have been directed to the promotion and sale of Prudence condoms, largely for AIDS prevention. As public acceptance of mass media advertising and sales of contraceptives have grown and the sales organization has become more effective, the project has begun the move toward the next phase — the sale of oral contraceptives for family planning purposes. Careful thought and work needs to be put into developing a constituency for this move, in doing the underlying research required, preparing the educational messages, and determining sales logistics prior to widespread marketing of these contraceptives. This will inevitably delay the launch of oral contraceptives.

- **Integration with the Public Sector.** A second thrust of the project in family planning service delivery is to integrate family planning into the maternal and child health aspects of the primary health care program of the MOH (MCH/FP). The task of adding an additional preventive service into the activities of an underfunded, overburdened health care system is daunting. This has been further complicated as PSI was asked by the MOH to initiate its programs in the outlying Upper and Forest Regions rather than the more populous, easier-to-reach coastal areas or Conakry. PSI is rising to this challenge by supporting the MOH-AGBEF collaboration in training, IEC, and program monitoring. For its logistics, the project

depends on Bamako Initiative* activities which have had some success in encouraging outreach, community participation, and cost recovery in the provision of essential drugs. The Bamako Initiative activities are considerably strengthened in the Forest Region by external donors, but logistics may become a problem in Upper Guinea.

A major contribution of the project has been in assisting the collaborative venture between AGBEF, MCH/FP, and UNFPA to produce MOH-approved national norms, standards, and training modules appropriate for the integration of family planning into Guinea's primary health care system. These have been used effectively for the training programs in which AGBEF and MCH/FP have cooperated to develop service delivery skills. One hundred trainees from 50 health centers (out of a planned total of 64 by end of project) have been trained and supplied with commodities and are now active in the program. Thirty-four supervisors have been trained in the management and supervision of family planning programs, including data collection and analysis. In addition, 15 IEC agents employed and trained by AGBEF provide an important community education function and also assist in project monitoring. Much of what is being done in the two regions served by the project can serve as a guide for planned UNFPA and World Bank supported activities with the MCH/FP in other regions of the country.

It is too early for these efforts to have had much impact at the community level. Initial results confirm limited expectations and suggest the continuing need for supportive supervision, increased IEC, and consideration of additional approaches to augment family planning caseloads. Present levels of distribution of services do not compare favorably with those projected in the cooperative agreement.

- **Role of the Private Sector (AGBEF).** The valuable contribution AGBEF has made in supporting the development of the family code, the population policy, and the training, IEC, and coordination/monitoring aspects of the public sector integration is readily apparent. Its potential for continued and expanded leadership has been recognized by other donors as its portfolio has increased. The needs for surgical clinical services (IUD and sterilization) to augment the public sector services present an opportunity for additional work. AGBEF's management structure is sorely stretched to respond to these additional responsibilities, however. Requirements for organizational development assistance must be met if an expanded role for this excellent, but embryonic, organization is contemplated.
- **Family Planning Support.** Some of the more effective project activities have been in the area of policy development. Assistance was provided to the UNFPA-supported activities of the Ministry of Plan which led to the development and adoption of a national population policy in 1992. Support for the development of a family code has far-reaching implications for reproductive rights and improving the status of women. Although considerably delayed in implementation, the UNFPA-funded demographic and health survey assisted by the FAMPOP project will provide important insights into contraceptive knowledge and use as well as information on STD/AIDS in Guinea. Work with the University of Conakry Faculty of

*The Bamako Initiative was passed in September 1987 in Bamako, Mali, by the health ministers of the World Health Organization, African Region. The resolution invites member states to a) encourage social mobilization initiatives to promote community participation in policies on essential drugs and child health at the district level; b) ensure regular supply of essential drugs of good quality and at the lowest cost to support the implementation of primary health care; and c) define and implement self-funding mechanisms at the district level.

Medicine to develop a reproductive health curriculum and improved teaching methodology highlights the need for similar assistance to the schools of nursing and midwifery.

- **Information, Education, and Communication.** An impressive amount of work has been done in IEC. The main focus has been on educating the public about AIDS and promoting the Prudence condom for AIDS prevention, with virtually daily messages in the mass media. For the national media, 14 television spots have been produced and aired in four languages as well as 32 radio spots in five languages. These have been backed up with rural radio, billboards, and promotional and educational materials. As a result, awareness of AIDS and Prudence has increased, at least in the coastal areas and cities touched by national media. This awareness, however, still needs to be translated into action in terms of purchasing and using condoms for most of the population. Indications are that most people purchasing Prudence thus far fall into the groups at high risk for STD/AIDS. More in-depth research will be needed to bring about broader condom use.

The project is beginning to move into more family planning oriented messages, and this trend needs to continue. Careful preparation in research, constituency development, and the creation of public education strategies will be needed, however, before promotion of oral contraceptives is begun.

The IEC program also has an interpersonal communications component. One element of this is education about AIDS/STD prevention through the National AIDS Committee. The other element centers more on education about family planning through AGBEF. Fifteen IEC agents have been recruited, trained, and placed in the project area, with a view to reaching out to communities, educating them about family planning and AIDS/STDs, and building demand for products and services. These agents will need supportive supervision as they grow into their roles. Their efforts will also need to be closely coordinated with those of the social marketing sales representatives in order to ensure that there is no duplication of effort. It will also be important to pay increased attention to improving the communications skills of health workers in the health centers.

The project design did not contemplate continuing the expatriate IEC advisor position beyond the second year of the project. The need for a continuing and strengthened IEC campaign means that this position must be extended.

- **National AIDS Committee.** The strategy of cooperating with a particularly active National AIDS Committee (NAC) to initially address concerns for prevention of HIV/AIDS has provided an effective entry point for dealing with the project's broader population and family planning objectives. The NAC has developed a network of community-based educational groups which have received training in AIDS prevention education through 13 workshops. The 593 leaders trained from a wide spectrum of local groups have, in turn, produced over 1,800 educational sessions with more than 66,500 persons countrywide. The NAC actions have also been useful in addressing the concerns of conservative religious groups. The AIDS IEC activities provide a unique opportunity to reach youthful audiences for both STD/AIDS prevention and avoidance of unwanted pregnancy. More attention is required to assess the impact of this NAC training and to address the linkages between family planning and AIDS. Nevertheless, it is clear that this activity is serving a useful purpose in its own right to alert the population to the dangers of AIDS; it is also building a constituency for condom promotion which enables effective messages to be produced and broadcast in a variety of

open forums. More attention must be given to the communications between PSI IEC staff and NAC, however, to ensure consistency in the messages being generated by the separate strands of the project. This program area requires continued emphasis and financial support and efforts should be made to strengthen communication between PSI and NAC and to develop mutually satisfactory understandings of the linkages between family planning and AIDS prevention.

- **Impact on Women and Youth.** The project can be expected to have a substantial and positive impact both on women and youth. Family planning programs, by their very nature, contribute to the improved status of women by providing them with the means to avoid unplanned births and improve their health, access to education, employment, and other opportunities. In addition, the development of the family code in Guinea will have far-reaching effects, giving women more control over their reproductive and family lives, employment, and other facets of their lives. The project has directly assisted the women who have been employed in senior project management and the one third of the trainees who have been women. Even though some women's groups perceive the project as male oriented — largely because of its high-profile promotion of condoms — this perception can be expected to change as other aspects of the project become more visible. Young people have been identified as the project's main target population, and they are being reached through the mass media and interpersonal communications campaigns, especially that of the NAC. These project initiatives notwithstanding, more could be done to address the interests of these populations.
- **PSI Management.** PSI management has established good working relationships with AGBEF, NAC, MOH, the Guinean Office of Publicity, and USAID. In moving quickly on a broad front of action, however, some management actions were not completed as carefully as they could have been. Subagreements with other agencies have not clearly and completely described scopes of work, nor have they adequately identified reporting requirements. Management of the social marketing sales force could have been more effective with more careful planning and day-to-day control, and greater efforts could have been spent in developing senior Guinean staff. In addition, with accounting and budgeting shared between PSI/Conakry and PSI/Washington the financial management and budget analysis functions have suffered, possibly creating some substantial budget shortfalls before the end of the project.

Signs of improvement are becoming evident in PSI management — a social marketing specialist has been added to the staff, an outline of strategic plans and activity schedules have been produced, and a management information system is in the early stage of development. More attention is still required in this area to ensure the most efficient utilization of the available human and financial resources.

- **USAID Management.** USAID staff have maintained an appropriate level of involvement in oversight of this cooperative agreement through periodic meetings with PSI, review of the biographical data forms and scopes of work for key personnel, audit, and through assessment of regular PSI reports. In January 1992, an amendment to the cooperative agreement increased USAID's involvement and responsibility for project management. Greater attention is required from USAID in review of scopes of work for subagreements and in budget reviews if the potential of this increased responsibility is to be fully realized. USAID has augmented its US direct-hire oversight of the project with personal service contracts and Guinean

professional staff. It will be essential to continue at least this level of staffing and also to secure the planned-for technical advisor in child survival if the recommendations of this evaluation are to be followed effectively.

Notwithstanding some implementation problems, the project is off to a good start on a long journey assisting Guinea through the emergent stage of family planning program development. There is every likelihood the project will meet or exceed output-level targets in most cases. It is not at all clear, however, that actual client use will approach the purpose-level goals of the proposal by the end of this phase of project activity. The project activities completion date for this project is June 1994, requiring immediate decisions as to how best to guarantee continuity of the effort.

Major Recommendations

USAID Management

1. USAID and PSI should immediately proceed with necessary planning and negotiations leading to an 18-month project extension. This extension should respond to the budgetary requirements both in the present period (April 1993 through June 1994) and in the period of the extension.
2. In addition to extending the project, the cooperative agreement should be amended to accomplish the following:
 - incorporate key recommendations of this evaluation into the agreed upon activities of the FAMPOP project with a timetable for their completion and agreed upon indicators to measure compliance;
 - define more clearly the documentation that will be acceptable to USAID for its clearance of the scopes of work for PSI subcontracts; this will involve ensuring that the English and French versions of subcontracts are in agreement and that the specific objectives and reporting requirements of each subcontract are stated clearly; and
 - provide for a review of all sales and expenditures measured against plans on a monthly basis.
3. USAID should proceed with design actions necessary for a follow-on, multi-year project to begin January 1996.
4. USAID should maintain the present level of US direct hire, local hire, and personal services contract personnel involvement in project oversight and should proceed expeditiously to secure the planned-for technical assistant in child survival.

USAID and PSI

5. The strategy and planning documents produced by PSI should receive urgent consideration by USAID in light of this evaluation and its proposals, resulting in an agreed upon strategy to see the project through to its end in June 1994. Progress should be formally reviewed by USAID and PSI, on a regular basis, concentrating on business to date,

particularly the project's impact on consumers and issues in the future, both internal to PSI and its subcontracted partners and external institutions.

PSI Management

6. The positions of expatriate staff should be continued at least throughout the life of the project. Consideration of this must be addressed now both in people and budgeting terms. An assessment of those Guinean staff who will benefit from a formal training program is required and their individual training requirements developed over the course of the next six months while current expatriate staff are in place.

7. Following a detailed formal review of expenditures to date and any problems arising from the budget reallocations made in 1992, PSI should finalize a plan of activity across all areas of the business. This should include an evaluation of its cost and, if necessary, a formal change should be made to the cooperative agreement to reallocate budgeted funds.

8. A cashflow forecast should be made to the end of project by month, against which actual spending can be measured and evaluated by USAID, and updated monthly. This should incorporate expenditures by subcontractors; and, following training, it could be produced by PSI accounting staff, with special emphasis on the coding and allocation of line item expenditure.

Social Marketing

9. Social marketing should develop detailed marketing activity plans and the concomitant expenditure projections in order to better manage budgeted marketing expenditure. A good second-in-command sales manager should be recruited and trained to be responsible for the day-to-day management of the sales team; and, if the experiment with locating PSI sales representatives in Upper Guinea proves successful, similar operations should be set up elsewhere.

10. PSI should set up local sales depots in the outlying regions managed by PSI staff or nominees with whom the non-conventional trade feels comfortable. Over the long term, a local major wholesaler should be recruited to distribute and stock Prudence condoms, with support if necessary from its own exclusive sales persons. Alternatively, consideration could be given to setting up a local independent company to manage the social marketing component of the project.

11. As the social marketing project moves toward family planning, the sales representatives should develop and incorporate a family planning component in their promotional messages and activities, primarily aimed at younger people, to reinforce the other mass media work taking place. In addition, social marketing should develop a closer involvement with the IEC agents and NAC networks to complement its own activities in expanding distribution.

12. Research must be carried out on the selling and promotional methodology for oral contraceptives prior to commencement of this activity. This should cover such points as the perceived need for a commercial selling of pills into the conventional trade, how and where to sell, problem backstopping concerns, and public opinion.

Integrated Public Sector

13. PSI and AGBEF in collaboration with MCH/FP should give first priority to continuing and accelerating efforts through training, increased IEC and outreach, and improved supportive supervision to increase the level of client use of services in the project area.

14. AGBEF, MCH/FP, and PSI should modify the contraceptive technology training to help health center staff inform patients and the community of the availability and benefits of family planning. A printed reference manual on contraceptive methods should also be developed.

15. USAID, AGBEF, and PSI in collaboration with IPPF should develop a plan of action to respond to AGBEF needs for technical and financial resources to support appropriate organizational development. This assistance would be designed to help AGBEF respond to new opportunities especially in the area of IEC, training, and clinical service delivery.

16. USAID, PSI, and AGBEF should review possibilities and time frame for establishing several strategically located high-quality urban clinics offering a full range of contraceptive technology. These clinics would be in the project area and also in Conakry and other substantial urban concentrations where IEC activities are undertaken.

17. USAID, AGBEF, and PSI in collaboration with UNFPA should develop a plan of action with the Ministry of Health for technical and planning assistance especially focusing on training, supervision, and management information systems to take advantage of lessons learned and management tools developed in the FAMPOP project for other areas of the country.

Family Planning Support

18. PSI, AGBEF, and the MOH, in collaboration with UNFPA, should ensure that the population policy and the family code are widely disseminated and that the public is informed of these major new policy developments. A summary of the major provisions of the family code should be published and a series of educational conferences/seminars held.

19. The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) should be asked to explore the possibility of working with the nursing and midwifery schools to integrate family planning into their teaching curricula.

IEC

20. To better determine the impact of the IEC campaign to date and to develop future strategies, PSI should undertake research at the earliest opportunity to determine who purchases Prudence, how the mass media messages are perceived, and how Guineans view family planning.

21. Based on this research, PSI should identify broad target audiences that are likely to adopt contraception, either through purchase of socially marketed condoms or use of health centers. The research should also provide the foundation for a culturally sensitive campaign

with a strong motivational component to help Guineans understand how family planning can help them achieve their aspirations.

22. PSI and AGBEF central personnel should assist the AGBEF regional coordinators with the supervision of the IEC agents, in order to help ensure that the agents' workplans tie in with the national strategy to increase contraceptive prevalence.

22. PSI and AGBEF should plan to place major responsibility for a broadbased IEC program with AGBEF, at the same time as the social marketing component assumes more direct responsibility for its own promotional activities.

NAC and HIV/AIDS Prevention

23. PSI should establish formal mechanisms of communication such as quarterly review of relevant activities and regular reporting of planned and accomplished activities in order to avoid miscommunication between PSI and the national authorities in AIDS prevention.

24. PSI should continue the provision of subgrants to the NAC. PSI should, however, ensure that it has adequate technical inputs into the IEC strategy development of the NAC; should include more specifics on budgets and activities in the subgrants; and should require simple procedures for self-evaluation of IEC activities.

25. PSI should devote urgent attention to and technical assistance for the evaluation of the NAC's community outreach program and should work closely with the multidisciplinary research team of the University of Conakry.

26. PSI should organize a retreat with NAC to discuss the rationale and develop a strategy for integration of STD/AIDS and family planning programs.

27. NAC/PSI should initiate an operations research agenda pertaining to the development of the linkages between STDs, AIDS, and family planning.

Impact on Women and Youth

28. In designing the follow-on project for FAMPOP, USAID should ensure that there are some logframe indicators related to women, such as positions filled by women and measures of women served by the project.

29. PSI should make an effort to reach out to women in its program development efforts. The launching of oral contraceptive social marketing provides one such opportunity for the project to follow a strategy for promoting and selling a woman's product in a way that meets the needs of women.

30. The emphasis on youth should be continued.

1. Introduction

1.1 Country Background

Various estimated at between 5.6 million and 7.8 million, Guinea's population has an estimated 2.4 percent annual rate of natural growth. Although substantial numbers of Guineans have emigrated, there has been an influx of perhaps more than a million refugees from Liberia and Sierra Leone. The net migration is estimated at 0.4 percent, resulting in a total growth rate of 2.8 percent. The country's relatively high crude birth rate (45 per 1,000) is kept in check only by traditional patterns of breastfeeding and postpartum separation and abstinence, practices which can be expected to break down with increased modernization and urbanization. The crude death rate of 21 per 1,000 is high even by West African standards, with infant mortality rates of 139 per 1,000 live births and maternal mortality rates estimated at 9 per 1,000 births.

If Guinea's high crude death rate were to respond to improved public health programs and improvements in economic conditions, it could drop to as low as 7 to 10 per 1,000 as it has, for example, in Kenya. Without a concurrent drop in the birth rate (which other African countries have found very difficult to achieve), the population growth rate could approach 4 percent before beginning to slow.

Guinea has not experienced the rapid growth of the AIDS epidemic as has East Africa and now neighboring Côte d'Ivoire. In Conakry, sentinel surveys conducted among pregnant women and patients with sexually transmitted diseases (STD) showed a seroprevalence rate of 0.87 percent and 1.48 percent respectively in 1992, as opposed to 13 percent and 37 percent in neighboring Abidjan, Côte d'Ivoire. It is to be hoped that educational efforts and increased access to condoms will attenuate the spread of this disease in Guinea.

Even failing in this AIDS prevention, however, population growth is expected to continue at a high rate, prejudicing both socioeconomic development and family health and welfare. In the absence of family planning programs, the present low level of contraceptive use (2 percent) will not rise. Birth rate reduction, along with its contribution to a reduction in maternal and infant mortality, will not occur. The increasing population growth rate will tend to maintain family and national income at the present low \$350 per capita annual rate despite impressive (4.5 percent) annual gains in economic growth since the advent of economic reforms in 1986. The impact of population growth on per capita income is already apparent. In 1992, a slower growth (2.8 percent) in the gross domestic product (GDP) was matched by the population growth rate, resulting in zero growth in per capita GDP. The relation to AIDS is not simple as AIDS affects all economic strata of the society. AIDS is increasingly seen as an economic development issue, however. The spread of AIDS and its impact on families is influenced by the poverty that is associated with rapid population growth.

The government of Guinea (GOG) has recognized the implications of rapid population growth in adopting a population policy which includes the objective of reducing the birth rate by 25 percent by the year 2010. The United States Agency for International Development (USAID/Guinea) has responded by making "increased ability of families to determine household size" the second of its three strategic objectives. The third objective, "to improve the quality and increase enrollment in primary schools with special emphasis on rural and female participation," provides a strong supporting contribution to reducing fertility in this country, 80 percent of whose population is illiterate. In

addition, Guinea has made noteworthy progress in developing the Bamako Initiative¹ for stimulating community participation and cost recovery in primary health care.

1.2 Project Description

To assist the GOG and the Guinean non-governmental sector to address family planning and AIDS-prevention issues, USAID/Guinea authorized the Social Marketing of Contraceptives Project (675-0227). The project is funded through a \$6,719,183 cooperative agreement, based on an unsolicited proposal submitted by Population Services International (PSI), which was authorized on August 30, 1991. The project completion date is June 30, 1994. PSI, in turn, has made subagreements with several other local institutions.

The PSI proposal, entitled Family Planning Options Project (FAMPOP), provided for a multi-faceted approach. The project purpose is stated as increasing family planning information and services with "ultimate project success to be determined by the level of increased use of contraceptive products and services." Elsewhere in the proposal the intent is clear to work with the National AIDS Committee (which operates under the auspices of the MOH and comprises members from within and outside the MOH) in an educational campaign and to use condom social marketing to address the problems of STD/AIDS control and as an entry point for family planning. The project purpose as stated in the logframe is to "increase availability, accessibility, affordability, acceptability, diversity, quality and use of family planning and STD/AIDS-prevention products and services." The proposal takes pains to identify this project as one of the first steps in the long process of assisting the country from the stage of an emergent family planning program on through the launch, growth, consolidation, and maturity stages. Expectations are based on increases especially in condom sales in this first stage and on later development of a broader family planning focus with more emphasis on institution/constituency building.

There are three major project components:

- **Social Marketing.** Recognizing the nascent capabilities of the private sector in Guinea, this component relies substantially on PSI expatriate and local employees for its implementation. There is a contract with the Guinean Society for Industry and Pharmaceuticals (SOGIP), a local institution for packaging and warehousing condoms, and commercial relationships have been established with major pharmaceutical distributors. Efforts have been made to sell through pharmacies, commercial organizations, and a variety of other outlets — bars, night clubs, and hotels. Activities have initially focused on condom sales and promotion throughout the country, largely for STD/AIDS prevention. Sales of oral contraceptives are expected later in the program, with a greater emphasis on family planning target audiences. Information, education, and communication (IEC) components are essential adjuncts to support public awareness and product advertising.

¹The Bamako Initiative was passed in September 1987 in Bamako, Mali, by the health ministers of the World Health Organization, African Region. The resolution invites member states to a) encourage social mobilization initiatives to promote community participation in policies on essential drugs and child health at the district level; b) ensure regular supply of essential drugs of good quality and at the lowest cost to support the implementation of primary health care; and c) define and implement self-funding mechanisms at the district level.

- **Public Sector Integration.** In coordination with other donors (UNICEF, UNFPA, World Bank, IPPF, and FPIA) the project works in selected areas of the country (Upper and Forest Regions) to introduce family planning services into the public health clinics in a staged process. The two main indigenous implementing institutions are the private Guinean Association for Family Well-Being (AGBEF) and the Maternal and Child Health/Family Planning (MCH/FP) section of the Ministry of Health (MOH). The degree of collaboration between the public and private sector in Guinea is rare in family planning programs. FAMPOP inputs include development of standards and clinical procedures, production of management and monitoring tools, training of service delivery and supervisory personnel, and provision of commodities. The IEC component is essential for the promotion of family planning use.

- **Family Planning Support.** Other discrete elements included in the project are directed toward improving the policy climate for family planning and improving program implementation and monitoring. These include supporting UNFPA and the Ministry of Plan's work in their development of the 1992 population policy and in carrying out a demographic and health survey (DHS). AGBEF is being helped in pursuing its lead role in the development of a family code. The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) has been contracted to assist the University of Conakry Medical Faculty in the development of reproductive health/family planning components in its medical curriculum and in the improvement of teaching methodology. The National AIDS Committee (NAC) is being assisted in carrying out a series of educational activities with a wide spectrum of audiences throughout the country. These are aimed primarily at raising awareness of STD/AIDS and promoting the use of condoms.

1.3 Purpose of the Evaluation

Appendix A contains details of the timing, team composition, and methodology of this midterm evaluation. The purpose of the evaluation was "to inform PSI, AGBEF, GOG, and USAID/Guinea decision makers on how to improve project effectiveness, to strengthen the national family planning and STD/AIDS prevention programs . . . assessing the actual versus planned progress toward the goal, purpose, and outputs of the project . . ."

1.4 Summary of Progress to Date

- PSI was able to take advantage of its presence in country at the beginning of the project to expand a competent expatriate and Guinean staff quickly and to initiate project activities rapidly. The volume of activities is comprehensive and PSI has successfully built a positive image for the project, creating excellent working relationships with the GOG and the private sector. PSI has worked in such a way as to enhance the collaboration between the MOH and AGBEF and has developed a partnership with the National AIDS Committee and its coordinator.

- There is little doubt that this project's activities have played an important role in opening the doors to public discussion of issues related to population, HIV/AIDS, and family planning. The formal adoption of the population policy by the government and the support for family planning expressed by health sector leaders and personnel of the Ministry of Plan

provide some indication of the impact of the policy development and training aspects of this project. The work done in the development of the family code and the likelihood of its adoption bode well for improving the status of women, a key element in socioeconomic development and in long-term fertility decline.

- Although PSI has made some critical contributions to the UNFPA-sponsored DHS, it has not been able to move that process along rapidly enough to produce a good baseline sample or current information for program planning purposes. Assistance to the development of family planning curriculum for the medical faculty is moving as planned.

- One of the major successes in the social marketing component of the project has been that PSI has sold large quantities of Prudence condoms to wholesalers and retailers over the last 12 months, a relatively short period of time. In the absence of finding an appropriate local distributor, PSI has recruited an enthusiastic team of 10 sales representatives who have obtained coverage in most major urban towns. In addition to distribution to pharmacies, at least in Conakry and N'Zérékoré distribution has been accomplished in less-conventional outlets such as bars, night clubs, and hotels; and some repeat purchase by wholesalers and retailers is now becoming evident with a recent sales drive in Conakry. In addition, the social marketing team's promotional activities have raised local consciousness and interest and have produced a climate in which condoms are discussed in a much more open manner.

Nevertheless, timing has been a problem and, due to the absence of a suitable local distributor and the subsequent need to recruit its own sales team, the social marketing component took longer to develop than perhaps had been envisaged. Also until recently, the absence of strong, direct day-to-day management of the sales team has encouraged a variable approach to sales planning and business development which has lacked both long- and short-term direction. Increased focus on a planned organized effort must now be firmly established particularly in servicing existing customers both in Conakry and elsewhere by better planning of sales calls, and particular attention must be paid to stock monitoring and management of the stock held by the trade. Greater effort must be placed on following sales progress and monitoring the degree to which sales to wholesalers and retailers are being translated into actual sales to consumers. Greater internal coordination between the IEC and social marketing staffs must be developed if sales efforts are to take advantage of the promotional/advertising campaigns. Though the initial sale of stock and consciousness raising has successfully ridden on the message of AIDS prevention, the shift to a more direct message related to family planning has yet to be accomplished. As yet, there has been little progress in developing a well-planned campaign for the sale of oral contraceptives as outlined in the project proposal and cooperative agreement; indeed, much work needs to be done getting existing logistics right before moving on to this second stage of product extension.

- IEC activities demonstrate an impressive amount of progress as well as some areas in which change is needed. PSI has launched Guinea's first major multi-media promotional campaign and already there are indications of impact on public awareness of AIDS, STDs, and the social marketing condom, Prudence. PSI has followed the generally accepted process for developing mass media programs, with studies to identify likely strategies to reach target audiences, pre-testing of messages and media, and monitoring of progress. It has produced a remarkable number of radio and television spots in five languages — as well as other programming for mass media — broadcast on national radio and television and on rural radio. The broadcast media have been backed up with supporting materials and interpersonal

communications strategies. Despite these successes, however, a stronger motivational component is needed in these promotional activities in order to convert awareness into action, and a considerable amount of work is still called for to move into family planning oriented messages. Thorough research is needed to probe more deeply into the barriers to wider acceptance of family planning products and services and to regularly monitor progress in the marketplace in both public comprehension and product uptake. In addition, interpersonal communications need to be strengthened and educational and informational materials developed.

- The strategy of cooperating with a particularly active National AIDS Committee to initially address concerns for prevention of HIV/AIDS has provided an effective entry point for dealing with the project's broader population and family planning objectives. NAC has carried out an impressive number of education and training sessions with some obvious impact on building constituency for AIDS concerns and the promotion of condoms. A network of community-based educational groups has been developed through 13 workshops for 593 leaders covering a wide spectrum of society. This in turn has produced over 1,800 discussion sessions with more than 66,500 persons countrywide. The NAC has been useful in addressing the concerns of conservative religious groups in the society which began to have reservations about these activities. This has helped pave the way for more open discussion of human sexuality, especially with youth. More attention, however, could be paid to assessing the impact of the NAC training and to assuring that, wherever appropriate, the rationale for family planning is included in the AIDS message, as called for in the project proposal and cooperative agreement.

- Departures from the scheduled implementation of the public sector integration have been largely due to the successful but time-consuming development and adoption of a series of essential national standards for the delivery of family planning services, training modules, and management and monitoring tools. Training is now largely on schedule and can be judged successful based on observation of courses and follow-up of supervisors, service delivery personnel, and IEC agents on the job. The number of health centers in which family planning is available will soon match or exceed project expectations. Supportive elements from the private sector, such as the AGBEF participation in training and IEC promoters and coordinators, are in place. Monitoring of performance in the first 16 centers has been carried out by PSI/AGBEF, producing early service statistics. Although these data do not allow hard conclusions, they do suggest the continuing need for supportive supervision, increased IEC, and consideration of alternative approaches to augment family planning caseloads. These caseloads do not presently compare favorably with project expectations.

- Obligations and disbursements of project funds have moved according to schedule, with project needs identified that exceed present budget levels. A major effort is required of PSI to improve its budget analysis capacity, as accounting responsibilities are shared between PSI/Guinea and PSI/Washington.

1.5 Constraints

PSI and its partners in project implementation are faced with major constraints in achieving expected outcomes of the project. Most of these constraints were identified in the FAMPOP proposal and in the USAID country program strategic plan (CPSP) for fiscal years 1992-96.

- The health infrastructure is weak and overburdened with curative and other preventive services. It is not impossible to create family planning awareness and contraceptive use among uneducated rural poor families; but in Guinea, poor roads, little if any formal means of communication, and lack of institutional infrastructure to reach these people add to the cost and the difficulty of supervising services and supplying the services with basic commodity requirements.
- Previous government policies did not create an environment favorable to the private sector either in the development of non-governmental organizations (NGO) or in private commercial fields of endeavor. As one looks for strong participation of the private sector in social marketing and family planning service delivery in this project, these limitations become apparent.
- The pronatalist policy of the government for years discouraged training in family planning in the development of health professionals and stifled any growth of awareness of modern means of contraception in the general public.
- Cultural practices that have limited the role and status of women and placed many reproductive decisions under men's control, coupled with a conservative or erroneous interpretation of Islamic attitude toward family planning, pose serious constraints for family planning activities.
- The decision of the government of Guinea to request FAMPOP to develop integrated service delivery in the health centers of the outlying Forest and Upper Regions precluded emphasis on the Conakry urban population and added logistical as well as other constraints.
- Even though the collaboration between many donors interested in population and health has been good, the diversity of funding makes it difficult to develop a truly national family planning program. The clinic system amounts at this time to an uneven patchwork of services around the country.

Some of these constraints are indeed changing; several have been influenced by this project.

- The adoption of the population policy provides authority for those who want to work more aggressively in providing family planning services and information. Changed social and economic policies of the government allow the growth of the private sector. Lack of interest or skills in family planning on the part of health personnel has been modified considerably by project training and by the establishment of family planning standards and procedures. AGBEF has grown in capacity as it has received increasing responsibility and support. Considerable interest surrounds the issue of the role and status of women and the need for a family code. AGBEF and NAC activities with Islamic leaders have done much to mitigate their reservations and generally win their support.
- The improvements in the health system due to the Bamako Initiative, which stimulates community participation, cash recovery, and a more consistent supply of essential drugs, are apparent in the Forest Region, but less so in the Upper Region. These improvements have been facilitated by considerable Swiss, Belgian, and German technical and financial assistance. Road conditions are improving and rural radio is expanding its programming and reach. The impact of these changes on the ability to provide and improve family planning services will

require some time. Public response to and use of the services may not develop quickly, but there are signs that progress can be made with somewhat less difficulty than several years ago.

2. Social Marketing

2.1 Findings

2.1.1 Sales History

Prior to the commencement of the USAID-PSI cooperative agreement in July 1991, the Prudence condom was first sold to three major pharmacy wholesalers, including Laborex, the national Guinean pharmaceutical distributor. This provided some condom distribution in Guinea but, on its own, was insufficient to make a major impact on consumers. Laborex usually supplies pharmaceuticals on the basis of weekly visits by the pharmacist to the wholesaler in Conakry and on a monthly basis from upcountry outlets. PSI initially hoped that pharmacies would purchase Prudence along with other pharmaceuticals in the normal course of their business, but this did not occur to any sizeable extent. Searches for a suitable local distributor for the social marketing program proved fruitless because of the style of trading in West Africa by distributors who utilize a generally reactive approach rather than the necessary proactive approach required for a new socially marketed product. Consequently, PSI recruited and trained a team of sales representatives in February 1992. Attempts to use pharmacies as local "wholesale" stockists did not work either, generally because of the way that other traders view these outlets; i.e., they are not part of the normal trading route for outlets such as bars, hotels, and general commerce.

This team of social marketing sales representatives began the initial sales drive in Conakry in February 1992 and achieved useful distribution gains over the next two months, selling nearly 100,000 condoms in some 216 non-traditional outlets such as bars, night clubs, and hotels. Many of the larger volume sales were on credit. Prudence condoms were also placed in major pharmacies, public companies, and community associations, also mainly on credit. During the first three months of operation (February-April), 400,000 condoms were sold to wholesalers and retailers in Conakry and a further 200,000 in areas outside the capital. Sales to the entire country in May were 150,000.

Attention was then turned to other outlying areas, beginning with Middle Guinea, then Upper Guinea, and then the Forest Region. Over 700,000 condoms were sold in this period (June-September 1992), mainly to pharmacies which it was hoped would act as wholesale stockists. The sales representatives also spent much of their time attempting to collect overdue debts resulting from the earlier credit sales or in moving blocked stock (i.e., stock which had not been sold) to other outlets. This had the advantage of increasing distribution and reducing the original debt, but it did not add to the total sales volume reached. Apart from occasional sales to institutional pharmacies (250,000), no substantive sales were made in Conakry for over nine months (June 1992 to March 1993). A renewed sales drive was instituted in Conakry in March 1993, which resulted in 324,000 condoms being sold, over 100,000 of which were sold to 81 non-traditional outlets, many of whom were repurchasing, and 183,000 to pharmacies and pharmacy wholesalers.

By the end of March 1993, 2.1 million² Prudence condoms had been sold to wholesalers and retailers, over 1 million in Conakry and the rest in urban areas virtually nationwide. Of the 34 districts in Guinea, 28 have now been covered.

²This figure includes 75,000 condoms sold prior to the commencement of activities by the social marketing sales representatives.

2.1.2 Distribution

Pharmacy distribution is good in all regions. In Conakry and Forest Region (and in Middle Guinea according to PSI), Prudence is also well distributed in bars, clubs, and hotels, having been delivered there directly by PSI representatives. Sales through these non-conventional outlets vary but are generally moving quite well. As out-of-stock situations occur, however, these outlets are not restocking by going to the pharmacies. Rather, they are waiting for a visit from PSI staff to provide stock, with the result that sales may be missed due to lack of availability of product. In the rural areas around N'Zérékoré, stock is available in bars but the same reluctance to restock from the local pharmacies obtains. In Upper Guinea, and Kankan in particular, distribution outside pharmacies is limited to hotels and night clubs. There are very few bars in this rather more conservative and more Muslim area.

In Conakry and N'Zérékoré (but not in Kankan), Prudence stock is to be seen on the market stalls and in "unofficial" pharmacies (i.e., local outlets selling pharmaceutical products but not licensed by the government). The source of supply varies. Sometimes it has come from a trader in Conakry, in which case it is current Guinean stock; otherwise it comes from Malien traders and is of different origin, usually Burkina Faso. Condoms are to be found on most medicine stalls, either the Sultan or Green Code brands. In some cases, Sultan is also available in pharmacies in which Prudence has run out.

In total, direct sales have been made to over 100 pharmacies, more than 300 bars, hotels, and clubs and 87 commercial concerns and businesses. There have probably been other indirect sales via major institutional wholesalers, and there is unquantified distribution to market stalls. It is estimated that throughout Guinea there are in excess of 1,000 points of purchase for Prudence, including small market stalls.

2.1.3 Pricing

Retail pricing is well controlled, with Prudence selling at 200 Guinean francs (FG) for a box of four in all outlets other than market stalls. Sales through official outlets are in boxes of four, but are more frequently sold as single units in the market. In the market stalls, the price for a single unit is 100FG upwards; if sold as a box of four, the price is 250-300FG.

The purchase price of a box of 80 condoms direct from PSI is 2,500FG, but can rise to 3,000FG when purchased by a market stallholder from a wholesaler. The price of 100 Sultan condoms from AGBEF is also 2,500FG and, since the *retail* price per unit is constant, some areas of the trade have recognized the potential for greater margin by selling the Sultan brand. There is no evidence of price cutting at any level of the normal trading chain even when sales have been made in large quantities and free stock has been given as an additional incentive to purchase.

2.1.4 Terms of Trade

When sold by PSI, the profit margins made by various sectors of the trade are as follows: wholesaler 17 percent, semi-wholesaler 8 percent, and retailer 37.5 percent. Each of these terms is dependent on quantity purchased.

The giving of credit terms seems to have been extremely widespread during 1992 and was probably associated with the desire to sell large quantities of condoms to wholesalers and retailers at a time

when condoms were not a high-volume purchase item. The outstanding debts due to credit peaked in September 1992 at \$19,000 on cumulative sales at that time of \$36,000. By the end of March 1993, the sales value of Prudence was \$52,000, of which \$14,500 had been paid in commissions to the sales representatives, and \$17,500 was in outstanding debt. Eighty percent of this debt was well over three months old, and although the sales representatives have gotten payment of some of the debt, there are doubts as to the ability of PSI to collect much of it. There now seems to be a determined effort to limit the amount of credit given.

The available return-to-fund cash (i.e., income from sales of product that may be used by the project) currently stands at about \$20,000, less some small items of expenditure. This has not yet been allocated for any specific purpose.

2.1.5 Consumer Purchases

Sales to consumers have not been as successful as sales to wholesalers and retailers. The volume of sales to consumers is difficult to estimate, but most retailers stated that during 1992 sales were slow, perhaps one or two boxes of four condoms per week. At present, the retail rate of sale varies considerably by outlet type. Pharmacy siting and its regular clientele are important factors. The introduction of display bottles in October-September 1992, along with where these are placed on the counters, has also had a major effect. In some outlets, sales have picked up to an average of about one carton (i.e., 20 boxes of four) per week; this is particularly the case in pharmacies around the major markets. In pharmacies elsewhere, sales are still very slow at only two to three boxes per week. In busy bars and hotels in which prostitutes work, sales are also about 20 boxes of four per week and occasionally higher if there is a disco event. Elsewhere, in restaurants and kiosks, sales are about four to five boxes per week. Most retailers stated that sales are "weak" and, given the low absolute margin on a box of Prudence, it is not yet a high interest area for many of them.

By examining these various patterns of business, it is estimated that about 400,000 condoms were actually purchased during 1992. The current reported levels of business would indicate that perhaps 800,000 are condoms sold to the public per annum.

The typical consumer of Prudence is young and male. It is estimated that about 80-90 percent of purchases are made by males who are generally quite open in the way they make their purchases in stores. Older males tend to be more discreet, especially in Upper Guinea. The display bottle has meant that purchase can be made without having to ask for Prudence when the shop has other customers present. Young males tend to take one box at a time, which may have just as much to do with disposable income as requirement, and the older purchasers will buy three to four boxes. Pharmacists interviewed stated that the older purchasers are probably buying condoms for family planning purposes. A study of traders and consumers conducted by PSI in Labé found that the usual stated reason for purchase is protection against STD and AIDS (in that order); the reason for purchase as a contraceptive is relatively rare at present.

At present, PSI is translating sales to wholesalers and retailers into couple years of protection (CYP). This is not justified, however. Only when condoms are purchased by the end-user can they be deemed to be contributing to CYP.

2.1.6 Stock

The Prudence condom is currently stored at SOGIP, where it is packaged and then transferred as necessary to PSI. Storage at SOGIP is adequate in terms of light and ambient temperature. There are presently 3 million Prudence condoms in storage and packaging will commence in April. The recently negotiated contract for this service is 10FG per box and the packaging rate is about 30,000 condoms per week, carried out by 10 employees. In October 1992, there was a small disruption to supply due to the late delivery of packaging materials but, other than that, there have been no major stock-outs at the supplier level. There have been about 5,000 damaged products from the supplier, Ansell, in which there were no condoms in the wrapper; and a small number of shipper cartons have been tampered with in delivery.

The shelf-life of Prudence is not an issue as yet, as the product was manufactured in 1991 and has a normal life of five years. Whether or not this is the case for product kept in Guinea is not known. There is no quality control of product carried by SOGIP and, although storage conditions are adequate, as the project progresses care will be required to ensure that product life is monitored. An additional problem is that *only* the date of manufacture is printed on the foil wrapper. This has been noted already by some consumers who have asked retailers if the product is in good condition.

Large volumes of Prudence were sold to the pharmacy outlets during 1992 which, given the low rate of sale, have not moved to any great extent. This is particularly true in urban areas outside Conakry and, during late 1992, PSI sales representatives attempted to relieve some of this problem by selling to other outlets stock previously sold and delivered elsewhere. In many cases, however, pharmacies still hold considerable stocks of product, typically 5,000 condoms, which they are unlikely to sell quickly if sales continue for them at purely retail level and at current rates.

At the other extreme, there are examples of outlets being out of stock and, because of reluctance to go to a pharmacy to repurchase, the customer has waited for a revisit by the PSI representative. For many clients in the bars, clubs, and hotels it is culturally unacceptable to buy goods from pharmacies; in addition, they would not be likely to obtain the credit that PSI may grant them. Given the long gaps in the sales representatives' journey cycle (i.e., programmed regular revisiting of areas and outlets), particularly in Conakry, there will have been potentially lost sales.

2.1.7 Sales Team Modus Operandi

To date the team of sales 10 representatives, 6 men and 4 women all of university graduate status, has worked together covering the chosen area for a period of selling and promotional activity and has operated in pairs. During 1992, the representatives tended to spend two to three weeks on selling Prudence in outlying urban areas and one to two weeks in the capital, as well as organizing promotional activities. This changed in March 1993 with two representatives being relocated on a permanent basis in Upper Guinea, with plans for extension elsewhere. This should give better coverage on the ground and an improved level of calling on customers.

A social marketing advisor position was added to the social marketing component in January 1993 (see Section 8.1.2). Prior to her arrival, the sales representatives' activities were managed by the PSI director with the assistance of the social marketing coordinator. Possibly because of reasons of time and other priorities, day-to-day management and planning of programs for the sales representatives has been limited. For example, since the commencement of selling activities, much time has been directed toward recouping outstanding credit debts, at the expense of developing new distribution and

servicing existing customers in Conakry. With more direct management, the freedom which the sales representatives have had is being steadily curtailed.

Although the project has been successful in achieving certain volume sales goals, there appears to have been no coordinated long-term strategy for building sales and maintaining a regular calling pattern to trade outlets. Similarly, the social marketing elements have focused on selling stock to wholesalers and retailers and conducting awareness-raising promotional activities. Consistent follow-through of marketing condoms to the consumer appears to have been a secondary objective.

Until recently, there has been little formal financial planning of social marketing activity. Short-term activities have been budgeted but a phased, longer-term plan of expenditures related to activities is not an exercise that has been conducted in a regular way.

Previously, although some targets may have been set overall for the team, individual or pair targets have not been used, and any successes the team has had in terms of commissions have been shared. Under the new social marketing advisor, volume targets for a sales canvass appear to be rather more directed, although negotiated consensus between the sales representatives and the advisor still has a part to play. No distribution targets are set, however, nor is there any planning of sales calls in terms of daily or weekly coverage of outlets to be contacted. Data to manage the sales representatives have been somewhat lacking until recently, and efforts are being made to generate these in order to guide and monitor sales more accurately. For example, the canvass of Conakry during March 1993 showed not only high sales volumes to wholesalers and retailers but varying success at opening up new outlets and recouping outstanding credit debts.

Sales representatives receive a monthly salary of 300,000-350,000FG and can add an additional 100,000FG in commissions. Bonuses are based on 1FG per condom sold for cash, 0.4FG per condom sold on credit, and 0.03FG on recouping debt. These commissions are payable to *each* representative based on the total achieved by the whole team. Some sales are made on credit at the beginning of a selling period but if, towards the end of the period, some cash is obtained on a return visit then this counts as a cash sale for bonussing purposes. About 50 percent of credit sales are made to wholesalers and semi-wholesalers, and there do not seem to be any formal guidelines given to the representatives about whom to give credit nor the amount. PSI stated that the representatives have concentrated on recouping debt because they feel responsible for that debt, having sold large volumes of the product on credit.

There is also a feeling among the representatives that they are more "*sensibilisation*" people (i.e., persons more adept at interpersonal communication) than regular salespersons. In some ways, this aspect of their work overlaps with the project IEC agents (see Section 5.1.7), although the latter reach out into more rural areas. To date, there has been little geographic overlap but this will change as the IEC agents expand their field of operation and regional siting of sales representatives is put in place. In addition, there is the NAC network of people who are also active in awareness creation and message delivery (see Section 6.1.4).

2.1.8 Marketing Activities

Throughout the program various marketing activities have taken place ranging from interpersonal communication, conferences, dances, soirees, animations, and predominantly mini-promotions. The mini-promotions have been held at discos, clubs, and bars and have attracted considerable interest, particularly in areas outside Conakry, and mainly among young people because of the very nature of

the activity. This interpersonal communication, along with the mass media advertising, has created a high awareness of Prudence and its benefits in protecting against STDs and AIDS; it is estimated that some 50,000 people have been exposed to these events. STDs are well known, and prevention against infection is spontaneously mentioned as a prime motivator among those groups at risk, namely the young and those involved in casual sex. In Upper Guinea and the Forest Region, where there has been little national advertising, the message of the incidence of AIDS appears to be not as well recognized and is thought to be a more serious version of an STD by the current buyers. It may well be that this group of people currently buying condoms has been converted to their use because they recognize they are an at-risk group, and *it matters to them personally*. There may equally be a somewhat larger group of people who are still at risk of AIDS but have not been persuaded that they need protection from this or, indeed, other STDs.

The movement of Prudence condoms into the public domain was viewed favorably by most sectors of the non-conventional trade and most consumers interviewed. Clearly, the overall activity has induced a greater freedom to talk about condoms than existed previously. Having said that this high profile publicity in creating awareness for Prudence has been successful, however, it should be pointed out that there have been some adverse comments about the lighthearted treatment of condoms in the promotional events. This has tended to be among the older, institutional members of society, rather than among the younger people who attended them.

The sales representatives are allowed considerable freedom in developing their own promotional activities, but there has been little linkage between the social marketing and the IEC personnel in PSI. As examples of this, when the social marketing staff need promotional items, they are merely requested from IEC staff who design and procure them with apparently little input from social marketing; and although information on when media spots are to be aired, either at the national or rural level, may be passed on to the social marketing head office staff, details do not seem to work their way through to the sales representatives to use as part of their selling campaign. Other than pre-testing some items, there has been little done in the way of research on the effects of the social marketing activities or purchases by consumers.

2.1.9 Display

Stickers were seen in most outlets where Prudence is stocked and bottle dispensers in pharmacies and other points of sale. The bottle dispenser, introduced in late 1992, is very popular with vendors; and, when it is readily accessible, has had a beneficial impact in stores by allowing more public featuring of the product and ease of purchase. In some outlets, the bottle is merely used as a container for the product and is situated rather more discreetly, thus not being used for best effect. This lack of visibility probably has more to do with the views of the proprietor of the outlet than his clientele. Of the other materials used, T-shirts were frequently in evidence but not the caps which have also been issued. Some of these promotional materials have been given to pharmacists, but most have gone to other vendors, bar owners, etc.

2.1.10 Sampling

Over 500,000 condom samples had been given out by the end of February 1993. Nearly 50 percent of these have gone to the NAC; the rest have been given out at social marketing promotional events. There is no information on the actual usage of these condoms.

2.1.11 Oral Contraceptives

Plans are beginning to be made for the introduction of oral contraceptives in the social marketing program. At present, it is worth noting that pharmacies have little stock of orals and report that most women "go to the clinic" for their supplies. Demand is so light that some pharmacies have ceased to stock them. Officially, a Guinean woman needs to visit a doctor to obtain a prescription for orals; subsequent refills are then given by the pharmacist without prescription. In the Forest Region, pharmacies will supply Liberian women without any prescription on the grounds that they believe that Liberians know all about the oral contraceptive and its effects, having already had access to a more advanced family planning structure. Oral contraceptives are also regularly available on many medicine market stalls. Purchases are usually made from these when women wish to be discreet in their purchase of contraceptive products.

2.2 Conclusions

Distribution

Sales of Prudence have gotten off to a good start, given the absence of a local distributor and the failure to use pharmacies as stock depots. Most of the country has been covered, with direct sales to 28 of the 34 districts by a trained team of 10 enthusiastic sales representatives.

Distribution is in most pharmacies and many bars, clubs, and hotels; and the fact that the product is becoming apparent on market stalls in the major urban areas of Conakry and N'Zérékoré indicates that product sales are beginning to be of sufficient interest.

Price

Pricing is well controlled and appears to be at an acceptable level for its purpose. The trade margins are acceptable in proportional terms but, unless volume movement of stock increases, the product category will remain a low commercial interest item for pharmacies and larger commercial sectors of the trade. It may prove difficult to increase the price in the short to medium term, until the product gains more widespread and sustained use.

Stock

Distribution of stock is a problem. There has been too much stock moved into pharmacies in which retail sales are the only means of reducing stock levels. On the one hand, this is causing a problem of cashflow for the pharmacists who have actually paid for the stock, and on the other hand, it is causing a problem of redeeming cash for PSI, in those pharmacies in which the product was sold on open-ended credit terms. In addition, the slow movement of stock creates general apathy among the pharmacists who do not believe the product is selling because of the high stock levels they can see in their shops.

The reliance on PSI staff to replenish stock, where it is moving, has produced an out-of-stock situation for an indeterminate period of time due to too-lengthy gaps between sales visits.

Sales

Although sales to wholesalers and retailers have been impressive, those to consumers are less so. Having targeted young people for its promotions, PSI has achieved a generally favorable response to its activities. Awareness of Prudence is high, but the conversion into large-scale consumer purchases has yet to occur. It is insufficient to create awareness and large stocks in the trade if there is no underlying motivation to purchase for many potential consumers.

Of the sale of 2.1 million condoms to wholesalers and retailers during 1992, it is estimated that sales to the consumer were in the region of 400,000 condoms, and it could be reasonably assumed that these purchases were used. In addition, perhaps half of those condoms given as samples could also have been used. Thus, in 1992, some 700,000 condoms were probably used by consumers, equating to 4,666 CYPs. The indications are that the running rate of sales has increased and, given the same usage of samples, would infer that the CYPs for 1993 will be on the order of 7,000.

The above also means that there is a considerable amount of stock in the trade right now and, unless new outlets are opened or usage rates increase dramatically, selling the remaining 3 million³ condoms in the next 15 months may prove difficult. Certainly, there is nothing to be gained by selling stock onto stock for the sake of moving product into the trade. On the basis of estimated consumer purchase, it also indicates that it is unlikely that the project's CYP target for condoms (35,000) will be achieved.

Usage

STDs are a problem that afflicts Guinea, as well as many other West African markets, and is commonly accepted as a problem which needs treatment. The common belief is that curative treatment is available, but that Prudence is a valuable adjunct in its prevention for those people who believe that they may be at risk, particularly young males. The number of these people is relatively small and the message that AIDS may be more life threatening has not really permeated through to a wider population and, for some, the disease is merely seen as another more serious form of STDs. The use of condoms for family planning is insignificant at this stage.

Social Marketing Management

Directional management of the social marketing representatives has been somewhat lacking, but is now being addressed with the arrival of the social marketing advisor. Where the representatives should go, and what their tasks are, have only been stated in a general sense. Specific planning of sales calls is needed, and a better programmatic plan will help improve efficiency and relationships with the trade, as well as allowing measurement against targets.

There is an absence of sales management information to guide and monitor sales. A thorough information stream relating to customers purchases and stockholdings would better indicate the rate of sale of Prudence to consumers.

³This was a resupply by A.I.D. to see the project through to July 1996; the original plan for the whole project was 5.25 million condoms over three years.

There does not appear to have been any overall marketing strategy which allows measurement of marketing goals. The achievement of distribution points and volume of stock sold to wholesalers and retailers is laudable, as is the number of promotional activities which have taken place. These, however, do not measure the quality of the social marketing component as it relates to the consumer. A clearly constructed, longer-term strategy, translated into timed action plans, would greatly assist the project's progress and would induce a better coordination with other PSI activities, particularly IEC. There is also a need for marketing expenditures to be planned, including phased expenditures on sales representatives' forays into outlying areas and promotional expenditures, as well as major purchases of materials and other large but irregular line items.

2.3 Recommendations⁴

Project: Short to Medium Term

1. The social marketing component should develop detailed marketing activity plans and the concomitant expenditure projections in order to better manage budgeted marketing expenditure.
2. PSI should train or recruit a good second-in-command sales manager to be responsible for the day-to-day management of the sales teams
3. If the trial of locating sales representatives in Upper Guinea proves successful, PSI should set up similar operations elsewhere as regional teams.
4. PSI should set up local stock depots in the outlying regions that would be managed by PSI staff or nominees with whom the non-conventional trade would feel comfortable.
5. As the project moves towards family planning, the sales representatives should develop and incorporate a family planning component in their promotional messages and animations, primarily aimed at younger people, to reinforce the other mass media work taking place.
6. The social marketing component should move toward developing and procuring its own promotional materials, with input from IEC staff when theme messages are involved.
7. Given the current deficiencies in the organization and performance of the sales team (targeting, monitoring, etc.), it would be premature to rush into the social marketing of pills until these are corrected. Research must be carried out on the selling and promotional methodology of this activity prior to its commencement. This should cover such points as the perceived need for a commercial selling of pills into the conventional trade, how and where to sell, problem backstopping concerns, and public opinion.
8. Social marketing management should consider a closer collaboration between its sales representatives' activities and those of the IEC agents and NAC networks with the aim of

⁴The recommendations in this evaluation are, insofar as is practical, placed in the time frame of those which should be implemented in this project phase (before July 1994) (short term). Others are those that will be implemented in the period of project extension or the initial stages of a new project (July 1994 until December 1995) (medium term) and those contemplated for implementation farther along in the future (long term).

complementing its own activities in expanding distribution. The social marketing component, however, should continue to have the responsibility for sale of the product.

Project: Long Term

9. Over the long term, PSI should aim to recruit a local major wholesaler to distribute and stock Prudence, with support if necessary from exclusive salespersons attached to the wholesaler. As an alternative, consideration could be given to setting up a local independent company to manage the social marketing component of the project.

Operational: Short Term

10. PSI should develop a system of customer records which allows the sales team to monitor progress within each outlet, thus keeping rotation of stock at an appropriate level.

11. PSI should plan at least a three-month revisit cycle for each outlet and ensure that no more than four to five months of stock is delivered at a time, given current selling rates.

12. PSI should consider offering bonuses to sales representatives upon the opening of new outlets in addition to the current volume sales incentive.

13. PSI should locate a local trader near to each of the major popular markets to act as a stockist and to improve distribution to commonly used non-conventional outlets (e.g., market stalls).

14. Social marketing head office staff should ensure that detailed information about when mass media spots are to be aired is transmitted to all sales representatives so that the sales representatives can use this as a selling tool.

3. Public Sector Integration

3.1 Findings

3.1.1 Introduction

In seeking to integrate family planning into the primary health care structure of the MOH, the project has accepted a difficult challenge. It is logical to initially build on the only system that exists with a network of centers throughout the country. But it is very difficult to integrate an additional preventive service into a system with the bureaucratic inertia of an underfunded ministry which is struggling to respond to existing demands for curative and priority preventive services. Some MOH officials are realistic enough to ask how far and how fast this approach can take them in reaching the 25 percent contraceptive prevalence goals called for in the national population policy — or the even higher goals necessary to reduce fertility to the levels indicated in that policy (see Section 4.1.1). Perhaps they are reflecting on previous unsuccessful MOH attempts supported by UNFPA or they may be aware of how slow this approach has been in producing results in other African countries. Only in Zimbabwe, with the strong support of an independent family planning institution, and in Botswana, with a well-developed health infrastructure in a small geographic area, can substantial success be cited in raising contraceptive prevalence by MOH integrated maternal and child health and family planning efforts. Recent advances in Kenya may provide another positive example after long years of desultory progress. Success in this integrated approach requires some rather extraordinary efforts.

The FAMPOP project is providing some of the extra inputs that may make the difference between success and failure in this approach in Guinea. The cooperation between the private sector organization, AGBEF, and the MOH MCH/FP unit in training, IEC, and coordination/supervision is making a distinct difference. Project inputs of motorcycles and fuel have made personnel more mobile in IEC, outreach, and supervision. In addition, Bamako Initiative activities are having a noticeable effect in improving health care, at least in the Forest Region where support from external donors is strong. On the downside is the fact that the MOH requested PSI to begin this integration process in the outlying Upper and Forest Regions of Guinea instead of addressing the more concentrated, easier-to-reach urban populations of Conakry or the coastal region.

The project logframe in Appendix B summarizes the progress made in fulfilling the output targets of producing standards and protocols, providing training, and establishing 64 health centers in which family planning is to be integrated with primary health care. To date, 162 service personnel, supervisors, and IEC agents have been trained, and 50 health centers have been established with family planning capability.

3.1.2 Personnel

The integration component is operating generally as outlined in the project proposal and cooperative agreement. PSI has provided an appropriately trained, sensitive expatriate family planning advisor with good experience in Africa for this component. It has also employed a competent family planning Guinean advisor who takes an active role in project implementation. The PSI IEC staff has provided the kind of assistance contemplated, although in the initial stages of the program their attention was given more to social marketing and the AIDS prevention messages of condom promotion than to

those of the public sector family planning activities. AGBEF regional coordinators (called "supervisors" in the proposal) have been put in place in both the Forest and Upper Regions. The (local level) program supervisor function called for in the project proposal and cooperative agreement is being filled by the AGBEF IEC agents in an approach more acceptable to the GOG than that stated in the project proposal. (The proposal suggested AGBEF would have a more direct supervisory function than the monitoring/service statistics gathering function which the IEC agents presently have.) The project has strengthened supervision and the involvement of MOH officials by training MOH regional and district health directors/supervisors.

3.1.3 Standards and Protocols

Standards were developed for the integration process and service delivery and training modules were updated in a process that was more complex and time consuming than was apparently contemplated. The development of these protocols resulted from a coordinated effort on the part of MCH/FP, AGBEF, UNFPA, and PSI and were adopted as national standards by the MOH. The protocols for service delivery are appropriate to Guinean conditions with, for example, a simple checklist for screening clients for oral contraception, levels down to the community at which orals can be distributed, adequate explanation of the correct orals for lactating and non-lactating women, simple explanations of side effects, explanations of other contraceptive options, etc. The protocols, which were developed in-country, demonstrate the knowledge and skill of Guinean personnel in producing/adapting these materials. At the same time, there are some unnecessary complexities and some limited areas in which the protocols could have profited from short-term expert consultation. The project may want to take advantage of any further JHPIEGO consultation on medical or nursing curriculum development⁵ to review these standards.

3.1.4 Training and Initiation of Services

The project's training process got under way with meetings between AGBEF, MCH/FP, PSI, and the major donors to ensure that there was agreement among all parties as to training needs. This process resulted in the landmark development of standard training programs that are now being used all over the country. The programs were developed by AGBEF, MOH/MCH/FP, and PSI and delivered by trainers from these three agencies and elsewhere (e.g., the MOH Health Education Division).

The training plan set out in the project proposal and cooperative agreement proved to need some modification once program planning began on site. The changes made reflected three changes in training strategy:

- the removal of training in IUD insertion from the contraceptive technology training provided to health center personnel, leaving IUD insertion to selected personnel in selected referral locations at the district level;
- the provision of substantive training in family planning/STD program management and supervision to district-level personnel, rather than simply giving them an introduction to family planning/STDs; and

⁵PSI has contracted with JHPIEGO to work with the Faculty of Medicine at the University of Conakry to integrate family planning and reproductive health into its curriculum (see Section 4.1.2).

- the provision of training for IEC agents in family planning, STD/AIDS, and IEC.

These changes were clearly appropriate given the consensus among the most experienced and knowledgeable people in the field in Guinea (i.e., technical advisors, MOH, AGBEF, and funding agencies).⁶ This consensus was based on the following: 1) IUD insertion is complicated and necessitates a sterile environment. It seemed unwise, therefore, to train large numbers of personnel to do this in the early days of the program. 2) Supervision is an important part of the management of public sector health services in Guinea and formative supervision (i.e., supervision that includes continuing training) is conducted on a frequent schedule. Thus, it seemed advantageous to give supervisors sufficient training to enable them to supervise family planning activities, conduct on-the-job training, and manage certain aspects of the family planning program. 3) The IEC agents were not envisioned in the project paper. Once a decision was made to hire them, however, they had to be trained. There were not any trained, experienced people available to be hired for these jobs.

Training Provided. Three training programs have been developed and delivered:

- One on contraceptive technology (without IUD) covering not only contraception but also STD/AIDS issues and counseling. The program lasts 10 days and is designed for the health center chief and the prenatal care nurse from each of the 64 health centers targeted for integration. The program has been given three times (once in late 1992 and twice in the spring of 1993), with 100 health workers from 50 centers having been trained.
- One on management and supervision of family planning and STD/AIDS prevention programs, including data collection and analysis. This is a five-day workshop for district-level supervisors and assistant supervisors; regional supervisors and assistant supervisors have also attended. This program has been given twice (once in late 1992 and once in spring of 1993) for a total of 34 people.
- One on IEC lasting 10 days, plus five days practical work in the field. This covers family planning, AIDS/STDs, communications theory, focus group research, program planning, the production of materials, and interpersonal communications. It is given to candidates for the position of IEC agent and agents are selected and hired based on their performance during training. This program has been given twice (once in late 1992 and once in spring of 1993) for 28 participants, from which 15 were selected to be IEC agents.

The training in all three areas has been kept as short and simple as possible, with the assumption that it will be followed up with formative supervision on the frequent schedule that is used in Guinea. This supervision is carried out by regional and district MOH officials, AGBEF, and PSI.

The trainers have been drawn primarily from the ranks of the MOH, AGBEF, and PSI and most demonstrate considerable skill, even though some of them have had little or no preparation or experience as trainers. It is of some concern, however, that the trainers are senior staff in national

⁶The implications of these changes for the number of trainees and person months of training provided (i.e., reduction in some numbers and increases in others) under the project are outlined in a PSI memorandum to the files dated December 8, 1992.

program offices, so that many important national program functions are curtailed when training is in progress. The use of senior staff as trainers also creates another problem, namely very limited times when training programs can be held. This means that, for the contraceptive technology training, the group size has been very large — 32 people or more — undoubtedly diminishing the effectiveness of the training.

The teaching techniques used have been participatory and have emphasized practice in the classroom. Even so, more varied teaching techniques, such as small group work, individual exercises, etc., would make for a livelier program and probably for better learning. It would also be useful to have some attractive reference materials, especially on the contraceptive methods. The reference materials on contraception available at present are xeroxed and disappear in the stack of information handed out to trainees. Also, xeroxed materials tend not to be very durable.

In addition to the training provided in Guinea, seven physicians and seven midwives from the Forest Region were sent to Morocco and Tunisia for training by JHPIEGO in contraceptive technology, including IUD placement. These persons serve as the providers of IUDs in the district capitals. (This training is not paid for out of project money; it is provided by A.I.D. through the centrally funded JHPIEGO project.)

At the end of the training courses, health center staff were provided with the necessary commodities for initiating family planning services. Commodities supply was appropriate except for unexpected requirements for Depo-Provera and the motorcycles for the IEC agents which did not arrive until February 1993. Mobylettes (small motorbikes) provided to the prenatal care nurses are being used in outreach.

Impact of the Training. Virtually all persons trained in 1992 are putting their skills into practice. The only exceptions are the IEC candidates who were not hired as IEC agents after the training program and a couple of supervisory agents who have not yet gone out into the field. To date, personnel transfers have not been a serious problem, nor has there been any resistance to trainees putting their new skills to work.

Preliminary reports of pre- and post-tests indicate gains in knowledge, although some areas of the program need work in order to improve post-test results. Observation of counseling role-plays demonstrated that the trainees had mastered contraceptive information and basic counseling skills. The project has also shown itself to be responsive to trainees' needs in revising the program to incorporate IEC after the first group of trainees in contraceptive technology (health center chiefs and nurses) requested an IEC component be added to the contraceptive technology training.

Planned Training. The last contraceptive technology training program, which will pave the way for the integration of family planning into 14 more health centers in Upper Guinea, is planned for fall 1993. In the meantime, PSI's and AGBEF's help has been sought for other training activities:

- A Phil-Africaine-sponsored⁷ contraceptive technology training for health center personnel in Macenta in May 1993;

⁷Phil-Africaine is a French non-governmental organization (NGO).

- Statistical training for district-level staff in the Forest Region, to help them analyze and use family planning data; and
- Additional training for supervisors in the Forest Region.

(The last two are expected to take place in the summer or early fall of 1993.)

Negotiations are also under way to send eight physicians and eight midwives from Upper Guinea to Morocco and Tunisia for IUD training, in line with the strategy used for the Forest Region. Such training is expensive, however; and, given the limited potential for IUD insertion due to the conditions in the field, it is doubtful that it should be pursued for the other regions of the country.

Other opportunities are arising to train staff to integrate family planning into all the health centers in the Forest Region, and the minister of health has expressed interest in offering family planning training throughout the country.

Training Needs. Although the training has been very well received, interviews with persons trained who are providing family planning and observation of health center staff demonstrated three weaknesses in the current service delivery system that should be addressed through training. First, little is being done to inform patients coming to health centers for services other than family planning of the availability and benefits of family planning; second, most health center personnel rarely, if ever, engage in community education activities to make people aware of the services available, including family planning; and third, family planning reporting forms are often being completed incorrectly. In terms of the supervisors' training, the main need is to incorporate help with data analysis.

There is considerable discussion in all training programs about the merits of family planning, the appropriateness of women receiving family planning on their own consent, the safety of contraceptive methods, and other controversial topics. This may well indicate a need to deal head-on with health workers' attitudes toward family planning in all training programs, so as to ensure that all their concerns are addressed. It need hardly be said that it is fundamental to the success of a program that its agents be convinced of its merits if they are to do a good job.

Several of the current trainers have not been trained as trainers. If they are to continue, their effectiveness could be improved by a training of trainers (TOT) course.

By far the most striking need, however, is to train health workers in Conakry and the other major population areas of the country where family planning services are all but unavailable.

3.1.5 Supervisors

Interviews with the regional health directors and the district health supervisors both in the Upper and Forest Regions indicated an encouraging level of enthusiasm and knowledge about the project and population/family planning gained from the training. All expressed satisfaction with the training program and their determination to make family planning a strong, integrated aspect of health services in their respective regions or districts. Their resources for supervision, however, are limited to one or two vehicles with a short supply of fuel and limited staff. Additional supervisors are being added to their staffs and project-provided fuel has enabled them to be more mobile. Evidence of recent supervisory visits was seen in the "supervisory notebooks" at the health centers. Comments

in the notebooks are to the point but do not focus as much attention on the family planning activities as they might. Health center personnel spoke of the supervision as being helpful and designed to put them at ease and make them comfortable with their jobs — an approach that was stressed in the supervisory training. On the other hand, in one health center the supervisor had not visited and the PSI/AGBEF monitoring report indicates that the supervision by the MOH personnel could be strengthened.

The AGBEF regional office, which has been in place for several years supported by FPIA, provides regional supervision for the FAMPOP project in the Forest Region. It has had some difficulty in administering the FPIA program in a small network of public health clinics. This may be alleviated by AGBEF's or MCH/FP's including these clinic personnel in the FAMPOP training. If agreement is secured with FPIA to use the FAMPOP standardized management (recording/reporting) procedures in these clinics, it could further enhance project oversight. The AGBEF regional coordinator and the AGBEF Volunteer Bureau in the Forest Region have been helpful in coordinating activities for the FAMPOP training programs. These activities required a good deal of direct support from AGBEF central staff.

The AGBEF regional coordinator (supervisor) in the Upper Region is new to the job. He brings good qualifications to the task (physician/psychiatrist) and has been following an energetic plan of interviews and actions during his first months in Kankan, the regional capital. He does not yet have an office or a model clinic as was suggested in the project proposal and cooperative agreement. With several MCH/FP clinics in Kankan supported by the FAMPOP project and with two FPIA clinics providing family planning services already, it may be more appropriate to focus on improving these clinic operations, establishing a supply depot in Kankan, developing Volunteer Bureau participation, and giving more attention to supervision than establishing a model clinic at this time.

3.1.6 Service Delivery Personnel

Service delivery personnel (chiefs of the health centers and the nurses in charge of prenatal care) expressed considerable satisfaction with the training program. They discussed their family planning responsibilities and contraceptive technology in a way that indicated the training had been effective. The health center chief was supportive of the prenatal care nurse involvement in family planning. This would be even more effective if the chief were to take concrete steps to include the Expanded Program for Vaccination personnel more directly in a health-team approach to family planning. The vaccination personnel are involved when the nurse in charge of prenatal care or the IEC agent accompanies them in outreach activities. The sense of responsibility for this collaboration could be strengthened by increased health center chief support and by including these vaccination personnel in a next round of training.

Interviews suggested that additional support and training in IEC for all persons at the health center level would be in order; most of what is now being done in IEC is left to the IEC agents when they visit, which they are reported to do frequently. (See Chapter 5 for further discussion of the IEC agents.)

The prenatal care nurses are using the project client record forms rather accurately and keeping them in an orderly fashion for client management. The nurses have yet to develop the same facility in utilizing the other management/reporting forms. Follow-up training in management and supervision is in order for the nurses, the center chiefs, and the supervisors who do not have an affinity for data collection and analysis to the degree required by the FAMPOP project.

3.1.7 Health Center Conditions

The health centers included in the project are all existing centers in the MOH primary health care system. Physical conditions in the centers visited confirmed the wisdom of the project decision to de-emphasize the insertion of IUDs except in selected referral locations in which special training assures adequate quality of care. Some centers were visited in which participation of the community as part of the Bamako Initiative was cited as the reason for improved conditions. On the other hand, especially in those locations with sufficient client attendance to provide potential for family planning growth, the existing crowded conditions, overworked staff, and less than satisfactory hygienic conditions are likely to frustrate achieving desired FAMPOP objectives.

3.1.8 Contraceptive Mix

With the de-emphasis on the IUD, the potential contribution of injectables to program objectives became clear. As United States Food and Drug Administration (FDA) approval for this contraceptive had not been achieved at the time of project design, the project provided only small quantities secured through IPPF/AGBEF. Nevertheless, there has been considerable client receptivity to this contraceptive. Initial supplies (about 325 doses) in the first 16 health centers in which family planning services were made available through FAMPOP were soon depleted. This stock-out has been temporarily remedied by cooperative IPPF/AGBEF action in the recent loan of 8,000 doses of Depo-Provera. Even with stock-out in the first four-month period these 16 centers provided family planning services (November 1992 through February 1993), injectables represented one third of the CYPs provided. If efforts are successful to increase the client load in present clinics and those just entering the program, it is imperative that a permanent supply of Depo-Provera come on stream by the end of 1993. This is a particularly good contraceptive for the kinds of women likely to be seeking family planning assistance at this stage of program development — older multiparous women not desiring tubal ligation and younger lactating women.

Of collateral interest to FAMPOP, and of interest in developing a national program, is a potential problem of considerable proliferation in the kinds of orals available in the public program. FAMPOP is providing LoFémenal and Ovrette, UNFPA will be providing another, and some others are coming into the Bamako Initiative system (at least in the Forest Region) from European donations; e.g., substantial quantities of Hungarian-produced orals were seen in the Forest regional drug warehouse. This could become more complicated as orals are included in social marketing. It would be useful if MCH/FP, PSI, UNFPA, AGBEF, USAID, and IPPF further reviewed this issue in order to lead toward more standardization of formula and possibly of brand.

3.1.9 Logistics, Stock Management, and Cost Recovery

The project relies on Bamako Initiative activities for logistics, stock management, and cost recovery at the health center level, as well as subsequent repeat purchase of contraceptives by the center. Conditions in Upper Guinea tended to confirm the experience in other countries in which this approach has been used. There were consistent reports of stock-outs of essential drugs, which the supply system direct from Conakry had not been able to maintain. At the same time, even in the Upper Region and to a greater extent in the Forest Region, a system has been developed that may in time function more effectively.

In both regions, a trained person at each health center is responsible for managing the drug supply and sales. Storage conditions are generally adequate and receipts from modest sales prices are

maintained in an orderly fashion. Contraceptives, which have now been included in the list of essential drugs, are handled in the same fashion as other drugs. A community committee handles the receipts equivalent to \$200-1,000 per month from the sale of all drugs and determines the use to which the money will be put. Reports of community participation in management and support of the centers varied from considerable to hardly at all. Contraceptive sales are not aggregated as a separate item except in one center visited. To date, the \$20 per month this represents in a particular center is not a large part of health center finances. The issue of use of these funds and the potential capacity of centers to buy enough of their own contraceptives to assure full supply in the future will need careful review as the project develops.

In the Forest Region, the system is working substantially better with assistance from the Belgian organization, *Médecins sans Frontières* (Doctors without Borders). Its help in building and organizing a regional drug depot and improving logistics as well as constructing new health posts is readily apparent. Health supervisors and center chiefs confirmed the substantial improvement in drug supply with infrequent stock-outs.

FAMPOP has included logistics safeguards through its service statistics forms. Minor problems in the daily log form, which does not distinguish the type of oral contraceptive, are being worked out. Further improvement could be achieved by including in the monthly report form stock on hand at the beginning of the month, stock received, and stock on hand at the end of the month. At present, the form reports only stock distributed in the month. It will be important for PSI to continue to monitor the contraceptive supply system, especially in the Upper Region where it may be necessary to establish regional storage capability.

Service statistics were gathered from each center during the PSI/AGBEF initial round of monitoring at the end of February 1993. The system in place calls for this information to be reported monthly directly to the district health authorities and to PSI through the AGBEF IEC agents. Time will tell whether this approach will become fully functional in the Upper and Forest Regions or continue to require ad hoc monitoring and data collection. Although the report forms have been adopted as standards for the national system, the only form found in all agencies was the client record form. National MCH/FP authorities state that information is to be gathered and analyzed at the district and regional levels nationwide, with no expectation of health center information to be available until a semiannual review in July 1993.

3.1.10 Client Levels Reached

Visits to several health centers confirmed the findings of the PSI/AGBEF first round of monitoring, namely that early client response to the integrated family planning program developed in the Forest Region has been substantially weaker than had been projected. PSI/AGBEF collected data for the months of November 1992 through February 1993 on all 16 health posts active in the program plus an additional 4 which had received training and commodities. During that four-month period, 843 family planning clients were served — 796 new and 47 continuing users. Method choice by user was 55 percent orals, 38 percent injectable, 1 percent IUD, 1 percent condom, and 4 percent spermicide. Contraceptives distributed provided 235 couple years of protection — 39 percent orals, 33 percent injectables, 15 percent IUD, 9 percent condom, and 3 percent spermicide.

In the first four months of integrated public sector services, user levels ranged from a low of 9 in Bossou to a high of 74 in Yende with an average of 42 or about 10 a month. Visits to several of these posts in April 1993 found a slight increase in these levels of use with Sinko estimated at 15 in

March (up from the 10 per month previous average), Gonian recording 11 (up from 10), Diecke recording 12 (up from 6), and Yomou recording 13 (up from 5). These are very small numbers from which to draw conclusions, but they are of some anecdotal interest. The PSI/AGBEF report appropriately expressed some concern for the low level of continuing users reported, but it is early for any real conclusions. Overall numbers of users and their characteristics will have to be monitored carefully over time; it is encouraging to see the program has processes in place that will enable this monitoring to take place.

The level of users and CYPs for the first four months of integrated services does not compare favorably with the project projections. The project calls for an average of 100 CYP per center in the first year increasing to a level of 300 in the third year. Present cumulative levels for the first four months range from 2 CYP to 25 (21 from IUD) with an average of 12 or a rate of 36 per year instead of 100. Projecting present levels through the end of the project, assuming that all the additional posts were to perform similarly, this component of the project would only be operating at an annual rate of 3,200 CYPs instead of the 12,800 projected. Although these rates are expected to improve over time, the need for attention to the client level is obvious.

The number of centers operating is small and the time frame is short in a very young program. The level of use was adversely affected by the MOH request for the project to work in outlying regions rather than the more populated centers. The appropriate decision to de-emphasize IUD insertion in these locations has also adversely affected the level of CYPs obtained (an IUD insertion produces 3.5 CYP as compared to 1/13 CYP for a cycle of oral contraceptives or 1/4 CYP for an injection of Depo-Provera). The inability to plan for Depo-Provera in the program until United States FDA approval was obtained left the project ill prepared to respond to client desires. Project design provided for the main point of contact of clients to be with the prenatal care nurse. There is a certain logic in this, but pregnant clients will not be converted to family planning users immediately. It would have been well to plan early for more participation and support from the vaccination personnel and a more vigorous community education program as part of the Bamako Initiative for outreach services in outlying villages.

One must be cautious in comparing the client levels served in these health centers with levels that other programs are reaching in other health centers. Conditions are quite different in some of the other centers and differences in reporting procedures make comparisons questionable. It is interesting, however, that the AGBEF clinic in Conakry is reaching about 150 clients a month after some years of operation. The Conakry model Coronthie clinic of the MCH/FP in a low period with stock-outs of contraceptives, is reaching about 50 family planning clients a month, 35 of whom receive contraceptives. Other MCH/FP clinics are reported to be at a very low level due to contraceptive shortages. The Salamani MCH/FP clinic in Kankan with FPIA support is reaching 100 or more users per month.

The numbers served in these other clinics seem to indicate that there is demand especially in the urban areas and that user levels can be increased with effective information and service. Future program direction could consider additional alternatives such as high-quality family planning clinics in urban centers in which surgical procedures (IUD, implant, tubal ligation, and vasectomy) can meet the needs of more clients and add considerably more CYPs to program accomplishments through longer-acting contraceptives. This does not necessarily mean large clinics, but focus must be on quality of care and a full range of technology in a way even better than the reasonably good services in the AGBEF clinic in Conakry. It does not preclude cooperating with private clinicians but it does not mean hiring a midwife, opening a small office, and calling it a model clinic.

3.1.11 Performance of AGBEF in Support of Public Sector Integration

The effective performance of AGBEF in support of this program is apparent at many levels ranging from its assistance with the development of standards, its close work with MCH/FP in training, its provision of regional coordination, and its organization of an IEC and monitoring input. Although preparation of reports for PSI has not been its strong point, AGBEF has performed well in fulfilling the spirit of its subagreement in the FAMPOP project. In addition to PSI support, AGBEF is active with programs financed by IPPF, FPIA, the Association for Voluntary Surgical Contraception (AVSC), UNFPA, World Bank, two Italian NGOs (GVC and CESTAS), and the International Clearinghouse on Adolescent Fertility.

AGBEF is reported to have a strong group of about 1,800 volunteers and an active national Volunteer Bureau and bureaus in four regions. The president and vice president of the National Board and the president of the Regional Board in N'Zérékoré who were interviewed demonstrated both considerable interest in the program and the personal capability to help ensure its development.

AGBEF's good reputation may be its downfall, however, in that it brings more work than the organization can handle with its present organizational structure. The staff numbers about 21 with an executive director, a national program coordinator, one administration and finance officer, one person in charge of IEC, four regional coordinators, three midwives for clinical services, two accountants, one person in charge of contraceptive sales, two secretaries, and five support staff. Recent additions include the 15 IEC agents hired under the FAMPOP project. Effective and capable as is each of the professional staff, it is clear that they are limited in number and that the organizational structure and strength is sorely stretched in responding to increasing program opportunities. AGBEF has just become a full member of IPPF which provides a good underpinning for its institutional development. Additional assistance in support of staff expansion and modified management approaches is essential to supplement the IPPF assistance in a coordinated fashion. The IPPF regional officer from Togo expressed support for a collaborative venture of this nature.

Technical services available under the A.I.D. Office of Population centrally funded Family Planning Management Development project could be utilized by AGBEF. In addition to technical assistance that might be provided, consideration could be given to an observation trip to Honduras and perhaps the development of a sister organization relationship with the Honduran private family planning association, ASHONPLAFA. That organization is just now going through some of the organizational development/program expansion stages upon which AGBEF may chose to embark.

3.2 Conclusions

General Strategy for Integration

In responding to the desires of the MOH to have family planning integrated into the MCH/FP network and to initiate services in the outlying Upper and Forest Regions, PSI has been challenged to develop effective interventions to support and monitor program performance. The cooperation with the private sector and the assistance with training seems to be working; it is too early to tell if the introduction of the IEC agents will have the desired effect. The MOH appears to be adopting the procedures experimented with in these regions, which may have beneficial implications well beyond the boundaries of this project. This trend could be supported through close collaboration with MCH/FP, UNFPA, the World Bank, or other donors.

Performance in Project Implementation

PSI, MCH/FP, and AGBEF are taking the planned steps to put this integrated program in place; and preparation of standards and protocols, training programs, and provision for initial supply of commodities and resupply through the Bamako Initiative are making the necessary elements available. There are still concerns about logistics, especially in the Upper Region. IEC activities will have to be energized to keep pace with service delivery availability. Efforts could also be increased to assure utilization of standardized technical and management procedures and standardized contraceptives throughout the country.

Training and Supervision

In training, the project has achieved two remarkable accomplishments, first in bringing together all the interested parties to agree on a set of standard training programs and, second, in completing the bulk of the planned training in less than two years.

The real challenge now is to develop a strategy among the donors concerned about family planning, population, and health to train health center and administrative personnel in family planning in the most densely populated areas of the country, particularly in Conakry.

Continuing training for supervisors will be required to assist them in making the most positive contribution to family planning at the health center level; attention will be required in developing the skills to help in data collection and analysis and to maintain health center interest in this area through constructive feedback. Supervisory training could be directed toward demonstrating ways of helping health center chiefs develop a health-team approach to family planning, especially involving the vaccination personnel. Additional service delivery training will be required to meet the needs of attrition, personnel transfers, and expansion to other centers. Particular attention must be given to developing the IEC skills of service delivery personnel to make Guineans aware of the availability and benefits of family planning.

Although the current training programs appear to be basically sound, it would be wise to bring in a family planning training specialist to develop a final curriculum before any major nationwide training program is launched. Such a curriculum revision would integrate the lessons learned during training to date and subsequent service delivery, and would incorporate new teaching techniques as well.

There is also a need to begin to identify a cadre of health workers around the country who are not the backbone of the national family planning program and who can form a training team or, ideally, regional training teams. These teams need to be capable of providing high-quality training on a large scale, so that the long job of integrating family planning into the nation's health clinic system can move forward as speedily as possible.

Potential for Meeting Contraceptive Prevalence Goals

Despite extenuating circumstances and the caution that must be used in interpreting initial results of project activities, it is not likely that the projected CYP levels will be met by the end of the project. There are some things that could be done within the time frame of this project that could help, such as ensuring Depo-Provera supply; increasing IEC emphasis; focusing attention on contact points for women in addition to the prenatal care nurse, such as vaccination staff; and maintaining emphasis on a supportive/formative kind of supervision. Other alternatives will take longer, but plans could be

initiated for the development of several strategically placed urban clinics that could provide the full range of contraceptive technology, with quality assurance guaranteed.

Potential of AGBEF

AGBEF has demonstrated its commitment to family planning and its ability to work well with the public sector to make programs more accessible to the Guinean population. This puts it in a position to assume greater responsibility particularly in the realm of training, IEC, and clinical service delivery. To be effective in this expanded role, it will require technical and financial assistance to modify and expand its management and organizational structure within the framework of its IPPF affiliation.

3.3 Recommendations⁸

Short Term

15. PSI and AGBEF, in collaboration with MCH/FP, should give first priority to continuing and accelerating efforts through training, increased IEC and outreach, and improved supportive supervision to increase the level of client use of services in the project area. Specific actions that should be taken to improve program quality and effectiveness would include the following:

- assure that the logistics system is fully functional: modify monthly reports to include stock levels, focus more supervisory training and attention on data gathering and analysis, and be prepared to supplement Bamako Initiative logistics with regional supplies especially in Upper Guinea;
- work together with USAID to assure a full supply of Depo-Provera;
- through supervisory training focus on the health-team approach to the provision of family planning, especially seeking greater involvement of vaccination personnel;
- develop standardization of oral contraceptives throughout the country, especially when social marketing of oral contraceptives becomes part of the program; and
- use short-term technical assistance to review technical standards.

16. USAID, AGBEF, and PSI in collaboration with IPPF should develop a plan of action to respond to AGBEF needs for technical and financial resources to support appropriate organizational development. This assistance would be designed to help AGBEF respond to new opportunities especially in the areas of IEC, training, and clinical service delivery.

17. AGBEF, MCH/FP, and PSI should build two additional elements into the contraceptive technology training:

⁸Recommendations are numbered consecutively throughout the report.

- Practical suggestions to help health center chiefs to get their staffs to inform patients of the availability and benefits of family planning; and
- IEC skills to help health center staff inform and educate community members about family planning.

18. PSI, AGBEF, and MCH/FP should develop a printed reference manual on the contraceptive methods. Manuals from other countries could serve as a model or the *fiches techniques* (technical guidelines on the contraceptive methods) could be used.

Medium Term

19. USAID, PSI, and AGBEF should review the possibilities and time frame for establishing several strategically located high-quality urban clinics offering a full range of contraceptive technology. These clinics would be in the project area and also in Conakry and other substantial urban concentrations where IEC activities are undertaken.

20. PSI, AGBEF, MCH/FP, USAID and the other donors should develop a strategy to extend family planning training to more of the primary health care centers around the country, with priority given to those in densely populated areas.

21. USAID, AGBEF, and PSI in collaboration with UNFPA should develop a plan of action with the MOH for technical and planning assistance which focuses especially on training, supervision, and management information systems (MIS) to take advantage of lessons learned and management tools developed in the FAMPOP project for other areas of the country.

4. Family Planning Support Activities

4.1 Findings

4.1.1 Policy

There has been significant progress in the development of supportive public policies on family planning and population over the life of this project.

1992 Population Policy. In May 1992, the president of Guinea signed a broadbased population policy for the country. A highly significant departure from past pronatalist policy, its main objective is to bring population and resources into balance. To accomplish this, the policy sets forth a number of important objectives for the year 2010. Most significant of these are a reduction in the birth rate from 45 per thousand live births in 1983 to 33 per thousand and an increase in contraceptive prevalence to 25 percent by that year. It should be noted, however, that even if this level of contraceptive prevalence is achieved, it will not be sufficient to bring about the desired decline in the birth rate. Other important provisions of the policy concern reduction of the death rate and support for a variety of measures to improve the status of women. The importance of the policy is evident from the many people who cited it as authority to proceed with a variety of family planning related activities.

Although the process of development of the policy was supported primarily by UNFPA, the project made significant financial and technical contributions. Dissemination and implementation work is getting under way with the development of local action plans and UNFPA expects to remain involved. PSI's input may be needed again in the future if UNFPA funding for follow-up activities does not come through in a timely manner.

Family Code. PSI entered into a subagreement with AGBFF to manage the process of development of a family code. This entailed study tours to Senegal and Burkina Faso for those charged with drafting the code to learn from the experiences there. The study tours were followed by a series of four regional meetings in Guinea to obtain input from key constituencies and a seminar in Conakry to reach consensus on recommendations for the code.

The text of the code that is to be submitted to the government for approval is in its final form. Accounts from those who drafted the code indicated that it is of major importance not only for family planning but also for the status of women in Guinea. The following are key provisions:

- women may obtain contraception without spousal consent;
- a woman may go against her parents if she is promised in marriage while she is still a child;
- it is presumed that marriages will be monogamous; if a man wishes to have more than one wife, he must inform each prospective spouse of this intention before marrying her;
- a widow cannot be forced to marry her husband's brother; and
- in cases of divorce, a woman can receive money from her husband for herself and for child support.

The family code does not contain provisions concerning sterilization or abortion since these are, with a few exceptions, prohibited by the penal code.

All those involved in the development of the family code stated their belief that it will be adopted by the government within the next few months. They were confident that the process used for its development was so thorough and participatory that its adoption is virtually guaranteed. Assuming the family code is actually adopted, there will still need to be a dissemination and implementation phase, as for the population policy.

Demographic and Health Survey. In an effort to obtain baseline data for the project, PSI worked cooperatively with the Ministry of Plan on the 1992 DHS. The survey covers all four regions of the country and Conakry, with urban and rural differentials. The survey in Guinea is funded by UNFPA and uses the methodology of other DHS surveys but has not made extensive use of the technical assistance available from Macro International, Inc., which implements A.I.D.'s centrally funded DHS III project. Ministry of Plan personnel have been able to organize most of the survey activities, but the process has been delayed by lack of funds and technical assistance. Fieldwork began in Conakry in January 1992 and has continued until recently. A preliminary report is not expected until July 1993 and final data will probably not be available until December.

PSI contracted for technical assistance to add a male questionnaire and insert additional questions into the standard women's questionnaire. As a result, more detailed information about STDs, AIDS, and condom use will be available. PSI also provided ad hoc assistance with vehicles and personnel for fieldwork and the loan of a computer. Recently, PSI contracted for some additional assistance to complete an analysis of the data for the Upper and Forest Regions and Conakry.

Preliminary data provide some indications of the importance of the DHS findings for future program directions:

- In Conakry, about 6 out of 10 women know of a modern contraceptive method, but only 4 out of 10 know where to obtain one. Six percent of women currently use a method, though almost three times that many have used one at some time. Although the pill is the most widely known and used method, condom use is remarkably high, at almost 6 percent.
- In the two outlying regions, knowledge of modern contraception is higher than might have been expected (around 15 percent). There are dramatic differences between urban areas where knowledge is close to 25 percent and rural areas where it is very low. Contraceptive use is under 2 percent and concentrated in urban areas. The injectable plays a far more important role in the outlying regions than in Conakry.

4.1.2 Faculty of Medicine

PSI has contracted with JHPIEGO to work with the Faculty of Medicine at the University of Conakry to integrate family planning and reproductive health into the curriculum. JHPIEGO recently concluded two workshops with faculty members: the first to provide obstetrics-gynecology teachers with current information on family planning and reproductive health and to update their teaching techniques; the second actually developed the curriculum to be integrated into the fifth year of medical school. It is expected that the 14 faculty members who participated in the workshops will provide further training for other faculty as well as make arrangements to include family planning

practice in their practicum. JHPIEGO will follow up with the Faculty of Medicine to ensure that teaching plans are proceeding as expected and staff or consultants are available to provide further assistance, should that prove necessary.

The JHPIEGO curriculum development process and training are important not only because they mean that young physicians graduating from medical school will have information and skills on family planning topics, but also because the instruction has the potential to build an influential constituency for family planning for the years to come.

Conversely, it is of some concern that instruction on family planning topics is not included in the five nursing and midwifery schools in Guinea. Although physicians are important in the provision of family planning services, there are large numbers of lower-level medical professionals who see far more patients than do the physicians. Even the task of training only those in public clinics in family planning information and skills is enormous. So much more so the task of training those outside that system.

4.1.3 Community-Based Distribution

As community-based distribution was planned as a third-year activity for the project, there has been no work in this area to date.

Problems remain to be resolved in the current contraceptive logistics system and scheduling of supervisory visits to the network of health centers. It would seem prudent to have this system operational before moving on to a more complicated, rural delivery system.

There is considerable interest in community-based distribution of non-prescription contraceptives around the country. Among the activities that bear watching are the following:

- The national primary health care program has trained traditional birth attendants all over the country and provided them with basic medicines. UNFPA plans to build training and the provision of non-prescription contraceptives into this system in Lower Guinea, if funding is approved. The World Bank plans to do the same in Middle Guinea.
- FPIA community education workers in the Forest Region are working on community-based distribution of contraceptives.

4.2 Conclusions

Policy

The population policy and proposed family code are giant strides forward for women and for reproductive rights. The next few years will probably be better devoted to public education on these policies than to major new reforms.

Faculty of Medicine

In order to ensure that all medical and paramedical personnel enter professional life with basic information and skills in the field of family planning and reproductive health, it will be critical to incorporate this material into the curricula of the nursing and midwifery schools.

Community-Based Distribution

The project already has an extraordinarily ambitious agenda and requires further work in many of the areas in which activities are already under way. With efforts in community-based distribution funded by other donors, it is probably not the most effective expenditure of time and money for this project to test such a distribution system at the present time.

A follow-on project could well seek to move family planning activities into rural areas and would logically use community-based distribution as a strategy, probably taking advantage of AGBEF's record of working on innovative activities.

4.3 Recommendations

Policy: Short and Medium Term

22. PSI, AGBEF, and the MOH, in collaboration with UNFPA, should ensure that the population policy and the family code are widely disseminated and that the public is informed of these major new policy developments. A summary of the major provisions of the family code should be published and a series of educational conferences/seminars held.

Faculty of Medicine: Medium Term

23. JHPIEGO should be asked to explore the possibility of working with the nursing and midwifery schools to integrate family planning into their teaching curricula.

Community-Based Distribution: Short and Medium Term

24. This project should focus its energies on strengthening activities already under way rather than undertaking a new initiative in community-based distribution.

5. Information, Education, and Communication

5.1 Findings

5.1.1 Introduction

Although the project proposal and cooperative agreement pointed out the importance of IEC activities across all aspects of the project, it did not describe these activities as clearly as the other project activities. The way the IEC program has evolved, it has very broad educational and promotional objectives that support the project's social marketing and public sector integration activities. The main components of the IEC program are

- research, both for social marketing and other mass media production;
- mass media (both national and regional);
- production of materials; and
- interpersonal communication conducted through subagreements with AGBEF and the National AIDS Committee.

This ambitious program is taxing for the persons involved.

PSI's IEC staff consists of an expatriate resident advisor with extensive mass media experience in Africa who arrived in country in October 1991; a Guinean coordinator whose background is in the natural sciences and education who came on board in January 1992; and a Zairian mass media specialist who was hired in early 1992 for two years. The resident advisor plans to leave in October 1993 (the date set in the project proposal and cooperative agreement to phase out this position), leaving the program without experienced leadership in IEC.

5.1.2 Research

The program has been hampered by delays in obtaining data from the DHS, but the IEC unit moved quickly to conduct some research to guide its activities. It has conducted a large number of focus groups, primarily on AIDS/STDs and communications channels, in Conakry and up-country, and has used the information to develop messages for the mass media and interpersonal communication campaigns. The IEC agents also received training in focus group research and are expected to conduct focus group sessions from time to time as an integral part of their activities.

Messages and media have been pre-tested before going into production, so that generally accepted procedures for developing mass media programming have been followed. The IEC unit has also conducted studies to assess the impact of its campaigns, and it is currently responsible for market research activities.

The IEC unit might have benefited from the expertise of short-term consultants in its research activities which, so far, have not probed deeply into public attitudes that could affect the purchase and use of condoms and contraceptive methods. Neither has there been any research into public perceptions of the mass media campaigns which could help shed light on how to make them more effective.

5.1.3 National Radio and Television

The main target audience for the AIDS/STD prevention campaign was identified as young people in the 15-25 year old group because they were considered to be at highest risk. Based on the research, the main messages that have been promoted are

- AIDS is here in Guinea and concerns everybody;
- AIDS is spread by sexual relationships; and
- The Prudence condom protects against AIDS.

These messages have been targeted to both men and women.

The messages have changed over time, with the first set of television spots in May 1992 emphasizing product promotion, the second set being a series of mini-interviews with an AIDS victim, and the third set promoting abstinence and faithfulness as well as the condom. The radio spots have been moving from raising awareness of AIDS and Prudence to personal testimony of condom use both for AIDS/STD prevention and for the prevention of unintended pregnancy. The very direct early messages on AIDS and condoms generated some adverse reaction, but PSI responded by working with the National AIDS Committee to educate religious leaders on AIDS issues and by developing the new series of television spots that emphasize not only the condom but abstinence and faithfulness.

The spots appear to be well designed to convey the messages that PSI wants to transmit, based on its research and the campaign objectives. They do not take into account, however, some of the underlying attitudinal barriers that may be preventing Guineans from buying and using the Prudence condom — barriers that first need to be identified through research. The early spots also lacked a motivational element, but the latest set is moving in that direction, with personal testimony from different segments of the public about why they use condoms.

PSI has established an excellent working relationship with the Guinean Office of Publicity which has allowed PSI to produce spots of very acceptable technical quality at reasonable prices. It has produced 14 television spots in four languages which have been aired twice a day almost continuously since May 1992. For national radio, 32 spots in five languages have been developed and aired four times a day almost continuously since April 1992. In addition to the spots, there have been educational and entertainment programs on AIDS/STDs as well as news coverage of project activities.

5.1.4 Rural Radio

In recognition of the limited reach of national radio and television and the popularity of rural radio, PSI also decided to use rural radio which is in a growth phase in Guinea. The approach has been to train staff from the rural radio stations about family planning, AIDS, and STDs; work with them to conduct focus groups to ascertain local knowledge and attitudes about these topics; and then help them develop radio spots and other programming. Subagreements are entered into specifying the quantity and type of programming to be broadcast and financial arrangements.

Using this approach, six spots, as well as much other programming, were developed with the powerful Labé station and four with the Kankan station. The Labé spots contained messages similar to those on the national media, while Kankan will soon air the first family planning messages designed to encourage use of the newly available family planning services in Upper Guinea. The project also expects to work with the new rural radio stations in Kindia and N'Zérékoré.

Following the training sessions, PSI has given the rural radio stations considerable latitude to develop their own programming on family planning and STD/AIDS. At the same time, it has assigned individuals from the family planning community to work closely with these stations. Given the power of the mass media, it will be important to ensure that the major messages broadcast on rural radio — particularly spots — are carefully conceived to balance national program objectives with local concerns.

5.1.5 Supporting Materials and Activities

Radio and television have been backed up with a variety of promotional and educational materials:

- 10 billboards in Conakry
- 75,000 posters
- 25,000 mini-posters, "*Prudence - le SIDA est en Guinée*" (AIDS is in Guinea)
- 19,000 Prudence stickers (two designs)
- some magazine advertising
- 10 cloth banners
- 5,000 prescription pads
- 5,500 calendars (1992 and 1993)
- 4,000 T-shirts
- 4,000 caps
- 425 wooden penises to demonstrate condom use
- 50,000 flyers demonstrating condom use
- 500,000 condom box inserts explaining condom use

The theme that appears to run throughout the campaign is "*Prudence, notre préservatif contre le SIDA*" (Prudence, our protection against AIDS).

Recognizing that mass media alone are not enough, the campaign has also been backed up with a busy calendar of community education activities about AIDS/STD prevention conducted by the National AIDS Committee (see Chapter 6).

5.1.6 Impact of the Mass Media

One of the major measures of success of the mass media campaign, according to many Guineans, is that it has created for the first time a climate in which it is possible to discuss sex-related topics in public. Not only is this having an effect on the public, but it is also facilitating the introduction of family planning and AIDS/STD services in health centers.

As part of its efforts to monitor the impact of its campaigns, PSI conducted surveys in Conakry before and after the first mass media campaign (April and July 1992) which show significant increases in awareness of Prudence. Awareness of the product increased from 35 percent to 58 percent in Conakry, with an increase from 8 percent to 56 percent in the proportion having seen Prudence. The proportions recognizing the Prudence logo increased from 36 percent to 82 percent. There was also strong recognition of condoms as a means of preventing AIDS in the second survey. It is important to keep in mind, however, that the reach of national radio and television is limited largely to the coastal area and the regional capitals. There are no data from the interior of the country on the effect of the national campaign.

Preliminary data from a new evaluation of activities in Middle Guinea — which have relied heavily on rural radio — indicate that progress has been made. According to the survey, over 40 percent of the public in that part of the country now recognizes that they are at risk of AIDS; three quarters of the public knows that AIDS can be prevented by abstinence, faithfulness, or condoms; almost three out of 10 have used a condom (usually in order to prevent AIDS); and there is high recognition of the Prudence brand name.

Although there is no hard evidence of the impact of the campaign on use of condoms, sales have increased over the past year and it is fair to assume that at least part of these sales can be attributed to mass media publicity. Informal interviews with persons selling Prudence indicated that those purchasing the product are primarily young men with multiple partners and prostitutes; i.e., the groups at highest risk of STD/AIDS. There clearly is still much work to be done to convince the broader public that they are also at risk of AIDS.

5.1.7 Interpersonal Communication

PSI has entered into two subagreements for the interpersonal communication aspects of its IEC campaign. The NAC has done an impressive amount of work on AIDS/STD prevention (see Chapter 6). In addition, there is a subagreement with AGBEF to conduct family planning IEC activities. Both of these subagreements require close oversight and support from the PSI staff in order to ensure management accountability, a coherent IEC strategy across all aspects of the program, and high technical quality of the program. The IEC team, as presently constituted (see Section 5.1.1), is energetic and competent but is heavy on mass media production skills so that interpersonal communication does not always get the attention it needs.

The activities conducted by AGBEF thus far have centered on the recruitment, training, and placement of 15 IEC agents, one in each district of Upper Guinea and Forest Guinea; i.e., in those areas where family planning is being integrated into the health centers. The rationale behind the IEC agents was that they would work with health center staff to conduct "outreach" activities (stratégie avancée), in the sense in which the term is used in vaccination programs (i.e., bringing family planning services to outlying communities); and also that they would provide education in their communities with a view to building up demand for family planning and STD/AIDS prevention products and services. The IEC agents have also assumed some administrative responsibilities to ensure that family planning data from the health centers reach the regional level. Each IEC agent has a motorbike and a monthly budget for operations and activities; the family planning nurse has also been given a motorbike for outreach.

It is too early to judge the impact of the IEC agents, the first of whom have only been out in the field for four to five months. It will be important to monitor how well the IEC agents — who are all men — are able to reach women with a view to encouraging their use of health centers. It might be easier for women to perform such a task. AGBEF, however, was unable to identify women who are willing to ride motorbikes to go into outlying communities on a frequent basis. The IEC agents will need to generate more dramatic increases in family planning caseloads and/or Prudence sales than have been seen in the early months of the program, however, if the cost of maintaining them is to be justified.

Interviews with and observation of IEC agents in the field showed that they are approaching their tasks with energy and enthusiasm but will need considerable support and guidance to channel their work into the most useful directions. They appear to be conducting about one education or outreach

activity each day, as well as making a number of contacts in their communities. Some of their activities are quite creative, involving dancing evenings for young people with educational messages, the development of theater, etc. It should be noted, however, that the social marketing sales representatives, too, conduct these types of activities and view some of these functions as their own (see Section 2.1.8). There is a need to avoid duplication of effort between the IEC agents and the social marketing sales representatives.

The IEC agents also are not always well informed of the social marketing activities in their communities, so that they are not building demand for Prudence as much as they might be, nor using Prudence outlets as venues for educational activities. This problem is in part a reflection of poor coordination between IEC and social marketing at the central level. At a minimum, social marketing sales representatives and IEC agents in the field should be aware of new media campaigns and, ideally, they would have some input into these campaigns. IEC agents also need to know of social marketing outlets in their communities.

The relationship between the IEC agents and health center personnel, too, is not entirely easy. Some health center personnel are envious of the salaries and budget of the IEC agents and consider that IEC is no longer their responsibility but rather the province of these agents. In some instances, this abdication of responsibility for family planning IEC has gone so far that health center personnel have turned over the routine early-morning educational session for patients at the health centers to the IEC agents. It is also not clear that outreach activities to bring family planning to outlying communities are being conducted with the regularity or the impact that had been hoped.

It is clear from conversations with health center chiefs and prenatal care nurses that most of them do not see it as their role to go out into the community to make the public aware of the benefits of family planning and the availability of contraception. Neither are the health center chiefs ensuring that all their staff are conveying these messages to patients who come to the health center for services other than family planning. These important tasks were not addressed in the training program for health center staff, and this deficiency is probably contributing to the disappointingly low use of family planning in health centers to date.

5.1.8 Other Facets of IEC

Some important aspects of an IEC program are lacking in the project at this time. Although it would be premature to expect a full-fledged IEC program after only 18 months, the following gaps need to be addressed in the near future.

Visits to health centers and conversations with health workers and IEC agents showed that there are virtually no educational materials about family planning currently available in Guinea. This need was also expressed by IEC agents in the field and by AGBEF personnel. Although Guinea's is probably not a culture in which printed materials would be widely used, a few basic materials designed for non-literate audiences could help convey priority messages to the public and clients in clinics — messages such as the benefits of family planning, the various contraceptive methods available, and how to use them correctly.

Another aspect of the program that is not currently in place and will become extremely important before social marketing of an oral contraceptive is launched is family planning constituency development. The past year of the social marketing program has demonstrated the value of constituency development as PSI has found itself defending its mass media condom advertising. The

NAC was able to handle this problem effectively for AIDS/STDs, but careful work will be needed prior to marketing oral contraceptives. At a minimum, there will need to be consultations with the medical community, the religious community, women's groups, and organizations representing men.

5.2 Conclusions

Moving from STD/AIDS into Family Planning

The IEC program has made dramatic progress in a short period of time, effectively giving Guinea its first multi-media promotional campaign and creating a climate in which sex-related topics can be broached in public. Awareness of AIDS, STDs, and Prudence condoms has been raised, at least in the coastal areas and large cities. The challenge now facing the program is to move from awareness of condoms to their purchase and use on a large scale around the country. This will require the identification of one or more large target audiences which can likely be persuaded to use condoms, and the messages to reach them.

The IEC program focused initially on AIDS/STD prevention and is just beginning to move into family planning. While not ignoring AIDS/STDs, the emphasis on family planning needs to be sharply upgraded, particularly in Upper Guinea and the Forest Region where family planning services are coming on line in health centers. The initial phase of the family planning campaign will need to focus primarily on building awareness of family planning and its benefits. Thereafter, the availability of family planning products and services, along with motivational messages, will need to be promoted.

The transition to family planning messages will require more thorough research than has been done to date on the knowledge and attitudes of the population and specific subgroups. Particular attention will need to be paid to the kinds of arguments that are likely to persuade Guineans to adopt family planning and the identification of attitudes that could serve as obstacles to acceptance.

Interpersonal Communication

Interpersonal communication is extremely important in Guinea, and this aspect of the project's work needs to be strengthened. The subagreements with AGBEF and NAC need to be backed up with technical assistance and monitoring of progress to ensure that moneys are spent as effectively as possible. PSI has a responsibility to ensure that the interpersonal communication campaigns support and advance the rest of the project's activities and that work undertaken under the subagreements is of appropriate quality.

Focusing on Increasing Contraceptive Prevalence

The IEC program emphasis has evolved into something very broad and, for the rest of the life of the project, it should focus on reaching the contraceptive prevalence goals set forth in the project proposal and cooperative agreement. This will require highly targeted promotional activities through the mass media, the National AIDS Committee, and the IEC agents. At the same time, the demands of an intensive, targeted campaign need to be tempered by moves toward sustainability of project activities, by building the skills of Guineans and local institutions. This means that priority must be given to working closely with all Guinean staff engaged directly or indirectly in project IEC activities to strengthen their knowledge and skills.

Staffing in IEC

IEC is a relatively new concept in Guinea and the challenges facing the family planning IEC program for the rest of the project — as well as in any successor project — are so great that experienced program management and, to the extent possible, continuity of staffing are crucial. There is also a need for a better division of labor in the IEC unit, so that interpersonal communication receives more attention and there is greater collaboration between PSI and its subcontractors on IEC.

5.3 Recommendations

Short Term

25. To better determine the impact of the IEC campaign to date and to develop future strategies, PSI should undertake research at the earliest opportunity to determine who purchases Prudence, how the mass media messages are perceived, and how Guineans view family planning. Specifically the following research is needed:

- An intercept study, already planned for the current year, should be designed to shed light on the profile of persons purchasing Prudence, where they make the purchases, how they heard about the product, and their motivations for purchasing and using it.
- A study of public perceptions of the mass media campaign to date should be carried out to ascertain how the messages are being perceived and how they might be made more effective.
- Qualitative studies on Guinean attitudes toward family planning should be undertaken to identify arguments likely to persuade them to adopt a method and determine points of resistance to family planning acceptance.

All of these studies should be conducted not only in Conakry but in other parts of the country, especially the two project areas. The importance of this research is such that it would be wise to bring in some outside expertise to help with research design.

26. Based on this research, PSI should identify broad target audiences that are likely to adopt contraception; i.e., those who could purchase Prudence in sufficient numbers to reach contraceptive prevalence targets for the social marketing program or to seek family planning from a health center (on-site or during outreach). The research should also provide the foundation for a culturally sensitive campaign with a strong motivational component that will help Guineans understand how family planning can help them achieve their aspirations. It should indicate also whether it might be possible to develop a two-pronged campaign aimed at young people that would address both the risk of unintended pregnancy and STD/AIDS. In the national media and through NAC, such a campaign would emphasize promotion of Prudence to an unmarried audience of both sexes for pregnancy prevention and STD/AIDS prevention. At the same time, the second strand of the campaign would use interpersonal communication by IEC agents and others in the field, along with rural radio, to encourage young women with children to go to clinics for medical family planning methods.

27. PSI and AGBEF central personnel should assist the AGBEF regional coordinators with the supervision of the IEC agents, in order to help ensure that the agents' workplans tie in with the national strategy to increase contraceptive prevalence. This will also ensure that the agents receive the on-going training they will need to carry out a difficult job for which they have very limited experience.

28. PSI should improve coordination between the IEC and social marketing staffs at all levels. At a minimum, the social marketing sales representatives need to be informed in advance about upcoming mass media promotion campaigns and kept abreast of NAC's educational activities. IEC agents must be aware of social marketing plans and outlets in their areas. The IEC agents should focus primarily on building demand, but their presence in the field can help ensure that stock-outs do not occur, that new outlets are identified, and that points of sale are built into their community education plans. IEC agents, however, should not become sales agents for Prudence. The social marketing sales representatives, by contrast, should focus primarily on the supply-side in those parts of the country where there are IEC agents.

29. Prior to launching oral contraceptives in the social marketing program, PSI will need to conduct research, work on constituency development, and design educational strategies:

- Research: This will need to build on the family planning research outlined in the first IEC recommendation. The attitudes of men and women toward making oral contraceptives readily available will need to be explored before research on brand name, pricing, etc. begins.
- Constituency development: There will need to be an extensive process of consultation with key segments of the population, such as the medical community, religious leaders, MOH, women's groups, and organizations representing men.
- Educational strategies: These will need to be developed to ensure that women understand the kinds of contra-indications to pill use and side effects that may occur.

30. If IEC activities are to proceed on a level comparable to what has been accomplished thus far, USAID will need to authorize an extension of the position of IEC advisor for the remainder of the life of the project and for any successor project. At this time, the advisor needs to be an individual with strong mass media experience coupled, if possible, with a background in interpersonal communication.

Medium Term

31. PSI and AGBEF should plan to place major responsibility for a broadbased family planning IEC program with AGBEF, at the same time as the social marketing component assumes more direct responsibility for its own promotional activities.

6. STD/AIDS Prevention Activities

6.1 Findings

6.1.1 HIV/AIDS Situation

The first cases of AIDS were identified in Guinea in 1986/87. Seroprevalence rates have increased slowly, however, so that the country is still in the early phase of an AIDS epidemic. In Guinea, AIDS is spread primarily by heterosexual contact and both types of the AIDS virus (HIV-1 and HIV-2) are present, with HIV-1 accounting for over 90 percent of all HIV infections. Epidemiological data obtained to date indicate that HIV infection is present at low, but significant, levels in the general population.

The cumulative total of AIDS cases reported in Guinea to the World Health Organization (WHO) from January 1986 to December 1992 was 649 including 20 pediatric cases, as opposed to 10,792 in Côte d'Ivoire, as of January 1992. The majority of cases in Guinea are adults in their most productive years, with 61 percent in the 30-49 age group. The male to female ratio is 1.42:1 with an increasing number of women becoming infected, as would be expected from significant heterosexual transmission. Sixty-one percent of AIDS cases are married, with 15 percent of these being polygamous marriages. Among men, the most affected socioeconomic group is traders; among women, the most affected group is homemakers (*ménagères*).

Multiple partners for men is a social norm. In addition, the country's poor economic and social conditions have caused many men to emigrate to countries with much higher rates of HIV infection (Central Africa and Côte d'Ivoire), and many women to change partners frequently or to have multiple partners. In addition, there is a high proportion of sexually active adolescents and young adults. All these factors lay the groundwork for a rapid spread of the virus in the general population.

6.1.2 Guinea's AIDS Control Program

Guinea, with the technical and financial assistance of WHO and France, has developed short- and medium-term plans for HIV/AIDS prevention and established the institutional, administrative, and technical basis for tackling the disease. The AIDS Prevention and Control Program (APCP), located in the MOH, is headed by a part-time national AIDS program coordinator assisted by a recently appointed WHO administrator in charge of the financial management of the multilateral WHO funds. In Guinea, as in other African countries, the fight against HIV/AIDS has been the exclusive responsibility of the MOH. The APCP is trying to involve other sectors, however; thus, 11 ministries participated in the detailed 1992 annual workplan for HIV prevention.

Currently, the critical components of the APCP are funded by external donors. WHO/UNDP's Global Programme on AIDS (GPA) provides \$200,000 annually in multilateral funds which support 10 percent of the NAC's community outreach activities, other program operations, provision of reagents for the HIV sentinel surveillance system, and training of counselors. The European Economic Community (EEC) has begun a major three year \$800,000 blood safety program. Canada supports STD control through a two-year \$400,000 program which includes training and provision of reagents and equipment.

Besides WHO/UNDP's support of the NAC community outreach activities, USAID (through PSI) is the only donor providing support for IEC activities. As discussed in Chapter 5, the FAMPOP project funds a national and regional mass media program which includes promotional spots on radio and television of Prudence condoms for STD/AIDS prevention. The AIDS program has also benefited from the FAMPOP project through the availability of financial resources for the expansion of the community-based interventions.

6.1.3 Accomplishments of the National AIDS Committee

PSI provided a 88,985,000FG (about \$93,000) subgrant to the NAC in June 1992 for its planned community outreach activities which were identified during a national workshop in April 1992. In March 1993, PSI provided a limited follow-on 25,406,800FG (about \$26,744) subgrant to carry out priority activities while awaiting the midterm evaluation and its recommendations.

As envisioned in the FAMPOP project proposal and based on its experience with the NAC, PSI has relied heavily on NAC personnel and expertise for the HIV/AIDS outreach activities.

The NAC has accomplished the following:

- 13 workshops for the training of 593 leaders from various communities and socioeconomic groups. These include youth, women, sport figures, midwives, university and high school teachers, journalists, NGO personnel, and others.
- These leaders, in turn, conducted 1,822 educational forums including condom demonstration with homogeneous groups; i.e. women, traders, out-of-school youth, students, teachers, mechanics, cafe and bar workers, taxis and truck drivers, health personnel, travelers, security personnel, prisoners, and workers in the public sector and private companies. These activities covered about 66,500 people from Conakry and 20 districts out of 34 around the country; and
- organization of 26 AIDS days for leaders of various community and socioeconomic groups.

The community outreach activities have been backed up with the following educational materials:

- 350 copies of a flipchart on AIDS;
- 30,000 copies of the brochure, "*Bon voyage avec Prudence*" (Have a good trip with Prudence);
- 20,000 copies of the brochure, "*Dix éléments d'information sur le SIDA*" (Ten points of information about AIDS);
- 25,000 copies of the flyer, "*Savoir utiliser les préservatifs*" (How to use condoms);
- 15 copies of a video cassette on women and AIDS; and
- 5 copies of a video cassette on youth and AIDS.

The organization of the 1,822 educational forums reflected the educational strategy of the NAC which emphasizes community-based IEC and a multisectoral approach to STDs/AIDS prevention. The NAC also developed a subgrant support program which directly provides funding up to about \$800 for the support of educational activities. The NAC also developed a guide for proposal

development, which clearly identifies the target groups to be included in the proposals, and organized training to explain the guide to concerned parties.

The planning and implementation of the above activities involved 12 programs and services of the Ministry of Public Health and Social Affairs, 9 other ministries, 2 religious denominations, 10 national NGOs and various community groups, 22 district committees on STD/AIDS prevention, and the 5 municipal committees on STD/AIDS prevention in Conakry. A plan for supervising the educational activities was also developed and funded by the PSI subgrant to the NAC. One supervisor was assigned for each funded activity.

Although the FAMPOP project proposal and cooperative agreement did not identify any output and indicator against which the accomplishments of the NAC could be evaluated, USAID/Guinea's approval letter for the PSI subgrant to the NAC stated that the subgrant was "to provide for approximately 1,200 seminars, workshops and training sessions throughout the country, directly involving an estimated 50,000 people ranging from community leaders to a variety of at-risk targets groups." As indicated above, the NAC documented 66,500 people directly reached through 1,822 educational meetings including 312 from July to September 1992 and 1,510 from October to December 1992. The supervision of the activities was organized by the NAC and documented by appropriate reports.

Review of relevant documentation and interviews with various recipients of the NAC training and educational activities confirmed that the planned activities by the NAC were actually conducted. All the interviewed recipients expressed appreciation for the excellent work being accomplished by the NAC leadership.

It should be also noted that the NAC collaborated closely with PSI in the development of the first radio and television spots on the Prudence condom. In fact, the NAC coordinator appeared in one of the television spots.

6.1.4 Impact of the Community Outreach Activities

Although the NAC carefully documented each seminar and activity, no baseline and follow-up surveys were conducted to assess the effectiveness of these activities on knowledge and behavior change. The scope of work of the PSI subgrant calls for the NAC to "administer pre- and post-tests evaluating changes in knowledge and attitudes" for each seminar, but this requirement was not included in the agreement signed between PSI and the NAC.

The DHS conducted in February 15-March 15, 1992 in Conakry and later on in other parts of the country with PSI's support, provides good baseline data for future follow-up surveys about the knowledge and use of condoms by women of reproductive age. The DHS also includes a male module which includes specific questions on STD/AIDS. A knowledge, attitudes, and practice (KAP) research protocol to evaluate the STD/AIDS activities is currently being discussed with PSI for funding. This would be carried out by a multidisciplinary team at the University of Conakry.

Interviews with selected community leaders on HIV/AIDS who were recipients of the NAC's training efforts, showed them to be conversant with basic information on the reality of HIV/AIDS in Guinea, the modes of transmission, and the means of prevention.

The NAC placed considerable emphasis on the development and standardization of a simple information package for the trainers and the people at the community level. According to the NAC IEC specialist, all training and educational materials were carefully pre-tested. The materials produced could be more effective, however. For example, the flipchart is flimsy and will disintegrate after being used a few times; there are too many messages on a single page of the flipchart; and the brochures are too wordy to be read easily and could use illustrations. The NAC has also not given credit to USAID/PSI for financial support of the materials. Errors such as these might have been avoided with technical input from PSI's IEC team.

There are some indications that the ongoing mass media campaign combined with the NAC community outreach activities are producing results in increasing the awareness on HIV/AIDS and the importance of condoms in AIDS prevention. For example, an interview with a theater group in Donka indicated that the actions of two groups which received support from the NAC, combined with the information on HIV/AIDS from the radio and television spots, were influential in strengthening the theater group's script on HIV/AIDS.

6.1.5 Challenges Faced by the NAC Community Outreach Program

A lack of management capabilities at the NAC district level prevents a decentralization of resources and a strengthening of activities at this level.

The NGOs and community groups tend to be young in terms of expertise and experience and lack the management skills necessary to complement or take over the central role played by the NAC in community-based interventions. The need for technical assistance and supervision for these groups is beyond the current capacity of the NAC. The number of resource persons to supervise implementation of the activities is limited. Although 50 resource persons have been identified, much of the work is done by a limited number of people.

To date, the NAC has responded to any reasonable STD/AIDS proposal that deals with the identified target groups throughout the country and has not yet stressed the need for a geographic focus and the intensification of past interventions. There is a need to better understand the composition of different target groups and their sexual networking practices. Although it is politically difficult for the NAC to eliminate some districts and subdistricts, a strategy needs to be designed to permit use of limited financial and personnel resources.

6.1.6 Linkages between STD/AIDS Prevention and Family Planning

In order to accomplish the project purpose, which was to "increase the acceptability and availability of family planning information and services within the project area," the FAMPOP project planned to use the linkages between STD/AIDS prevention and family planning in terms of products and behavior as "points of entry for spreading family planning information and promoting use of family planning products, beginning with condoms."

This strategy provided important gains for the FAMPOP project. The NAC, headed by a highly competent pharmacist, was implementing a dynamic STD/AIDS prevention program. FAMPOP's partnership with the NAC, the most visible health program of the MOH, put the project in an advantageous position for achievement of its objectives. Thus, the key social marketing component of the project could be developed more rapidly using the government's commitment to STD/AIDS prevention and the dynamism and constituency of the NAC. At the same time, the project could

develop its knowledge of the market, establish solid ties with the mass media community, and develop and test advertising messages while working towards the development of a favorable policy environment for family planning.

Clearly, the target populations of the AIDS program in Guinea correspond to the family planning target populations of the FAMPOP project. Unlike other AIDS programs in the early stage of the epidemic, the program in Guinea targets all sexually active individuals including youth and couples rather than focusing exclusively on the high-risk groups; i.e., commercial sex workers, truck drivers, and migrants. This provides both programs with a valuable opportunity for collaboration and mutual support.

Currently, the AIDS program is taking advantage of the family planning network and resources to disseminate its STD/AIDS educational messages. The extensive community-based network which was developed by the NAC is, however, not yet being utilized and tested for spreading family planning information and promoting use of family planning products. The excellent relations with youth established by this network may be of great important to the family planning program in reducing the number of unwanted pregnancies through the use of condoms. In the two schools visited by the evaluation team, the principals indicated there had been a sharp decline in unwanted pregnancies in their schools; they attributed this trend to the increasing use of condoms by the students.

With respect to older, married population groups, the effect of the promotion of a contraceptive mix (i.e., orals and injectable) needs to be carefully monitored. Since DHS surveys in Africa show that only a small portion of couples use condoms as a family planning method (1 percent in Cameroon), the large demand for condoms can be attributed to the emergence of HIV/AIDS.

The NAC coordinator expressed a willingness to support the dissemination of family planning information through NAC's community network, provided that clear messages and approaches are developed with PSI.

6.1.7 PSI and NAC Relationship

Both PSI and the NAC commend the solid relationship they have established. In one of the donors' meetings organized by the NAC, the NAC coordinator gave official credit to PSI for its support of the NAC. Through its development of a partnership with NAC and its financial support of NAC, PSI has endeavored to show that it is an organization not only concerned with selling condoms but also with designing a comprehensive approach (i.e., promoting other means of protection) to HIV/AIDS problem.

The collaboration between the two groups has not been as close as it might have been, however. In a memo to PSI dated October 24, 1992, NAC raised certain issues of concern: 1) the weak collaboration between PSI promotional activities and NAC community outreach activities; 2) the need for NAC to receive reports on PSI's activities; and 3) the need to improve PSI's image among certain community groups which think that PSI is in Guinea to become rich by selling condoms.

Questions of cultural sensitivity require PSI to continue to strengthen its dialogue with NAC by addressing emerging issues. For example, questions have arisen about the appropriateness of promoting condoms on the streets and during the "soirées Prudence," and NAC has complained that its input was not solicited on newly developed television spots. Recently, religious leaders requested that the condom advertisements be stopped.

At the same time, the NAC has neither solicited nor utilized the technical assistance available from PSI, and this has contributed to the communication gap between the two organizations.

6.2 Conclusions

FAMPOP-NAC Collaboration

FAMPOP project support is critical to the IEC activities of the AIDS prevention program. The rationale for, and programmatic interventions of, linkages between STDs, AIDS, and family planning need to be addressed by both PSI and NAC, and the partnership, cooperation, and dialogue between the two groups need to be enhanced.

NAC has implemented dynamic community outreach activities and reinforced the constituency for and commitment to for STD/AIDS prevention. The decision to rely heavily on the NAC for the development of community outreach activities was fortuitous, and the strategy of using the STD/AIDS issue as point of entry for the development of a family planning program was sound. There is, however, a need to strengthen the quality of the NAC's IEC interventions.

Implementation of Activities

The implementation of the STD/AIDS IEC activities remains fragile, relying primarily on an extensive network of volunteers, a small number of resource persons, and the energy and commitment of the very capable NAC coordinator, and limited funding from FAMPOP.

Evaluation of the interventions implemented by NAC and establishment of simple procedures/methods to obtain more accurate audience feedback on a continuing basis are priorities for program evaluation purposes. Evaluation of NAC's community outreach activities would help to enhance the effectiveness of this program.

Technical assistance is required to strengthen NAC's community outreach program. Appropriate expertise in IEC and operations research will be needed to respond to the challenges of developing a message mix and designing and testing new approaches to promote both family planning and STD/AIDS prevention in target populations.

Program Growth and Capacity

The dynamism of the STD/AIDS program's IEC component and the opportunity for increased use of the STD/AIDS community network may soon strain the capacity of the current FAMPOP project to fund and provide technical assistance for community activities and mass media campaigns.

6.3 Recommendations

Short Term

32. Formal mechanisms of communication, such as quarterly reviews of relevant activities and regular reporting of planned and accomplished activities, should be established in order to avoid miscommunication between PSI and the national AIDS prevention authorities.

33. PSI should continue to provide subgrants to the NAC. PSI should, however, ensure that it has adequate technical input to the development of NAC's IEC strategy. The subgrant agreements should be tightened by including specifics such as a detailed budget, expected outputs and indicators, and should address the necessity for the NAC to consolidate its interventions. They should also include requirements to develop simple procedures/methods to obtain more accurate audience feedback on a continuing basis to be used by NAC for internal evaluation of programs.

34. PSI should devote greater attention to and technical assistance for the evaluation of NAC's community outreach program and should work closely with the multidisciplinary research team at the University of Conakry. Short-term technical assistance might be necessary to strengthen the research protocol and the data analysis. Also, PSI might consider commissioning an external IEC expert with experience in interpersonal communication activities to observe the seminars and educational forums.

35. PSI should organize a retreat with NAC to discuss the rationale and potential for integration of STD/AIDS and family planning programs. A recent REDSO/WCA-commissioned study on the subject⁹ could be utilized. The retreat should also enable PSI and NAC to develop a strategy and a program for the development of the linkages between STD, AIDS, and family planning.

36. NAC/PSI should initiate an operations research agenda pertaining to the development of the linkages between STDs, AIDS, and family planning. This agenda should examine the acceptability of the simultaneous use of two contraceptive methods rather than the use of a single mechanical or chemical barrier method and the impact of condoms use in avoiding unwanted pregnancies among youth. Also, a better understanding of the target groups of the NAC community outreach program and the sexual networking of these groups is needed.

Medium Term

37. PSI and NAC should develop a specific plan for the institutional strengthening of NAC's community outreach program; this might include the establishment of an STD/AIDS and Family Planning Information Center designed to target youth.

38. NAC and PSI should continue the implementation of the research agenda on the linkages between STDs, AIDS, and family planning.

39. PSI should increase the financial and technical support to the NAC community outreach program.

Long Term

40. If experience and research results on the collaboration of the AIDS prevention and family planning programs are convincing, PSI should maintain the support to the IEC component of these programs under the same follow-on project.

⁹POPTECH, "HIV/AIDS Prevention and Control and Population/Family Planning", Arlington VA, March 5, 1993

41. USAID should identify additional areas of support to the STD/AIDS prevention program with respect to A.I.D's comparative advantages in AIDS prevention and control (epidemiology/health information system/STD control).

7. Impact on Women and Youth

7.1 Findings

7.1.1 Impact on Women

The project proposal and cooperative agreement do not call for activities targeted specifically to women, neither do they contain explicit Women in Development (WID) indicators. The scope of work for the evaluation, however, asks a number of specific questions about the project's involvement with and impact on women.

This project can be expected to have an important and positive impact on women. In making contraception more readily available in Guinea, it will help women avoid unplanned pregnancies and thus reduce their risk of pregnancy-related morbidity and mortality, as well as giving them a measure of control over their own lives. The family planning products and services made available through FAMPOP open the door to education, employment, and other opportunities for women. Indeed, viewed from the perspective that improving access to contraception is in itself a crucial strategy to advance the health and prospects of women, the logframe does in fact contain indicators relating to the advancement of women. To the extent the project progresses toward key measures — such as a reduced birth rate, better timing and spacing of births, and increased contraceptive prevalence — it will be benefiting women. All other indicators are secondary.

It is too early in the life of the FAMPOP project to be able to examine the above indicators. Already, however, it is clear that the project has benefited women in a number of ways. It has made Prudence condoms available in towns virtually nationwide, giving women and their partners ready access to this method of contraception and disease prevention. A substantial number of the radio and television spots to inform the public of the availability of Prudence have been specifically targeted towards women, as have many of the community education sessions conducted by the NAC. The fact that, despite these efforts, indications are that more men than women are purchasing condoms is hardly surprising, since this is a male method. It is possible that sales to women might be increased if more of the outlets for Prudence were the kinds of places frequented by women. Regardless of who purchases the condoms, however, when they are put to use they protect the woman as well as the man. It is estimated that, in 1992, about 4,666 couples — and therefore 4,666 women — were protected against unintended pregnancy and STD/AIDS as a result of condom social marketing activities under the project. This number is expected to rise significantly in the future.

Social marketing plans call for the introduction of oral contraceptive sales in addition to condoms. This will necessitate a shift in strategy, both in the selection of product outlets and in the promotional campaigns, to place a greater emphasis on reaching women. As noted elsewhere in this report, the launching of oral contraceptive sales needs careful preparation. Although the wider availability of oral contraceptives can benefit women, social marketing of orals must be undertaken with the support of Guinean women and with protections built in for women's health.

The primary beneficiaries of the project's public sector integration activities are women, since most of the family planning methods provided in health centers are used by women. During the first four months that the first 20 clinics in the Forest Region were operational, 843 clients were served and

at least 99 percent of these were women. The client load should increase as more health centers begin to provide family planning services over the rest of the life of the project.

As noted in Section 5.1.7, one of the difficulties the project is likely to encounter is that the IEC agents who are responsible for generating demand for family planning services in the health centers are all men, yet most health center users are women. The male IEC agents will have to work closely with female staff at the health centers and other women in their communities to ensure that women are informed of the availability of contraception at the health centers.

Both the IEC agents and the NAC collect statistics about the number of people reached through their educational activities, including a breakdown by gender. This could be compiled on a regular basis if USAID considers this to be of sufficient importance to warrant the additional administrative burden.

An extremely important contribution of the project to the status of women is the development of the family code (see Section 4.1.1), an activity undertaken through a subagreement with AGBEF. The draft code that is to be presented to the government promotes and protects numerous facets of women's lives. It would confer upon women, for the first time in Guinea, the right to obtain contraception without spousal consent; it would authorize them to make their own decisions about marriage; it would give them significant protection in divorce and child custody cases; and it would protect their rights in employment, unionization, property ownership, and many other areas. Prospects for enactment of the code look good, and this will pave the way for women to make giant strides forward in family life, in their work, and their status in society. It will be crucial that, once adopted, the code not simply be allowed to sit on a shelf. Guineans, especially those in policy-making and administrative positions as well as women, will need to be informed of its provision.

Although the project is moving towards helping *all* women in Guinea by making family planning more available and by supporting the family code, it is making modest contributions in other ways. Two out of six senior local-hire positions at PSI/Guinea are held by women and four out of the 10 social marketing sales representatives hired are women. In addition, approximately a third of the health personnel who have received training through the project have been women.

A number of women's groups, such as the Federation of Women's NGOs and the Association of Women in AIDS Education, perceive the project as male oriented, however. The reasons they advance are that the public image of the project thus far has centered on the promotion of condoms, creating the perception of a program aimed at men. This image is reinforced by an overwhelmingly male staff. The women also believe that the project has not lived up to their early expectations with respect to cooperation with women's groups. These perceptions are easy to understand given the high visibility of the condom promotion efforts in the mass media, while the integration of family planning into the health centers has moved more slowly.

These perceptions should begin to change as more health centers begin providing family planning services and as these services are publicized. The move, in due course, into oral contraceptive marketing, will also make clear that women are intended to be beneficiaries of the project. Nevertheless, more could be done to involve women in the development and implementation of project activities.

It should be kept in mind that Guinean society has long been male dominated, and change in the status of women will only come about slowly. It will take a concerted push on several fronts over a

period of many years to bring about change. Thus, efforts to improve access to contraception cannot stand alone. USAID/Guinea's emerging WID program has the potential to enhance the role of women in Guinean society, thereby complementing family planning strategies. USAID/Guinea's PRIDE project, which supports the development of small private enterprises, also could provide a vehicle to support some private sector initiatives aimed at helping women at the same time as advancing the provision of family planning services.

7.1.2 Impact on Youth

PSI has recognized that close to half of Guinea's population is under age 15, that young people are more likely than the older generation to want to have fewer children, and that many young people are at risk of AIDS and STDs. Accordingly, it has chosen young people as its primary target population.

Many project activities are oriented toward youth. Young people aged 15-25 have been the main target group for social marketing and related promotional activities. Most educational and promotional activity has been oriented toward this group and has emphasized dances, music, sports events, and other activities attractive to youth. The NAC has made young people a special priority in its efforts to educate Guineans about STD/AIDS prevention. In the public sector integration program, IEC agents in the two project regions have been instructed to reach out to young people and encourage them to take advantage of family planning and STD/AIDS services in health centers — a difficult task in a system that serves primarily adult women with children.

7.2 Conclusions

Impact on Women

This project is of major importance to the status of women in Guinea by virtue of giving them greater control over their fertility and enhancing the status of women through the proposed family code.

As the program evolves, there should be a shift in public perception of the project as one that benefits women at least as much as it benefits men. Nevertheless, the desire of women's groups to participate in the program is something that would be important to accommodate and something that should benefit both the project and the women of Guinea.

Impact on Youth

The project has placed emphasis on youth and this has been correct. In selecting this group as a priority target population, the project is ensuring that its impact will extend into the future and that current resources are used to best effect. It is also in reaching young people that the project can best combine messages about its twin concerns: prevention of unintended pregnancy and AIDS.

7.3 Recommendations

Short Term

42. In designing the follow-on project to FAMPOP, USAID should ensure that there are some logframe indicators related to women, such as positions filled by women and measures of women served by the project.

43. PSI should make an effort to reach out to women in its program development efforts. The launching of oral contraceptive social marketing provides one such opportunity for the project to ensure that it adopts a strategy for selling a women's product in a way that meets the needs of women.

Short and Medium Term

See Recommendation 22 concerning the family code.

45. The emphasis on youth should be continued.

Medium Term

45. USAID should consider providing loans to midwives, through the PRIDE program, to set up private medical practices that include family planning. This would complement the project's family planning objectives.

8. Project Management

8.1 Findings

8.1.1 USAID Management Concerns

Cooperative Agreement Responsibilities. In recognition of mission staff limitations at the time the unsolicited proposal was received from PSI, USAID made an appropriate decision to fund the activity through a cooperative agreement. This placed more of the management responsibility on the cooperating institution and required less direct USAID management involvement than would be the case with a contract. The project oversight responsibilities stated in the cooperative agreement required USAID to review biographical data forms and scopes of work for key personnel, audits, and short-term consultations. Notes in the files and interviews with USAID personnel indicated that this has been generally accomplished.

In Amendment No. 1, January 1992, of the cooperative agreement, two conditions were added, namely that the chief of party (PSI) would submit to USAID for its review an annual activities schedule and that the scopes of work for all subcontracts in excess of \$25,000 would be cleared by USAID. The annual workplan was delayed with changes in PSI personnel but now has been submitted. Scopes of work for the subcontracts are written in French and generally an English summary has been transmitted to USAID. A review of the contracts with AGBEF and NAC indicated that the summaries have not been as accurate a reflection of the subcontracts as they could have been. It would be useful to transmit the total French document with a translation or more accurate summary in order to avoid any confusion.

Scopes of work for the subcontracts also need to be more detailed, more clearly stating the desired outcomes and identifying the indicators that should be reported on. In addition, a more formal understanding between PSI, AGBEF, and the MOH for FAMPOP activities could identify MOH responsibilities in supervision, make for stability of personnel who are trained in the project, and ensure acceptance of the role of PSI and AGBEF in training, IEC, and program monitoring.

USAID Review. USAID has used a variety of procedures to keep abreast of project activities such as the semiannual project implementation report (PIR). The most recent PIR (September 30, 1992) raised issues also identified by this evaluation; e.g., the need for improvements in marketing management and for strategic planning. Budget review and amendments have also served to identify problems needing attention. Nevertheless, this type of review would be more effective if PSI were to provide a more complete current budget analysis and projection against future requirements (see Section 9.1.1). A strategy session with PSI on February 11, 1993, which was recorded by memorandum to the USAID director with a copy to PSI, identified mutually agreed directions for the future. PSI has also recently completed a strategic planning exercise for 1993-1996. Monthly reports by PSI provide USAID necessary current information on project performance.

Preparing the assessment of project impact (API) report provides USAID with another opportunity to review program progress. FAMPOP reports also provide current information on CYP provided. This information will need to be refined as more attention is paid to condoms sold to retail customers than to wholesalers or retailers. As numbers of health centers grow, it will be important to assure that the MIS is functioning without relying heavily on ad hoc monitoring exercises. FAMPOP reports

of surveys assist in reporting on increases in awareness, but definitive information over the total country will likely be available only with another DHS.

The USAID decision to arrange for an early external evaluation of project progress has served as another tool for project oversight without overburdening USAID mission staff.

It should be noted that, although USAID will increasingly be requested to report on the rate of growth of the AIDS epidemic, the FAMPOP project should not be considered the primary source for this information. FAMPOP reports do not provide information on levels of HIV/AIDS infection, nor should they be required to. FAMPOP has only an IEC support input into the National AIDS Committee and should not be asked to monitor or report on the results of sentinel surveillance or identified cases of AIDS.

USAID Personnel. Despite limited staff, USAID has found ways through the use of personal services contracts to augment project oversight by its direct-hire general development officer. The addition of a Guinean physician to the staff will increase this oversight capacity and provide for continuity as direct hires are transferred. The expected addition of a technical advisor for child survival should allow USAID more ability to participate in monitoring this activity and plan for future projects. It will be important to maintain at least this level of staff oversight if the recommendations of this evaluation are to be implemented.

8.1.2 PSI Management

Relationships with USAID and Other Project Players. The relationship between USAID and PSI has developed well during the life of the project. Reporting is generally on time and there is frequent contact between the two parties. Without USAID's becoming involved in the day-to-day issues, both USAID and PSI try to ensure that discussion takes place on the progress of key items. There is, however, some concern about the overall direction in which the project is moving, and there is a need to ensure that regular exchanges take place on strategy and plans.

PSI also has developed generally good relationships with the other major players in the project. Particularly with regard to the NAC coordinator, some initial skepticism about the effect of social marketing has been allayed. At the same time, there is a need for greater cooperation with NAC on the development of media and promotional materials. This is to ensure, on the one hand, that NAC-developed materials are up to the standard necessary both physically and in content; and on the other hand, that views of NAC regarding sensitive areas in the public domain are taken into account at the development stage.

PSI has an excellent relationship with AGBEF. AGBEF regards PSI as its main partner after IPPF and collaboration is close, based on mutual respect. PSI, in turn, has a very high regard for the AGBEF president who, because of other professional contacts and positions, has been instrumental in the project's progress to date. However, as mentioned in Section 3.1.11, AGBEF is growing rapidly and needs some help in strengthening its management capability.

PSI has developed useful relationships with MOH senior staff. Because of PSI's high and, occasionally controversial, profile in Guinea, regular contact with government bodies is essential. In addition, the progress being made in the AGBEF clinics has implications for similar government clinics. Thus far, there appears to be reasonable harmony between the MOH and AGBEF, and PSI's role has not been compromised.

At an operational level, an excellent relationship has been created between the Guinean Office of Publicity and PSI. The fact that PSI advertising is a substantial contributor to private sector media activity is of some importance and consequence. This relationship has benefited the project in terms of facilitating a negotiating position on production of advertising materials and cost of media placement. The PSI IEC management's interest in and subagreements with rural radio has undoubtedly enhanced the ability of PSI to train and motivate local radio personnel to the project's advantage.

Personnel Changes. There have been some changes in PSI personnel during the life of the project. The original project director has returned to PSI/Washington and been replaced. This has, of necessity, resulted in a slight disruption to directorial input into the program and the need to establish new working relationships with the major players. This has advantages, however, in that not only does the new director bring a different perspective to the project but, by having a knowledgeable contact in Washington (i.e., the former project director), there is a more intimate understanding of FAMPOP within PSI/Washington.

In approaching the project with fresh eyes, the new director has been able to recognize the need for improvements in planning and reporting and a greater rigor in thinking through future strategic direction. To date, PSI's style of operation has been task oriented with some notable achievements. In managing any business involving sales to consumers, however, considerable attention also needs to be given to thinking through all the components of the sales, marketing, and communication elements to ensure they become a cohesive activity. Internal communication between these different functions is equally important and requires a great deal of attention. As stated above, PSI has recently produced a draft strategy document; it has also prepared outline plans for the 1993 calendar year.

In January 1993, a new position of social marketing advisor was put in place. This has undoubtedly strengthened the team and ensures the necessary control of the sales activities and better day-to-day management of the sales representatives. The lack of direction that had developed in this area is being addressed and already there are signs of improvement (e.g., draft strategy document, activity plans, and budget reviews) and a respect among the sales representatives for the position. There is still a long way to go to achieve a more efficient selling operation, but it seems that this goal is being targeted.

The IEC advisor position within PSI is due to end in October 1993, and no replacement is budgeted. The contract for the family planning executive expires at the same time. These are key positions in the project structure and essential to the continuation of the program, at least in the medium term. There are Guinean staff in second-in-command positions in both of these functions, as well as in social marketing. In addition to their own varying natural abilities, they have learned a lot in their time with PSI. Possibly due to the hectic pace of many activities, however, PSI has not devoted as much time to training as perhaps is necessary; therefore, retention of expatriate staff will be necessary for some time.

With regard to Guinean staff, the PSI family planning coordinator could benefit from management training as well as TOT if she is to continue as a trainer; and the IEC coordinator needs management training along the lines of the IEC program management course offered by the International Health Program at the University of California at Santa Cruz.

Project MIS. An MIS has been developed during the life of the project and is slowly becoming operational. Historical data have now been entered into the system and reports are being generated along with graphic reporting. This is a major improvement, but attention now needs to be paid to ensuring accurate base data and making available to management information that will help guide and monitor sales. This is particularly so in the area of the customer base and stock and sales reports. In addition, as sales grow and as sales teams move to different locations, there will be the need for geographical information and targeting.

8.2 Conclusions

USAID Management

USAID has appropriately made use of the cooperative agreement to manage this project in accordance with USAID procedures. Even with USAID staff limitations, it has utilized a variety of informal and formal reporting mechanisms to keep abreast of project progress. In recognizing the need for increased involvement in some areas of project oversight, USAID has taken on increased monitoring responsibility which requires maintaining an increased staff capability.

Relationships between Major Parties

Generally good relationships have been developed between the major parties in the project. These will need constant attention as the project develops and moves into the family planning arena. Greater discussion on planning is necessary between USAID and PSI to ensure that both parties concur on the direction of the project and its increasing impact on consumers. This will be beneficial to both USAID and PSI. As USAID considers its potential role in the health field in Guinea, it will be able to provide PSI advantageous directional pointers, and USAID will be able to gain useful input to its thinking by virtue of PSI's established operational links with important institutions.

PSI Staffing

Urgent attention needs to be given to the roles of expatriate and Guinean staff in PSI. Continuity within the program is essential and planning is needed now to retain or recruit new expatriate staff so that they will be on board when current staff depart in six months time. The training of Guinean staff is a longer-term process, and it is unlikely that any of the current staff could substitute for expatriates at this time.

Although relationships with institutions are generally good, PSI has made little apparent effort to build these up with a view to improved efficiency and longer-term sustainability. Also, there has been little training of PSI Guinean staff other than on-the-job experience which, although valuable, is unlikely on its own to be sufficient to raise the standards of some of the team to an acceptable level.

Planning

There is a need for improved planning for the FAMPOP operation in nearly all areas of PSI's activity. This also encompasses the interchange of ideas and information between the senior PSI staff. The successes of the last year need to be consolidated, and a more thoughtful and considered approach would greatly benefit the project's longevity. There are signs that this is beginning to happen (e.g., proposed strategy, activity plans, budgeting exercise conducted by new PSI director),

but constant attention needs to be given to this aspect of business management in what is apparently a task achievement oriented environment.

8.3 Recommendations

Short Term

USAID

46. The cooperative agreement should be amended to accomplish the following:
- incorporate key recommendations of this evaluation into the agreed upon activities of the FAMPOP project with a timetable for their completion and agreed upon indicators to measure compliance;
 - define more clearly the documentation that will be acceptable to USAID for its clearance of the scopes of work for PSI subcontracts; this will involve ensuring that the English and French versions of subcontracts are in agreement and that the specific objectives and reporting requirements of each subcontract are stated clearly; and
 - review all sales and expenditures measured against plans on a monthly basis.
47. USAID should maintain the present level of US direct hire, local hire, and personal services contract personnel involvement in project oversight and should proceed expeditiously to secure the planned-for technical assistant in child survival.

USAID and PSI

48. The strategy and planning documents produced by PSI should receive urgent consideration by USAID in light of this evaluation and its recommendations. Where necessary, amendments should be made and agreement reached with PSI on a strategy which sees the project through to its termination in June 1994.

49. USAID and PSI should set up regular formal meetings both separately and together to review project business, concentrating on issues in the future both internal to PSI and its subcontracted partners and external institutions. A focus on the project's impact on consumers as well as sales to the trade would also be constructive.

50. USAID and PSI should consider the desirability of a more formal understanding between PSI, AGBEF, and the MOH for FAMPOP activities. This could identify MOH responsibilities in supervision and in ensuring the stability of personnel who are trained in the project and acceptance of the role of PSI and AGBEF in training, IEC, and program monitoring.

PSI

51. The positions of expatriate staff should be continued at least through the life of the project. Consideration of this must be addressed now both in people and budgeting terms. An assessment of those Guinean staff who will benefit from a formal training program is required, and

their individual training requirements should be developed over the course of the next six months while current expatriate staff are in place.

52. PSI should provide guidance to the MIS team on requirements for data analysis that will improve actionable information in the sales area. Once agreement is reached on the strategic direction of the project, work should commence on ensuring data collection is put in place to measure outputs.

9. Project Finances

9.1 Findings

9.1.1 Introduction

To date there has been little, if any, systematic financial planning by PSI that allows project- and activity-related monitoring. Current PSI management recognizes the need to do this and to provide a more structured framework for the financial aspects of the project and has begun to develop some financial planning tools which it is hoped will relate to operational activities.

In the absence of readily accessible and detailed accurate financial information, performance measurement of activity-related operations is not possible. Also, in view of the short active lifetime of some of the program elements, it is not sensible, and indeed premature, to attempt to measure cost-effectiveness of the specific activities of the program at this stage.

Although it was not within the scope of work of this evaluation to conduct an in-depth financial audit of the project, PSI's frank cooperation, provision of data, and open willingness to discuss financing problems allows the following observations.

9.1.2 PSI Budgets and Expenditures

The budget of the cooperative agreement for \$6,719,183 was awarded for a three-year period in July 1991. As of February 1993, the certified fiscal report from PSI shows \$2,910,398 having been spent. This is 43 percent of the budget, and 53 percent of the project time has elapsed.

In November 1992, a revision to the budget was approved by USAID which allowed a reallocation of funds without increasing the total project funding. This took advantage of first-year savings, brought about by early delays in getting started during which there was little expenditure in all sections of the budget. This money was phased into years 2 and 3 of the project and reallocated across the function areas. Over \$540,000 was taken from public sector integration, monitoring and evaluation and, to a lesser degree, social marketing. This allowed increases in expenditures in personnel (\$346,000) and overhead (\$135,000), with smaller increases in family planning support activities (\$28,000), contraceptives (\$22,000), and operations (\$9,000). Thus, the main expenditure increases have been personnel related and include the presence of the recently appointed social marketing advisor. The increases also allowed for the purchase of a larger amount of condoms than originally planned.

Although it would appear that the expenditure of funds is on track, some preliminary analysis within these figures raises the question of potential budgetary control problems in two areas:

- There is considerable difficulty in cross-referencing the PSI/Washington fiscal report with that published by PSI/Guinea because of different allocations of line items, and considerably more analysis is needed to relate these accurately.
- There are also many strands to the reporting procedure, all operated from different time bases. PSI/Washington operates on a calendar basis and the subcontractors also tend

to operate in this way, but the dates of their contracts operate from different start points and PSI/Guinea produces data for the FAMPOP project from fiscal years beginning in July. This lends itself to confusion unless these periods are well known by recipients of financial reports.

9.1.3 Likely Budget Constraints

An analysis of PSI/Guinea reported expenditures as of the end of March 1993 showed areas in which, although not yet apparent, there is likely to be pressure on the current rebudgeted allocations. In the absence of any firm expenditure projections relating to planned activities, however, this is at best an unconfirmed observation at this time.

Social marketing and IEC expenditure proposals have been made internally within PSI for the current calendar year. These have been discussed internally and a firmer indication of intended spending is awaited. It would seem probable that planned activity will require that more funds be made available to the social marketing and IEC components if these planned program activities are to be achieved.

If the position of an IEC expatriate advisor is continued at least for the life of the current project, then funds will have to become available for this position (according to the cooperative agreement, this position was to be phased out in October 1993). It is likely that this will require increases to the personnel and operations line items, and there may be some increase in PSI overhead charges related to these items.

The other areas in which there are likely budget shortfalls are in the subcontracted NAC and AGBEF expenditures. It is not clear from data presently available how the rebudgeted figures as of November 1992 relate to the grants made to these two organizations.

NAC spending is running faster than was indicated in the November 1992 budget revision; in addition, with a recently granted tranche of funding this quarter it is already eating into the budgeted year 3 allocation. It would seem that, if NAC activities continue at the present rate, its budgeted funding will be exhausted by the end of calendar year 1993, with six months of the project still to run. It may be, of course, that expenditures have been brought forward (i.e., expenditures may have been incurred ahead of timed "budgeted" spending) and activity will decline in the coming months such that NAC will be able to operate within the budget figures.

The AGBEF problem is of a different nature. There would appear to have been an error made in the rebudgeting process which did not allow for the setting up of the first 16 clinics in the monies set aside for years 2 and 3 of the program. This sum is of the order of \$111,500 and, despite having been spent, the budget does not allow for this amount if all other planned clinic work takes place within the time frame of the project.

Having said that there are pressures on the funds available, there is also some underspending likely in other areas. This needs careful analysis before the overall situation is clarified. There may be monies available from the contraceptive purchase line item (if these are provided by A.I.D./Washington); no decisions have been made on the return-to-fund monies resulting from condom sales (although wiping off unretrievable credit debts will diminish the amount available); and there are several other more minor amounts of underspending which could help cover likely overspending.

Senior PSI positions recognize the need for tighter financial control. There appears to be less awareness of the need for financial control in some other areas of PSI, but this is now being addressed.

9.1.4 Financial Reporting

Reporting of expenditures is done monthly and mostly on time. It is mainly accurate in financial terms, but there is evidence of misallocation of expenditures into line items which may produce somewhat misleading results. The main area of difficulty is in the social marketing section in which, because expenditures are incurred both by the social marketing activities and IEC, the accountants may allocate expenditure items incorrectly. Indeed, sometimes expenditures incurred in other areas of the business may end up under the marketing designation.

Reporting from NAC and AGBEF to PSI appears to be accurate and mostly ties in with allocated budgets. These reports come in quarterly.

There is no system at present for monthly budgeting or forecasting; in consequence, there is no operational cashflow projection. It is understood that PSI/Guinea intends to develop these financial controls, and preliminary analysis of budget expenditures for calendar year 1993 is under way.

9.2 Conclusions

To date, PSI's financial management of the project has left something to be desired. This is well recognized by the new PSI director, however; and, as the project moves on into its post-launch phase, the situation is being addressed with some urgency.

The major problem lies in the area of management accounting rather than financial accounting, however.¹⁰ At present, there is no phased monthly expenditure plan which relates to planned activity; therefore, it is not possible to see where underspending or overspending has occurred within a month or by type of activity. For the same reason, it is not possible to plan ahead the finances of the project and to advantageously reallocate funds when there is likelihood of changes in expenditure levels. Perhaps more fundamental is the lack of planning which would give early indications of additional funding requirements to USAID, if that is an appropriate action.

Accounting reporting of every element in this project is based on financial accounting only. This means that the only measures of progress are that monies have been spent out of an ever-decreasing budget. Since the ethos of the program is activity related, it is likely that monies will have been spent, and certainly committed, before the effect on the total funding availability is known. This is not to say that the activities have not resulted in achieving worthwhile objectives, nor that the funds have been unwisely spent. There is evidence of cost-consciousness in some areas of the organization, but less so in others. In the absence of any operational financial projections, however, it is always likely that problems will arise, especially as the project progresses.

¹⁰Financial accounting involves the accounting of expenditures historically. Management accounting relates expenditures to the business and the future.

Every effort should be made to implement the following recommendations as speedily as possible. It is not the intention to straitjacket the inventiveness of the PSI team nor to limit its ability to take advantage of opportunities as they arise, but rather to encourage the development of simple systematic reviews of the operation which will highlight deficiencies early and allow prompt correction and control.

9.3 Recommendations

Short Term

53. PSI should institute a formal review of expenditures to date by line item and should determine any problems in the budget reallocations made in November 1992.

54. PSI should finalize a plan of activity in all areas of the business, evaluate its cost, and, where necessary, reallocate funds across the sectors. This recommendation should be extensively discussed with USAID and a formal change to the cooperative agreement made once agreement has been reached.

55. A cashflow forecast should be made through to the end of the project by month, against which actual spending can be measured and evaluated on a monthly basis. This forecast should be updated on a monthly basis. Areas with major deviations to planned spending should be reviewed with USAID at a formal monthly meeting.

56. PSI accountants should be trained in simple management accounting methodology, and their progress should be reviewed with PSI management on a regular basis.

57. A review of coding of line item expenditures and their allocation to the various sectors should be undertaken with the PSI accountants.

58. Clear instructions should be given to the sales representatives with regard to their expenditure limits on various activities and spending budgets should be given to them on a monthly basis. These should be reviewed with them prior to payment of commissions.

59. Expenditures by subcontractors should be carefully monitored against plans in order to make them aware of their financial obligations.

10. Evolution of Project Concept and Future Programming Options

10.1 Shifts in Approach

- It is not clear why the title of the project came to be Social Marketing of Contraceptives in some documentation rather than the original title Family Planning Options. The latter seems to identify the original and ongoing concept more accurately. The original concept effectively addressed the issue of STD/AIDS prevention but in a more secondary fashion than has occurred in project implementation to date. The strong emphasis given to STD/AIDS prevention was a useful recognition of its value in permitting more openness in discussion and mass media toward human sexuality and use of condoms and as an entry point to family planning. It also grew from the association with NAC's energetic interpersonal communication campaign. Part of the delay in shifting to a stronger emphasis on family planning is related to the time involved in getting family planning clinical services or social marketing of oral contraceptives in place. Project management recognizes the need to increase the emphasis on family planning at this stage without ignoring the importance of continuing with the STD/AIDS information campaign.

- Original project plans suggested the possibility of a stronger role for commercial distributors in social marketing than it has been possible to develop. This has required PSI to recruit and train its own staff (unbudgeted) to carry out sales and distribution tasks. This, coupled with other changes, means that the social marketing program may require increased budget support as well as continuing technical assistance.

- The project proposal and cooperative agreement called for social marketing coverage of urban areas nationally. Although there has been a recent re-emphasis on the important Conakry area, servicing the rest of the country has placed heavy requirements on project staff.

- The original project concept contemplated a strong role for AGBEF in policy development, IEC, and support of MOH (MCH/FP) public sector integration activities, especially through training and monitoring. However, with the leadership demonstrated by AGBEF in strengthening services around the country and with some limitations on the service delivery capability of the public sector, there is interest in building AGBEF's service delivery capabilities in major urban areas.

- A reevaluation of the physical conditions and skill levels at health centers has led to an appropriate reduction in emphasis on the IUD. This has been counterbalanced by the opportunity to add injectables to the program following United States FDA approval.

- The mass media component of the IEC program evolved more rapidly than the interpersonal communications component, creating the impression of a one-sided program. Although the program remains heavy on mass media, activities have become better rounded through the consciousness-raising activities of the social marketing sales representatives and with the placement of IEC agents in the field to educate the public about family planning related topics. It is clear, however, that the demands of such a broadbased IEC program as well as an emphasis on social marketing advertising will require continued technical assistance and budgetary support.

10.2 Modifications Indicated

- Expatriate personnel requirements need to be increased in light of expanded need for social marketing management and continuing need for IEC expertise.
- Contraceptive requirements and CYP projections need to be modified because of project time slippage, apparent slower growth in client use than expected, and changes in the contraceptive mix.
- Success has been gained in producing standardized national procedures for family planning training and service delivery, as well as in rendering family planning service sites operational in two regions of the country. This assistance provided by the project could be extended to other parts of the country.
- The MOH (MCH/FP) has shown that it can assume some important responsibilities in the management of a national program and future planning may perhaps envision a role for this division.
- Training and IEC activities need to be expanded in the project area because of new demands and opportunities and because of the potential for supporting MOH initiatives elsewhere.
- AGBEF organizational development/management improvement efforts and increasing attention to expanded clinical service delivery require increased support.
- Budgetary allocations are required to address these changes.

10.3 The Nature of a National Family Planning Program in Five Years

- **National in Scope.** Although there will necessarily be greater emphasis on urban population concentrations than achieved to date, modest service availability must also be accomplished at the health post and rural community level. MCH/FP actions will be particularly important for achieving this expanded coverage and providing the clinic backup for widespread contraceptive availability through social marketing and/or community-based efforts. The development of a strengthened MCH/FP role in service delivery management will be a collaborative venture supported by several donor agencies. USAID could take the lead in providing technical assistance for expanded use of standardized procedures for training, service delivery, and program monitoring at the central and local levels; i.e., those procedures being developed in practice through the FAMPOP project. A continuing collaboration with AGBEF in training and IEC for this network will be needed.
- **Private Sector Clinical Services.** Surgical clinical services (IUD insertion, implants, tubal ligation, and vasectomy) can only be provided in clinical settings in which quality of care standards can be guaranteed. This suggests the development of a limited clinical network in urban centers operated by AGBEF but including other private clinicians or NGOs where possible.
- **IEC Programs.** Guinea should move toward a broadbased family planning IEC program, encompassing mass media, interpersonal communications, constituency development,

materials production, and other strategies. As an independent advocacy agency, AGBEF is the logical entity to assume a lead role, with guidance from an experienced IEC advisor.

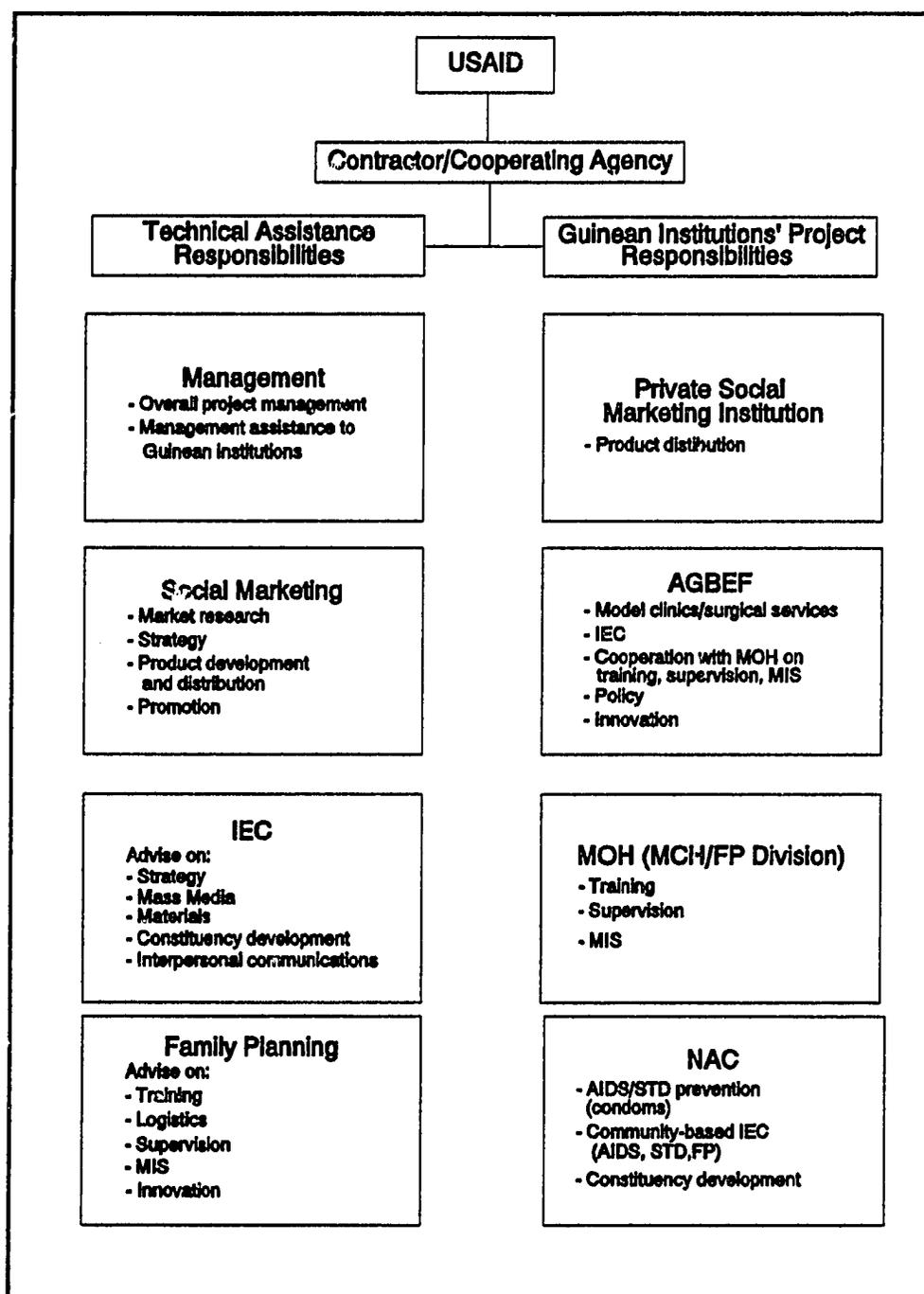
- **Social Marketing.** Provided sufficient demand is generated at the consumer level over a period of time, it is reasonable to expect that distribution and selling of product can be transferred from PSI staff to local distributors. The distribution reach would in some ways be dependent on the structure and sales pattern of these distributors' other products. This may still need augmenting if nationwide coverage is to be achieved in the longer term. It is likely that project staff would still be necessary to provide promotional effort and expertise as well as monitoring activities. As other contraceptives are added to the range of socially marketed products, mass media, promotion, and research will be continuing strong elements and should be under the control of social marketing personnel, with creative input from IEC project staff. This would allow enhanced delivery of marketing activities and yet retain strong coordinating links with the developing family planning campaigns being instituted elsewhere.

- **Collaboration with the National AIDS Committee.** Consciousness raising and constituency building will still be required and may be even more necessary and more effective in generating condom demand as awareness of AIDS becomes more generalized through experience of the disease. Mutually supportive collaboration is a necessary development between AIDS and family planning informational approaches. The linkages of family planning and AIDS programs in terms of human sexuality and condom use provide a strong rationale for addressing the HIV/AIDS problem within the framework of the USAID's strategic objective of reducing fertility. The negative impact of disproportionate population growth on household revenues and the acceleration of the spread of HIV/AIDS by poverty reinforce this rationale. AIDS is clearly emerging as a disease of poor countries. In Guinea, there is a unique opportunity to demonstrate the potential of the programmatic linkages in terms of sexual behavior, especially with regard to youth and condom use, within the next two years. This would further support addressing the AIDS problem within the strategic objective of reducing fertility in the upcoming country program strategic plan (CPSP). The current CPSP for fiscal years 1992-96 does not address HIV/AIDS.

- **Project Staff.** Project experience has demonstrated the difficulties encountered in effective delivery of many components. The requirements of this complex project do not permit reduction of management staff. They will continue to play a direct role in project management while simultaneously developing the organizational and technical capacity of local institutions. This implies the continued necessity for marketing, IEC, and family planning personnel to fulfill the implementation and fiscal responsibilities of the expanding project.

The diagram on the next page shows how different functions would be assigned to the technical assistance team and the four major Guinean institutions that would likely participate in a national family planning program five years or so from now. (This is not an organizational chart.) As previously outlined, Guinean institutions would have a greater level of responsibility than under the current project but the technical assistance team would provide management and technical oversight.

Functional Diagram for Future Project Responsibilities



10.4 USAID Programming Options for Assuring Continuity and Future Expansion

The cooperative agreement clearly indicates that this three-year project is but the first step in a long process of developing a mature national capability to deliver family planning information and service. With a project activities completion date (PACD) of June 30, 1994, early decisions are required to assure continuity. This evaluation points out areas where improvements in performance should be made, and Section 10.3 above presents indications of where the program might be heading five years from now. The issue then is how best to proceed to maintain momentum and consolidate desired changes. Two options might be considered.

10.4.1 Option 1: An 18-Month Funded Extension of the Present Project

An extension of the present project should be considered for several purposes:

- to allow consolidation of progress made in implementing changes recommended for the short term in this first phase;
- to provide for budgetary reallocations or changes that might be required as a result of recommended additional activities and to readjust output and purpose-level expectations;
- to allow more time for an orderly development of a follow-on project with project design based on a longer experience with first-phase activities;
- to assure continuity of personnel if two-year contracts are considered necessary to attract capable persons; the family planning advisor position will be vacated in October 1993, and the IEC position is also scheduled to end at that time.
- to allow the project to respond opportunely to government, private sector, or other donor initiatives which are developing as more attention is being given to population policy, to concern for AIDS, and to economic conditions.

If such an extension were to be granted, attention should be given to such aspects as the following:

- agreement by USAID and PSI on steps to be taken and compliance with the recommendations of this evaluation and indicators to be used;
- program activities which continue, consolidate, and expand those actions found to be effective in the first phase such as training, IEC, and service delivery;
- limited new activities which provide the information base for design and the preconditions for actions in the follow-on project. These would be items such as increased technical assistance to AGBEF for organizational development, developing a plan of action for IEC, and expanding surgical clinical services. Selected assistance would be provided to the MCH/FP division of the MOH, largely technical assistance in training and MIS. A more effectively implemented DHS would be carried out in 1996 to measure the impact of first-phase activities and provide the baseline for the follow-on project.

10.4.2

Option 2: Design of a Follow-On Project

An alternative to granting an extension to the current project is to design a new project. This has severe timing implications. Design efforts would have to begin immediately and proceed rapidly to complete the necessary analysis of future options, review, and approval and selection of the Cooperating Agency or contractor. Many of the issues to be considered would require review before results of much of the activity of this present project have been demonstrated. Issues to be considered would include the following:

- Should the project focus specifically on family planning issues, or should it have a broader health, education, or women's status emphasis as these affect population growth?
- Should the project continue to include limited support to the HIV/AIDS information campaign or should there be more comprehensive support to HIV/AIDS prevention through this or another separate project. How would this affect USAID's strategic objectives?
- Should the family planning activities place more or less relative emphasis on policy development, training, IEC, research, evaluation, or service delivery?
- Should service delivery place more relative emphasis on non-surgical clinical services, surgical clinical services, community-based distribution, or social marketing? What should be the relative emphasis on urban versus rural populations?
- Should the project focus on the private sector through social marketing and NGO support continue or should support to the integrated public sector family planning activities be expanded or both? What are the institutional development requirements in either case?
- How will this project fit with the support of other donors?
- To what degree should the project require expatriate long- or short-term technical assistance as compared to a dependence on local institutions?
- Should the project be another relatively short-term activity or should a multi-year life span be considered?

10.5

Recommendations

60. Practicalities of timing essentially dictate the choice of Option 1. USAID and PSI should immediately proceed with necessary planning and negotiations leading to an 18-month project extension. This extension should respond to the budgetary requirements both in the present period (April 1993 through June 1994) and in the period of the extension.

61. USAID should proceed with design actions necessary for a follow-on, multi-year project to begin January 1996.

11. Lessons Learned

1. The concern for prevention of HIV/AIDS is a powerful force that can be the basis for more open discussion of human sexuality and for advertising and promotion of condoms, especially with youth.
2. The potential for effective collaboration between AIDS prevention and family planning interests will not be realized unless the rationale for the linkages of these two areas of concern is developed throughout project implementation. Cooperative actions will not be spontaneous and productive without a recognition of mutual benefits.
3. In culturally difficult markets, promoting contraceptives demands in-depth research to be successful and careful constituency development to be culturally acceptable.
4. A project outside the government bureaucracy can move quickly in developing a program and responding to opportunities. Hiring staff to address problems as they arise enables flexibility and early progress. It is essential, however, to begin building local indigenous capabilities early to ensure program sustainability.
5. The achievement of long-term objectives requires project attention to go beyond task orientation, with increased emphasis on understanding and responding to consumer needs.
6. When a project has several different emphases, approaches, and implementation agencies (such as social marketing and clinical services, mass media and interpersonal communication, family planning and HIV/AIDS, and public and private sector) it is particularly important to develop a coherent IEC strategy and effective coordination mechanisms to obtain synergistic results.
7. It is useful to introduce the targets of couple years of protection as measures of program progress even in the emergent stage of a country's family planning program development. It is probably even more important, however, to identify and measure IEC and institutional development objectives.
8. It is important that attempts to achieve nationwide coverage, either through social marketing or clinical family planning, not be done by diminishing regular servicing of the more populous urban centers.
9. Especially when no institution exists which has clear advantage in supplying services, a variety of approaches are required. The relevant capabilities of the public and private sector, social marketing, and clinical service can all contribute to a multifaceted program that maximizes the access of different segments of the population to services they will find personally attractive.
10. A three-year time frame is too short to meet the early-stage requirements for institution building, policy development, information and service delivery in the emergent stage of family planning program development.

Appendices

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Appendix A

Description of Evaluation

The attached scope of work states the objective of the midterm evaluation of the Social Marketing of Contraceptives Project as being to "... assess the actual versus planned progress toward the goal, purpose, and outputs of the project ...". A series of specific questions were included in the scope on these issues, and USAID/Guinea also requested that the evaluation team provide as much guidance as time would allow on future directions for the current project or follow-on activities.

The project was reviewed and assessed in its entirety by all team members. William Bair, a population consultant, focused on the general organization of the evaluation and on family planning service delivery. Asta Kenney, a family planning IEC and policy specialist, reviewed issues of IEC, policy development, training, and impact on women. Alan Handyside, a marketing and export consultant, concentrated on social marketing, management, and finance. Yaya Fofana, a Guinean sociologist, reviewed policy development issues and assisted with field interviews in Conakry. Dr. Souleymane Barry of REDSO/WCA joined the team in Guinea for two weeks and provided the primary assessment of HIV/AIDS activities. The family planning advisor and the health financing advisor called for in the scope of work were not available from REDSO. The USAID General Development Office assistant, Dr. Mariama Bah, accompanied the team on field visits outside of Conakry and assisted with introductions and interviews.

The evaluation was initiated with a three-day team briefing at POPTECH and Population Services International (PSI) in Washington, March 24, 1992 through March 26. Fieldwork and drafting of the report was done in Guinea March 28 through April 24. A final week of report writing was in Washington May 10 through May 14.

The evaluation was greatly facilitated by the amount of documentation that was organized for team use by PSI both in Washington and in Guinea. USAID/Guinea also provided considerable material for team review. Attachment 3 in this appendix indicates the variety of documents reviewed, ranging from USAID strategy statements, sectoral assessments, project proposals, agreements, implementation reports, research, and evaluation documents to PSI financial reports, outline strategy documents, and future activity plans.

Both USAID and PSI assisted in organizing a series of interviews (as indicated in Attachment 2 to this appendix) with their own staffs and with those of AGBEF, the National AIDS committee, the Ministry of Health, the Ministry of Plan, Ministry of Social Affairs, commercial and communications agencies, the medical faculty, women's groups and other donor organizations and consultants.

Public and private sector clinics, pharmacies, bars, and clubs were visited in Conakry and during a one-week trip to the interior of the country. That trip included visits to two regional capitals, Kankan and N'Zérékoré and three district centers in Sinko, Djieke, and Yomou.

The travel to Kankan and N'Zérékoré also provided an opportunity to observe training sessions in both these locations for family planning service delivery personnel and IEC agents. It was possible to follow up on previous training of supervisory, service delivery, and IEC personnel with interviews and observations of them at work, and to visit the rural radio station in N'Zérékoré.

Although limited family planning caseloads precluded observing actual family planning service delivery and counseling in the public sector, this was possible in the AGBEF clinic in Conakry.

Visits were made to schools and other community-based organizations to assess the involvement of the NAC interpersonal communication efforts with them.

Packaging sites and warehouses being used for both the social marketing condoms and other public sector contraceptives were visited in Conakry and N'Zérékoré.

The evaluation was completed on schedule with all the issues of the scope of work addressed except for the emphasis requested on cost-effectiveness. In any event, the cost-effectiveness analysis would have required the assistance of the REDSO health advisor. Nevertheless, as stated in the finance chapter of the report, it is too early for this kind of consideration and the inadequacy of detailed cost-accounting data would make any observations in this area quite conjectural.

In a discussion of the evolution of the project concept, the report offers some suggestions for future project direction as requested by USAID.

Attachment 1

Scope of Work

Midterm Evaluation of Social Marketing of Contraceptives Project

A. General Concerns

The evaluation should find how effectively PSI has used USAID funds to meet the cooperative agreement terms of reference. The two core questions are:

- Did contraceptive prevalence increase in the time and quantity expected?
- Will it continue to increase as expected?

The following questions address specific project elements.

1. Outputs

- a. Is the project achieving satisfactory progress toward its stated outputs? Review each indicator in log frame.
- b. Are the outputs and indicators appropriate in terms of attainability and measurability?
- c. What is the status of development, approval, and implementation of the expected policies and strategies?
- d. Are the urban elite groups properly targeted?
- e. What steps (i.e., institutional strengthening or technical training of local NGOs), are being taken to ensure the institutional, financial, and programmatic sustainability of the project?

2. Inputs

- a. Are the inputs being delivered in the quantity and manner anticipated by project design (see log frame)?
- b. What are government and other donors' contribution to project inputs?
- c. Examine the responsibilities of USAID/Guinea in monitoring of SMC project. Assess the capacity and effectiveness of USAID/Guinea meeting the "Substantial Involvement Understandings."
- d. How are issues affecting the introduction of additional contraceptive methods being addressed?

3. External Conditions

This section should draw heavily on the findings of the appraisal.

- a. What are the shortcomings, constraints, and facilitating factors faced by the project?

- b. What have been the major changes in project environment (i.e., GOG policies, high unemployment, cultural, religious, and attitudinal factors), which have had impact on project implementation? Are the project assumptions still valid?

4. General Project Management

- a. What are the important lessons learned which should be taken into consideration for further implementation and design activities in Guinea? Is the project management information system adequate to support management decision making, and Mission's API/indicator reporting requirements?
- b. Are the effects of the project being produced at an acceptable cost compare with alternative approaches? Is it efficient in terms of the costs incurred in the process?
- c. Is the project well designed and implemented correctly for each component (e.g. social marketing, training, IEC, public sector integration), relative to the constraints it encounters? Does the project design and implementation follow A.I.D. guidelines for countries falling in the emergent category (0-7 percent prevalence of modern methods of contraceptives)?
- d. How were the interests and role of women taken into account in each of the design, appraisal, and implementation stages of the project? Are the implementing entities generating gender-specific data which will allow accurate monitoring of differential gender impact? Should Guinean men be more targeted for family planning decision making and uses of male contraceptive methods?
- e. Does the project's training plan adequately address family planning needs in the project area? How effectively has the Mission's training program complemented the project's? What is the gender breakdown of all people trained under the project? Are the health center personnel using the newly acquired skills? Evaluate the progress in executing the training plan. Assess and identify the training needs of the local professional staff of PSI.
- f. What are the recommendations to improve/strengthen project implementation and monitoring?
- g. What are sectoral and multi-sectoral conclusions derived from the evaluation findings?

B. Specific Programmatic Areas

The evaluation should address the following concerns with respect to each project component.

1. Social Marketing

The evaluation should assess the social marketing strategy and planned versus actual accomplishments for the social marketing component.

- a. How effective is SMC contraceptive logistics system and how can it be improved with the addition of the new Social Marketing Specialist?
- b. How effective and cost-efficient are:
- the marketing strategy
 - training
 - institutional strengthening
 - distribution
 - pricing policy and promotional activities

- c. Is market research appropriate to the design and implementation of the social marketing activities?
- d. Are the quality control efforts in the distribution network adequate? How could they be improved?
- e. What is the support of key opinion leaders, (i.e., religious and governmental), and the medical community for social marketing and Community Based Distribution (CBD) system?
- f. Are sales targets appropriate with respect to project inputs and the socio-economic situation in Guinea?
- g. What is the amount and use of the local revenues generated by the condoms sales?
- h. How reliable and useful are the Marketing indicators used for PSI management decisions?
- i. What are the remaining steps which should be considered prior to launching the social marketing of additional contraceptive methods?

2. Public Sector Integration

The evaluation should assess the overall plan and progress towards integrating family planning and STD/AIDS-prevention services into 64 GOG health centers and maternities in the Forest and Upper Guinea Regions, and the role expected from AGBEF.

- a. How effective has the project support been in developing public sector family planning services with basic equipment and commodities, development of a management information system, monitoring and evaluation systems, and improvement in service delivery, counselling, referral, and IEC activities?
- b. Is expected contribution of this project component in attaining the project's contraceptive prevalence objective reasonable? What is the estimated number of family planning acceptors in the health centers of project areas versus areas not covered by the project? Provide an assessment of the technique selected to increase family planning acceptors in the health centers, and the monitoring mechanism established to track their effectiveness.
- c. How effective is AGBEF in the training of and working with the GOG counterparts? Has AGBEF the human and institutional resources to effectively manage its own operations and to monitor GOG implementation? Provide an assessment of the subagreement with AGBEF for integration of family planning products and services related to: 1) planned versus actual accomplishments, and 2) adequacy of management oversight.
- d. Is the Health Information System (HIS) established by PSI at the GOG health centers capable of providing data to meet Mission's API/indicator reporting requirements? Has it been integrated into the overall GOG's HIS? Should it be?
- e. Given the Guinean context, what are alternative options to public sector health clinics for providing family planning services and activities?

3. Family Planning Support Activities

- a. To what extent have projected activities contributed to policies favorable towards distribution of family planning products and services? Has the project addressed relevant priority policies?
 - since the National Population Policy was ratified on June 5, 1992, to what extent are the policies currently implemented/practiced?

- to what extent have women played a role in the elaboration of family planning/population policies?
 - what progress has been realized in giving women increased rights over their fertility?
 - what progress has been made, if any, in increasing male involvement in family planning?
- b. What progress has been made under the subagreement with AGBEF for production of a Family Code? Provide recommendations for improving effectiveness of this subagreement.
 - c. Provide an assessment of the subagreement with JHPIEGO toward the development of the medical family planning education curriculum? What progress has been made? Assess its effectiveness.
 - d. How relevant and effective are the activities executed under the subagreement with the National AIDS Committee? Provide an assessment of PSI's relationship with the national AIDS committee.
 - e. Examine the project's collaboration with the Demographic and Health Survey (DHS) organized by the Ministry of Plan/UNFPA and identify opportunities and problems that could be addressed by the on-going project or other future initiatives.

4. Information, Education, and Communication Activities

- a. How effective are the IEC activities in increasing the demand for family planning and STD/AIDS prevention activities?
- b. How accurate and effective are the promotion activities through the mass media, specifically national and rural radios as well as TV? Is it possible to identify and measure impact on beneficiaries of the mass media promotion activities? If not, what mechanisms are recommended to measure their impact?
- c. To what extent has PSI progressed to achieve sustainable IEC family planning activities?

Attachment 2

List of Persons Contacted

A.I.D./Washington

Allen Brimmer, CTO/JHPIEGO, R&D/Pop
Bonnie Pederson, FPSD, R&D/Pop

USAID/Guinea

Wilbur G. Thomas, Director
Thomas Parks, Deputy Director
Gerald Render, Executive Officer
David Hess, Program Officer
Felipe Manteiga, General Development Officer
Dr. Mariama Bah Diallo, Population Project Manager
Stephanie Mullen, PSC, General Development Office
Steve Haykin, Program Economist
Steve Watkins, RDO Educational Development
Mme. Hadja Diallo, Women in Development program
Diallo Moustapha, Training Office Chief

PSI/Washington

Alex Brown, Director, Program Operations

PSI/Guinea

Richard Meyer, Director
Dr. Kékoura Camara, Counselor
Bob de Wolfe, Family Planning Advisor
Robert Eiger, IEC Advisor
Michelle Cato, Social Marketing Advisor
Dr. Fatoumata Kanté, Family Planning Expert
Thierno Oumar Diallo, IEC Expert
Mamadou Oury Baldé, Social Marketing Expert
Edgar K. Momat, Research Specialist
Mme. Dyaby Iliyassou, Director, Finance and Administration
All social marketing sales representatives

Ministry of Health/Guinea

Dr. Dadigbe Fofana, Minister of Health
Secretary General
Prof. Mandy Kader Kondé, Director, National Health Programs
Dr. Mahi Barry, Director, SMI/PF
Dr. Sctou Kaba, Deputy Director, SMI/PF
Dr. Pina, WHO advisor, SMI/PF
Mme. Diallo Fifi, Chief Trainer, SMI/PF
Dr. Kékoura Kourouma, Coordinator, National Aids Committee

Mme. Sylla Marietou Sow, IEC Committee, National AIDS Committee
Dr. Fassou Haba, Chief, Health Education Section
Dr. Jakoba Keita, Regional Health Inspector, Upper Guinea
Dr. Namory Keita, Regional Health Inspector, Forest Region
Dr. Keita Bakary, District Health Inspector, Kankan
Dr. Nianson Mahomy, District Health Inspector, Yomou
Dr. Lansana Camara, Hospital Director and District Health Inspector, N'Zérékoré
Dr. Cissé, Chief of Ob/Gyn, Regional Hospital, N'Zérékoré (AVSC)
Dr. Oumou Sow, Tuberculosis Clinic, Ignace Deen Hospital

Ministry of Social Affairs

Mme. Diaby Fatoumata Diaraye, jurist

Ministry of Plan

Mr. Lamine Keita (DHS)
Mr. Barry (Population policy)
Mr. Koffi (Population policy)

AGBEF

Dr. Mamadi Condé, President
Mme. Camara Safo, Vice President
Dr. Diallo (former Minister of Social Affairs)
Dr. Bandian Sidime, Executive Director
Mr. Lamarana Diallo, National Coordinator
Mr. Siba Bilivogui, Chief of IEC
Dr. Mory Keita, Coordinator, Upper Guinea
Mr. Sekoubah Condé, President, Forest Region
Mr. Jean-Noel Onivogui, Coordinator, Forest Region
Mme. Binta Diallo Kaba, Administration and Finance
Mme. Binta Sow Barry, midwife, Conakry
Mme. Touré Zenabou, midwife, Conakry
Mr. Francois Lamah, IEC Agent, N'Zérékoré
Mr. Hyan Berethon, IEC Agent, Yomou, Forest Region
Mr. Mamadou Barry, contraceptive sales
Dr. Mariama Barry, volunteer board

Trade

Mr. Barry, Supervisor, SOGIP
Mr. Camara, Director, Laborex

Pharmacists in
6 Pharmacies, Kankan
6 Pharmacies, N'Zérékoré
8 Pharmacies, Conakry

5 Commercial Medicine Wholesalers
33 Bars and Clubs
8 Hotels
4 Restaurants

8 Kiosks

Numerous market stalls in Kankan, N'Zérékoré and 3 districts in Conakry

Other contacts

Monica Kerrigan, JHPIEGO

Prof. Saliou Mamadou Diallo, Chairman, Department of Ob/Gyn, Faculty of Medicine, University of Conakry

Prof. Koumaré, University of Bamako, Mali (JHPEIGO consultant)

Mahmoudou Kaba, National Country Program Administrator, UNFPA

Dr. Mamadi Condé, Coordinator, Health Services Development Project, World Bank/Guinea

"Dr. Bob", Médecins Sans Frontières, N'Zérékoré

Mme. Anita Saltos, IPPF Program Officer for Guinea (Togo office)

Berhard Feller, Coopération Suisse

Staff of the rural radio station, N'Zérékoré

Charles and Lois Forster, SI Mission, Kankan

Mme. Kaba Saran Daraba, Coordinator, Federation of Women's NGOs

Mme. Sylla Marietou Sow, Coordinator, Association of Women in AIDS Education

Mme. Djenabou Barry, Coordinator multidisciplinary research team on STD/AIDS, University of Conakry

Dr. Youla Mohamed, Health Center of Kaloum, Conakry

Dr. Fatoumata Diallo, Coordinator, Municipal Committee on STDs/AIDS of Kaloum and SIDA'LERT, an Indigeneous NGO

Dr. Fatoumata Condé, Coordinator, Municipal Committee on STDs/AIDS of Matam, Conakry

Mr. Madiba Fofana, Principal High School of Donka, Conakry

Mr. Habib Scylla, Principal Secondary School of Donka, Conakry

Mr. Sekou Omar Touré, Professor, Secondary School of Donka, Conakry

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Mr. Savane Sekouba, Coordinator, University Students Association

Mr. Seliguiba Traore, Red Cross

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Mr. Emra Justin

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Mr. Marie Yvon Labila

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Staff of the following health centers:

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AGBEF, N'Zérékoré

AGBEF/FPIA/National Women's Organization, Kankan

FPIA/SMI/PF Salamani, Kankan

Karfamoudougah, Upper Guinea

Coronthie, Conakry

Sinko, Forest Region

Regional Hospital, N'Zérékoré

Gonia, N'Zérékoré

Diecke, Forest Region

Yomou, Forest Region

Attachment 3

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Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions/Comments
<p>Program Goal Improve all Guinean's well being by increasing their capacity to define and contribute to their own economic and social development.</p>	<p>Measures of Goal Achievement 1. Life expectancy increased. 2. Infant and child mortality rate decreased. 3. Maternal mortality decreased.</p>	<p>WHO/World Bank/UNFPA/DNPDE division: Ministry of Plan: GOG Statistics.</p>	<p>Important Assumptions to Meet Goal - The use of modern contraceptives leads to decreased fertility and lower rates of growth and these reductions relate inversely to health indices and economic development.</p> <p>Comments - Measures of Goal Achievement indicators listed are only those related to health and family planning.</p>
<p>Project Goal Achieve a natural population growth rate that allows gains in the growth of economic resources and development to result in improved average standard of living.</p>	<p>Measures of Goal Achievement 1. Total Fertility rate decreased. 2. Crude birth rate decreased. 3. Contraceptive prevalence rate increased from under 2% (1991) to 5 % (1994) nationwide. 4. Increased percentage of women of child- bearing age spacing births at least two years. 5. Increased percentage of women giving birth between the ages of 18 and 35.</p>	<ul style="list-style-type: none"> - GOG Statistics; demographic and health surveys. - KAP Studies. 	<p>Important Assumptions to Meet Goal 1. Resources are available to supply products and services at levels needed. 2. There will be gains in the growth of economic resources and development.</p> <p>Comments - Measures of Goal Achievement indicators listed are only those related to health and family planning.</p>
<p>Project Purpose Increase availability, accessibility, affordability, acceptability, diversity, quality and use of family planning and STD/AIDS prevention products and services.</p>	<p>End of Project Status 1. Contraceptive prevalence rate increased from under 2% to 10% in Project Area. 2. 47,415 couple-years of protection year three. 3. At least 500,000 sexually active couples have access to F.P. products and services by EOP. 4. Cost for one C&D (lower income) couple to protect themselves from unwanted pregnancy for one year does not exceed one percent of couple's annual income. 5. Client satisfaction and program quality of services and products increased. 6. The average family size desired decreased from 6 to 5 children per woman by EOP. 7. Over 500,000 sexually active couples have knowledge of F.P. and AIDS prevention concepts.</p>	<ul style="list-style-type: none"> - GOG Statistics; contraceptive prevalence surveys. - Project sales, distribution and inventory data. Retail audits. - MIS reports. - Health center utilization statistics. - Focus groups, client/consumer intercept surveys. - "Mystery shoppers" studies, satisfaction surveys, observation, patient flow analysis, KAP studies - Price elasticity studies. 	<p>Assumptions for Achieving Purpose 1. GOG provides political support for private and public sector health care delivery including family planning. 2. Latent demand for contraceptive products exists in Guinea. 3. Sufficient commodities are available to support the project.</p> <p>Comments See footnote below.*</p>

To evaluate whether access has been achieved, further definitions are necessary such as; geographic distance and time required for client to obtain a full range of quality clinical services and contraceptive products; access to information about F.P.; time convenience and privacy in the resupply of certain contraceptive products, etc. Further definitions are required regarding the measurement of client satisfaction, program quality and increased knowledge.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Progress to Date
<p>Contract Output* Overall: Improved capacity in the public and private sector to deliver family planning and AIDS-prevention information, services and products.</p> <p>Specifically: I. Public Sector A. Improved policy and legal climate for family planning.</p>	<p>Performance Output:</p> <ul style="list-style-type: none"> - National Population Policy articulated encouraging the use and permitting the promotion of modern contraceptives for family planning purposes, approving the role of the private sector to distribute contraceptives and outlining specific goals/indicators in the areas of population growth, fertility, etc. - Legislation passed giving increased rights and control to women over their fertility. - Legislation passed and acceptance from the medical profession, educators, political decision makers, community leaders and general public to promote specific family planning products and sell contraceptives through the private sector. <p>Manageable interests include:</p> <ul style="list-style-type: none"> + Document produced by collaborating NGO (AGBEF) outlining a family code by mid-1992. + 3 research studies completed to describe status and potential benefits of private sector involvement in F.P. + Family planning/sex education/population incorporated into medical university educational curricula and training provided to 60 medical professors. + 10 Orientation symposia with supporting IEC materials to promote F.P. and STD/AIDS prevention awareness among public/private interest and constituent groups and leaders (i.e. political decision makers, private associations, community/religious groups etc.) by EOP. 	<ul style="list-style-type: none"> - Published GOG policy and legislation. - Published strategy/Action plans. - Reports on Pronouncements and Action steps by key leaders. - Reports on Seminars and Activities on constituent, interest groups. - Donor and implementing agencies reports. - Research studies. 	<p>National Population Policy adopted in May 1992. Supports family planning information and services and outlines targets for contraceptive prevalence, the reduction of fertility and enhancement of maternal and child health.</p> <p>A draft of the Family Code is almost ready to be presented to the government and is thought likely to be adopted in 1993.</p> <p>Document outlining the Family Code produced in October 1992.</p> <p>Curriculum for the Faculty of Medicine developed</p> <p>Education sessions on AIDS held for 593 leaders from various constituent groups, including religious. Production and distribution of STD/AIDS IEC materials. Development of guide for proposals on STD/AIDS and funding of 50 proposals. 66,500 people have benefitted from at least one contact with STD/AIDS community outreach activities.</p>

*Numbers are provisional. Figures will be revised following baseline data collection and development of marketing plans.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Progress to Date
<p>Contract Output* B. Family planning and STD/AIDS prevention services fully integrated into 64 GOG PHC health centers and maternities (services include: clinical; fixed centers and community outreach IEC; management including MIS and cost recovery; provision of equipment and contraceptive commodities) by EOP.</p>	<p>Performance Output -Training 1. 44 federal, regional, prefectoral, subprefectoral and health center/maternity staff trained in general management of F.P. and STD/AIDS prevention programs, integration into PHC program and utility of private sector approaches. 2. 384 GOG + NGO health centers/maternity staff trained in improved clinical/IEC/ management skills.</p> <p>- Clinical 1. Growing numbers of new acceptors provided clinical services (including counseling and referrals) at health centers/maternities.</p> <p>-Management 1. Protocols developed, personnel trained and system for data collection monitoring, evaluation, supervision and cost recovery for family planning and STD/AIDS prevention fully integrated in GOG PHC system in 64 health centers and maternities by 1994.</p> <p>-IEC/Outreach/Community extension 1. IEC materials developed, produced and placed (generic and product specific) 2. Community outreach activities with at least 325,000 people benefitting from at least one contact.</p> <p>-Equipment/Commodities 1. 64 health centers and maternities provided with sufficient equipment to perform clinical services. 2. Sufficient contraceptives distributed through health centers and maternities to meet demand over life of project.</p>	<ul style="list-style-type: none"> - Health centers/maternities statistics and clinical records. - Periodic KAP studies/spol surveys/intercept studies. - Project evaluations (internal and external). - On-site verification and supervisory reports - Progress reports - Training reports - Public sector sales, distribution, and inventory records. 	<p>see page 20 of evaluation for description of modified training strategy.</p> <p>34 regional and district supervisors trained in management and supervision of FP and STD/AIDS prevention programs.</p> <p>100 health center staff trained in contraceptive technology.</p> <p>15 IEC agents trained.</p> <p>By Dec. 1992 -16 By April 1993 - 34 additional</p> <ul style="list-style-type: none"> • Personnel from several clinics supported by AGBEF/FPIA were included in training sessions but not provided the full range of project support - these clinics are not included in the 50 cited above. • Protocol development of <u>National</u> standards was a more complex effort than the term implies - it was accomplished. <ol style="list-style-type: none"> 1. Flyer on condom use developed and distributed. 2. Estimates indicate that the IEC agents will reach in excess of 325,000 people with information about family planning, AIDS and STD's by the end of the project.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Progress to Date
<p>Contract Output*</p> <p>II. Private Sector</p> <p>A. Social marketing system established to provide contraceptive products and services to consumers through the private sector.</p>	<p>Performance Output</p> <p>A. Family planning and STD/AIDS prevention commodities and information available in at least</p> <ol style="list-style-type: none"> 1. 200 private medical provider and service delivery sites (ie. private clinics, pharmacies, enterprises). 2. 300 "non-traditional" retail outlets (ie. markets, "high risk" localities such as bars, hotels, long transport stops etc.) 3. 320 community based outlets (ie. using TBAs, youth leaders, women's assoc.) <p>B. Training completed for:</p> <ol style="list-style-type: none"> 1. 200 Pharmaceutical personnel in family planning and STD/AIDS prevention methods, counselling, promotion and sales. 2. 400 vendors in family planning methods, and promotion and sales in the private sector. 3. 260 medical personnel in family planning clinical services, contraceptive methods counselling, and promotion and sales in the private sector. 4. 320 community based distributors in contraceptives methods, counselling, promotion and sales. <p>C. Promotional activities/materials developed including:</p> <ol style="list-style-type: none"> 1. Copies of various print materials available at all private service, sale and outreach outlets. 2. TV, radio programs and spots, films, newspaper and magazine inserts produced and placed. 	<ul style="list-style-type: none"> - Commercial sales and distribution data and inventory reports. - Retail audits. - Spots surveys/intercept studies. - Training reports. - On-site verification and supervisory reports. - Project evaluation (internal and external). - Focus group/audience research results. 	<p>Prudence condoms available in at least 107 pharmacies, over 300 bars hotels and clubs, and 87 other enterprises.</p> <p>It is estimated that product is available in over 1000 points of purchase including market stalls.</p> <p>Training provided to 135 pharmacies, 84 community associations and 568 non-conventional outlets.</p> <p>Estimated 50,000 people of all classes and ages exposed to a wide variety of instructional promotions.</p> <ol style="list-style-type: none"> 1. Most outlets display Prudence stickers and most Pharmacies have promotional display bottle. 2. 14 TV spots in 4 languages aired twice per day almost continuously since May 1992. 32 radio spots produced in 5 languages and aired 4 times per day almost continuously since April 1992. Over 500,000 people being reached virtually daily.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Progress to Date
<p>Inputs</p> <p>I. Budget (3 years)</p> <p>A. Personnel</p> <p>B. Training</p> <p>C. Commodities</p> <p>D. Other</p> <p>Total USAID Inputs</p>	<p>Implementation Target</p> <p>See Financial Plan for Details</p> <p>A. Personnel</p> <p>1. Three year budget = \$3,188,038</p> <p>2. Long term expal = 96 p/m</p> <p>3. TDY consultants = 20 p/m</p> <p>4. Backstop = 20.7 p/m</p> <p>5. Local staff = 936 p/m</p> <p>B. Training</p> <p>1. Three year budget = \$256,804</p> <p>2. # of people trained = 1668</p> <p>3. # of training sessions held = 97</p> <p>4. Amount of time trained = 314 p/m</p> <p>C. Commodities = \$786,766</p> <p>1. Value of contraceptives = \$164,907</p> <p>2. Quantity of contraceptives:</p> <p>Condoms = 1,600,000</p> <p>Pills = 225,200 cycles</p> <p>Spermicides = 104,000</p> <p>IUDs = 3,640</p> <p>3. Equipment = \$621,859</p> <p>D. Other = \$ 2,355,497</p> <p>1. Project Operations = \$474,848</p> <p>2. Public Sector Integration = \$844,795</p> <p>3. Social Marketing = \$560,276</p> <p>4. Other program support = \$248,471</p> <p>5. Evaluation and Audit = \$438,642</p> <p>6. Less Project Revenues = \$211,535</p> <p>\$6,587,105</p>	<p>Financial Reports.</p> <p>Progress Reports.</p> <p>Evaluations (internal and external).</p>	<p>No total cost change budget reallocation made in October 1992</p> <p>Personnel budget increased to allow Social Marketing Advisor from Jan. 1993</p> <p>See page 20 for description of modified training strategy.</p> <p>511 people trained plus 10 social marketing</p> <p>24 training sessions held plus 4 social marketing</p> <p>See commodities list; progress is being made on commodity supply that will approximate the overall estimates by EGP. However changes in mix will occur especially in shift from IUD to Depo-provera injectables.</p> <p>Quantity of condoms requested from AID increased in light of high initial sales.</p> <p>Grant to AGBEF (1992) 152,709 FG</p> <p>Grant to AGBEF (1993) 255,770 FG</p> <p>Provision of subgrant to NAC of 88,995,000 FG</p> <p>300,000 condoms provided to NAC for educational outreach activities.</p>