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**SOMARC COUNTRY WORKPLANS**

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# **BRAZIL**

## **SOMARC PROGRAM OVERVIEW**

SOMARC has been assisting Bemfam in the area of marketing technical assistance, helping them to launch and market Prosex, its own brand of condoms. Profits from this marketing effort will generate needed funds to provide services in other areas of reproductive health. As of June 1997, Bemfam has sold over 3.8 million units of Prosex condoms, 42 percent of the sales to the public sector and 58 percent to the private sector.

In addition, Bemfam owns three citopathology laboratories (Fortaleza, Natal, and Rio de Janeiro). As part of its search for self sufficiency, Bemfam is willing to expand its laboratory services, offering them to a larger clientele with the objective of increasing its revenue by 30 percent. SOMARC is assisting Bemfam in developing a marketing plan to achieve its goal.

SOMARC is negotiating with Pharmacia & Upjohn for the joint launching of the injectable contraceptive Depo-Provera in Brazil, as part of a social marketing program that will make this modern contraceptive accessible to Classes C, D, and E consumers.

## **BACKGROUND**

According to the 1991 census, Brazil's average annual growth rate between 1980 and 1991 was 1.9 percent, which represented a marked decline from the rates of 2.5 percent and 2.9 percent registered during the 1970s and the 1960s, respectively. These results indicate that the total population is now growing at a slower rate than in the 1980s.

The urban population increased to a 75 percent of the total population. The rural population declined during the 1980s as it had during the 1970s, when a decrease in absolute numbers was observed for the first time.

Although the total fertility rate in Brazil has decreased substantially, there continues to be significant differences in fertility, with rates remaining relatively high among the poor rural population of the North and Northeast.

According to a 1996 study conducted by DHS for Bemfam, the actual use of contraceptive methods among Brazilian women in union is 76.7 percent, the most prevalent methods being sterilization (40.1 percent) and the pill (20.7 percent). The study also indicates a growth in male sterilization (2.6 percent) and use of condoms (4.4 percent) over the last 10 years. 23.3 percent of women in union claim they do not use a contraceptive method.

The high aggregate contraceptive prevalence rate masks significant regional variations and serious distortions in the family planning sector that have important implications for reproductive health. In Northeast Brazil, there is a great need to improve quality and sustainability of family planning programs because of the region's poverty, population pressures, and poor reproductive health indicators.

### **USAID Mission Objectives**

- USAID's population assistance is concentrated in the states of Ceara and Bahia in Northeast Brazil, where the need to improve quality and sustainability is greater because of the region's poverty, population pressures, and poor reproductive health indicators.
- USAID's program seeks to improve the quality of family planning services in order to ensure that a balanced, high-quality sustainable program exists in target areas. The USAID strategy concentrates on expanding the limited range of family planning methods available, increasing information about reproductive health care, and the sustainable integration of family planning with women's health care delivery systems in the private and public sectors.
- In 1997 and 1998, the USAID program will focus on continuing the phase down of its reproductive health strategic objective, scheduled for completion in 1999. Special emphasis

will be spent on activities to phase over USAID provision of contraceptive commodities to other sources, to institutionalize the program in two target states, and to collect impact evaluation data.

- USAID's strategic objective in population in Brazil is to increase access to contraceptive methods and integrated family planning services in order to improve women's reproductive health.
- This objective will be achieved through several Intermediate Results (IRs):
  - IR#1. Increased sustainability of family planning delivery systems in Brazil.
  - IR#2. Availability of a new three-month injectable contraceptive method in Brazil.
  - IR#3. Awareness and demand for the new three-month contraceptive method in Brazil.

### **MARKETING ENVIRONMENT**

Bemfam (Sociedad Civil Bem-Estar Familiar No Brazil) plays a major role in the provision of family planning and healthcare services in Brazil. Through its own reproductive health clinics, Bemfam provides conferences on sexual and reproductive health; preventive genital cancer tests; gynecological consultation; counseling on conception, contraception and infertility; pre-natal care; AIDS prevention; in addition to prevention, diagnostic and treatment of STDs. The institution offers consultant and technical support services for the planning and implementation of reproductive health services; supervision and training to medical and paramedical personnel; group education; and conferences on sexual and reproductive health issues to private institutions, including informational materials on contraceptive methods. Bemfam also provides community assistance through social programs to public organizations, the private sector, community associations, unions, AIDS/sexually transmitted diseases prevention groups, and other social and cultural groups, covering over 13 states throughout the country.

USAID has been a major supporter of Bemfam. However, by September 1999, USAID will phase out population assistance to the institution. As a result, Bemfam will need to achieve complete self sufficiency in order to continue to provide assistance to lower-income groups within Brazil.

### **Method Mix and Market Share**

There are three types of hormonal contraceptives in the Brazilian market: oral, monthly injectable, and progestin-only oral forms.

#### **Oral Contraceptives (90.7 Percent of the Market)**

The last oral contraceptive launched in Brazil was Mercilon (Akzo) in 1993. It was positioned as the first one of a new class of contraceptives, with a dose of estrogen below 30 mcg (fifth-generation pill).

Gynera and Minulet were launched in 1989 under a marketing agreement between Schering and Wyeth. Both became very popular, especially among young women, due to their small hormonal doses. These were the first premium-priced pills on the market.

Diane 35 is also called the "beauty pill" due to its efficacy in the treatment of endocrine disorders that cause acne and hirsutism, such as Polycystic Ovary Syndrome.

Microdiol (Akzo) was one of the leading products in the Brazilian market until 1995. By this time it increased its price by 150 percent in only two months, causing a decline in unit sales, but maintaining a good share of market in dollars.

There are also four brands for triphasics pills; but these are not very popular, as Brazilian women were confused on how to use the different color pills.

*Injectables (5.7 Percent of the Market)*

Perlutan (Boehringer Ingelheim) accounts for approximately 90 percent of the injectable market, despite its bad image among ob-gyn (high incidence of side effects).

In 1995, Schering launched its premium-priced injectable Mesigyna. Compared with the category leader (Perlutan), Mesigyna contains less than half of its hormonal content.

*Progestin-Only Pills (3.6 Percent of the Market)*

Micronor (Johnson & Johnson) and Nortrel (Wyeth) are used mostly by nursing mothers.

Although their efficacy is not very high, these products deliver good results due to a decrease in fertility during lactation.

Market share of commercial contraceptive brands in Brazil are shown in the following table.

Product	Units sold 1996	Share	Sales in \$ 1996	Share
Gynera	4,781	6.2%	38,781	15.6%
Microdiol	5,386	6.9%	33,131	13.3%
Microvlar	16,547	21.3%	26,462	10.6%
Mercilon	1,889	2.4%	20,206	8.1%
Minulet	2,194	2.8%	19,136	7.7%
Diane 35	3,768	4.8%	22,474	9.0%
Perlutan	3,030	3.9%	11,259	4.5%
Micronor	2,195	2.8%	5,875	2.4%
Nortrel	617	0.8%	3,144	1.3%
Uno-Ciclo	703	0.9%	2,406	1.0%
Mesigyna	19	0.02%	1,659	0.7%

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. Strengthen the sustainability of Bemfam through services and product marketing	<ul style="list-style-type: none"> <li>• Increased number of clients and laboratory services</li> <li>• Increased Bemfam's revenue from new laboratory services</li> <li>Increased sales of Prosex condoms from increased number of distributors</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new and returning clients for all laboratory services</li> <li>• Increase in Bemfam's revenues for new laboratory services</li> <li>• Prosex sales via new distributors</li> </ul>	Bemfam's service statistic report <ul style="list-style-type: none"> <li>• Bemfam's service statistic report</li> <li>• Bemfam's sales report for Prosex condoms</li> </ul>
2. Expand Brazil's modern contraceptive market by introducing Depo-Provera as part of a social marketing program in partnership with Pharmacia & Upjohn	<ul style="list-style-type: none"> <li>• Expanded injectable contraceptives market</li> <li>• Increased modern contraceptive usage among C and D Class consumers</li> <li>• Increased modern contraceptive usage among E Class consumers</li> <li>• Increased C, D, and E Class consumer's knowledge of injectable contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Market share of contraceptives in Brazil</li> <li>• Sales of Depo-Provera in areas with high concentration of C and D Class population</li> <li>• Sales of Depo-Provera to the public sector</li> <li>• C, D, and E Class consumer's knowledge of injectable contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Market share data provided by Pharmacia &amp; Upjohn</li> <li>• Pharmacia &amp; Upjohn's geographical sales report</li> <li>• Pharmacia &amp; Upjohn's public-sector sales report</li> <li>• User profile study conducted six months after the launch of Depo-Provera</li> </ul>

## Notes on Objectives

### Objective 1. Strengthen the Sustainability of Bemfam through Services and Product Marketing

SOMARC's objective in this area contributes to USAID/Brazil's Intermediate Result #1 for increased sustainability of family planning delivery systems in Brazil. The specific outcomes of this objective are increased sales of Prosex, as well as the services and number of clients for Bemfam's laboratory services, thus an increase in overall revenue for services and products for the institution. For USAID's strategic framework, the indicators that will be used to measure the effectiveness of these activities are Prosex sales via new distributors, number of new and returning clients for all laboratory services, and Bemfam's increase in net revenues for services and products.

### Objective 2. Expand Brazil's Modern Contraceptive Market by Introducing Depo-Provera as Part of A Social Marketing Program in Partnership with Pharmacia & Upjohn

SOMARC's objective in this area contributes to USAID's/Brazil Intermediate Results #2 and #3 for availability, awareness, and demand for a new three-month injectable contraceptive method in Brazil. The specific outcomes of this objective are: expanded injectable contraceptive market; increased modern contraceptive usage among C and D Class consumers; increased modern contraceptive usage among E Class consumers; and increased C, D, and E Class consumer's knowledge of injectable contraceptives. For USAID's strategic framework, the indicators that will be used to measure the effectiveness of these activities are: market share of contraceptives in Brazil; sales of Depo-Provera in areas with high concentration of C and D Class population; sales of Depo-Provera to the public sector; and C, D, and E Class consumer's knowledge of injectable contraceptives.

## SOCIAL MARKETING ACTIVITIES

### Bemfam's Activities and Results

Objectives	Activities	Outcomes	Indicators	Data Source
1. Strengthen the sustainability of Bemfam through services and product marketing	1.a. Provide technical assistance to Bemfam on expansion of laboratory services and increased roster of clients	<ul style="list-style-type: none"> <li>• Contribution to an increase in overall revenues for services for Bemfam</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in net revenues for laboratory services for the institution</li> </ul>	<ul style="list-style-type: none"> <li>• Bemfam's financial report for laboratory services program</li> </ul>
	1.b. Provide technical assistance to Bemfam on increasing the number of distributors for Prosex condoms	<ul style="list-style-type: none"> <li>• Increased sales of Prosex condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Prosex sales via new distributors</li> </ul>	<ul style="list-style-type: none"> <li>• Bemfam's sales report for Prosex condoms</li> </ul>
	1.c. Provide technical assistance to Bemfam on new promotional activities to increase sales of Prosex condoms	<ul style="list-style-type: none"> <li>• Increased sales of Prosex condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Prosex sales in those areas targeted by promotional activities</li> </ul>	<ul style="list-style-type: none"> <li>• Bemfam's sales report for Prosex condoms</li> </ul>
	1.d. Placement of Prosex television campaign to generate awareness and trial/usage	<ul style="list-style-type: none"> <li>• Increased demand for Prosex condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Prosex sales in those areas targeted by television campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Bemfam's sales report for Prosex condoms</li> </ul>
2. Expand Brazil's modern contraceptive market by introducing Depo-Provera as part of a social marketing program in partnership with Pharmacia & Upjohn	2.a. Implement public relations campaign to launch Depo-Provera in Brazil	<ul style="list-style-type: none"> <li>• Generate awareness and goodwill about the product among the medical community</li> <li>• Generate awareness and trial among consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Sales of Depo-Provera</li> </ul>	Pharmacia & Upjohn's Depo-Provera sales report

Objectives	Activities	Outcomes	Indicators	Data Source
	2.b. Implement advertising campaign to launch Depo-Provera in Brazil	Generate awareness and trial among consumers	Sales of Depo-Provera	Pharmacia & Upjohn's Depo-Provera sales report
	2.c. Coordinate activities among participating CAs	Contribute to an increase in awareness and usage of the product among E Class consumers	Sales of Depo-Provera among the public sector	Pharmacia & Upjohn's Depo-Provera sales report
	2.d. Conduct a user profile study six months after the launching of Depo-Provera	Ensure that users fall within USAID priority target audience of Classes C, D, and E consumers	C, D, and E Class consumer's knowledge of injectable contraceptives	User profile study report

#### Bemfam's Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Provide technical assistance to Bemfam on expansion of laboratory services and increased roster of clients	• Contribution to an increase in overall revenues for services for Bemfam	• Reach 5 percent increase in revenue	• Reach 10 percent increase in revenue	• Reach 20 percent increase in revenue	• Reach 30 percent increase in revenue	• Reach an overall 30 percent increase in revenue over previous year
1.b. Provide technical assistance to Bemfam on increasing the number of distributors for Prosex condoms	• Increased sales of Prosex condoms	• Sell 2,250,000 units	• Sell 4,750,000 units	• Sell 7,500,000 units	• Sell 10,000,000 units	• Sell 10,000,000 units

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Projec Target
1.c. Provide technical assistance to Bemfam on new promotional activities to increase sales of Prosex condoms	<ul style="list-style-type: none"> <li>Increased sales of Prosex condoms</li> </ul>	<ul style="list-style-type: none"> <li>Sell 2,250,000 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 4,750,000 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 7,500,000 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 10,000,000 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 10,000,000 units</li> </ul>
1.d. Placement of Prosex television campaign to generate awareness and trial/usage	<ul style="list-style-type: none"> <li>Increased demand for Prosex condoms</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>
2.a. Implement public relations campaign to launch Depo-Provera in Brazil	<ul style="list-style-type: none"> <li>Generate awareness and goodwill about the product among the medical community</li> <li>Generate awareness and trial among consumers</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>
2.b. Implement advertising campaign to launch Depo-Provera in Brazil	<ul style="list-style-type: none"> <li>Generate awareness and trial among consumers</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>
2.c. Coordinate activities among participating CAs	<ul style="list-style-type: none"> <li>Contribute to an increase in awareness and usage of the product among E Class consumers</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>	<ul style="list-style-type: none"> <li>To be done with Pharmacia &amp; Upjohn</li> </ul>
2.d. Conduct a user profile study six months after the launching of Depo-Provera	<ul style="list-style-type: none"> <li>Ensure that users fall within USAID priority target audience of Classes C, D, and E consumers</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>

Notes on Activities

Objective 1. Strengthen the Sustainability of Bemfam through Services and Product

Marketing

Activity 1.a. Provide Technical Assistance to Bemfam on Expansion of Laboratory Services and Increased Roster of Clients

SOMARC is currently providing technical marketing support to BEMFAM, with the objective of expanding their commercial distribution network and increase their promotional activities toward the selling of Prosex condoms. SOMARC's activities will include updating the marketing and promotional action plan to increase sales.

Activity 1.c. Provide Technical Assistance to Bemfam on New Promotional Activities to Increase Sales of Prosex Condoms

SOMARC is also in the process of preparing a marketing plan for the expansion of Bemfam's laboratory services. The objective is to increase their revenue activities by offering added services and expanding their current roster of clients.

Activity 1.d. Placement of Prosex Television Campaign to Generate Awareness and Trial/Usage

A television advertising campaign for Prosex, financed jointly by IPPF and USAID, is scheduled to air from July through October 1997. The objective of the campaign is to create awareness and induce trial/usage of Prosex condoms.

**Objective 2. Expand Brazil's Modern Contraceptive Market by Introducing Depo-Provera as Part of a Social Marketing Program in Partnership with Pharmacia & Upjohn**

**Activity 2.a. Implement Public Relations Campaign to Launch Depo-Provera in Brazil**

The launching date for Depo-Provera is set for September 1, 1997. SOMARC will be in charge of developing and implementing a communications program (public relations and advertising campaign) with the objective of creating awareness, goodwill, and usage of the product among consumers. It will also collaborate with Pharmacia & Upjohn normal marketing activities of introducing the product to the medical community, as well as sales and distribution of the product. SOMARC will also coordinate activities performed by PATHFINDER, JHPEIGO, JHU/PCS, and CEPEO. The objective of these activities is to create awareness and provide training to healthcare providers in the poorest areas of the country, namely the Northeast.

**Activity 2.b. Implement Advertising Campaign to Launch Depo-Provera in Brazil**

SOMARC is in the final stages of closing a negotiation with Pharmacia & Upjohn to launch Depo-Provera in Brazil. As part of a social marketing program, Depo-Provera will be introduced at a commercial price of \$10 to the end consumer (original Pharmacia & Upjohn's price was \$20), making it accessible to C and D Class consumers. SOMARC also negotiated a public-sector price of \$3 (plus applicable taxes) for the Northeast, and of \$3.50 (plus applicable prices) for the rest of the country.

**Activity 2.d. Conduct a User Profile Study Six Months after the Launching of Depo-Provera**

Finally, SOMARC will be in charge of conducting a user profile study six months after the launch of Depo-Provera to ensure that users fall within the USAID priority target audience of Classes C, D, and E consumers.

# EL SALVADOR

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the sustainable achievement of higher contraceptive prevalence in El Salvador through its strengthening of the financial and institutional sustainability of the Salvadoran Demographic Association (ADS). This strengthening is based on an integrated program to improve the effectiveness of ADS' marketing programs — their product range and availability, distribution, and point-of-sale promotions throughout the country.

## BACKGROUND

Awareness of contraceptive methods in El Salvador is very high: 98 percent of women of reproductive age know at least one method, the most common ones being female sterilization (93 percent), oral contraceptives (91 percent), and condoms (93 percent). Prevalence among women of reproductive age is 33.8 percent; among women in union it is 53 percent, having increased notably in the past few years, due mainly to temporary methods. Between 1988 and 1993, the use of permanent methods varied from 30.2 percent to 31.9 percent, and that of temporary methods varied from 16.9 percent to 21.4 percent. The most commonly used methods are female sterilization (31.5 percent), oral contraceptives (8.7 percent), and injectables (3.6 percent). From 1988 to 1993, injectables boasted the largest growth in prevalence (from 0.9 to 3.6 percent).

In El Salvador, the three most important sources of contraceptive methods are the Ministry of Health (48.9 percent), the Salvadoran Demographic Association, (ADS) (15.3 percent), and the Institute for Social Security (14.5 percent). As for private drugstores, there are approximately 1,000 of them in El Salvador, where 26.7 percent of pills, 39.8 percent of injectables, and 57 percent of condoms are obtained.

## USAID Mission Objectives

- Improve the quality of both health and education, and stabilize population growth through decreases in the rate of population growth and of fertility and mortality levels in El Salvador.
- Promote a greater contraceptive prevalence and increase coverage for reproductive health-care programs.
- Increase nationwide accessibility to modern contraceptive methods, especially in rural areas.
- Assist NGOs that provide reproductive health services in achieving financial sustainability and to phase out donor assistance.

## MARKETING ENVIROMENT

### Method Mix

Female sterilization is, by far, the contraceptive method most used in El Salvador; in fact, its prevalence is the highest in the region. Nonetheless, it has remained almost stable since 1985. Temporary methods seem to be also stable with the exception of the injectable, whose prevalence increased from 0.9 percent to 3.6 percent between 1988 and 1993.

### Market Share

According to recent studies, the Salvadorian condom market is between 7 and 9 million condoms. With 1.55 million units sold in 1996, ADS has approximately a 20 percent market share. There are a wide range of brands in the local market, and the CSM program offers over four basic condom brands, with a price strategy that covers the entire social spectrum.

Based on the prevalence survey developed in 1993, the current pill market is over 900,000 pill cycles a year; the CSM sales level of 338,000 units is a 37 percent market share. ADS' Perla is the market leader with almost 300 thousand cycles sold per year.

The following table shows sales in the last three years, as well as the CYP offered by the CSM program.

Product	1994	1995	1996	Total
Condoms	1,512,800	1,597,000	1,548,300	4,658,100
Couple Years of Protection (Condoms)	15,128	15,970	15,483	46,581
Oral Contraceptives	260,000	315,000	338,000	913,000
Couple Years of Protection (Oral Contraceptives)	20,000	24,230	26,000	70,230
<b>Total Oral Contraceptives</b>	<b>35,128</b>	<b>40,200</b>	<b>41,483</b>	<b>116,811</b>

### Barriers and Threats

- **Competition.** The condom market is highly competitive. Actual competitors: Current importers and Ministry of Health free condoms. Potential competitor: the Pasmio project because of its very low price strategy.
- **Provider dependence.** ADS' current condom line comes from only one manufacturer, whose price increases over the past two years has threatened the profitability and long-run sustainability of the ADS CSM program.
- **Conservative groups.** Organized opponents of contraception are always a permanent threat on the project, not only to its existence but most important, to its growth possibilities.

### Opportunities

- G13

- market coverage. Only 50 percent of pharmacies are covered, which allows significant scope for expansion of this distribution channel.
- **Growing markets.** Injectables have experienced a very dynamic development in the last years. If Salvadorian women are looking for this kind of product, there will be room for a modern low-dose monthly injectable.
- **Government.** The Salvadorian government is looking for health-sector efficiencies and lowered costs, which translates into a larger role for the private sector — one that ADS can assume given its experience as a provider of reproductive health services.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. Strengthen the sustainability of ADS, through product marketing	<ul style="list-style-type: none"> <li>• Increased income generated through sales</li> <li>• Stable program expenses</li> <li>• Improved profit margin</li> <li>• Reduced dependence on current distributors</li> </ul>	<ul style="list-style-type: none"> <li>• Income registered</li> <li>• Number of products sold</li> <li>• Lower unit cost</li> <li>• Costs increase slower than income</li> <li>• Sustainability expressed as a coefficient of income on expense</li> </ul>	<ul style="list-style-type: none"> <li>• ADS financial statements</li> <li>• ADS sales reports for all products</li> </ul>

Objectives	Outcomes	Indicators	Data Source
2. Strengthen marketing of products distributed by ADS	<ul style="list-style-type: none"> <li>• Improved product distribution</li> <li>• Increased product line</li> <li>• Increased Products sold</li> <li>• Improved ADS' share of market for condoms</li> <li>• Increased number of Couple years of protection provided</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of points of sale conquered (pharmacies, convenience stores, motels, stores and supermarkets)</li> <li>• Average sales per pharmacy</li> <li>• Line of products distributed per pharmacy</li> <li>• Amount of sales</li> <li>• Brand presence and sales at the point-of-sale level</li> </ul>	<ul style="list-style-type: none"> <li>• ADS client data bank, ADS sales supervision's report, independent retail audit survey</li> <li>• ADS sales reports</li> <li>• ADS sales reports</li> <li>• Same as above</li> <li>• Independent retail audit survey</li> </ul>

**Notes on Objectives**

USAID mission objectives are addressed directly by the workplan's specific objectives to:

- Strengthen the sustainability of ADS, through product marketing.
- Strengthen of marketing of products distributed by ADS.

Noteworthy aspects of the workplan objectives and anticipated outcomes are as follows:

**Couple Years of Protection, Income and Sales**

The following table summarizes what is expected in terms of income and sales for the products currently distributed by ADS. This information will be provided by ADS itself.

Product	Quarter 1	Quarter 2	Quarter 3	End-of-Project Quarter 4
Condoms	498,750	1,042,775	1,586,800	2,130,825
Couple Years of Protection	4,988	5,100	15,868	21,308
Income (US \$)	121,500	254,500	387,500	520,500
Pills	107,750	220,850	333,950	447,050
Couple Years of Protection	8,228	16,988	25,688	34,388
Income (US \$)	79,000	162,000	245,000	328,000
Injectable	8,250	18,250	28,250	38,250
Couple Years of Protection	635	1,404	2,173	2,942
Income (US \$)	18,500	41,500	64,000	86,500
<b>Total Couple Years of Protection</b>	<b>13,911</b>	<b>28,820</b>	<b>43,730</b>	<b>58,639</b>
<b>Total Income (US \$)</b>	<b>219,000</b>	<b>458,000</b>	<b>696,500</b>	<b>935,000</b>

### *Stable Product Expenses*

Achieving some economies of scale is useful to improve sustainability, mainly if costs grow slower than inflation and prices. Purchase plans and cost controls are key factors in this case. ADS' financial reports will be the information source.

### *Improved Profit Margin and Reduced Dependence on Current Distributors*

ADS will secure a new distributor for a new condom brand with a lower price than the current distributors' price. The product will be positioned as a high-end brand, which means that it will have a better profit margin than current ADS products have. Having a new provider will also help ADS to negotiate with the existing one. The data source here will be financial reports from ADS.

### *Improved Product Coverage and Distribution*

Today, ADS covers 600 pharmacies, out of 1,300 (46 percent). After an administrative reform, salespersons can devote more time getting new clients for the organization. It is expected they are going to reach, at the end of the project, 85 percent of all pharmacies. The data source for

this indicator will be an independent retail audit survey, as well as a client data base from ADS.

The benchmarks will be as follows:

- Quarter 1: 55 percent of total pharmacies covered.
- Quarter 2: 65 percent of total pharmacies covered.
- Quarter 3: 75 percent of total pharmacies covered.
- Quarter 4 (End of Project): 85 percent of total pharmacies covered.

**Increased Product Line**

Two new products will be introduced before the end of 1997. One is an injectable, which will add a new product category to the ADS current product line, and the other is a new condom, which is expected to help increase sales as well as help to reduce dependence on the current commercial condom distributor. Again, the information source here is ADS sales data.

**Increase Condom Market Share**

It is expected that sales growing faster than market increase will result in an increase of market share. The information source here will be an independent retail audit research.

**SOCIAL MARKETING ACTIVITIES**

**Activities and Results**

Objectives	Activities	Outcomes	Indicators	Data Source
1. Strengthen the sustainability of ADS, through product marketing	1.a. Design and implement a promotional campaign for ADS current products	• Increased sales and revenues	• Sales registered	• ADS' sales reports
	1.b. Design an incentive program for ADS' sales force	• Keep program costs related to sales activities	• Costs grows lower than income	• ADS' financial statements • Sales reports

Objectives	Activities	Outcomes	Indicators	Data Source
	1.c. Develop a purchase program for printed and raw material	<ul style="list-style-type: none"> <li>• Stable program expenses</li> </ul>	<ul style="list-style-type: none"> <li>• Lower unit cost</li> <li>• Income expressed as a percentage of expenses</li> </ul>	<ul style="list-style-type: none"> <li>• ADS' financial statements</li> </ul>
	1.d. Substitute actual product providers	<ul style="list-style-type: none"> <li>• Reduced dependence on distributors</li> <li>• Improved profit margin</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of product provided by provider</li> <li>• Lower unit cost</li> </ul>	<ul style="list-style-type: none"> <li>• ADS' purchase orders</li> <li>• ADS' financial statements</li> </ul>
2. Strengthen marketing of products distributed by ADS	2.a. Incentive plan to sales force based on points of sale conquered	<ul style="list-style-type: none"> <li>• Improved product coverage and distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of points of sale reached</li> </ul>	<ul style="list-style-type: none"> <li>• ADS client data bank, ADS sales supervision's report, independent retail audit survey</li> </ul>
	2.b. To find a modern injectable provider	<ul style="list-style-type: none"> <li>• Expanded product line.</li> <li>• Increased couple years of protection provided</li> </ul>	<ul style="list-style-type: none"> <li>• Line of products distributed per pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• ADS' sales data</li> <li>• ADS' client data bank</li> <li>• Independent retail audit survey</li> </ul>
	2.c. Design mystery shopper promotion to encourage pharmacists to offer ADS' products to consumers	<ul style="list-style-type: none"> <li>• Increased sales and revenues</li> <li>• Improve share of market of ADS' condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Sales registered.</li> <li>• Average sales per pharmacy</li> <li>• Brand presence and sales at the point of sale level</li> </ul>	<ul style="list-style-type: none"> <li>• ADS' sales reports</li> <li>• Mystery shopper to distribute promotional material to track the "push"</li> <li>• Independent retail audit survey</li> </ul>
	2.d. Design and implement a promotional campaign for ADS current products	<ul style="list-style-type: none"> <li>• Increased sales and revenues</li> <li>• Improved share of market of ADS' products</li> </ul>	<ul style="list-style-type: none"> <li>• Sales registered</li> <li>• Brand presence and sales at the point of sale level</li> </ul>	<ul style="list-style-type: none"> <li>• ADS' sales reports.</li> <li>• Independent retail audit survey</li> </ul>

### Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Design and implement a promotional campaign for ADS current products	<ul style="list-style-type: none"> <li>Increased sales and revenues</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 498,750</li> <li>Pills 107,750</li> <li>Income US\$ 200,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,042,775</li> <li>Pills 220,850</li> <li>Income US\$ 416,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,586,800</li> <li>Pills 333,950</li> <li>Income US\$ 633,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 2,130,825</li> <li>Pills 447,050</li> <li>Income US\$ 848,500</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 2,130,825</li> <li>Pills 447,050</li> <li>Income US\$ 848,500</li> </ul>
1.b. Design an incentive program for ADS' sales force	<ul style="list-style-type: none"> <li>Keep program costs related to sales activities</li> </ul>					<ul style="list-style-type: none"> <li>Incentive program in place</li> </ul>
1.c. Develop a purchase program for printed and raw material	<ul style="list-style-type: none"> <li>Stable program expenses</li> </ul>					<ul style="list-style-type: none"> <li>Purchase program in place</li> </ul>
1.d. Substitute actual product providers	<ul style="list-style-type: none"> <li>Reduced dependence on distributors</li> <li>Improved profit margin</li> </ul>	<ul style="list-style-type: none"> <li>To have ADS own high end brand in the market</li> <li>To have better price from distributor than current ones</li> </ul>				<ul style="list-style-type: none"> <li>To have one additional brand in the market, with a cost lower than current provider</li> </ul>
2.a. Incentive plan to sales force based on points of sale conquered	<ul style="list-style-type: none"> <li>Improved product coverage and distribution</li> </ul>	<ul style="list-style-type: none"> <li>55 percent of total pharmacies covered</li> </ul>	<ul style="list-style-type: none"> <li>65 percent of total pharmacies covered</li> </ul>	<ul style="list-style-type: none"> <li>75 percent of total pharmacies covered</li> </ul>	<ul style="list-style-type: none"> <li>85 percent of total pharmacies covered</li> </ul>	<ul style="list-style-type: none"> <li>85 percent of total pharmacies covered</li> </ul>

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
2.b. Find a modern injectable provider	<ul style="list-style-type: none"> <li>Expanded product line</li> <li>Increased couple years of protection provided</li> </ul>	<ul style="list-style-type: none"> <li>8,250 units sold</li> <li>635 couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>18,250 units sold</li> <li>1,404 couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>28,250 units sold</li> <li>2,173 couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>38,250 units sold</li> <li>2,942 couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>38,250 units sold</li> <li>2,942 couple years of protection</li> </ul>
2.c. Design mystery shopper promotion to encourage pharmacists to offer ADS' condoms to consumers	<ul style="list-style-type: none"> <li>Increased sales and revenues.</li> <li>Improved Share of Market of ADS' condoms</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 498,750</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,042,775</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,586,800</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 2,130,825</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 2,130,825</li> <li>Condoms to get a 25 percent SOM</li> </ul>
2.d. Design and implement a promotional campaign for ADS current products	<ul style="list-style-type: none"> <li>Increased sales and revenues.</li> <li>Improved share of market of ADS' products</li> </ul>					<ul style="list-style-type: none"> <li>Condoms 2,130,825</li> <li>Pills 447,050</li> <li>Income US\$ 848,500</li> </ul>

### Notes on Activities

#### Activity 1a. Design and Implement a Promotional Campaign for ADS Current Products

A promotional campaign will be developed for every product that is owned by ADS.

- Condor will be repositioned as a family planning condom.
- Panther will be positioned as a STD prevention condom.

- Piel will be launched to the Salvadorian market as a high-end brand for both STD prevention and family planning.

To give a clear image to every product, mass media campaigns will have to be implemented, but to encourage sales, special discounts, prices to the better performing pharmacies (in terms of amount of product sold), and price to pharmacies clerks will be offered.

In addition, a public relations campaign will be performed to support Piel launching to enhance hedonistic product image. This activity will include a workshop on services marketing, to support ADS' development of its marketing plan. Expected results are increased sales and revenues in ADS' own brands.

**Activities 1b. & 2a. Design an Incentive Program for ADS' Sales Force**

As support to the promotional activities described above and in order to increase client base, incentives to sales force, based on amount of new clients, sales performed, and money recovered, are going to be offered. A basic efficiency criteria will be applied; it means that additional products sold will generate much more than the promotion cost. Results are expected to increase the client base, increase sales by salesperson, and to offset higher sales costs with increased income.

**Activity 1c. Develop a Purchase Program for Printed and Raw Material**

Keeping control of product costs and program expenses is something critical for sustainability. Creating a purchase program (i.e., big-volume purchases to reach economies of scale) is something that will help to improve that self-sufficiency level. It is clear that a program such as this has to be coordinated with the finance department because it depends heavily on the organization's cash flow. Expected results are to have a purchase program in place.

**Activity 1d. Substitute Actual Product Providers**

In order to reduce dependence on current condom providers (mainly for the high-end products), ADS has to find a new provider for Piel condom; one that offers both good quality and reasonable price (at least lower than current prices for high-end line). Expected results are to get a new provider for Piel and to get a better benefit margin for this product (better than the current benefit margin for high-end condoms).

**Activity 2b. Find a Provider for a Modern Monthly Injectable**

To expand the contraceptives product line, and to take advantage of being in a very dynamic market, ADS should contract with an existing manufacturer (to reduce the burden on promotional investment), to purchase of a modern (low-dose) monthly injectable. The expected result is to have a contract with a provider.

**Activity 2c. Design Mystery Shopper Promotion**

To encourage pharmacists to offer ADS' products to consumers (basically condoms), a mystery shopper promotion should be conducted for a period not less than four months. At the end of the promotion, raffles and prizes could be distributed among pharmacies clerks and owners. Expected results are an increase in sales for the products included in the promotion.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 19/98</b>
Field Support	\$198,052
OYB Transfer	87,685
Buy-In	
<b>Total</b>	<b>\$285,737</b>

**El Salvador Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct-Dec.	Jan-Mar.	April-June	July-Sept.
1. Design and implement promotional campaign for ADS current products	Launch Condor promotional campaign	*****	October/ November	February/ March		
	Launch Panther condom promotional campaign	*****	October/ November	February/ March		
	Start Piel distribution	August/ September	*****	*****	April/June	*****
	Launch Piel promotional campaign	September	October/ November	February/ March	April	
2. Design and implement an incentive program for ADS sales force	Start applying incentive program	*****	*****	*****	April/June	*****
3. Develop purchase program for printed material and product supplies	Implement purchase program	*****	*****	*****	April/June	*****
4. Substitute actual product provider	Start product import procedures	July				
5. Find a provider for a modern monthly injectable	Start product distribution	*****	*****	*****	April/June	*****
	Launch promotional campaign	August/ September	October			
6. Design and implement a Mystery shopper promotion	Design promotion procedures	July/ August				
	Start communication campaign	September	October			
	Start mystery shopper visits	September	*****			
	Mystery shopper final event		December			
7. Do a marketing for services workshop	Workshop provided			February		
	Marketing plan for services			March	April	

# HONDURAS

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to improved family health in Honduras through its strengthening of the financial and institutional sustainability of the Honduras Family Planning Association (ASHONPLAFA). This strengthening is based on an integrated program to improve the effectiveness of ASHONPLAFA's marketing program — its range and availability of product offerings, its distribution, and its promotion.

## BACKGROUND

Honduras, with a population of 5.4 million inhabitants (urban-rural ratio is 44.4 percent : 55.6 percent) and a growth rate of 2.7 percent per year, is the fourth poorest country in Latin America, with a GDP per capita of U.S. \$673. Over 65 percent live below poverty line and 47 percent of the population is under 15. Infant mortality is between 4 and 5 percent, and malnutrition is chronic for 40 percent of preschool children. There is one hospital bed per 818 persons and one physician every 1,586 persons. Literacy is 73 percent.

Among women in union, contraceptive knowledge is almost universal; nevertheless, use is not as high as that: in 1996, 50 percent of women between 15 and 44 and in union used contraception (up from 40.6 percent in 1987), although only 41 percent were devoted to modern contraception. Contraceptive prevalence for the various methods by geographic area is provided in the table below.

**Women in Union Age 15-44 that Use Contraceptive Methods,  
According to Method and to Area of Residence**

Method	Urban	Rural	Total
Female Sterilization	22.3%	14.7%	18.1%
Oral Contraceptives	11.2%	8.8%	9.9%
IUD	13.1%	4.8%	8.5%
Condom	5.2%	1.6 %	3.2%
Others	2.0%	0.7 %	1.3%
Natural Methods	8.1%	9.8 %	9.0%
<b>Total</b>	<b>61.7%</b>	<b>40.4%</b>	<b>50.0%</b>

The public sector provides 34.8 percent of available family planning services. On the other hand, Honduras Family Planning Association (ASHONPLAFA) provides, directly or indirectly, 60 percent of the family planning services in the country. It is by far the largest provider of female sterilization and is the second largest IUD insertion provider. The organization also sells condoms and oral contraceptives to pharmacies through the social marketing program.

**USAID Mission Objectives**

USAID's strategic objective is "Improved Family Health." The specific objectives that support this are to:

- Reduce infant and maternal mortality, malnutrition and fertility.
- Halt growth of HIV seroprevalence by improving delivery and increasing use of services for reproductive health, child survival, and prevention of sexually transmitted diseases.
- Increase cost recovery, quality of care and sustainability of the organizations involved in the achievement of these objectives.

## MARKETING ENVIROMENT

### Method Mix

The local pill market can be estimated at 950,000 units a year (around 73,000 users); nonetheless, oral contraceptives prevalence dropped from 13.4 percent in 1987 to 9.9 percent in 1996. In the same period, female sterilization and IUDs increased their prevalence by 5.5 percent and 4.2 percent respectively. Injectables do not seem to have an appreciable prevalence in this country.

Honduras' population of women of fertile age is 1,283,000, 2 percent of whom use condoms as a family planning method (approx. 25,600 women). Based on this, and knowing that 57 percent men use condoms for family planning and 75 percent for STD prevention, the Honduran market is estimated to be 5.2 million condoms a year.

### Market Share

The condom *commercial* market has been estimated at 3 million units a year. Based on that, and on the sales achieved by ASHONPLAFA (near 700,000 units in 1996), it can be said that this organization has a 23 percent market share. It is clear the organization has lost market share during past years, mainly because there are a wide range of new brands and also because new competitors have some promotional activities, that generate a disadvantage for ASHONPLAFA. In addition to that, the organization has not promoted their products with a campaign in the last two years.

The situation of pills is similar. In the last year, sales dropped dramatically for Perla and Norminest, the two pill brands distributed by ASHONPLAFA.

Couple Years of Protection, Income, and Sales

In the following table, sales achieved by the program, as well as couple years of protection can be seen:

**ASHONPLAFA  
Product Sales (1993-1996)**

<b>Product</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>Total</b>
Guardian	808,416	732,960	879,840	697,536	<b>3,118,752</b>
Couple Years of Protection	8,084	7,330	8,798	6,975	<b>31,188</b>
Norminest	109,600	107,736	143,232	99,840	<b>460,408</b>
Perla	149,662	135,816	156,528	93,744	<b>535,750</b>
Total Oral Contraceptives	259,262	243,552	299,760	193,584	<b>996,158</b>
Couple Years of Protection	19,943	18,735	23,058	14,891	<b>76,628</b>
Total Couple Years of Protection	28,027	26,064	31,857	21,866	<b>107,815</b>
Cumulative Couple Years of Protection	<b>28,027</b>	<b>54,092</b>	<b>85,949</b>	<b>107,815</b>	

It is evident that ASHONPLAFA had a very difficult 1996 in all its product line, which suggests that it is not something related to a specific product category. One hypothesis is that the distributor is not managing the products as well as it did in the past.

**Barriers and Threats**

- **Competition.** Competitors have become increasingly aggressive in the last several years. In the case of condoms, distributors are also importers. This means that they have the financial resources to invest in order to spur sales.

- **Condom for HIV project.** The new project intended to provide condoms at a very low price for HIV prevention, threatens the current low price brand distributed by ASHONPLAFA.
- **Conservative groups.** There is a very strong catholic church in Honduras, and right-to-live groups are quite active. Nonetheless, the Honduras government supports HIV prevention programs and condom distribution.
- **Product substitution.** Due to the changes in USAID distributors, ASHONPLAFA, as many others in the region, had to switch from an oral contraceptives already existing in the market to a new one. There is always a marketing risk related to an operation like this.
- **Financial constraint.** Despite the fact that USAID has funded family planning associations in Latin America for the last 20 years, it is unclear if these organizations have the chance to continue offering services to those most in need, based on: (1) pressure to become self sufficient by raising prices and controlling costs and (2) finding adequate resources to invest in promotion, and, even more basic, to ensure sufficient working capital to keep the business running.
- **Contraceptives mix.** Birth spacing plays a minor role in the contraceptive mix in Honduras. There is a need for making short-term and spacing contraceptives available to women at an earlier stage of their reproductive life, and also to reach women in rural areas.

### Opportunities

- The local government is in a process of modernizing the state and increasing the efficiency of the services they already provide, which is expected to lead to a larger role of the private sector of providing health and social services.
- The condom market is growing based on the demand driven by increased consumer awareness.

- There is a relatively big percentage of women using traditional methods. There is scope to increase demand for modern methods among them.
- It would be important to determine ability to pay among Hondurans of low-income groups, to see to what extent they are subsidized with some contraceptive products or family planning services.

## **OBJECTIVES OF WORKPLAN**

### **Objectives and Outcomes**

<b>Objectives</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
1. Strengthen the sustainability of ADS, through product marketing	<ul style="list-style-type: none"> <li>• Increased income generated through sales</li> <li>• Improved profit margin</li> <li>• Increased product line (non-contraceptives)</li> </ul>	<ul style="list-style-type: none"> <li>• Sales income registered</li> <li>• Amount of products sold</li> <li>• Higher net income</li> <li>• Sustainability expressed as a coefficient of income on expense</li> </ul>	<ul style="list-style-type: none"> <li>• ASHONPLAFA's financial statements</li> <li>• ASHONPLAFA's sales reports for all products</li> </ul>
2. Strengthen marketing of products distributed by ADS	<ul style="list-style-type: none"> <li>• Improved product distribution</li> <li>• Increased product line</li> <li>• Increased Products sold</li> <li>• Substitution of Perla by New Perla</li> <li>• Increased number of couple years of protection provided</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of points of sale selling all ASHONPLAFA's product line</li> <li>• Average sales per pharmacy</li> <li>• Line of products distributed per pharmacy</li> <li>• Amount of sales New Perla sales compared to Perla sales</li> </ul>	<ul style="list-style-type: none"> <li>• Mandofer's (ASHONPLAFA's distributor) client data bank, ASHONPLAFA sales supervision's report, independent retail audit survey</li> <li>• ASHONPLAFA sales reports</li> <li>• ASHONPLAFA Sales reports</li> <li>• Independent retail audit survey</li> </ul>

### Notes on Objectives

USAID Mission objectives are addressed directly by the workplan's specific objectives to:

- Strengthen the sustainability of the ASHONPLAFA's CSM project.
- Improve and strengthen the marketing and distribution of CSM products.

Noteworthy aspects of the workplan objectives and anticipated outcomes are:

### Couple Years of Protection, Income, and Sales

The following table is a summary of what is expected in terms of income and sales for the products currently distributed by ASHONPLAFA.

Product	Quarter 1	Quarter 2	Quarter 3	Quarter 4 (End of Project)
<b>Condoms</b>	222,500	510,000	797,500	1,085,000
<b>Couple Years Protection</b>	2,250	5,100	7,975	10,850
<b>Income (US \$)</b>	20,000	50,000	80,000	110,000
<b>Pills</b>	50,000	107,500	165,000	222,500
<b>Couple Years of Protection</b>	3,846	8,246	12,692	17,115
<b>Income (US \$)</b>	27,700	63,000	98,300	133,500
<b>Total Couple Years of Protection</b>	<b>6,071</b>	<b>13,369</b>	<b>20,667</b>	<b>27,965</b>
<b>Total Income (US \$)</b>	<b>47,700</b>	<b>113,000</b>	<b>178,300</b>	<b>243,500</b>

### Profit Margin

A better profit margin in condoms is implicit in the income generated per sales, assuming that product cost will remain the same. Then, it is expected in this project to go from L. 1.17 generated per condom sold, to L. 1.32 per unit.

### Improved Distribution

Currently, ASHONPLAFA'S products are widely distributed. The intention here is to increase the average number of products sold per pharmacy from 1,094 condom units per pharmacy per year to 1,695 condoms per pharmacy per year by the end of the project.

### Product Substitution

ASHONPLAFA is in the process of replacing one oral contraceptive brand with another. The target sales level of the new brand shall be the same as the one it is replacing.

## SOCIAL MARKETING ACTIVITIES

### Activities and Results

Objectives	Activities	Outcomes	Indicators	Data Source
1. Strengthen the sustainability of ADS, through product marketing	1.a. To introduce a high-end condom brand	<ul style="list-style-type: none"><li>• Increased revenues</li><li>• Profit margin improved</li></ul>	<ul style="list-style-type: none"><li>• Sales income registered</li><li>• Income expressed as a percentage of expenses</li></ul>	<ul style="list-style-type: none"><li>• ASHONPLAFA's financial statements</li></ul>
	1.b. Non-contraceptive products introduction	<ul style="list-style-type: none"><li>• Increased revenues</li></ul>	<ul style="list-style-type: none"><li>• Income registered</li><li>• Income expressed as a percentage of expenses</li></ul>	<ul style="list-style-type: none"><li>• ASHONPLAFA's financial statements</li></ul>
	1.c. Sales promotions	<p>Marginal benefit increased</p> <ul style="list-style-type: none"><li>• Increased sales</li></ul>	<ul style="list-style-type: none"><li>• Lower-unit cost</li><li>• Income expressed as a percentage of expenses</li></ul>	<ul style="list-style-type: none"><li>• ASHONPLAFA's financial statements</li></ul>

Objectives	Activities	Outcomes	Indicators	Data Source
2. Strengthen marketing of products distributed by ADS	2.a. Sales force incentives plan and internal promotion	<ul style="list-style-type: none"> <li>• Increased sales</li> <li>• Improved sales force attitude toward ASHONPLAFA's products</li> </ul>	<ul style="list-style-type: none"> <li>• Sales registered</li> <li>• Product lines in point of sale</li> </ul>	<ul style="list-style-type: none"> <li>• ASHONPLAFA's sales reports</li> <li>• Retail audit</li> </ul>
	2.b. Mystery shopper promotion to encourage pharmacists to offer ASHONPLAFA's products to consumers	<ul style="list-style-type: none"> <li>• Increased sales and revenues</li> <li>• Improved product coverage and distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Sales registered</li> <li>• Average sales per pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• ASHONPLAFA's sales reports</li> <li>• Mystery shopper to distribute promotional material to track the "push"</li> <li>• Independent retail audit survey</li> </ul>
	2.c. Design and implement a promotional and public relations campaign for ASHONPLAFA's current products	<ul style="list-style-type: none"> <li>• Increased sales and revenues</li> <li>• Perla substitution</li> <li>• Improved product SOM</li> </ul>	<ul style="list-style-type: none"> <li>• Sales registered</li> <li>• Brand presence and sales at the point of sale level</li> </ul>	<ul style="list-style-type: none"> <li>ASHONPLAFA's sales reports</li> <li>• Independent retail audit survey</li> </ul>

## Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. High-end condom brand introduction.	<ul style="list-style-type: none"> <li>Increased income</li> <li>Profit margin improved</li> </ul>	<ul style="list-style-type: none"> <li>U.S \$ 20,000</li> <li>L. 1.17 per condom</li> </ul>	<ul style="list-style-type: none"> <li>U.S. \$ 50,000</li> <li>L. 1.36 per condom</li> </ul>	<ul style="list-style-type: none"> <li>U.S. \$ 80,000</li> <li>L. 1.36 per condom</li> </ul>	<ul style="list-style-type: none"> <li>U.S. \$ 110,000</li> <li>L. 1.36 per condom</li> </ul>	<ul style="list-style-type: none"> <li>U.S. \$ 110,000</li> <li>L. 1.32 (Average)</li> </ul>
1.b. Non-contraceptive product introduction	<ul style="list-style-type: none"> <li>Increased revenues</li> </ul>					<ul style="list-style-type: none"> <li>One product introduced</li> </ul>
1.c. Sales promotion	<ul style="list-style-type: none"> <li>Increased sales</li> <li>Marginal benefit increased</li> </ul>					<ul style="list-style-type: none"> <li>As below</li> </ul>
2.a. Sales force incentive plan and internal promotion	<ul style="list-style-type: none"> <li>Increased sales</li> <li>Improved sales force attitude toward ASHONPLAFA's products</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 222,500</li> <li>Pills 50,000</li> <li>Income S\$47,700</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 510,000</li> <li>Pills 107,500</li> <li>Income US \$113,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 797,500</li> <li>Pills 165,000</li> <li>Income US \$ 178,300</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> <li>Pills 222,500</li> <li>Income US \$243,500</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> <li>Pills 222,500</li> <li>Income US \$ 243,500</li> </ul>
2.b. Design mystery shopper promotion to encourage pharmacists to offer ASHONPLAFA's condoms to consumers	<ul style="list-style-type: none"> <li>Increased sales and revenues</li> <li>Improved product coverage and distribution</li> </ul>	<ul style="list-style-type: none"> <li>Condoms as above</li> <li>1,094 condoms sold per pharmacy per year</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 510,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 797,500</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> <li>1,695 condoms sold per pharmacy per year</li> </ul>
2.c. Design and implement a promotional and public relations campaign for ASHONPLAFA's current products	<ul style="list-style-type: none"> <li>Increased sales and revenues</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 222,500</li> <li>Pills 50,000</li> <li>Income US \$ 47,700</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 510,000</li> <li>Pills 107,500</li> <li>Income US \$113,000</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 797,500</li> <li>Pills 165,000</li> <li>Income US \$178,300</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> <li>Pills 222,500</li> <li>Income US \$243,500</li> </ul>	<ul style="list-style-type: none"> <li>Condoms 1,085,000</li> <li>Pills 222,500</li> <li>Income US \$243,500</li> </ul>

### Notes on Activities

#### Activity 1.a. Introduce a High-End Brand

A promotional campaign will be designed and implemented in order to launch a high-end condom brand (Piel) to the Honduran market. This product will be positioned as a double-

purpose brand and its primary goal is to generate revenues for the project. It is expected the product will have a better profit margin than current's (Guardian).

The campaign will have a mass media component as well as public relations activities and promotion to the point of sale. Expected results are sales and increased revenues for the contraceptive social marketing project and improved net income in condom sales.

**Activity 1.b. Introduce Products Other than Contraceptives**

As an income generator activity, the introduction of other products, such as a pregnancy test, is a viable alternative. Expected results are to have in place one non-contraceptive product with a high-profit margin (higher than the current condom brand and oral contraceptives' profit margin).

**Activity 1.c. Reviewed Profit Margin**

ASHONPLAFA's products profit margin has to be reviewed on a regular basis in order to keep, at least, the current level of margin of contribution. This is to avoid falling into a negative contribution caused for product cost increase. Expected results are to keep current margin of contribution in all ASHONPLAFA's product line.

**Activity 2.a. Incentives to Sales force**

Incentives to the sales force will be offered based on a minimum of sales to generate revenue to cover, at least, promotion costs. This would be a basic efficiency criteria. Prizes to the person with a higher amount of sales will be offered. Expected results are to have an incentive system in place and to increase sales by salesperson.

**Activity 2.b. Design Mystery Shopper Promotion**

To encourage pharmacists to offer ASHONPLAFA's products to consumers (specially condoms), a mystery shopper promotion should be conducted for a four-month period. At the end of this period, raffles and prizes could be distributed among pharmacies' clerks and owners. Expected results are a sales increase for the products included in the promotion.

**Activity 2.c. Design and Implement a Promotional Campaign for ASHONPLAFA's Current Products**

A promotional campaign will be developed for every product whose brand is owned by ASHONPLAFA. Mass media campaigns will be implemented and to encourage sales, special discounts, prices to the better performing pharmacies and prices to pharmacies' clerks will be offered as part of a PR effort. This activity will also include a retail audit survey in order to keep track of distribution and to know product performance in the market, and a marketing-for-services workshop that supports ASHONPLAFA's development of a marketing plan for its services. Expected results are increased sales and revenues of the products distributed by ASHONPLAFA.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	137,232
OYB Transfer	48,099
Buy-In	
<b>Total</b>	<b>\$185,331</b>

**Honduras Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
1. Introduce a high-end brand	Design promotional campaign	July				
	Start product importation	August/ September				
	Start product distribution		*****	*****	*****	*****
	Launch promotional campaign		November	January- February	April/June	July
2. Introduce products other than contraceptives	Choose product	July				
	Choose product manufacturer	August				
	Import product		October			
	Start product distribution		November- December	*****	*****	*****
3. Incentives to sales force	Start applying incentive program	September	December	March		July
4. Profit margin reviewed	Keep track of product's profit margin	July	October	January	April	August
5. Design mystery shopper promotion	Start communication campaign	July				
	Start mystery shopper visits	August- September	October- November			
	Mystery shopper final event		November			

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
6. Design and implement a promotional campaign for ASHONPLAFA's current products	Launch promotional campaign	*****	*****				
7. Conduct a retail audit survey	Conduct audit visits	*****	*****		*****	April/June	July
	Generate audit reports	September	December		March		July
8. Implement a marketing for services workshop	Workshop provided	July					
	Marketing plan for services	August-September					

# INDIA

## SOMARC PROGRAM OVERVIEW

Since 1994, SOMARC has been involved in the social marketing of condoms and oral contraceptives in Uttar Pradesh under the Innovations in Family Planning Services Program (IFPS). SOMARC will continue to work with PSI to expand the distribution of their condom and pill through private-sector and NGO distribution networks. SOMARC is also preparing to expand its activities to the three other northern states under Program for Advancement of Commercial Technology Contraceptives and Reproductive Health (PACT-CRH). Under PACT-CRH, SOMARC will provide technical assistance to ICICI in developing partnerships with private-sector pill manufacturers that will result in increased sales through expanded distribution and a multi-level behavior change communications campaign.

## BACKGROUND

In 1991, India's population reached 865 million. The annual population growth rate is currently 2.1 percent. It took 65 years to double the 1901 population, but in the short span of the next 20 years it increased by 60 percent. The population of India is young, with nearly 40 percent consisting of children under 15 years. The progressive increase in the 15-59 year old group poses a threat to the Indian economy. The average fertility rate remains high at 4.8. The 1992-1993 National Health Survey showed contraceptive prevalence to be 40.6 percent. The share of all method use that can be attributed to temporary method use is estimated at 24.1 percent, while the share of all methods that can be attributed to modern temporary method use is only 13.5 percent.

## USAID Mission Objectives

USAID/New Delhi's activities in India are focused on the four northern states of Madhya Pradesh, Uttar Pradesh, Bihar and Rajasthan. Its strategic objectives are:

- Accelerating broad-based economic growth.

- PACT-CRH sub-objective. Encourage private-sector companies to expand marketing efforts of reversible contraceptives.
- Stabilizing population growth.
  - IFPS sub-objectives. Increase access to family planning products and services, improve the quality of family planning services, and promote family planning among couples.

## **MARKETING ENVIRONMENT**

### **Method Mix**

- Condoms. Masti, Sawan\* and Bliss\* (in Uttar Pradesh only under IFPS).
- Oral contraceptives. Pearl and Ecroz\* (in Uttar Pradesh only under IFPS); and Wyeth brand,\*\* German Remedies brand,\*\* and Gedeon Richter brand\*\* (in Madhya Pradesh, Uttar Pradesh, Rajasthan and Bihar under PACT-CRH).

### **Market Share**

According to ORG data for 1996, SOMARC-supported condoms and oral contraceptives had market shares of 26 percent (Masti) and 8.9 percent (Sawan and Bliss) in Uttar Pradesh. From 1995 to 1996, the total commercial condom market (including social marketing brands) in the project area expanded by 17.3 percent and the oral contraceptives market by over 44 percent. This compares with the 3 percent growth in all-India market during the same period.

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\*PSS brands (Sawan and Bliss condoms, and Ecroz orals) will be taken out of the program in July 1997.

\*\*SOMARC is currently negotiating agreements with Wyeth, German Remedies, and Gedeon Richter under which the manufacturers will assign one low-dose brand to participate in the PACT-CRH program.

### Couple Years of Protection, Income, and Sales

Method	November-December 1994	1995	1996	January-April 1997	Total	CYPs
Condoms	2,769,000	18,605,740	15,821,202	7,676,430	44,872,372	448,724
OCPs	16,200	216,887	284,425	96,635	614,147	47,242
<b>Total CYPs</b>						<b>495,966</b>

### Marketing Strategies

- Achieve high levels of awareness and positive brand image for SOMARC-supported condoms and pills among consumers and providers.
- Overcome psychological barriers to use of condoms and pills through a multi-level behavior change communication campaign among consumers and providers.
- Improve and expand distribution by involving major private-sector manufacturers.
- Ensure quality and improve sales by providing service providers, retailers, and NGOs with product-specific knowledge and by training them in selling techniques.

### Barriers and Threats

- Distribution is limited to chemist shops in major urban areas.
- Psychological barriers to the use of condoms and hormones (myths, rumors, and misconceptions).

- Strong preference for sons (ideally two).
- General aversion to family planning because of past government programs.

### **Policy Needs**

- Ten percent excise tax on packaging.
- Social marketing and government distribution of condoms are highly subsidized.
- The breakdown of the government procurement system has resulted in supply problems for social marketing organizations and stockouts of socially marketed brands at the retail level.
- The government of India has not approved injectables as the method for public-sector distribution.

### **Opportunities**

- Significant unmet need.
- Interest by the private sector in collaborating to expand the commercial market.
- Approximately 85 percent of potential outlets do not yet stock products.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

SOMARC Objectives	Outcomes	Indicators	Data Source
1. Achieve 289,808 CYPs from May 1997 to September 1998 in Uttar Pradesh through PSI [Ref.: USAID Mission Objective SO2]	<ul style="list-style-type: none"> <li>Achieved 27,308 couple years of protection for oral contraceptives and 262,500 couple years of protection for condoms</li> </ul>	Sales data	PSI sales report
2. Assist expansion of the private-sector market for orals and DMPA in Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan under PACT-CRH [Ref.: USAID Mission Objective SO1]	<ul style="list-style-type: none"> <li>Increased total market for participating brands by 100 percent and total oral contraceptives market by 40 percent</li> </ul>	Sales data	ORG reports
3. Upgrade SOMARC's management capabilities to meet demands of expanded program implementation [Ref.: USAID Mission Objective SO1]	<ul style="list-style-type: none"> <li>Senior CSM advisor, PACT marketing manager, one behavior change and one distribution assistant, and one support staff hired</li> <li>Expanded and independent office set up</li> </ul>	Contracts and lease signed	N/A

### Notes on Objectives

USAID Mission objectives are addressed directly by SOMARC's workplan objectives.

#### *Objective 1. Achieve 289,808 Couple Years of Protection from May 1997 to September 1998 in Uttar Pradesh through PSI*

This would be 27,308 for oral contraceptives and 262,500 for condoms from May 1997 to September 1998 in Uttar Pradesh through PSI. This objective is in support of USAID India's SO#2 (Stabilizing Population Growth) and more specifically in support of its sub-objective under

the IFPS program: (1) increasing access to family planning services, (2) improving the quality of family planning services, and (3) promoting family planning among couples.

**Objective 2. Assist Expansion of the Private-Sector Market for Oral Contraceptives in Uttar Pradesh., Madhya Pradesh, Bihar and Rajasthan under PACT/CRH**

This objective is in support of USAID India's SO#1 (Accelerating Broad-Based Economic Growth) more specifically supporting its sub-objective of market expansion of reversible contraceptives; and SO#2 (Stabilizing Population Growth) supporting its sub-objective under IFPS program: (1) increasing access to family planning services, (2) improving the quality of family planning services, and (3) promoting family planning among couples.

**Objective 3. Upgrade SOMARC's Management Capabilities to Meet Demands of Expanded Program Implementation**

This objective is in support of USAID India's SO#1 (Accelerating Broad Based Economic Growth) more specifically supporting its sub-objective of market expansion of reversible contraceptives; and SO#2 (Stabilizing Population Growth) supporting its sub-objective under the IFPS program: (1) increasing access to family planning services, (2) improving the quality of family planning services, and (3) Promoting family planning among couples.

**SOCIAL MARKETING ACTIVITIES**

**Activities and Results**

<b>Objective</b>	<b>Activity</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Data Sources</b>
1. Achieve 289,808 couple years of protection from May 1997 to September 1998 in Uttar Pradesh through PSI	1.a. Contract with PSI 1.b. Uttar Pradesh sales/distribution 1.c. Uttar Pradesh rural expansion 1.d. CBD training	<ul style="list-style-type: none"> <li>• Contract in place</li> <li>• Sales objectives met</li> <li>• 250 towns covered</li> <li>• 8,500 trained providers</li> <li>• Increased</li> </ul>	<ul style="list-style-type: none"> <li>• Signed contract</li> <li>• Couple years of protection achieved</li> <li>• Couple years of protection achieved</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• ORG and PSI reports</li> <li>• ORG and PSI reports</li> <li>• ORG and PSI reports</li> </ul>

Objective	Activity	Outcome	Indicators	Data Sources
		distribution through NGOs	<ul style="list-style-type: none"> <li>• 50 percent sales increase</li> <li>• Increased number of participating NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• PSI quarterly reports</li> </ul>
2. Assist expansion of the private-sector market for orals and DMPA in Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan under PACT-CRH	2.a. Recruit pill manufacturers 2.b. Contracts for PACT advertising and public relations 2.c. Collaborate with other CAs on behavior change communications 2.d. Behavior change communications tracking and monitoring 2.e. Distribution/sales audits 2.f. Behavior change communications field operations 2.g. Participate in symposium on DMPA with Population Council 2.h. Provider training for general practitioners and chemists 2.i. Sales/promotion in three new states 2.j. Data collection analysis in three new states 2.k. Behavior communications interventions executed	<ul style="list-style-type: none"> <li>• Memorandums of understanding in place</li> <li>• Contracts for public relations and advertising in place</li> <li>• Improved synergy among various projects</li> <li>• Measured impact of communications</li> <li>• Sales measured</li> <li>• Increased sales</li> <li>• Improved environment for DMPA</li> <li>• 3,700 providers trained in three new states</li> <li>• Increased acceptance of oral contraceptives in target area</li> <li>• Measured impact of interventions</li> <li>• Innovative outreach, media and interpersonal campaign</li> <li>• Point-of-sale promotion and mass media materials produced</li> </ul>	<ul style="list-style-type: none"> <li>• Signed memorandums of understanding</li> <li>• Signed contracts</li> <li>• Improved attitudes toward family planning</li> <li>• Increased sales and 40 percent market growth</li> <li>• Data on sales couple years of protection achieved</li> <li>• DMPA approved for government programs</li> <li>• Sales targets met</li> <li>• 100 percent increase in brand sales</li> <li>• Research reports</li> <li>• 100 percent increase in brand sales</li> <li>• Sales targets met</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• Next NFHS</li> <li>• ORG reports</li> <li>• ORG reports</li> <li>• Manufacturer's sales data</li> <li>• Government policy</li> <li>• Manufacturer's sales data</li> <li>• Manufacturer's sales data</li> <li>• Research reports</li> <li>• Manufacturer's sales data</li> <li>• Manufacturer's sales data</li> <li>• Manufacturer's sales data</li> </ul>

Objective	Activity	Outcome	Indicators	Data Sources
	2.1. Production/ dissemination of promotional materials			
3. Upgrade SOMARC's management capabilities to meet demands of expanded program implementation	<p>3.a. Recruiting and hiring new staff (senior COP, PACT Marketing Director, distribution/ Communications assistants)</p> <p>3.b. Provide ongoing technical assistance to PACT ad IFPS from DC and Jakarta</p> <p>3.c. Expand administrative support within new office</p>	<ul style="list-style-type: none"> <li>Increased management capacity</li> <li>High-quality support provided to all partners</li> <li>Effective and more productive operations</li> </ul>	<ul style="list-style-type: none"> <li>Improved sales</li> <li>Timely program implementation</li> <li>Timely execution of administrative and program tasks</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> <li>N/A</li> <li>N/A</li> </ul>

### BENCHMARKS AND INDICATORS

Activity	Results	1997		1998			End-of-Project Target
		July-Sept.	Oct.-Dec.	Jan.-March	April-June	July-Sept.	
1.a. Contract with PSI	• Subcontract in place	• N/A	• N/A	• N/A	• N/A	• N/A	• CYPs and target objectives achieved
1.b. Uttar Pradesh sales/distribution	• Couple years of protection targets achieved	• 4M condoms and 75K pills	• 5M condoms and 60K pills	• 5.7M condoms and 70K pills	• 5.8M condoms and 75K pills	• 5.7M Condoms and 75K pills	• 26.250M condoms and 355K Pills
1.c. Uttar Pradesh rural expansion	• 251 towns in 69 districts	• 251 towns in 69 districts	• 251 towns in 69 districts	• 251 towns in 69 districts	• 251 towns in 69 districts	• 251 towns in 69 districts	• 251 towns in 69 districts covered
1.d. Chemist/CBD training	• Trained target chemists and CBD agents in Uttar Pradesh	• Preparation	• 450 chemists 450 CBDs	• 450 chemists 450 CBDs	• 450 chemists 450 CBDs	• 450 chemists 450 CBDs	• 1800 chemists and 1,800 CBDs
1.e. Linkages with NGOs	• Increased distribution and decrease drop-outs	• Preparation	• 60 workshops	• 60 workshops	• 60 workshops	• 60 workshops	• 240 workshops conducted
2.a. Recruit pill manufacturers	• Developed partnerships with 3-4 pill producers	• Sign 3 memorandums of understanding (MOUs)	• Sign 1 MOU				• 4 MOUs signed between ICICI, FUTURES, and PACT-CRH
2.b. Contracts for PACT advertising and public	• Developed and	• Select	• Launch	• Continue	• Continue	• Continue	• Two-pronged generic

Activity	Results	1997		1998			End-of-Project Target
		July-Sept.	Oct.-Dec.	Jan.-March	April-June	July-Sept.	
relations	launched communications	agencies	campaigns	campaign	campaign	campaign	campaign launched in four northern states
2.c. Collaborate with other CAs on behavior change communications	• Synergistic campaigns implemented by CAs	• Monthly meetings	• Monthly meetings	• Monthly meetings	• Monthly meetings	• Monthly meetings	• Improved attitude indicators shown in NFHS data after project
2.d. Behavior change communications tracking and monitoring	• Demonstrated impact of various interventions	• Tracking designed	• Ongoing tracking	• Strategies reassessed	• Ongoing tracking	• Ongoing tracking	• Communications designed in the most consumer-oriented way
2.e. Distribution/sales audits	• Measure progress toward couple years of protection objectives	• Quarterly ORG reports	• Quarterly ORG reports	• Quarterly ORG reports	• Quarterly ORG reports	• Quarterly ORG reports	• Documentation of success in achieving distribution/sales objectives
2.f. Behavior change communications field operations	• Improved environment for acceptance of oral contraceptives	• RFPs issued	• Contracts/implementation	• Implement activities	• Implement activities	• Implement activities	• Psychological barriers overcome resulting in 40 percent total market growth
2.g. Participate in symposium on DMPA with Population Council	• Improved environment for acceptance of DMPA	• Preparation	• Symposium				• Government of India accepts DMPA into its programs
2.h. Provider training for general practitioners, and chemists	• 1,200 general practitioners and 2,500 chemists trained	• Preparation	• 300 general practitioners • 625 chemists	• 300 general practitioners • 625 chemists	• 300 general practitioners • 625 chemists	• 300 general practitioners • 625 chemists	• 100 percent growth for participating brands with 40 percent growth of total market
2.i. Sales/promotion in three new states	• Manufacturers detail product to targeted general practitioners	• Memorandums of understanding in place	• 1,500 general practitioners detailed	• 1,500 general practitioners detailed	• 1,500 general practitioners detailed	• 1,500 general practitioners detailed	• 6,000 detail visits resulting in target growth of brands and overall market
2.j. Data collection and analysis in three new states	• Evaluate overall impact of project activities	• To be determined	• To be determined	• To be determined	• To be determined	• To be determined	• Demonstrate effectiveness of activities as well as distribution and sales results
2.k. Behavior communications interventions executed	• Integrated campaign results in increased use	• Contracts in place	• Production of materials	• Campaign ongoing	• Campaign ongoing	• Campaign ongoing	• 100 percent growth for participating brands with 40 percent growth of total market
2.l. Production/dissemination of promotional materials	• expanded awareness and acceptance of supported brands	• Contracts in place	• Production distribution	• Production distribution	• Production distribution	• Production distribution	• 100 percent growth for participating brands with 40 percent growth of total market
3.1. Recruiting and hiring new staff (senior COP, PACT marketing director, distribution/communications assistants)	• Increased capacity to effectively manage expanded activities	• Staff hired	• Couple years of protection targets achieved	• Couple years of protection targets achieved	• Couple years of protection targets achieved	• Couple years of protection targets achieved	• 100 percent growth for participating brands with 40 percent growth of total market
3.2. Provide ongoing technical assistance to PACT and IFPS from Washington DC and Jakarta	• Successfully implemented activities in four targeted states	• 4M condoms and 75K pills	• 5M condoms and 60K pills • 25 percent market growth over baseline	• 5.7M condoms and 70K pills • 25 percent market growth over baseline	• 5.8M condoms and 75K pills • 25 percent market growth over baseline	• 5.7M condoms and 75K pills • 25 percent market growth over baseline	• PSI targets reached in Uttar Pradesh, and private-sector targets reached in all four states • 100 percent total market growth
3.3. Expand administrative support within new office	• Provide necessary resources for expanded staff	• Office lease equipment acquired					• 100 percent growth for participating brands with 40 percent growth of total market, PSI targets achieved

## Notes on Activities

### Activity 1.a. Finalize a Performance-Based Contract with PSI

- Revised PBD contract in place.
- PBD subcontract.

### Activity 1.b. PSI Sales and Distribution of Condoms and Pills in Uttar Pradesh

- Sales of 26.25 million condoms and 355,000 cycles oral contraceptives by end September 1998.
- ORG retains audit reports and PSI sales reports.

### Activity 1.c. Increase Access to CSM Products in Rural Areas

- Direct coverage of over 250 towns by PSI field staff and assured availability of contraceptives with in easy reach.
- Monitoring of sales and distribution reports by an independent agency.

### Activity 1.d. Through a Group of Master Trainers, Involve and Train Providers (Chemists and CBD Workers) in Uttar Pradesh to Expand the Acceptance of Oral Contraceptives

- 1,800 chemists and 1,800 CBD workers trained by the end of September 1998 resulting in 50 percent increase in sales of Masti and Pearl over 1995 sales, by the end of September 1998.
- ORG retail audit reports and PSI sales reports.

**Activity 1.e. Link SIFPSA-Sponsored NGOs with Social Marketing and Commercial Organizations for Uninterrupted Access to Condoms and Pills**

- Expanded distribution and reduction in drop-out rate among consumers due to unavailability of commodities.
- Distribution reports of PSI and commercial sector organizations.

**Activity 2.a. Involve Wyeth, German Remedies, Medimpex (Gideon Richter) and Pharmacia & Upjohn in Market Expansion for Pills and DMPA**

- Negotiations completed for finalizing memorandums of understanding.
- Memorandums of understanding in place.

**Activity 2.b. Finalize RFPs for Selecting Advertising and Public Relations Agencies for Launching Communication Campaign**

- Selection of advertising and public relations agency.
- Subcontracts with advertising and public relations agencies in place.

**Activity 2.c. Collaborate with CAs Involved in Repositioning Family Planning Messages and Handling Gender Issues**

- Negative image of family planning neutralized and decreased social preference for male children.
- Improved indicators for related attitudes in the next NFHS.

**Activity 2.d. Tracking and Monitoring to Measure Awareness and Impact of Behavior Change Communication Activities**

- Strategies modified as necessary.
- Reduction in misperceptions resulting in increases in CPR and oral contraceptive sales.

**Activity 2.e. Distribution and Sales Audit to Track Distribution Reach and Retail Inventory of Contraceptives**

- Control of over/under stocking by the vendors.
- ORG retail stores audit.

**Activity 2.f. Public Relations Activities Using Television, Dear Doctor Column in the Press, Video Vans Using Five Video Clips, Street Theater, Social Events, University Students and Radio Programs**

- Psychological and cultural barriers to oral contraceptive use overcome.
- Increase in CPR and contraceptive sales.

**Activity 2.g. Participate in a Symposium on Hormonal Contraceptives Including DMPA in Collaboration with Population Council and the POLICY Project**

- Create a favorable climate for DMPA as a method among influentials and decision makers.
- Inclusion of DMPA in Government of India's family planning program.

**Activity 2.h. Counseling and Client Service Skills Development of General Practitioners and Chemists**

- Behavior change in 1,200 general practitioners and 2,500 chemists and consequently among the target consumers.
- 40 percent total commercial market growth in the oral contraceptive market and 100 percent growth for participating commercial brands by the end of September 1998 in the target area.

**Activity 2.i. Sustained Product Detailing and Promotion of Oral Contraceptives to Physicians and Retailers**

- Expanded awareness about the oral contraceptives and myths/misperceptions removed.
- 40 percent total commercial market growth in the oral contraceptive market and 100 percent growth for participating commercial brands by the end of September 1998.

**Activity 2.j. Data Collection and Analysis of Market Information in Bihar, Madhya Pradesh and Rajasthan**

- Communication testing and tracking.
- Distribution and sales tracking.
- Mid-project and end-of-project evaluation.
- Research reports.

**Activity 2.k. Behavior Change Communication**

- Production and dissemination of materials for the communication campaign.
- SOMARC develops monitoring and evaluation program.

**Activity 2.l. Production and Dissemination of Point-of-Sale and Merchandising Materials**

- Increased awareness and expanded acceptance of SOMARC-supported products.
- Increase in CPR and sales of oral contraceptives.

**Activity 3.a. Provide Technical Assistance to the SIFPSA-Supported Ongoing Social Marketing Activities in Uttar Pradesh**

- PSI targets achieved and support extended to PACT/CRH project.
- PSI sales reports and successful launch of PACT/CRH activities.

**Activity 3.b. Hiring New Staff**

**Senior Social Marketing Advisor.** Responsibilities: Provide overall technical and administrative leadership for PACT/CRH and SIFPSA activities. Coordinate work with USAID, ICICI, and private-sector partners and provide leadership in identifying new initiatives to achieve better project goals.

**PACT/CRH Marketing Advisor.** Responsibilities: Work with ICICI, USAID, advertising, public relations, market research agencies, and commercial sector oral contraceptive manufacturers to expand marketing, distribution and sale of commercial oral contraceptives in Uttar Pradesh, Madhya Pradesh, Bihar, and Rajasthan.

Sales and Distribution Assistant. Responsibilities: Assist commercial-sector distributors in expanded distribution of commercial oral contraceptives in Uttar Pradesh, Madhya Pradesh, Bihar, and Rajasthan and oversee SOMARC-supported sales activities in these four states.

Behavior Change Communication Assistant. Responsibilities: Assist public relations agencies to run communication campaigns and oversee training activities for general practitioners, chemists and CBD workers of NGOs.

Administrative Assistant. Responsibilities: Assist Lucy Serrao in running the office operations and systems.

- Effective oversight of PACT/CRH activities and management of related issues.
- 40 percent total commercial market growth in the oral contraceptive market and 100 percent growth for participating commercial brands by the end of September 1998.

*Activity 3.c. Enhanced Administrative Support by Having Expanded Office, Furniture Fixtures and Equipment for New Staff*

- Effectiveness in operations and increased productivity.
- Smooth office operations.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	537,835
OYB Transfer	
Buy-In	1,310,753
<b>Total</b>	<b>\$1,848,588</b>

The above budget is based on proposed field support and buy-in sources.

**India Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
1. Achieve 289,808 couple years of protection from May 1997 to September 1998 through PSI	Contract with PSI	*****				
	Uttar Pradesh sales/distribution	*****	*****	*****	*****	*****
	Uttar Pradesh rural expansion	*****	*****	*****	*****	*****
	CBD training	*****	*****	*****	*****	*****
	Linkages with NGOs	*****	*****	*****	*****	*****
2. Assist expansion of the private sector market for orals and DMPA in Uttar Pradesh, Madhya Pradesh, Bihar, and Rajasthan under PACT-CRH	Recruit pill manufacturers	*****				
	Contracts for PACT advertising and public relations		*****			
	Collaborate with other CAs on behavior change communications	*****	*****	*****	*****	*****
	Behavior change communications tracking and monitoring		*****	*****	*****	*****
	Distribution/sales audits	*****	*****	*****	*****	*****
	Uttar Pradesh public relations field operations	*****	*****	*****	*****	*****

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
	Participate in symposium on DMPA with Population Council		*****			
	H. Provider training for general practitioners, and chemists	*****	*****	*****	*****	*****
	Sales/promotion in three new states		*****	*****	*****	*****
	Data collection and analysis in three new states		*****	*****	*****	*****
	Behavior change communications field activities		*****	*****	*****	*****
	Production/dissemination of promotional materials		*****	*****	*****	*****
3. Upgrade SOMARC's management capabilities to meet demands of expanded program implementation	Recruiting and hiring new staff	*****				
	Provide ongoing technical assistance to PACT and IFPS from Washington DC and Jakarta					*****
	New office set-up		*****			

# JAMAICA

## SOMARC PROGRAM OVERVIEW

SOMARC's challenge in Jamaica is to help increase the demand for contraceptives through private-sector channels. In October 1995, the Personal Choice social marketing initiative was established to transition the social marketing activities in Jamaica to total commercially purchased product. SOMARC's primary role is to help build and establish fully sustainable commercial markets for these methods in the private sector.

## BACKGROUND

In Jamaica, the population growth rate is estimated at 1 percent. There has been a steady decline in fertility in the past three decades. During this period, the total fertility rate declined from 6 children per woman in 1960 to 2.5 in 1993. Approximately 52 percent of Jamaica's population is urban. The 1993 Contraceptive Prevalence Survey clearly indicates that the population of Jamaica, and women in particular, have been exposed to widespread contraceptive education and easy availability of supplies. Knowledge of at least one method of contraception is almost universal. Knowledge of condom, oral contraceptives, and female sterilization is quite high. Knowledge of injectable contraceptives and male sterilization are lower. In practice, women in union reported pills as the most prevalent method (21 percent); second, condoms (17 percent); third, female sterilization (12 percent); and fourth, injectables (6 percent). Men in union report that the leading method is condom use (33 percent); second is the pill (21 percent); third, sterilization (8 percent); and fourth, injectables (4 percent).

## USAID Mission Objectives

- To improve the quality of health, family planning, and education in Jamaica in order to enable economic growth and stabilize population growth.

USAID and the National Family Planning Board (NFPB) have come together to collaborate on a joint Family Planning Initiatives Project (FPIP), running from 1992 to 1998. The principal aim of this bilateral project is to improve the effectiveness and sustainability of the National Family Planning Programme.

## **MARKETING ENVIRONMENT**

### **Method Mix**

The oral contraceptive commercial market offers a broad mix of oral contraceptive brands; however, the majority of the brands are expensive and in general inaccessible to low-income audiences. The Personal Choice program includes two quality, low-dose oral contraceptives that are available at approximately half the commercial price of the other brands. SOMARC's challenge is to build the low-end market niche significantly for these two products so that the participating commercial distributors will be interested in continuing product sales at existing prices after phase out of SOMARC assistance.

### **Couple Years of Protection, Income and Sales**

The commercial injectable market is relatively new and underdeveloped. SOMARC worked with Upjohn and Hopwood (their distributor) to introduce Depo-Provera to the Jamaican market for the first time in 1995 at an affordable price. Since then, Schering has also launched Mesigyna — although the retail price is significantly higher. There are many myths and misperceptions regarding the injectable contraceptive in Jamaica. In addition, although they were not available previously in the private sector, there is a long history of use in the public sector. Consequently, injectables also have a negative image of being an appropriate method for only low-income acceptors.

The demand for vasectomies is generally quite low in Jamaica. There are many cultural inhibitions among men and women about vasectomy as a family planning method. SOMARC's

challenge in Jamaica is to desensitize the concept of vasectomy and increase its acceptance as a male contraceptive. In collaboration with AVSC International, the first physicians were trained in the no-scalpel technique in Jamaica. SOMARC's activities have been centered around promoting the specific benefits of this method.

The demand for IUD services are also generally quite low. While the method is generally well known, there is much misinformation about this method. SOMARC's challenge is to convince providers as well as consumers that the IUD is a safe and effective alternative for many women. The majority of commercial brands that are currently available are hugely expensive. SOMARC's additional objective is to make the method more accessible in the commercial sector.

### **Marketing Strategies**

Key components of the strategy to improve the effectiveness and sustainability of the National Family Planning Programme call for an increased shift to more effective, longer-acting methods and for greater participation of the private sector. The NFPB has developed its targets using the Target-Cost Model with 1993 Contraceptive Prevalence Survey data. The specific private-sector goals are:

- Increase the share of oral contraceptive users served by the private sector from the level of 48.2 percent in 1993 to approximately 60 percent by the year 2000.
- Increase the share of injectable contraceptive users served by the private sector from the level of 6.5 percent in 1993 to approximately 35 percent by the year 2000.
- Increase the share of males sterilization provided by the private sector from less than 1 percent in 1993 to approximately 37 percent by the year 2000.
- Increase the share of IUD users served by the private sector from the level of 1 percent in 1993 to 5 percent in the year 2000.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
<p>1. Expand the demand for oral contraceptives in the private sector to firmly establish the commercial market for this method</p>	<ul style="list-style-type: none"> <li>• Expand distribution for low-dose oral contraceptives to reach 95 percent of all pharmacies</li> <li>• Achieve a 20 percent increase in pill sales for low-dose oral contraceptives</li> <li>• Private-sector accounts for 60 percent of oral contraceptive usage by the year 2000</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pharmacies selling oral contraceptives</li> <li>• Sale of Personal Choice oral contraceptives</li> <li>• Source of method use</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution check</li> <li>• Schering and Medigrace report oral contraceptive sales</li> <li>• 1998 DHS will serve as benchmark indicator</li> </ul>
<p>2. Help build a demand for injectable contraceptives in the private sector and establish a stronger commercial market for this method</p>	<ul style="list-style-type: none"> <li>• Increase awareness of the injectable from 55 to 65 percent</li> <li>• Increase distribution in pharmacies from 19 to 45 percent and doctor's offices from 42 to 60 percent</li> <li>• Improve correct knowledge of the method</li> <li>• Increase in injectable sales</li> </ul>	<ul style="list-style-type: none"> <li>• Spontaneous awareness of injectables as family planning method</li> <li>• Number of outlets where injectable contraceptives are sold</li> <li>• Correct knowledge in four key areas</li> <li>• Sales of DMPA in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey</li> <li>• Distribution check</li> <li>• Omnibus survey</li> <li>• Hopwood sales reports</li> </ul>

Objectives	Outcomes	Indicators	Data Source
3. Increase acceptance of vasectomy as a male contraceptive	<ul style="list-style-type: none"> <li>• Increase awareness of male sterilization from 45 to 58 percent among males</li> <li>• Increase in demand for no-scalpel vasectomy procedures.</li> <li>• Improvement in correct information on the procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Spontaneous awareness among men</li> <li>• Number of procedures performed</li> <li>• Correct knowledge in three key areas</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey.</li> <li>• Procedures reported by Personal Choice providers</li> <li>• Omnibus survey</li> </ul>
4. Help build a demand for IUD services in the private sector and establish a stronger commercial market for this method	<ul style="list-style-type: none"> <li>• Improve correct knowledge of IUDs for consumers</li> <li>• Increase the number of private physicians providing IUD services</li> <li>• Increase distribution in pharmacies and doctor's offices</li> <li>• Increase in commercial-sector IUD sales</li> </ul>	<ul style="list-style-type: none"> <li>• Correct knowledge in 4 key areas</li> <li>• Number of physicians associated with Personal Choice</li> <li>• Number of pharmacies and doctors' offices stocking the IUD.</li> <li>• Number of Personal Choice IUDs sold</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey</li> <li>• Project data on participating providers</li> <li>• Distribution check</li> <li>• MRI sales reports</li> </ul>

### Notes on Objectives

The USAID Mission's objective to improve the quality of health family planning and education in Jamaica is addressed by the workplan objectives:

#### *Objective 1. Expand the Demand for Oral Contraceptives in the Private Sector to Firmly Establish the Commercial Market for this Method*

This objective relates directly to USAID and NFPB's objective to increase the private-sector share to 60 percent by the year 2000. During 1997, the NFPB will implement a national reproductive health survey, which will serve as a benchmark indicator toward this goal. SOMARC anticipates providing 156,273 CYPs through the end of the project for this method.

**Objective 2. Help Build a Demand for Injectable Contraceptives in the Private Sector and Establish a Stronger Commercial Market for this Method**

This objective relates directly to USAID and NFPB's objective to shift the method toward long-term methods as well as increase the private-sector share to 35 percent by the year 2000. It is SOMARC's perspective that this increase is very optimistic given the little time that injectables have been available in Jamaica. During 1997, the NFPB will implement a national reproductive health survey that will serve as a benchmark indicator toward this goal. SOMARC anticipates providing 4,500 CYPs through the end of the project for this method.

**Objective 3. Increase Acceptance of Vasectomy as a Male Contraceptive**

This objective relates directly to USAID and NFPB's objective to shift the method toward long-term methods as well as increase the private-sector share to 37 percent by the year 2000. During 1997, the NFPB will implement a national reproductive health survey which will serve as a benchmark indicator toward this goal. SOMARC anticipates providing 860 CYPs through the end of the project for this method.

**Objective 4. Help Build a Demand for IUD Services in the Private Sector and Establish a Stronger Commercial Market for this Method**

This objective relates directly to USAID and NFPB's objective to shift the method toward long-term methods as well as increase the private-sector share to 5 percent by the year 2000. During 1997, the NFPB will implement a national reproductive health survey which will serve as a benchmark indicator toward this goal. SOMARC anticipates providing 1,375 CYPs through the end of the project for this method.

## SOCIAL MARKETING ACTIVITIES

### Activities and Results

Objectives	Activities	Outcomes	Indicators	Data Source
1. Expand the demand for oral contraceptives in the private sector to firmly establish the commercial market for this method	1.a. Implement incentive program for commercial distributors	<ul style="list-style-type: none"> <li>Expand distribution for low-dose oral contraceptives to reach 95 percent of all pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Number of pharmacies selling oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Distribution check</li> </ul>
	1.b. Implement brand-specific advertising and public relations strategy for pills	<ul style="list-style-type: none"> <li>Achieve a 20 percent increase in pill sales for low-dose oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Sale of Personal Choice oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Schering and Medigrace report oral contraceptive sales</li> </ul>
	<ul style="list-style-type: none"> <li>Same as 1.a and 1.b above</li> </ul>	<ul style="list-style-type: none"> <li>Private sector accounts for 60 percent of oral contraceptives usage by the year 2000</li> </ul>	<ul style="list-style-type: none"> <li>Source of method use</li> </ul>	<ul style="list-style-type: none"> <li>1998 DHS will serve as benchmark indicator</li> </ul>
2. Help build a demand for injectable contraceptives in the private sector and establish a stronger commercial market for this method	2.a. Implement mass media, radio, and TV campaign	<ul style="list-style-type: none"> <li>Increase awareness of the injectable from 55 to 65 percent</li> </ul>	<ul style="list-style-type: none"> <li>Spontaneous awareness of injectables as family planning method</li> </ul>	<ul style="list-style-type: none"> <li>Omnibus survey</li> </ul>
	2.b. Implement incentive program for commercial distributor	<ul style="list-style-type: none"> <li>Increase distribution in pharmacies from 19 to 45 percent and doctors' offices from 42 to 60 percent</li> </ul>	<ul style="list-style-type: none"> <li>Number of outlets where injectable contraceptives are sold</li> </ul>	<ul style="list-style-type: none"> <li>Distribution check</li> </ul>
	2.c. Implement a coordinated public relations strategy	<ul style="list-style-type: none"> <li>Improve correct knowledge of the method</li> </ul>	<ul style="list-style-type: none"> <li>Correct knowledge in four key areas</li> </ul>	<ul style="list-style-type: none"> <li>Omnibus survey</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	2.d. Same as all above	<ul style="list-style-type: none"> <li>• Increase in injectable sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales of DMPA in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Hopwood sales reports</li> </ul>
3. Increase acceptance of vasectomy as a male contraceptive	3.a. Implement mass media radio campaign	<ul style="list-style-type: none"> <li>• Increase awareness of male sterilization from 45 to 58 percent among males</li> </ul>	<ul style="list-style-type: none"> <li>• Spontaneous awareness among men</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey</li> </ul>
	3.b. Expand number of providers trained in NSV	Increase in demand for no-scalpel vasectomy procedures	<ul style="list-style-type: none"> <li>• Number of procedures performed</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures reported by Personal Choice providers</li> </ul>
	3.c. Implement a coordinated public relations strategy for NSV	<ul style="list-style-type: none"> <li>• Improvement in correct information on the procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Correct knowledge in three key areas</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey</li> </ul>
4. Help build a demand for IUD services in the private sector and establish a stronger commercial market for this method	4.a. Implement a coordinated mass media and public relations strategy for IUDs	<ul style="list-style-type: none"> <li>• Improve correct knowledge of IUDs for consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Correct knowledge in four key areas</li> </ul>	<ul style="list-style-type: none"> <li>• Omnibus survey</li> </ul>
	4.b. Implement incentive program for commercial distributors	<ul style="list-style-type: none"> <li>• Increase the number of private physicians providing IUD services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of physicians associated with Personal Choice</li> </ul>	<ul style="list-style-type: none"> <li>• Project data on participating providers</li> </ul>
	4.c. Implement incentive program for commercial distributor	<ul style="list-style-type: none"> <li>• Increase distribution in pharmacies and doctors' offices</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pharmacies and doctors' offices stocking the IUD</li> </ul>	Distribution check
	4.d. Same as all above	<ul style="list-style-type: none"> <li>• Increase in commercial sector IUD sales</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Personal Choice IUDs sold</li> </ul>	<ul style="list-style-type: none"> <li>• MRI sales reports</li> </ul>

## Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Implement incentive program for commercial distributors to expand distribution	<ul style="list-style-type: none"> <li>Expand distribution for low-dose oral contraceptives to reach 95 percent of all pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>percent achieved</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>percent achieved</li> </ul>
1.b. Implement brand-specific mass media public relations campaign for pills	<ul style="list-style-type: none"> <li>Achieve a 20 percent increase in pill sales for low-dose oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>5 percent increase in sales</li> </ul>	<ul style="list-style-type: none"> <li>10 percent increase in sales</li> </ul>	<ul style="list-style-type: none"> <li>15 percent increase in sales</li> </ul>	<ul style="list-style-type: none"> <li>20 percent increase in sales</li> </ul>	<ul style="list-style-type: none"> <li>20 percent increase achieved</li> </ul>
1.c. Same as above	<ul style="list-style-type: none"> <li>Private-sector accounts for 60 percent of oral contraceptive usage by the year 2000</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>55 percent in 1997 (DHS)</li> </ul>	<ul style="list-style-type: none"> <li>55 percent achieved in 1997</li> </ul>
2.a. Implement mass media campaign	<ul style="list-style-type: none"> <li>Increase awareness of the injectable from 55 to 65 percent</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>65 percent awareness achieved during omnibus</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>65 percent awareness</li> </ul>
2.b. Implement incentive program for commercial distributor	<ul style="list-style-type: none"> <li>Increase distribution in pharmacies from 19 to 45 percent and doctors' offices from 42 to 60 percent</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>45 percent and 60 percent achieved during distribution check</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>45 percent and 65 percent achieved</li> </ul>
2.c. Implement a public relations strategy	<ul style="list-style-type: none"> <li>Improve correct knowledge of the method</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Increase in four key areas to be checked via omnibus</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Increase in four key areas</li> </ul>
2.d. Same as above	<ul style="list-style-type: none"> <li>Increase in injectable sales</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 10 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 20 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 30 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 40 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>percent increase in sales</li> </ul>
3.a. Implement mass media radio campaign	<ul style="list-style-type: none"> <li>Increase awareness of male sterilization from 45 to 58 percent among males</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 58 percent awareness in omnibus</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 58 percent awareness</li> </ul>
3.b. Expand number of providers trained in NSV	<ul style="list-style-type: none"> <li>Increase in demand for no-scalpel vasectomy procedures</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 16 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 32 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 48 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 60 percent increase</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 60 percent increase</li> </ul>
3.c. Implement a coordinated public relations strategy	<ul style="list-style-type: none"> <li>Improvement in correct information on the procedures</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in four key areas during omnibus</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in four key areas</li> </ul>
4.a. Implement a coordinated mass media and public relations strategy for IUDs	<ul style="list-style-type: none"> <li>Improve correct knowledge of IUDs for consumers</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in four key areas during omnibus</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in four key areas</li> </ul>
4.b. Implement incentive program for commercial distributors	<ul style="list-style-type: none"> <li>Increase the number of private physicians providing IUD services</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Increase from 164 to 200 providers reporting IUD services via distribution check</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Providers reporting IUD services in distribution check</li> </ul>
4.c. Implement incentive program for commercial distributor	<ul style="list-style-type: none"> <li>Increase distribution in pharmacies and doctors' offices</li> </ul>	<ul style="list-style-type: none"> <li>To be done based on distributor information</li> </ul>	<ul style="list-style-type: none"> <li>To be done based on distributor information</li> </ul>	<ul style="list-style-type: none"> <li>To be done based on distributor information</li> </ul>	<ul style="list-style-type: none"> <li>To be done based on distributor information</li> </ul>	<ul style="list-style-type: none"> <li>To be done based on distributor information</li> </ul>
4.d. Same as above	<ul style="list-style-type: none"> <li>Increase in commercial-sector IUD sales</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>IUDs sold</li> </ul>	<ul style="list-style-type: none"> <li>IUDs sold</li> </ul>	<ul style="list-style-type: none"> <li>IUDs sold</li> </ul>	<ul style="list-style-type: none"> <li>IUDs sold</li> </ul>

## Notes on Activities

### *Objective 1. Expand the Demand for Oral Contraceptives in the Private Sector to Firmly Establish the Commercial Market for this Method*

SOMARC's activities in this area will be related primarily to continuing a comprehensive mass media advertising television and radio campaign for the pill. SOMARC will continue its incentive program for the distributors in order to increase distribution. In addition, SOMARC will develop a new public relations strategy for the pill in order to improve community information regarding the pill.

### *Objective 2. Help Build a Demand for Injectable Contraceptives in the Private Sector and Establish a Stronger Commercial Market for this Method*

SOMARC will continue placement of its new television and radio spots for the injectable. SOMARC has developed an incentive program to encourage the commercial distributor to further expand distribution. In addition, SOMARC will increase its public relations activities on this method in order to improve trial and continuation at the community level.

### *Objective 3. Increase Acceptance of Vasectomy as a Male Contraceptive*

SOMARC will begin with a new radio campaign on vasectomy that will be introduced in June 1997. SOMARC will also expand its core group of trained no-scalpel vasectomy providers. SOMARC will design a comprehensive public relations strategy to look at community-based strategies for increasing acceptance of vasectomy. SOMARC will continue to identify creative venues to discuss vasectomy publicly through a comprehensive public relations strategy.

**Objective 4. Help Build a Demand for IUD Services in the Private Sector and Establish a Stronger Commercial Market for this Method**

SOMARC will launch the Personal Choice IUD in mid-1997, pending final registration of the product. SOMARC will begin with a new radio campaign on the IUD as well as design a comprehensive public relations strategy designed to reach community-level groups. SOMARC will also sponsor a refresher training for providers interested in updating their IUD insertion and removal skills, as well try to facilitate clinical training for physicians with no prior experience in the method.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	1,061,600
OYB Transfer	
Buy-In	
<b>Total</b>	<b>\$1,061,600</b>

**Jamaica Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
1. Expand the demand for oral contraceptives in the private sector to firmly establish the commercial market for this method	Implement incentive program for commercial distributors						
	Implement brand-specific advertising and public relations strategy for pills						
2. Help build a demand for injectable contraceptives in the private sector and establish a stronger commercial market for this method	Implement mass media radio and TV campaign	August					
	Implement incentive program for commercial distributor						
	Implement a coordinated public relations strategy						
3. Increase acceptance of vasectomy as a male contraceptive	Implement mass media radio campaign		October				
	Expand number of providers trained in no-scalpel vasectomy	August					
	Implement a coordinated strategy for no-scalpel vasectomy		October				

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan-Mar.	April-June	July-Sept.
4. Help build a demand for IUD services in the private sector and establish a stronger commercial market for this method	Implement a coordinated mass media and public relations strategy for IUDs						
	Implement incentive program for commercial distributors		October				

# JORDAN

## SOMARC PROGRAM OVERVIEW

The basic assumption of the Jordan Birth Spacing Project (JBSP) is the existence of unmet needs for contraceptive services and the need to address the health and safety concerns of contraceptive users.

## BACKGROUND

The JBSP was launched under the sponsorship of the Ministry of Health during November 1995. Since then JBSP has fulfilled the following objectives: (1) Made available a range of affordable contraceptives in the country, (2) designed and implemented a communications strategy including TV advertising (the first ever such activity in the country), (3) implemented training of service providers, (4) Implemented market research studies as a tool for assessing improved knowledge of service providers and to assess the effectiveness of the communications (and in particular the TV advertising), (5) implemented a public relations strategy aimed at maintaining a positive environment for the project and to facilitate the free flow of correct information, (6) developed a network of private-sector health professionals to deliver CSM products/services (family planning and reproductive health care).

Further related activity was to set up a monitoring and evaluation system of the service providers.

## USAID Mission Objectives

USAID/Jordan Strategic Objective No. 3 is to ensure increased practice of family planning with an emphasis on modern methods.

In support to Objective 3, with FUTURES technical assistance, JBSP will continue to:

1. Ensure, through co-operation with partner companies, the availability of the range of contraceptive products from which Jordanian couples can choose the method that suits them most.
2. Continue the implementation of an IEC campaign to address the concerns of contraceptive users and diminish the barriers to use and/or the reasons for discontinuation, by making available IEC materials with correct and simplified information.
3. Implement a variety of training strategies, with emphasis on one-on-one training, of physicians in method provision and importantly in counseling and refresher training for other service providers in order to encourage and facilitate the use of designated products and address the concerns of users to ensure continuous use.

### **MARKETING ENVIRONMENT**

JBSP has in place memorandums of understanding with several manufacturers of contraceptive products and these are as follows:

<b>Company</b>	<b>Product</b>	<b>Description</b>
Schering	Microgynon	COC Pill
Wyeth/ACMAP	Nordette	COC Pill
G.D. Searle/ADATCO	Femulen	Progestin-Only Pill
Upjohn/Khoury	Depo-Provera	Injectable
Finishing Enterprise/Khoury	CuT-380-A	IUD

JBSP's marketing effort is directed toward promoting the availability of these high quality and affordable contraceptives in cooperation with the Project's commercial partner companies. JBSP has established with its private-sector partners memorandums of understanding that commit the

companies to participate in the program and to provide monthly sales figures of the designated products.

JBSP provided identification of designated products through project logo and the products are positioned as a range of safe, effective, and affordable modern methods.

JBSP implemented a training strategy for service providers on contraceptive technology and counseling aimed at providing the basic knowledge to facilitate the prescribing, counseling and improved sales of the designated products. Further training will be implemented and will be aimed at providing quality knowledge and at establishing a network of physicians and other health care providers, identified by the project logo to improve the positioning of designated products.

**Couple Years of Protection, Income and Sales**

<b>Product</b>	<b>1995 Sales</b>	<b>1995 Couple Years of Protection</b>	<b>1996 Sales</b>	<b>1996 Couple Years of Protection</b>
Microgynon	81,547	6,271	80,805	6,213
Nordette	57,840	4,448	66,511	5,115
Femulen	39,289	3,021	43,238	3,325
Depo-Provera	3,693	923	4,661	1,165
CuT-380-A	300	750	3,803	9,507
<b>Total</b>		<b>15,413</b>		<b>25,325</b>

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. Increased practice of family planning with an emphasis on modern contraceptives	<ul style="list-style-type: none"><li>• Increased number of users of family planning methods</li><li>• Increased sales of contraceptives</li><li>• Increased number of private-sector physicians offering family planning services</li><li>• Increased number of pharmacies carrying project products</li></ul>	<ul style="list-style-type: none"><li>• Total contraceptive prevalence rate increases</li><li>• Total modern contraceptive prevalence rate increases</li><li>• Sales reports</li><li>• Number of private-sector physicians carrying logo</li><li>• Number of pharmacies carrying logo and products</li></ul>	<ul style="list-style-type: none"><li>• DHS</li><li>• DHS</li><li>• Sales reports</li><li>• Reports</li><li>• Reports</li></ul>

### Sales Objectives and Strategies

#### Overall Appraisal

This marketing plan is for the promotion to the public of two combined, low-dose oral contraceptives, one progestin-only contraceptive, the IUD (CuT-380-A), and Depo-Provera injectable contraceptive. Unlike IUDs, oral contraceptives, and injectables are registered as pharmaceutical products with prices subject to government price control regulations.

The following have been identified in Jordan as project products:

1. Microgynon 30/Schering distributed by Jordan Drugstore.
2. Nordette/Wyeth distributed by Arab Company for Medical and Agricultural Products.
3. Femulen/Searle distributed by ADATCO.

4. CuT-380-A IUD/Finishing Enterprises distributed by G.M.Khoury Drugstore.

5. Depo-Provera injectable/Upjohn distributed by G.M.Khoury Drugstore.

### Sales Objectives

The JBSP sales efforts in cooperation with partner companies, are aimed at achieving the following estimated sales:

	Projected Sales 1997	Projected Sales 1998
Microgynon	80,000 cycles	88,000 cycles
Nordette	72,000 cycles	80,000 cycles
Femulen	48,000	53,000
CuT-380-A	4,200 units	5,000 units
Depo-Provera	5,000 units	10,000 units

### Strategies

The products are imported into Jordan with a retail price affordable to Class C and D social classes.

Current retail prices are as follows.

Microgynon	JD1.390/cycle
Nordette	JD1.340/cycle
Femulen	JD1.250/cycle
CuT-380-A (price to MD)	JD2.750/unit (1 free with 10 purchase)
Depo-Provera	JD4.550/vial

### *Contraceptive Products and Distribution*

The JBSP will promote the availability of high-quality, affordable contraceptives in collaboration with partner companies designated contraceptive products. This collaboration has been formalized through the mechanism of memorandums of understanding between FUTURES and the international manufacturers and their Jordanian representatives and these memorandums of understanding shall be extended during the life of the project

JBSP will ensure that participating partners continue to:

- Ensure that their products are readily available throughout the country's pharmacies at a price affordable to lower-income consumers.
- Commit the time of their detailers and medical representatives, through incentives, to promotion of the designated contraceptive products.
- Distribute project promotional and educational materials through their distribution networks.
- Participate in development of project marketing plans.
- Participate in one-on-one training activities for pharmacists and physicians whenever appropriate.
- Provide the project with relevant product sales data and marketplace feedback on a regular basis.

JBSP will continue to provide logo identification of the designated contraceptive products, method-specific advertising and educational materials for consumers and healthcare providers, and research data relevant to the Jordanian contraceptive market.

The project's contraceptive products will continue to be positioned as safe, effective, and affordable contraceptives, with emphasis on the reversibility of their contraceptive effect.

### **Physicians and Pharmacists**

Private-sector physicians, pharmacists, and paramedics play a major role in influencing consumer adoption and continued use of contraceptive methods.

Consequently, the JBSP will continue training these health professionals in contraceptive technologies, client counseling, and clinical techniques as appropriate.

Participating pharmacists will receive project refresher training in contraceptive technology and QCS and in effective communication of correct information to consumers. The pharmacist will continue to:

- Distribute project-provided educational materials to consumers through his/her pharmacy.
- Refer consumers as necessary to project-trained participating physicians for additional counseling or clinical services. A referral list of participating physicians will provide the pharmacist with listing of participating physicians.

The project will provide each participating pharmacist with a new certificate indicating his/her new contraceptive training, with logo identification of his/her pharmacy as the location of a project participating pharmacist, with educational and promotional materials to be used with the pharmacy customers, and with an advertising and communications campaign that promotes participating pharmacies as a source of high-quality affordable contraceptives, accurate information concerning contraceptive use, and referrals to project-trained physicians.

JBSP will ensure that physicians who receive training (including one-on-one) on contraceptive technologies, clinical services (e.g., IUD insertion and contraceptive injections), where appropriate, and in client counseling techniques will:

- Distribute project-provided educational materials through his/her practice.
- Answer client questions and counsel clients as trained.
- Provide method choice as appropriate to clients.
- Limit the fee charged for IUD insertions to an affordable level.

The project will provide each participating physician with a certificate indicating his/her special contraceptive training, with logo identification of his/her practice as the location of a project participating physician; with educational and promotional materials including brand-specific promotional materials (e.g., posters, brochures, etc.); and with an advertising and communications campaign that promotes participating physicians as sources of accurate, up-to-date information concerning contraceptive methods and their use and sound clinical contraceptives skills. Additionally, the project will provide a referral list by city and neighborhood of all participating physicians to all pharmacies for use in referring pharmacy contraceptive customers to participating physicians.

The JBSP trained physicians will be positioned as specially trained, reliable, easy-to-reach sources of contraceptive products, clinical services, and information.

The marketing effort will be directed at ensuring an effective mechanism to provide incentives to medical representatives and salesmen to commit their time in the promotion and distribution of designated products aimed at facilitating their commitment to distribute project promotional and educational materials. These detailing efforts will also assure that the program is obtaining

qualitative and quantitative information on training needs and impact at the service provider level.

### **Advertising and Communications**

Communications activities including personal/interactive communications between healthcare providers and their clients as well as print (newspapers, brochures, and flyers) and broadcast media (television and radio) will be implemented by the JBSP to increase the flow of correct, supportive information to contraceptive users.

The primary messages that will be communicated are that the following are now available in Jordan:

- Specially trained physicians and pharmacists.
- A range of high-quality, affordable contraceptive products.
- Low-side effects and reversibility of contraceptive effect.
- Proven safety and reliability.

Additional method/brand-specific messages will be developed to dispel myths and rumors about the various contraceptive products aiming at encouraging MCRA to:

- Get correct contraceptive information from participating pharmacists or physicians.
- Choose a contraceptive method.
- Purchase and confidently use a method.

New IEC materials will be developed by the project to focus on the indications and contra-indications for method use, correct method use, benefits of contraceptive use, and to address and answer the frequently asked questions concerning contraceptive safety and use.

### **Distribution Objectives and Strategies**

#### **Distribution**

In a marketing context, the function of distribution is to place products in a wide network of retail outlets, so that consumers can conveniently obtain them. The program will concentrate on assuring that retailers and providers always carry sufficient stock of all products to serve all clients. FUTURES will provide specific technical assistance in the development of distribution plans and systems. It is proposed to create the position of distribution and sales manager within the program. This person will receive direct training and supervision from the Africa Distribution Director in setting up the systems and managing the MIS that will assure adequate and effective stock management at all levels.

Pharmacies are the main outlet for oral contraceptives and injectables. Physicians and a few pharmacies are the main source for IUDs.

Both oral contraceptives and IUDs are sold without a prescription. Depo-Provera requires a prescription. While the price and profit margin for oral contraceptives and injectables are controlled by the Ministry of Health, the price and profit margin of IUDs are not controlled.

Other IUDs sold in the private market have been sold by doctors and in pharmacies for prices that range from JD9 per unit to JD15. The cost of IUD insertions differ from one doctor to another but usually ranges from JD10 to JD20 among general practitioners with adequate insertion experience.

## **Objectives**

- JBSP will ensure that the selected oral contraceptives, IUD, and Depo-Provera are available for purchase by 100 percent of pharmacies who stock contraceptives (except where a pharmacist has a bad credit line with one or more partner company).
- JBSP will ensure that the CuT-380-A IUD is available to all doctors trained in IUD technology and working with the project.
- JBSP will continue refresher training to pharmacists/assistant pharmacies in approximately 80 percent of Jordan's pharmacies to participate in the project that includes their willingness to display the project logo and use the referral list of participating doctors with customers.
- JBSP will continue to identify private doctors, including general practitioners trained in IUD insertions, to participate in the project. Those doctors who are in agreement will constitute JBSP's network of service providers. The doctors will be monitored (by means of client intercept surveys and personal interviews) to make sure that the project's quality of care standards are being followed. The doctors will continue to receive one-on-one training and brand-specific promotional and educational materials. Ob/gyns will also be invited to participate in the project and will be included in the detailing visits and to receive project IEC materials and brand-specific promotional materials.

## **Product Positioning Objectives and Strategies**

### **Objectives**

- Identify JBSP products as affordable even for lower income contraceptive consumers.
- Identify the JBSP product line as a wide range of contraceptive methods within which every woman will be able to choose a method that is "right" for her.
- Identify JBSP products as high-quality contraceptive.

- Identify JBSP products as a safe contraceptive with reversible effect.

### Strategies

- Present the CuT-380-A as a new refinement of IUDs that is safe, effective, and long lasting, as well as affordable to women in the C and D socioeconomic groups.
- Promote Microgynon and Nordette as low estrogen oral contraceptive with low-side effects.
- Continue to include a low-literacy insert in every package of oral contraceptives sold through the project.
- In cooperation with Upjohn, provide Depo-Provera in a special social marketing package that includes an acceptor's card.
- Provide special training to contraceptive providers in contraceptive technologies and client counseling.
- Provide doctors with detailed training in Depo-Provera positioning and counseling.

### Advertising Objectives and Strategies

#### Overall Objectives

The advertising of the project will be directed toward building on the previous successful advertising campaign to promote the logo as an identification of trained service providers and method-specific advertising aiming at decreasing the barriers attributed to the customers' lack of accurate information.

### Specific Objectives

- Create awareness of JBSP product line of affordable, high-quality, safe contraceptives.
- Create awareness of the JBSP network of specially trained physicians and pharmacists.
- Decrease unnecessary fears and health concerns relating to contraceptive usage.
- Increase knowledge of the relative benefits of contraceptive use and birth spacing.
- Increase correct knowledge of contraceptive use.

### Target Audience

- MCRA, especially those who do not currently use a contraceptive method with particular emphasis on women.
- Physicians and pharmacists.
- Social leaders and activists (NGO).
- Health authorities at all levels.

### Messages

The primary messages to be communicated are that the program offers:

- Specially trained physicians and pharmacists.
- A range of high-quality, affordable products.

- Low-side effects and reversibility of contraceptive effect.
- Proven safety and reliability.

### *Desired Action*

In response to campaign messages, the consumer is asked to do the following:

- Get correct information from a pharmacist or physician.
- Choose a method.
- Purchase and confidently use the method.

### *Advertising Media*

- TV and radio.
- Printed material including brand-specific material.
- Press, including development of brand/method-specific information, newspapers columns, advertisements, "Dear Doctor" columns, etc.
- Point-of-purchase materials.
- Posters for pharmacies and physicians' waiting room. Posters will encourage women who have come to these outlets for other reasons to ask the pharmacists or physicians for information about contraceptives and birth spacing while they are there. The posters indicate to consumers that JBSP products and services are available at that location.

- All-methods brochures for pharmacies and physicians' offices that illustrate the range of contraceptive methods available, promote their benefits, describe their correct use, and answer general safety/health questions, e.g., how the method works, answers to commonly encountered side effect questions, and any necessary follow-up visits.
- Product low-literacy inserts. An insert will continue to be placed with each cycle of oral contraceptives sold by participating pharmacies.

### Promotional Activities

- A number of focused promotional activities will be conducted on behalf of the project.
- Promote the products to consumers. TV spots for the range of products will continue to be broadcast. Brand/method-specific posters, and booklets will be made available in pharmacies and doctors' clinics. TV and radio talk shows, articles in the press, and presentations to women's groups (NGO) will also be featured.
- Promote the product to doctors. Visits by detailers and medical representatives will occur on a regular basis. Small-scale conferences or workshops on family health issues will also be conducted.
- Promote the product to pharmacists. Activities will include visits by detailers/medical representatives, training in contraceptive technology and quality customer services and monitoring visits.
- Promote participating service to providers to customers. Service providers participating in the project will continue to be identified by the display of the project's logo. In addition, all pharmacies participating in the project will maintain a referral list of doctors who are also participating in the project.

## Public Relations Objectives and Strategies

### Summary

Public relations activities will be based on dissemination of correct information and an in-depth analysis of society, influential groups, and decision makers.

### Objectives

- Increase public awareness and acceptance of the JBSP.
- Increase among the general population the acceptability of birth spacing/family planning and modern contraceptive methods.
- Further encourage acceptance of birth spacing communications and marketing among influentials.

Encourage physicians and pharmacists to take an active role in providing quality contraceptive services to their clients.

- Encourage pharmaceutical manufacturers/distributors actively to promote and distribute contraceptive products at affordable prices.

### Targets

- Influential (political, medical, and cultural leaders, including journalists and editorial press) who can affect public policy and acceptance of new behaviors and ideas.
- Physicians and pharmacists.

- Partner companies.
- Potential/current contraceptive users.

### Activities/Events

- Media placement. Ensure appearances by project spokespersons on talk shows and news programs, place newspaper and magazine articles on contraceptive issues and birth spacing and the safety and benefits of modern contraceptive methods.
- Conferences, seminars, and training. Implement small-scale conferences on family health issues where local medical and other professionals speak in favor of birth spacing as part of the family health picture to all target audiences.
- Education. Sponsor “continuing education” presentations to influential public- and private-sector medical professions.
- Arrange “media advocacy” conferences/workshops.

### Training Objectives, Strategies and Activities

#### Appraisal

Many of the problems in modern contraceptive marketing have to do with the side effects and complications (both real and imagined) associated with the use of these methods. Therefore, training to ensure quality customer service (QCS) continues to be an important component of the project.

## Objectives

The success of the JBSP depends on how doctors, pharmacists and pharmaceutical firms are able to communicate their knowledge to the public and to those who need contraceptive services. Therefore, the training program will emphasize the following:

- Update pharmacists' knowledge of contraceptive technology, QCS, and use of points of purchase.
- Update physicians' knowledge of contraceptive technology and provide in-depth training on DMPA and insertion of IUD.
- Through training, create an environment for improved quality of care for contraceptive users both at the pharmacist and physician level.

## Strategies

### Physicians Training

Special emphasis has already been given to general practitioners in contraceptive technologies, client counseling, and proper clinical techniques. An informal network of physicians who have indicated their interest in participating in JBSP activities will receive continued "refresher" education and in-depth training on DMAPA and IUD insertion.

### Training of Pharmacists and Pharmacy Staff

Pharmacy employees can provide advice and guidance on proper JBSP product use. Refresher training to pharmacists/assistants will emphasize knowledge of contraceptive technology, quality customer service (QCS), and use of point-of-purchase (POP) materials. Refresher training of pharmacists and pharmacy assistants will continue.

## Market Research Objectives and Strategies

### Objectives

- Monitor progress.
- Sales/increased sales (sales figures to be obtained from partner companies).
- Quality of patient care (client intake research, client intercept).
- Pharmacy participation/spot checks and mystery shopper.
- Effect of advertising.
- Evaluate project impact.

### Strategies

- Retail audits for sales in pharmacies. Contraceptive products on pharmacy shelves will be monitored with cooperation of partner companies to ensure availability of products in pharmacies (except IUD). IUD to be available in clinics of all doctors who receive training in insertion.
- Client intercepts at participating doctors' clinics to monitor counseling, follow-up, pricing, patient satisfaction, etc.
- Randomly selected clients of private-practice physicians will be interviewed as they enter/leave the physicians' office/clinic to ascertain counseling practices, consumer information provided, pricing, and general satisfaction with birth spacing services received.

- “Mystery shopper” visits to participating pharmacies to monitor client counseling. Interviewers posing as customers will visit selected participating pharmacies to ascertain actual practices of project-trained pharmacists in providing information and physician referrals.

## **SOCIAL MARKETING ACTIVITIES**

Indicators for the increased practice of family planning are rate increases in contraceptive prevalence rate and rate increases in modern contraceptive prevalence.

To achieve these objectives, JBSP will continue to work on several fronts:

### **Improved Knowledge of Contraceptives**

JBSP will continue the implementation of an IEC strategy aimed at improving the knowledge of contraceptives and services and the flow of correct information to married couples of reproductive age (MRCA).

As an indicator, JBSP will ensure that 60 percent of MCRA continue to correctly comprehend a given message and that 60 percent of MCRA exposed to a specific communication continue liking it, the result being measurable through market research (Omnibus Surveys).

JBSP will also continue the implementation of a training strategy for service providers. Training of physicians will be detailed on contraceptive knowledge of the designated products and counseling, including one-on-one detailing. Other providers will continue to receive refresher training on contraceptive technology, quality customer service and counseling, and such training will also include one-on-one detailing. The training aims at ensuring that trained service information providers (SIPs) are able to communicate correct information to MCRA in clinics and pharmacies. Measurement of the effectiveness of training is obtainable from pre- and post-training tests.

**Increased Access (Availability and Affordability) of Family Planning Products in the Private Sector**

JBSP, in cooperation with partner companies through signed memorandums of understanding will continue to make available in the marketplace the designated modern contraceptives and that the number of family planning methods available in the marketplace will be maintained at four or more methods. Such data is verifiable through project reports and through retail audits and couple years of protection calculations for the private sector.

Similarly and in cooperation with our partner companies, JBSP will ensure that the price of CuT-380-A and Depo-Provera in the private market remains affordable; this fact being measurable from sales data and price comparisons with other contraceptives available in the private sector.

**Technical Resources**

FUTURES under the proposed scope of work will provide technical assistance to the JBSP. The country resident representative, who is the project manager, will be responsible for implementation of all proposed activities. The project manager will report to the Africa and Middle East Regional Office. Technical assistance needs will respond to the proposed activities. In each area the Regional Office will coordinate with USAID/Jordan and the country manager the timing and specific scope of work for every trip. The Regional Office will also assure that the country manager is in contact with other projects with similar circumstances to share experiences and to assure cross fertilization. At the regional level the direct supervisor for the JBSP will be the Regional Director, but in specific areas of research, communications, distribution and public relations, the Regional Director will propose the use of regional human resources or consultants.

**Reporting Deliverables**

The following deliverables are proposed:

1. Within thirty days of the signature of a delivery order, FUTURES, through the country manager, will submit a detailed time line including all activities.
2. FUTURES will submit a detailed results framework detailing:
  - Objectives.
  - Intermediate results.
  - Impact indicators.
  - Data requirements.
  - Data sources.
3. On a monthly basis FUTURES will prepare a sales/distribution report.
4. On a quarterly basis, before the 15th of the month following the end of the quarter, FUTURES will submit a quarterly report that will address each intermediate result as proposed in the results framework. The report will also include a summary of all activities, a description of the major issues and/or problems confronted during the quarter, and a description of the activities to take place during the following quarter.
5. FUTURES will submit a financial report detailing expenditures.

# KAZAKSTAN

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the reduction of abortion rates through its consolidation of its commercial marketing initiatives implemented over the past two years, its expansion of the geographical coverage of the program where feasible, and its initiation of marketing innovations where possible and appropriate to strengthen both the supply of and demand for modern contraceptives.

SOMARC activities include: promoting consistent supply; offering contraceptive choices and ensuring providers can reasonably be expected to lead to reduced method discontinuation; incorrect and inconsistent method use and method failures. These reductions in turn can be directly linked to reductions in unwanted pregnancies and abortion rates

## BACKGROUND

There is a long history of pronatalist policies and traditions in several of the Central Asian Republics (CARs) which is reflected in the policy and approach to family planning today. In many of the republics, the governments encouraged women to have many children, providing them with incentives to do so and recognizing women with many children as heroes. Even so, today the total fertility rate throughout the CARs is low: 2.5 in Kazakstan, 3.3 in Uzbekistan. Although women in the CARs have clearly demonstrated the desire to space and limit their children through their high levels of abortion and IUD use, there is significant concern among local host governments that promoting family planning will anger pronatalist groups, particularly those concerned about maintaining the proper ethnic balance in places like Kazakstan. Because of this concern, family planning has been incorporated in both Kazakstan and Uzbekistan into a more comprehensive maternal and child health program, thus reducing the visibility and potential negative reaction to such a program.

Kazakstan is the second most populous of the Central Asian Republics with a population of 17.1 million (1992), and an ethnic makeup of 40 percent Kazakh, 38 percent Russian, 14 percent other European, and 8 percent other ethnic groups (1989 census). Induced abortion is the primary means of fertility control with an average of almost two (1.8) abortions per woman over their lifetime (1995 DHS). Contraceptive prevalence is significantly higher than initially estimated at the launch of the SOMARC program (1992 USAID estimate for Kazakstan: 15 percent). The 1995 Kazakstan DHS puts prevalence at 59 percent overall with use of modern methods at 46 percent, 40 of which is accounted for by IUDs.

Abortions are still easily accessible through the public sector in Central Asia. Due to the continued high rate of abortions throughout the CARs, one of the SOMARC program goals was to make contraceptives available as a substitute for abortion. Both the Kazakstan DHS survey and the SOMARC baseline survey indicate that method/user failure is also a main reason for the high level of abortions. The Kazakstan DHS and SOMARC baseline studies found that 23 percent and 20 percent, respectively, of all abortions in Kazakstan resulted from method/user failures. In other words, for about one-fifth of women, abortion is the back-up method to contraception.

Although the vast majority of women in the SOMARC baseline survey strongly agreed that using any/all forms of contraception was better than having an abortion, the fact remains that 77 percent of all women who have abortions are using no contraception. And the vast majority of women who have abortions already have children.

SOMARC's extensive social marketing initiative was designed to stimulate demand, cover market entry costs, and reduce risks on behalf of pharmaceutical manufacturers, to foster a sustainable commercial environment for the marketing of contraceptives through the private sector. Kazakstan was the first among the newly independent Central Asian countries to launch a SOMARC social marketing initiative within the wider USAID Reproductive Health Service Expansion Program. SOMARC's "Red Apple" program was introduced in November 1994 in the pilot areas of Almaty, Karaganda, and Ust Kamenogorsk. SOMARC's support has been

instrumental in creating, fostering and improving commercial interest and commitment on the part of local distributors and international manufacturers to provide consumers with high-quality, affordable modern methods of contraception.

### USAID Mission Objectives

Kazakstan, along with the four other Central Asian Republics (CARs), became an independent state during the breakup of the former Soviet Union in 1991. In the subsequent difficult transition period to a market-based economy, the Government of Kazakstan invited the United States assistance through USAID. The two governments agreed to focus USAID assistance in the areas of:

- Market transition and privatization.
- Democratic transition.
- Support for social services during the transition period.

Market and democratic transitions are the principal areas of attention for the USAID CARs portfolio, with social sector programs designed to support and compensate for social problems precipitated by market and democratic transitions.

Under the Strategic Objective 4.1 (Special Initiatives), USAID/CARs objective is to improve the availability of preventative care services in Kazakstan. In the case of the reproductive health component of USAID/CARs SO #4.1, the focus is on improving the availability and accessibility of contraceptives through a sustainable private sector. The indicators to demonstrate this result are: (1) reducing the rate of induced abortion and (2) increasing the couple years of protection (CYPs) from pregnancies. (See USAID Regional Mission for Central Asia, Kazakstan: Results Review and Resource Request, April 1997.) Because of achievements accomplished under the Reproductive Health Services Expansion Program (1993-1995) and increased activities of other donors in the reproductive health arena, USAID now concentrates on contraceptive social marketing, "which contributes both to USAID's social transition objectives and contributes in a

sector-specific area toward the transition to a market economy” (USAID Regional Mission for Central Asia, Strategic Plan for Kazakhstan, April 1997, p.128).

SOMARC will support SO #4.1 Earmark-Reproductive Health by working with manufacturers, commercial distributors, and private pharmacies to ensure consistent supply of contraceptive options and appropriate client information in the retail sector. SOMARC will work toward improved and sustainable supply of and increased demand for modern contraception and achieve six specific results: (IR #1.1) increased access to contraceptives; (IR #1.2) consistent supply of contraceptives in the pharmacies; (IR #1.3) contraceptive choice by having at least two methods available in pharmacies; (IR #1.4) improved clinical information to providers; (IR #1.5) strengthen commercial partnerships, and (IR #2) increased demand for non-IUD contraceptives in the commercial sector.

## **MARKETING ENVIRONMENT**

### **Method Mix**

Contraceptive prevalence was significantly underestimated by USAID as of 1992. In the Kazakhstan USAID Health Profile published in April of 1992, the number of women practicing some form of contraception was estimated at 15 percent, with only 28 percent ever having practiced family planning. In a Futures Group report, *Kazakhstan: Fertility Indicators and Characteristics of the Potential Market for Contraception* (Darsky and Dworak, 1993), contraceptive knowledge and prevalence was estimated for the five republics as follows:

### Estimated Contraceptive Prevalence and Knowledge

Republic	Currently Use A Modern Method	Know About A Modern Method
Uzbekistan	0.06	0.828
Kazakstan	0.26	0.910
Kyrgyzstan	0.11	0.866
Tajikistan	0.03	0.823
Turkmenistan	0.12	0.771

Source: Current use — estimates of Avdeyev and Troitskaya (1991 b); Knowledge — Goscomstat (1991).

It was not until the baseline survey was done in Kazakstan and the Demographic and Health Surveys were done in Kazakstan and Uzbekistan that it was learned that contraceptive prevalence was much higher than earlier estimates. More than half of all sexually active women in both republics were practicing some kind of contraception, with the vast majority using a modern method obtained from the public sector.

#### Market Share

While contraceptive prevalence is high, when the Red Apple Program began, almost all the modern methods of contraception that were available, were available in the public sector only. USAID's goal was to determine if a private market for contraceptives could be created to reduce the burden on the government budget and to improve the reproductive health of women by increasing correct use of modern methods of contraception.

When SOMARC began work in Central Asia, the pharmaceutical "markets" of each of the Republics was dominated by a single state structure, Farmatsyia (the Central Pharmacy). Few if any "private" pharmaceutical wholesalers existed and non-Farmatsyia pharmacies were nowhere

to be found. Foreign drug companies and a handful of local, "private," counterparts, focused narrow, high-margin, product lines at sales to government entities, while traditional Russian drug sources were either going out of business or looking for hard currency markets for their poor quality, old formulation products.

### **Marketing Strategies**

As USAID's objectives for SOMARC evolve to now include relatively equal weight for the two primary objectives of the program — support for USAID's privatization goals as well as family planning/reproductive health goals, SOMARC strategy balances two main paths:

- **Supply:** Support for, and development of, core Red Apple partners (distributors, market service companies, and contraceptive manufacturers) to ensure project transition to viable, engaged partners.
- **Demand:** Continued demand creation activities to broaden the market and address consumer fears of hormonal products.

### **Barriers and Threats**

Although the private market for contraceptives in Kazakhstan is commercially viable, it is also immature. The SOMARC tracking study revealed the following deficiencies in the commercial environment:

- Brands and formulations were not consistently available in pharmacies, with the result that two thirds of oral contraceptive users reported having failed to find their method at least once during the previous year.
- Pharmacists and pharmacy workers were misinformed about hormonal methods, often giving incorrect advice to users.

- Women had few contraceptive options in the retail sector: Injectables were almost totally absent from pharmacies, and condom availability was mixed.

### **Opportunities**

Perhaps the most significant strategic change has been in relation to the breakup of the Farmatsyia system. This change has been most pronounced in Kazakstan, the only one of the Republics whom Farmatsyia was privatized with USAID's direct assistance and guidance (through Abt Associates with post-privatization support from SOMARC).

Privatization of the Kazakstan Central Pharmacy (Farmatsyia) was completed in mid- to-late 1996 and involved the auction sale or direct transfer of ownership of over 95 percent of the country's approximately 1,400 retail pharmacies. This process of dismantling the state's near monopoly on the supply of drugs removed the single largest barrier to accessing the retail pharmaceutical market. It is only in the last 6-9 months (corresponding to the completion of the Farmatsyia pharmacy auctioning process) that the pharmaceutical industry (both manufacturers and distributors) have paid serious attention to the commercial, retail market and its consumers.

Sales/CYP (1995 to 1997):	OCs:	450,000 cycles
	Condoms:	95,000 pieces
	Injectable:	3,000 doses

### **OBJECTIVES OF WORKPLAN**

USAID's strategic assistance area 3 (Central Asia) is to "strengthen the capacity to manage the human dimension of transition to democracy and a market economy and help sustain the neediest sectors of the population during the transition period." The mission's intermediate results (IR) that specifically pertain to SOMARC's program include:

- IR #4.1.1.5: Increase in couple year protection.
- IR #4.1.1.6: Increase in Pharmacies marketing contraceptives.

The principal objectives and expected outcomes of the SOMARC program throughout Central Asia are:

- The development of a private-sector, commercial, retail market for contraceptive pharmaceuticals as an alternative to abortions, which will lead to the consistent availability of a choice of modern contraceptive products through the commercial pharmacy network throughout Kazakhstan.
- To demonstrate the viability of an alternative to government-funded, institutionally based methods of provision of family planning services and products in order to encourage active commercial participation by manufacturers and local distribution companies in the commercial procurement and marketing of Red Apple-supported contraceptives.

### **Exit Strategy**

The plan for SOMARC project completion and withdrawal has been an integral part of the program's short-term focus and sustainability strategy from its inception. It combines completing the transitioning of responsibility for maintaining the commercial market to the Red Apple pharmaceutical manufacturers and distributors (while continuing to build their marketing capacity), while ensuring that there are contraceptive products, adequate to meet consumer demands, available in the commercial pharmacies targeted by the program.

Kazakhstan, more than perhaps any of the other Republics, represents the most rapidly developing, western-resembling, commercial market at both the retail and wholesale levels. In the area of pharmaceuticals, this offers an even greater opportunity for creative commercial collaboration with the SOMARC partner manufacturers and distributors, as both are beginning to

allocate and spend their own resources for market development activities including advertising and promotion.

SOMARC will actively pursue and expect distributor and manufacturer participation (including substantial funding participation) in every area of its activities for Kazakstan. This is particularly appropriate strategically as it becomes increasingly more important to devise strategies that directly link the well-developed awareness of the Red Apple in general to specific products.

For Kazakstan, where the greatest level of private, commercial involvement in the marketplace has been achieved, we expect program activities in the form of advertising budgets and promotional support through point-of-sales materials to be maintained at an overall level of 20-25 percent of SOMARC's annual in-country marketing expenditures (at the time of exit, exclusive of advertising production expenditures).

### SOCIAL MARKETING ACTIVITIES

**Table B**

<b>Result</b>	<b>Activities</b>	<b>Indicator/Target</b>	<b>Data Source (Data Line)</b>
1.a. Increased commercial demand	<ul style="list-style-type: none"> <li>• Media campaign to reach young women and correct misinformation</li> <li>• Model Red Apple pharmacy creation</li> <li>• Create and implement contraceptive information hot line</li> <li>• Medical school contraceptive technology seminars in focus cities</li> <li>• Detail and promoter visits to young ob/gyns in focus cities</li> </ul>	<ul style="list-style-type: none"> <li>• Red Apple sales</li> <li>• CYP</li> <li>• Increase OC sales 5 percent annually</li> <li>• 20 percent of target women population will have correct OC information</li> </ul>	<ul style="list-style-type: none"> <li>• Invoices</li> <li>• Sales</li> <li>• DHS Report in 1999 (data line)</li> </ul>
1.b. Expanded access	<ul style="list-style-type: none"> <li>• Organize and implement detailing of retail pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• 80 percent of pharmacies nation-wide carry one or more Red Apple product</li> </ul>	<ul style="list-style-type: none"> <li>• National facility sample survey (first survey will serve as data line)</li> </ul>

Result	Activities	Indicator/Target	Data Source (Data Line)
I.c. Consistent supply	<ul style="list-style-type: none"> <li>• Training detailers, pharmacists, and distributors to prevent stock-outs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce quarterly variation in wholesales</li> <li>• Reduce stock-outs by 20 percent/year in focus areas</li> </ul>	<ul style="list-style-type: none"> <li>• Invoices (sales records for 1994 onwards)</li> <li>• Quarterly focus area store check (first store checks will serve as baseline)</li> </ul>
I.d. Method choice	<ul style="list-style-type: none"> <li>• Detailer training and implementation</li> </ul>	<ul style="list-style-type: none"> <li>• 50 percent pharmacies in focus areas with</li> <li>• OCs and condoms consistently in stock</li> <li>• 50 percent pharmacies in focus areas with two OC formulations consistently in stock</li> <li>• Mean number methods in stock</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly focus area store check</li> <li>• Quarterly focus area store check</li> <li>• Quarterly focus area store check</li> <li>• National facility sample survey</li> </ul>
I.e. Informed providers	<ul style="list-style-type: none"> <li>• QCS and contraceptive technology training for Red Apple pharmacists</li> </ul>	<ul style="list-style-type: none"> <li>• 30 percent of pharmacists in focus areas have correct information</li> </ul>	<ul style="list-style-type: none"> <li>• Focus area store facility survey (combined with store check)</li> </ul>
I.f. Commercial partnerships	<ul style="list-style-type: none"> <li>• Renew MOUs and explore new MOUs with manufacturers and distributors</li> </ul>	<ul style="list-style-type: none"> <li>• Two distributors, five manufacturers</li> <li>• Contribution to communications</li> <li>• Wholesale prices</li> </ul>	<ul style="list-style-type: none"> <li>• Memoranda of understanding</li> <li>• Partner invoices</li> <li>• Distributor invoices</li> </ul>

### Notes on Activities

#### Activity I.a. Increased Commercial Demand

**Target:** Increase Red Apple oral contraceptives sales from the 1966 baseline by 5 percent annually until 9/98.

**Activity:** SOMARC will put in place a communications plan that will target media attention to all sexually active women 18 to 37 years who are currently not using a reliable or satisfactory contraceptive method. Advertising will be targeted to reach subgroups in this larger category: young postponers (18 to 24); young spacers (18 to 29) and limiters (25 to 39). Messages will concern primarily oral pill and condom use. There will also be information concerning other

modern methods . Formative research will be undertaken to learn how to talk about the oral pill and condom to a young Central Asian audience. In addition POS materials will be reviewed with distributors and edited or changed to correspond with findings from the formative research.

**Target:** Achieve at least 20 percent of the target women population, women married and single ages 18 to 30, having correct information about modern oral contraceptives that will be measured by adding a question to the DHS in 1999.

**Activity:**

- New radio and TV advertising will be created to correct misconceptions about the pill.
- Develop a contraceptive information hotline that women can call for correct information.
- Detail younger physicians in focus cities, then follow-up with distributor/medical promoter visits
- Hold contraceptive seminars in medical schools in focus cities

**Activity 1.b. Expanded Access of Contraceptives**

**Target:** Increase retail pharmacies that currently carry Red Apple products that represent approximately 60 percent of Kazakhstan's retail pharmacies to 80 percent by September 1998.

**Activity:** SOMARC will assist its distributor partners in a detailing system that will ensure client contraceptive information in Red Apple stores and actively seek adding new Red Apple pharmacies as well as increasing contraceptive sales. The detailing system will alert distributors and SOMARC when a stock-out has occurred or is about to occur. SOMARC will support hiring and training of these trainee detailers for a 12 month period to assist the distributors. This support will be part of the incentives present in revised memo of understandings (MOUs) with distributors. Part of the agreement with the distributors is a commitment on the distributors part to sustain the system of detailers after the 12 month period. Increasing sales will mean more access to quality contraceptives to more users.

The detailer system found in this workplan is the principal support for the supply side of the strategic plan. This detailer system addresses issues raised in the tracking study and the evaluation. Moreover, it provides an important element in the distributors current system that has been missing, an element, trained sales/detailer trainees, who can give have a significant impact on sales. Sales are the project's chief means of showing the degree the project is sustainable.

The trained detailer/sales teams will also be essential in SOMARC's meeting its targets in Activities 1.a through 1.e. During the contract negotiations with the distributors SOMARC will be asking the distributors to promise in writing to hire at between 5 percent and 20 percent of the trainees who are assigned under their aegis. This means that after the FY 1997, the detailer system will continue. Important also in reaching closure in the contracts with SOMARC's Red Apple partner distributors is the duties of these detailer/salespersons. For example, the distributors' may be very interested in selling through the distributors other high-profit-margin products in addition to Red Apple contraceptives. This added bonus to the distributors should be carefully spelled out in the agreements. Although the budget for the detailer/sales trainees is for a full 12 months, it is anticipated that distributors will begin to pick up some of the costs of the detailer system before the FY 1997 ends. In any case, the contracts and MOUs made with the distributors must make it clear that funding for the detailer/sales teams chosen will be for no more that 12 months.

**Activity 1.c. Consistent Supply of Contraceptives in the Pharmacies**

**Target:** A 20 percent reduction each year in stock-outs from the baseline data.

**Activity:** Detailers will alert distributors and SOMARC about impending stock-outs. SOMARC will hold QCS training for both pharmacists and distribution managers that will address the issue of stock-outs. This training will include assistance in the design of systems to prevent stock outs. SOMARC will also make agreements with its distributors where such assistance is requested to assist in the creation of an efficient inventory system. Having modern contraceptives available on a consistent basis and in consistent formulations is essential for the prevention of method failure.

**Activity 1.d. Method Choice Consisting of at Least Two Contraceptive Choices at the Retail Pharmacy**

**Target:** At least two contraceptive method choices in 50 percent of all pharmacies selling Red Apple products and at least two oral pill formulations (low dose).

**Activity:** Detailers will receive special training in marketing and sales. Detailers will be charged with encouraging Red Apple pharmacies to carry at least two choices of contraceptives and at least two formulations. Detailers will be supplied with sales notebooks and will be expected to keep careful logs of supplies of contraceptives at each of the pharmacies covered by the detailers. It will be the responsibility of the detailers to promote the sale at the pharmacies in their areas to carry at least two contraceptive methods and at least two oral pill formulations (low dose). Customers who have a choice of methods are less likely to discontinue a method they have been able to choose.

**Activity 1.e. Informed Providers with Improved Clinical Contraceptive Knowledge**

**Target:** Achieve 30 percent of all pharmacists selling Red Apple products having correct contraceptive knowledge.

**Activity:** QCS and contraceptive knowledge training will be provided to 60 Red Apple pharmacists in the focus cities. This training will ensure that accurate and timely information is provided to customers seeking contraceptives. Research has shown that accurate contraceptive advice reduces method failure and discontinuing a method. SOMARC and its distributor partners will identify pharmacies that are top contraceptive sales outlets and offer this training to these pharmacists. The best pharmacists in this training group will be offered the opportunity to display a Red Apple window sticker and diploma which identifies them as a Red Apple pharmacy of excellence. These pharmacies of excellence will then be used in the future as models of excellence that other pharmacies selling Red Apple products can learn from by

visiting. It is anticipated that sales in these targeted pharmacies will increase gradually following training.

**Activity 1.f. Strengthen Commercial Partnerships**

**Target:** Maintain partnership with at least two national level distributors and five manufacturers supplying Red Apple products through September 1998. Achievement of this target will be measured by their financial contributions to communications and other activities and maintenance of reasonable wholesale prices for Red Apple brands.

**Activity:** Manufacturing and distribution plan: SOMARC will renew written MOUs with both Red Apple manufacturers and distributors and explore new agreements. The distributor MOUs are likely to contain some of the following provisions: (1) training for 30 ROMAT and 30 ASTANAMED best customer pharmacies that will be prime candidates for standard of excellence Red Apple window displays; (2) assistance with product loan guarantees; (3) minimum guaranteed product orders; (4) physician's hot line; (5) focused Red Apple advertising; (6) SOMARC offer of product data information (IMS/BRIF) and training of distributors in the use of this data; and (7) detailing support. In return SOMARC will be asking its distributor partners to agree to at least some of the following provisions: (1) access on a monthly basis to sales figures; (2) access to detailers reports; (3) contributions to the Red Apple advertising budget and (4) a commitment to sustain some of the detailers after 1998.

The communications plan will also include creation of model pharmacy service delivery. A training program will be organized in order to offer a QCS training program for the 30 best customer pharmacies from each of SOMARC's distributor partners. This plan must include provision for helping these pharmacies to qualify for being the first in a series of pharmacies to reach a standard of service excellence that entitles qualifying pharmacies to display a quality of excellence Red Apple sticker that signifies that these select pharmacies are the best of the best. Along with the usual Red Apple sticker that will be displayed in their window, this highest Red Apple award sticker with the date of qualification on the sticker and a training diploma

signifying completion of the QCS training course with a rating of excellent will also be displayed. The communications plan will include media recognition for the qualifying pharmacies, and a plan for yearly recognition of additional pharmacies that wish to reach a level of highest QCS standards as evidenced by the right to display the special Red Apple highest excellence sticker.

The plan may also integrate the use of the pharmacies that qualify as Red Apple standard of excellence award stickers to educate other pharmacists outside their regions (oblasts) by providing for educational visits and workshops for other pharmacists on how to qualify as a Red Apple quality of excellence pharmacies. This plan will depend on the negotiations with the Red Apple distributor partners that will culminate in the written MOUs described below.

**BUDGET**

<b>Funding Source</b>	<b>Projected: 4/1/97-9/30/98</b>
Field Support	
OYB Transfer	
Buy-In	1,057,332
<b>Total</b>	<b>\$1,057,332</b>

# KYRGYZSTAN

## SOMARC PROGRAM OVERVIEW

The focus of SOMARC activities in Kyrgyzstan is the consolidation of progress made to-date with the Red Apple social marketing program, and the pursuit of opportunities that will help ensure the sustainability of the commercial activities of the program, once donor funding ceases. These activities will strengthen and expand the communications, distribution, and service aspects of the Red Apple program.

## BACKGROUND

### USAID Mission Objectives

## MARKETING ENVIRONMENT

### Marketing Strategy

SOMARC activities for the region have been primarily implemented through local subcontractors with technical assistance from both local and US-based Futures Group staff and subcontractors, as well as outside consultants. That approach will continue to be followed in the implementation of the work of this plan as well, assuring the continued institution building of local market service organizations as a major component ensuring the sustainability of the "Red Apple."

In Kyrgyzstan, SOMARC has had to use a rather unique approach to the market because of initial reluctance on the part of the Kyrgyzstan Government and the U.S. Ambassador to endorse full SOMARC social marketing programs. As a result, SOMARC has launched, in early 1996, a limited communications program supporting existing commercial distributors as well as government sources of contraceptive supply. This pilot program was preceded by the typically

rigorous SOMARC training agenda for both pharmacists and ob-gyn's throughout Kyrgyzstan. While less than one year old, the pilot communications program (targeted principally to Bishkek and Karakol, with some national coverage) appears to have been successful at establishing the Red Apple as a recognized symbol of quality contraceptives.

Although less commercially developed than Kazakstan, SOMARC will actively pursue and expect Kyrgyzstan distributor and manufacturer participation (including some level of funding participation) in every area of its activities for Kyrgyzstan.

## **SOCIAL MARKETING ACTIVITIES**

### **Notes on Activities**

SOMARC's activities are concentrated in the areas of:

1. Communications
2. Distribution
3. Training

## **COMMUNICATION**

### **Activity 1.a. Continue and Expand Red Apple Mass Media Advertising and Look for New Options and Opportunities to Coordinate/Collaborate with Red Apple Partner Manufacturers and Distributors**

SOMARC Kyrgyzstan will renew its media buy contract with Akbar for the purchase of broadcast and print advertising. Akbar will continue to expand its efforts to leverage the SOMARC media budget through close cooperation with the Red Apple distributors and manufacturers, including activities such as pooling resources to achieve greater buying power and rate discounts. Akbar will produce draft media plans for local, regional, and national TV and radio, as well as print and other appropriate media, after consultation with the Red Apple partners to achieve the maximum impact from the combined budgets. The draft will be reviewed, revised as necessary, and executed, emphasizing (but in no way limiting to) coordination in the following areas.

### **Activity 1.b. Joint Tagging of Broadcast and Print Advertising**

Newly created, as well as the existing SOMARC advertising spots/ads will be tagged with both Red Apple distributors' and manufactures' tags as appropriate for the market in which they will be aired/printed. In exchange, advertising/promotional materials produced by the Red Apple distributors and manufacturers will be tagged with the Red Apple logo, as has been the case for the last year in Kazakstan.

### **Activity 1.c. Joint Production of Point-of-Sale Materials**

SOMARC will begin to collaborate with Red Apple product manufacturers to jointly design and produce "next generation" point-of-sale materials that will carry both the Red Apple and manufacturers logos, to eventually replace the SOMARC-funded, point-of-sale materials, as their stock is depleted and re-printing budgets are reduced.

**Activity 1.d. Production of New Red Apple TV and Radio Commercials**

The two new TV spots and four new radio spots produced in Kazakstan will be tested and then modified if necessary for airing in Kyrgyzstan. This process follows that adopted for the successful development of the first round of advertising and promotional material for Kyrgyzstan, that are currently being aired.

**Activity 1.e. Public Relations and Special Events**

FUTURES will again contract with Akbar to execute SOMARC's public relations work. As with the SOMARC advertising strategy and tactics, public relations activities will focus on collaborative efforts with Red Apple distributors and manufacturers. Akbar will produce a public relations plan in collaboration with each of the Red Apple distributors and manufacturers, describing specific activities with opportunities for joint promotions. In particular:

- Akbar will collaborate with Red Apple manufacturets and distributors in the promotion and sponsorship of seminars for doctors.
- SOMARC and Akbar will begin work with Innotech (French pharmaceutical and condom manufacturer) to integrate the Red Apple with Innotech's condom (Innotex), and further develop a condom marketing campaign for Kyrgyzstan.
- Akbar will continue to pursue opportunities for placement of informational pieces about SOMARC, the Red Apple, and USAID's technical assistance efforts on behalf of Kyrgyzstanis in all mass media.
- Because of the relatively weak commercial sector in Kyrgyzstan, and continued heavy dominance of non-commercial organizations in the Kyrgyz health field, Akbar will also seek opportunities for collaboration with NGOs and community organizations, in developing

effective grass-roots communications channels for reproductive health and Red Apple family planning information.

## **DISTRIBUTION ACTIVITIES**

### **Activity 2.a. Continuation of Expansion and Increase in Penetration of Distributor Coverage of All of Kyrgyzstan**

SOMARC will continue to actively pursue opportunities to assist existing Red Apple distributors and identify new, potential, Red Apple distributors, to expand and improve the coverage of distribution of Red Apple products.

### **Activity 2.b. Integrated Red Apple Packaging**

SOMARC will work to expand its recent success in convincing Upjohn to integrate the Red Apple logo with its factory packaging for the Central Asian market and encourage similar packaging by the other Red Apple partner manufacturers of Organon, Gedeon Richter, Schering, and Innotech.

## **TRAINING, EDUCATION, AND RELATED ACTIVITIES**

### **Activity 2.c. SOMARC Will Train an Additional (approximately) 100 Pharmacists and Pharmacy Assistants, and 100 Obstetrician/Gynecologists**

Training will be implemented with the assistance of local master trainers previously trained and in collaboration with the Kyrgyz Institute of Obstetrics and Gynecology, Marriage and Family Advice Bureau.

**Activity 2.d. SOMARC Will Work with the Zdrav Reform Project in Karakol, as They Introduce Family Planning Services to their Model Family Group Practices (FGPs)**

The FGPs offer an opportunity for close collaboration between family practitioners and Red Apple product suppliers. Possible activities include an aggressive Red Apple product sampling campaign, where Red Apple manufacturers and distributors would make substantial supplies of Red Apple contraceptive products available as samples that the FGPs could make available to their clients, along with a referral to their local Red Apple pharmacy for their refills.

**BUDGET**

<b>Funding Source</b>	<b>Projected: 4/1/97-9/30/98</b>
Field Support	
OYB Transfer	
Buy-In	1,057,332
<b>Total</b>	<b>\$1,057,332</b>

# MADAGASCAR

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the achievement of Madagascar's national family planning goals through its support to increasing the availability of condoms and hormonal contraceptives through the private sector. This support is focused on improved distribution systems and the development of an integrated communications programs to increase consumer and provider knowledge of the benefits of contraceptives.

## BACKGROUND

Madagascar's current population of 13.9 million will double in less than 25 years if the current annual growth rate of 2.8 percent is not slowed. Fully two-thirds of births to Malagasy women are classified as high risk, with increased chance of mortality for the mother or infant. Birth intervals of less than 2 years and adolescent pregnancy are the single greatest factors underlying elevated risk. Recent studies indicated that 45 percent of Malagasy women currently have a sexually transmitted infection, a frightening statistic in a country where AIDS has arrived but not yet gained a strong foothold.

However, there is positive implementation environment and the family planning program has made tremendous strides with the number of service sites increasing four-fold, from 150 in 1992 to approximately 600 in 1996. Estimated contraceptive prevalence has more than doubled from 5 percent to over 10 percent during this same time period.

## USAID Mission Objectives

USAID's strategic objectives (Objective 2) addresses the health needs of the Malagasy family, specifically family planning, child survival, and HIV/AIDS prevention needs of women, their

partners and children. Objective 2 supports the improved integration and increased use of family planning, child survival and HIV/AIDS prevention services and products by providing accurate information about services and where to get them and by providing partial financing for contraceptives, vaccines and condoms. USAID's efforts are concentrated in the Antananarivo and Fianarantsoa regions, which together account for 50 percent of the total population.

## **MARKETING ENVIRONMENT**

### **Method Mix**

#### **Condoms**

- Launched in June 1996.
- Couple years of protection: 10,000 (1,000,000 condom units to date).

#### **Pills**

- To be launched in August 1997.

#### **Injectables**

- To be launched in August 1997.

### **Market Share**

Condom market share is estimated at 45.7 percent (public and private), 72.5 percent (private sector only).

## Marketing Strategies

### Condoms

- Make condoms widely accessible in traditional and non traditional outlets.
- Traditional sales are handled by distributor.
- Non-traditional sales are handled by a condom dedicated sales forces that focus on small points of sales.
- Geographic focus limited to Antananarivo capital areas, main road of Central Plateaux regions, and two other large cities (50 percent of the population).
- Communications: Create brand awareness through mass media and limited promotions, and point-of-sales visibility and signage. Condoms positioned for both AIDS and family planning.
- Results to date:
  - Couple years of protection: 10,000 (1,000,000 condom units).
  - Over 3,000 retail outlets carrying Protector condoms (of which approximately 2,000 are small and non-traditional points of sales).
- Cost-recovery mechanism initiated: A Return-to-Project Fund (RPF) totally managed by main distributor to pay the salaries and sales commissions of six (6) retail sales targeting small and non traditional outlets.

### **Barriers and Threats**

- Restrictive legal environment for pills and injectables limits distribution and communications.
- Country size, limited transport, isolated communities, highly skewed population distribution (72 percent rural population).

### **Policy Needs**

- Market segmentation: To better understand potential users for pills and injectables, which will be launched simultaneously.
- Coalition building/public relations to target district health teams in order to revoke/relax restrictive policy environment (distribution and promotion).
- Coalition building to work with women/community groups, young adults, and AIDS high-risk groups.

### **Opportunities**

- Overall, Madagascar is a “virgin territory” that offers SOMARC opportunities, both traditional and non-traditional:
- Users responding to national programs of expansion of family planning products and services (modern contraceptive prevalence doubled in 2 years from 4 percent).
- Excellent response by users to the condom social marketing program, allowing for rapid expansion.

- Good collaboration with medical professional associations (pharmacists and doctors) allowing for their future collaboration in the promotion of pills and injectables.
- To promote a health service network with a sizable proportion of over 3,000 private physicians, most of them underemployed/unemployed. This network could be using and health credit schemes and associated business management training to develop this network.
- To use the POLICY project to create local community awareness/participation of the social marketing program that will create more positive legal (distribution of DMPA in over 1,800 pharmaceutical depots) and “consumer pull” environments.
- To create a more consumer-friendly/demand-creation environment by the effective use of media already trained by another USAID contractor as part of a public relations campaign.

## **OBJECTIVES OF WORK PLAN**

### **USAID Mission Objective**

Under USAID/Antananarivo’s Objective 2, the contraceptive social marketing program will contribute to a healthier population and an average family size more consistent with Madagascar’s socio-economic objectives.

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Sources
1. Continue increasing the number and types of sales outlets selling Protector condom in the initial area of concentration	<ul style="list-style-type: none"> <li>• An increase in the number of outlets carrying Protector condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Number of outlets carrying Protector condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly sales/distribution data</li> </ul>
2. To inform sexually active men and the general population and HIV/AIDS high risks of the benefits of the use of condoms for prevention of STDs	<ul style="list-style-type: none"> <li>• More people who are using condoms as means of protecting themselves against STIs, HIV/AIDS and unwanted pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>• Number of sexually active men who are using condoms (compared to baseline)</li> </ul>	<ul style="list-style-type: none"> <li>• Research reports</li> </ul>
3. To continue expanding Protector brand awareness to consumers.	<ul style="list-style-type: none"> <li>• More men using Protector condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Men who are reporting using Protector condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Research report (tracking study)</li> </ul>
4. To initiate sales of hormonal in a limited geographical area (Central Plateaux regions)	<ul style="list-style-type: none"> <li>• An increase in the number of pharmaceutical outlets carrying Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Number of outlets carrying Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly sales/distribution data</li> </ul>
5. To train a limited number of private providers on the benefits a low-dose oral contraceptives and the three-month injectables	<ul style="list-style-type: none"> <li>• Enlist a high number of providers that will carry, prescribe and recommend Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Number of private providers who are carrying, prescribing and recommending Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly sales and distribution reports — detailing visits/providers interviews/client “mystery” interviews</li> </ul>
6. To create Pilplan and Confiance brand awareness to consumers	<ul style="list-style-type: none"> <li>• Women using Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly sales reports</li> </ul>
7. To encourage trial and use of oral and injectable contraceptives and as safe methods of family planning	<ul style="list-style-type: none"> <li>• Women using Pilplan and Confiance</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly sales reports</li> </ul>

### Notes on Objectives

The USAID Mission objective is addressed directly by the SOMARC program objectives in its two areas of operations:

#### Condoms

- To continue increasing the number and types of sales outlets selling Protector condoms in the initial area of concentration.
- To inform the sexually active men of the benefits of Protector condoms for the prevention of STIs, AIDS and pregnancies.
- To continue expanding consumer brand awareness of Protector condoms through traditional media and promotions.

#### Hormonal Contraceptives

- To initiate sales of social marketing hormonal contraceptives in the Haut Plateaux region of Madagascar.
- To train a limited (geographical) number of private doctors and pharmacists on the specificity of a low-dose oral and of the three-month injectable contraceptives.
- To create consumer brand awareness for Pilplan and Confiance through traditional media.
- To encourage trial and use of oral and injectable contraceptives as safe methods of preventing unwanted pregnancies.

**Couple Years of Protection, Income and Sales**

Sales and couple years of protection objectives for the period January 1997 to September 1998 are:

<b>Product</b>	<b>Couple Years of Protection</b>	
Condoms	46,667	7,000,000 condom units
Pills	12,308	160,000 cycles
Injectables	25,000	90,000 vials
<b>Total</b>	<b>82,975</b>	

**SOCIAL MARKETING ACTIVITIES**

**Activities and Results**

<b>Objectives</b>	<b>Activities</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Source</b>
1. Continue increasing the number and types of sales outlets selling Protector condoms in the initial area of concentration	1.a. Purchasing new vehicles 1.b. Establishing depots in high-risk areas 1.c. Empower local Distribution Manager by sending him on an observation tour in Mali/design of implementation plan	<ul style="list-style-type: none"> <li>Increased the number of points of sales and the number of condoms sold in the initial area of concentration</li> </ul>	Sales and distribution figures (for all four activities described)	<ul style="list-style-type: none"> <li>Sales and distribution reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Source
<p>2. Inform sexually active men and the general population and HIV/AIDS high-risk groups of the benefits in the use of condoms for prevention of STDs</p>	<p>2.a. Communications: Continued use of mass media for communications.            2.b. Communications: Continued use of promotions (concerts, youth events)            2.c. Work with already trained media professionals (by USAID and Population Reference Bureau) to create a favorable atmosphere for the Protector condom</p>	<ul style="list-style-type: none"> <li>• Encourage initial trial of and continued usage of Protector condom by sexually active men</li> <li>• To make sexually active men recognize Protector as an affordable, available, and effective way of protection against STIs, AIDS and unwanted pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>• New radio ads produced (possibly adapted from new Uganda radio spots) and media placement</li> <li>• Number of radio shows and press articles appearing in media and conducted by media professionals</li> <li>• Number of promotions</li> </ul>	<ul style="list-style-type: none"> <li>• Tracking study report (December 1997)</li> <li>• Also, report of DHS study to be conducted in summer 1997</li> </ul>
<p>3. Continue expanding Protector brand awareness to consumers</p>	<p>3.a. Communications: Continued use of mass media for communications            3b. Communications: Continued use of promotions (concerts, youth events)</p>	<ul style="list-style-type: none"> <li>• Encourage initial trial of and continued usage of Protector condom by sexually active men</li> <li>• To make sexually active men recognize Protector as an affordable, available, and effective way of protection against STIs, AIDS and unwanted pregnancies</li> </ul>		
<p>4. Initiate sales of hormonals in a limited geographical area (Central Plateaux regions</p>	<p>4.a. Distribution: Select a distributor for the pills and injectables program The two large vehicles purchased will also be used for the distribution of pills and injectables</p>	<ul style="list-style-type: none"> <li>• Enlist a high number of pharmacies, pharmaceutical depots and private clinics, NGOs facilities that will carry the pills and injectables</li> </ul>	<ul style="list-style-type: none"> <li>• Sales and distribution figures (for all four activities described)</li> </ul>	<ul style="list-style-type: none"> <li>• Sales and distribution reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Source
5. Train a limited number of private providers on the benefits a low-dose oral contraceptive and the three-month injectable	5.a. Training: Conduct training of trainers for pharmacists and private physicians 5.b. (Training): Implement public relations activities with medical professional organizations and their members	<ul style="list-style-type: none"> <li>• Enlist a high number of private physicians who are recommending or/and prescribing Pilplan and Confiance to their clientele</li> </ul>		
6. Create Pilplan and Confiance brand awareness to consumers	6.a. Buy media time on radio	<ul style="list-style-type: none"> <li>• Encourage trial and continued usage of Confiance and Pilplan contraceptives by women</li> <li>• To make women consumers recognize Pilplan and Confiance as safe and effective family planning methods</li> </ul>		
7. To encourage trial and use of oral and injectable contraceptives as safe methods of family planning	7.a. Buy media time on radio	<ul style="list-style-type: none"> <li>• Encourage trial and continued usage of Confiance and Pilplan contraceptives by women</li> <li>• To make women consumers recognize Pilplan and Confiance as safe and effective family planning methods</li> </ul>		

### Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
2.a. Condoms: Expand sales in initial area of concentration and initiate aggressive sales in high-risk cities	• Increased sales	• 550,000	• 700,000	• 850,000	• 900,000	• 3 million
2.b. Hormonals: Start distribution in pharmacies	• Increased sales			• Pills: 15,000 • Injectables : 6000	• Pills: 25,000 • Injectables: 14,000	• Pills: 40,000 • Injectables: 20,000

#### Notes on Activities

##### Condoms

##### Distribution

##### Activity 1.a. Purchasing New Vehicles

SOMARC will acquire three large-capacity vehicles and six scooters/motorcycles and that will allow condom dedicated sales staff to regularly and frequently visit the initial areas of concentration (Tamatave, Antananarivo and Fianarantsoa) and two high-risk coastal cities (Tulear and Morondave).

Activity 1.b. Establishing Depots in High-Risk Areas

SOMARC will select and establish storing depots in each city to assure that there are no stock outs in the six high-risk cities.

Activity 1.c. Empower Local Distribution Manager by Sending Him on an Observation Tour in Mali/Design of Implementation Plan

Empower local Marketing Manager and Distribution Manager to better manage and innovate promotional and distribution activities by sending them on an observation tour (in either Mali or Uganda). This activity will result in an implementation plan that will focus on distribution by CBDs and community groups.

Expected Results (for all three activities described above): Increase the number of points of sales, the number of promotion activities, and the number of condoms sold.

*Integrated Communications*

Activities 2.a., 3.a. Continued Use of Mass Media for Communications

The program will use local mass radio stations in each city as the main means of communicating. A new campaign (one TV spot and three radio spots) will be produced and will be played in the six AIDS/HIV high-risk cities using private TV and FM stations.

Activity 2.b., 3.b. Use of Promotions (Concerts, Youth Events)

The program will also continue organizing tactical promotions such as concerts, and youth events to promote Protector condoms and implement two major sponsoring activities..

Expected result: Increase trial and use of Protector condoms.

Activity 2.c. Work with Already Trained Media Professionals (by USAID and Population Reference Bureau) to Create a Favorable Atmosphere for the Protector Condom

Work with already trained media professionals (by USAID and Population Reference Bureau) to create a positive atmosphere for the promotion and distribution of Protector condom.

Expected result: To increase AIDS/HIV awareness and acceptability of condom communications activities among the general population overall, religious and community leaders.

Research

Activity 3.a. Continued Use of Mass Media for Communications

Conduct tracking study on condom KAP as a follow-up to the baseline.

Expected result: Document positive changes in KAP among sexually active males.

Hormonals

Distribution

Activity 4.a. Select a Distributor of the Pills and Injectables Program

Select a distributor for pills and injectables and execute a contract between the distributor and SOMARC. Marketing efforts will be concentrated in distribution penetration and medical prescriptions.

Expected results: Distribution and sales of oral and injectable contraceptives.

## Communications

### Activity 5.a. Conduct Training of Trainers for Pharmacists and Private Physicians

Conduct a training of trainers for pharmacists and physicians: To train all pharmacists in the targeted areas in contraceptive technology with special emphasis in counseling for hormonal contraceptives. Pharmacist training will be implemented using the same training module developed and tested in Morocco. It is expected that the program will reach 120 pharmacists in six sessions. This training should be completed in three months. The purpose of this training will be to start training private doctors (general practitioners) and pharmacists, on the advantages, as well as on side effects management for injectable and oral contraceptives. *(SOMARC sees this activity more as a communications tool than as a simple training, because the information will be used as a promotion).*

Expected results: Pharmacists and private physicians will be motivated to prescribe and promote Pilplan and Confiance to their female clients.

### Activity 5.2. Implement Public Relations Activities with Medical Professional Organizations and Their Members

To implement a public relations effort with professional associations to assure that there are no negative reactions to the introduction of the two brands.

Expected results: Create brand awareness about Pilplan and Confiance among health professionals and create a positive environment for Pilplan and Confiance distribution and promotion.

### Activity 6.a. Buy Media Time on Radio

Expected results: Create brand awareness about Pilplan and Confiance.

**Research**

Activity 1. Conduct a Tracking Evaluation Study (Comparison between Summer 1997 DHS and Tracking/Evaluation by SOMARC Staff).

Expected results: Findings (comparison between baseline and tracking study).

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	1,119,997
OYB Transfer	
Buy-In	213,550
<b>Total</b>	<b>1,333,547</b>

**Madagascar Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan-Mar.	April-June	July-Sept.
1. Continue increasing the number and type of sales outlets selling Protector condoms in the initial area of concentration.	Purchasing new vehicles	September				
	Establishing depots in high-risk areas	August				
	Empower local distribution manager by sending on an observation tour in Mali/design of implementation plan					
2. Inform general population of benefits of condom use for the prevention of STDs	Continued use of mass media for communications					
	Use of promotions (concerts, youth events)	*****	*****			
	Work with trained media professionals to create favorable atmosphere for Protector condoms					
3. Continue expanding Protector brand awareness to consumers	Continued use of mass media for communications and use of promotions (concerts, youth events)					
4. Initiate sales of hormonal in a limited geographical region (Central Plateaux regions)	Select a distributor for the pills and injectables program.	August				
	Use vehicle purchases for pill and injectable distribution	*****	*****			

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
5. Train limited number of private providers in benefits of low-dose oral contraceptives and the three-month injectable	Conduct training of trainers (training) for pharmacists and private physicians	August				
	Implement public relations activities with medical professional organizations and their members	*****	*****			
6. Create Pilplan and Confiance brand awareness in consumers	Buy media time on radio	*****	*****			
7. Encourage trial and use of oral contraceptive as safe methods of family planning	Buy media time on radio	*****	*****			

# MEXICO

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the achievement of a sustainable increase in contraceptive prevalence in Mexico through its strengthening of: (1) the distribution and marketing of oral contraceptives in selected rural areas; (2) the sustainability of the services provided by MEXFAM and FEMAPP; and (3) the for-profit, commercial-sector's role in the provision of reproductive health services.

## BACKGROUND

The population growth rate in Mexico is currently less than 2 percent; Mexico's goal is to reach 1 percent population growth rate by the year 2000. Contraceptive prevalence in Mexico has increased from 30 percent in 1976 to 66.5 percent in 1995. Major challenges and obstacles nonetheless remain, and continue to hinder the Government of Mexico's (GOM) ability to make family planning and information and services widely available to Mexico's population. Mexico's demographic distribution is very uneven; some 65 percent of the population resides in urban areas, and 25 percent of the population lives in the country's three largest cities (Mexico City, Guadalajara, and Monterrey). Urban-rural differences in contraceptive prevalence are greater in Mexico than in any other advanced developing country in the Latin America region. Fifty-eight (58 percent) of rural women who desire no more children are not using family planning.

## USAID Mission Objectives

USAID's Strategic Objective in population in Mexico is to contribute to a sustainable increase in contraceptive prevalence. This goal will be achieved through several intermediate results (IR):

- Increase availability of quality family planning services in target areas.

- Increased demand for family planning services in target areas.
- Increased sustainability of family planning delivery systems in target areas.

## **MARKETING ENVIRONMENT**

### **Method Mix**

Approximately 66.6 percent of contraceptive users in Mexico receive their services from a public-sector institution. In recent years, the public sector has increased its role in the provision of family planning services, and the role of the private sector has decreased. Roughly 90 percent of the women served by government sources are using a clinical family planning method, i.e., voluntary sterilization or the IUD. The trend in recent years has been a gradual decline in pill use and rapid growth in sterilization.

### **Market Share**

In 1986, SOMARC began providing assistance with the brand name, package design, and marketing for a new socially marketed condom. The product (Protektor condoms) was launched in May 1986 through a government parastatal, COPLAFAM. The project's goals were to increase the correct use of condoms in Mexico by opening a new channel in the commercial market and desensitizing the issue of condoms through consumer advertising. The commercial market accounted for 10 million condoms in 1986, but condoms were not highly visible, and advertising was minimal. By 1991 when the product graduated from SOMARC assistance, Protector had achieved 3.5 million condom sales, and many other national brands adopted much more aggressive advertising and distribution strategies. Although Protector is no longer available in the Mexican market, the commercial condom market continues to grow. There are a wide range of commercial products available — many like Playboy and SICO which are actively promoted throughout Mexico. In essence, the Protector condom successfully desensitized the issue of condom promotion, and paved the way for a strong and growing condom market. From 1991 to 1995, Protector condoms provided over 106,000 couple years of protection (CYPs).

## Marketing Strategies

The decline in pill use is probably related to a number of factors: (1) the public sector's strong focus on long-term methods; (2) lack of correct information about oral contraceptives; and (3) poor distribution of the pill in rural areas. SOMARC is currently collaborating with the Consejo Nacional de Poblacion (CONAPO), Schering, MEXFAM, and FEMAP in a pilot program to expand pill use in rural areas. The program will also contribute to increasing the private-sector's role in the provision of oral contraceptives. MEXFAM and FEMAP have developed their own community-based distribution networks in many rural areas of Mexico. The opportunity exists to test the efficiency of these networks in expanding the distribution of oral contraceptives. Schering has agreed to provide Microgynon to MEXFAM and FEMAP at a price 50 percent less than its commercial cost.

## Policy Needs

There are two policy issues that currently exist related to increased pill use in the private sector:

- The regulatory status of oral contraceptives has shifted back and forth from over the counter to prescription over the last several years; a clear policy in favor of over the counter would significantly help to expand distribution coverage.
- It appears that in some states public health institutions are using their own network of community promoters to distribute *free* Microgynon — this policy clearly affects the ability to sell the product in these areas.

## Opportunities

There are two associations in Mexico that have played a major role in the provision of family planning and health-care services over the last 30 years. These two agencies, the Fundacion Mexicana para la Planeacion Familiar (MEXFAM) and the Federacion Mexicana de

Asociaciones Privadas de Salud y Desarrollo Comunitario (FEMAP) are offering a wide range of health-care services through their various community-based activities. USAID has also been a major supporter; however, by September 1998, USAID will phase out population assistance to these agencies. As a result, these two institutions will need to achieve complete self sufficiency in order to continue to provide their much-needed assistance to lower-income groups within Mexico. SOMARC has been assisting both agencies in the area of services marketing — helping their clinics to improve their marketing efforts in order to bring in more clients and more revenues. The revenues from these clinics will be used to subsidize family planning initiatives in the very poorest areas of Mexico. These two agencies are also interested in expanding their product social marketing initiatives to other areas as a way of further generating revenues for their community programs.

The other major variable in Mexico's family planning environment is the for-profit commercial sector. As described above, the private sector has actually decreased its role in the provision of family planning services over the last several years. Despite this declining trend in family planning, Mexico's private health-care infrastructure is strong and growing. There exists a strong opportunity to look at the for-profit commercial sector as a potential supplier of family planning services as well. SOMARC is in the process of designing a pilot initiative that would stimulate the private-sector's role in family planning in Mexico.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
<p>1. Strengthen the marketing and distribution of oral contraceptives in rural areas in four of USAID's nine priority states [Ref.: USAID IR#2&amp;3]</p>	<ul style="list-style-type: none"> <li>• Expanded distribution network for low-dose oral contraceptives</li> <li>• Increase in pill sales for low-dose oral contraceptives</li> <li>• Increased pharmacist's knowledge of oral contraceptive technology</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pharmacies and shops selling oral contraceptives in pilot areas</li> <li>• Sale of Microgynon and other oral contraceptives in pilot areas</li> <li>• Pharmacist knowledge of key factors related to oral contraceptive use</li> </ul>	<ul style="list-style-type: none"> <li>• FEMAP and MEXFAM report distribution figures</li> <li>• MEXFAM and FEMAP report all oral contraceptive sales in pilot areas</li> <li>• Mystery shopper to collect indicators on pharmacist knowledge</li> </ul>
<p>2. Strengthen the sustainability of MEXFAM and FEMAP through services and product marketing [Ref.: USAID IR#3]</p>	<ul style="list-style-type: none"> <li>• Increased the number of clients for clinical services in order to cross-subsidize family planning programs</li> <li>• Increased the number of product sales via community promoters</li> <li>• Contribute to an increase in overall revenues for services and products for the organization</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new and returning clients for all medical services</li> <li>• Number of products sold via community distribution networks</li> <li>• Increase in net revenues for services and products for the institutions</li> </ul>	<ul style="list-style-type: none"> <li>• MEXFAM and FEMAP service statistic reports for each clinic</li> <li>• MEXFAM and FEMAP sales reports for all products</li> <li>• MEXFAM and FEMAP financial reports for clinical and product service programs</li> </ul>
<p>3. Strengthen the for-profit commercial-sector's role in the provision of reproductive health services [Ref.: USAID IR#3]</p>	<ul style="list-style-type: none"> <li>• Motivate ob/gyns and family health specialists to increase the provision of family planning services in their private practices</li> <li>• Improve consumer awareness of family planning services in the private sector</li> <li>• Transition users that can afford to pay for family planning to private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Number of ob/gyns and family health specialists aligned to project and increase in provision of family planning services</li> <li>• Increase awareness of family planning services among clients already using private facilities</li> <li>• Number of users switching source of family planning from public to private</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake and exit survey to measure changes in provision of family planning services and project records</li> <li>• Client intake and exit survey Omnibus to measure population awareness</li> <li>• Client intake and exit survey</li> </ul>

## Notes on Objectives

USAID's objectives in Mexico are addressed directly by the SOMARC program:

### *Objective 1. Strengthen the Marketing and Distribution of Oral Contraceptives in Rural Areas in Four of USAID's Nine Priority States through Collaboration with Schering, CONAPO, MEXFAM, And FEMAP*

SOMARC's objective in this area contributes to USAID/Mexico's Intermediate Result #2 and #3 for increased demand and sustainability for family planning services in target areas. The specific outcomes of this objective are to expand the distribution network for low-dose oral contraceptives, to increase the market size for low-dose oral contraceptives, and to increase pharmacist's knowledge of oral contraceptive technology. For USAID's strategic framework, the indicators that will be used to measure the effectiveness of this activity are an increase in couple years of protection and commercial sales of oral contraceptives.

### *Objective 2. Strengthen the Sustainability of MEXFAM and FEMAP through Services and Product Marketing*

SOMARC's objective in this area contributes to USAID/Mexico's Intermediate Result #3 for increased sustainability of family planning services in target areas. The specific outcomes of this objective are to increase the number of clients for MEXFAM and FEMAP's clinic services, to increase sales of non-donated product via community promoters, and contribute to an increase in overall revenues for services and products for the two organizations. For USAID's strategic framework, the indicators that will be used to measure the effectiveness of this activity are the percentage of total costs recovered by key family planning NGOs, couple years of protection per year, and commercial sales.

**Objective 3. Strengthen the For-Profit Commercial-Sector's Role in the Provision of Reproductive Health Services**

SOMARC's objective in this area contributes also to USAID/Mexico's Intermediate Result #3 for increased sustainability of family planning services in target areas. The specific outcomes of this activity are to motivate private providers to increase the provision of family planning services in their private practices, improve consumer awareness of family planning services in the private sector; and transition users that can afford to pay for family planning to the private sector.

**SOCIAL MARKETING ACTIVITIES**

**Activities and Results**

<b>Objectives</b>	<b>Activities</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
1. Strengthen the marketing and distribution of oral contraceptives in rural areas in four of USAID's nine priority states	1.a. Design incentive scheme to encourage distribution to new pharmacies	<ul style="list-style-type: none"> <li>Expand the distribution network for low-dose oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Number of pharmacies and shops selling oral contraceptives in pilot areas</li> </ul>	<ul style="list-style-type: none"> <li>FEMAP and MEXFAM's distribution reports</li> </ul>
	1.b. Implement brand-specific radio campaign in pilot areas (CONAPO)	<ul style="list-style-type: none"> <li>Increase in pill demand for low-dose oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Sale of Microgynon and other oral contraceptives in pilot areas</li> </ul>	<ul style="list-style-type: none"> <li>MEXFAM and FEMAP report all oral contraceptive sales in pilot areas</li> </ul>
	1.c. Train and motivate coordinators/promoters to inform pharmacists on oral contraceptive technology and sales	<ul style="list-style-type: none"> <li>MEXFAM and FEMAP complete sales forces are trained</li> </ul>	<ul style="list-style-type: none"> <li>Number of promoters trained</li> </ul>	<ul style="list-style-type: none"> <li>MEXFAM and FEMAP report on number of promoters trained</li> </ul>
	1.d. Design mystery shopper promotion to motivate pharmacists to increase knowledge and inform clients	<ul style="list-style-type: none"> <li>Increase pharmacist knowledge of oral contraceptive</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacist knowledge in five key areas related to oral contraceptive</li> </ul>	<ul style="list-style-type: none"> <li>Mystery shopper to collect indicators on pharmacist</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
		technology and interaction with client	use and informed choice	knowledge
2. Strengthen the sustainability of MEXFAM and FEMAP through services and product	2.a. Implement services marketing strategy with selected clinics within MEXFAM and FEMAP	<ul style="list-style-type: none"> <li>• Increase the number of clients for clinical services in order to cross-subsidize family planning programs</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new and returning clients for all medical services</li> </ul>	<ul style="list-style-type: none"> <li>• MEXFAM and FEMAP service statistic reports for each clinic</li> </ul>
	2.b. Develop product social marketing strategy to assist MEXFAM and FEMAP with phase out of donated commodities	<ul style="list-style-type: none"> <li>• Increase sales of non-donated product via community promoters</li> </ul>	<ul style="list-style-type: none"> <li>• Number of non-donated products sold via community distribution networks</li> </ul>	<ul style="list-style-type: none"> <li>• MEXFAM and FEMAP sales reports for all products</li> </ul>
	2.c. Provide technical assistance to MEXFAM and FEMAP in cost-cutting procedures, e.g., central purchasing	<ul style="list-style-type: none"> <li>• Contribute to an increase in overall revenues for services and products for the organization</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in net revenues for clinical services and products for the institutions</li> </ul>	<ul style="list-style-type: none"> <li>• MEXFAM and FEMAP financial reports for clinic and product service programs</li> </ul>
3. Strengthen the for-profit commercial-sector's role in the provision of reproductive health services	3.a. Recruit physicians to participate in private reproductive health network	<ul style="list-style-type: none"> <li>• Motivate ob/gyns and family health specialists to increase the provision of family planning services in their private practices</li> </ul>	<ul style="list-style-type: none"> <li>• Number of ob/gyns and family health specialists aligned to project and increase in provision of family planning services</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake and exit survey to measure changes in provision of family planning services and project records</li> </ul>
	3.b. Implement services marketing strategy to promote private providers and facilities in network	<ul style="list-style-type: none"> <li>• Improve consumer awareness and demand of family planning services in the</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of family planning services among clients</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake and exit survey</li> <li>• Omnibus to measure population awareness</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
		private sector	already using private facilities	
	3.c. Same as above	<ul style="list-style-type: none"> <li>Transition users that can afford to pay for family planning to private sector</li> </ul>	<ul style="list-style-type: none"> <li>Number of users switching source of family planning from public to private</li> </ul>	<ul style="list-style-type: none"> <li>Client intake and exit survey</li> </ul>

### Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Design incentive scheme to encourage distribution to new pharmacies	<ul style="list-style-type: none"> <li>Expanded distribution network for low-dose oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Reach 191 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Reach 382 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Reach 573 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Reach 764 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>764 pharmacies in rural areas</li> </ul>
1.b. Implement brand-specific radio campaign in pilot areas (CONAPO)	<ul style="list-style-type: none"> <li>Increased in demand for low-dose oral contraceptives (Microgynon)</li> </ul>	<ul style="list-style-type: none"> <li>Sell 20,551 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 41,102 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 61,653 units</li> </ul>	<ul style="list-style-type: none"> <li>Sell 80,000 units</li> </ul>	<ul style="list-style-type: none"> <li>80,000 units</li> </ul>
1.c. Train coordinators and promoters in oral contraceptive technology and sales	<ul style="list-style-type: none"> <li>Increased promoter skills in oral contraceptive technology and sales</li> </ul>	<ul style="list-style-type: none"> <li>Train 100 promoters</li> </ul>	<ul style="list-style-type: none"> <li>Train 200 promoters</li> </ul>	<ul style="list-style-type: none"> <li>Train 300 promoters</li> </ul>	<ul style="list-style-type: none"> <li>Train 400 promoters</li> </ul>	<ul style="list-style-type: none"> <li>400 trained promoters</li> </ul>
1.d. Design mystery shopper contest to motivate pharmacist to increase knowledge and inform clients	<ul style="list-style-type: none"> <li>Increased correct knowledge among pharmacists and interaction with clients</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>To be done</li> </ul>	<ul style="list-style-type: none"> <li>50 percent of pharmacists initiate information to consumers</li> </ul>
2.a. Implement	<ul style="list-style-type: none"> <li>Increased the</li> </ul>	<ul style="list-style-type: none"> <li>5 percent</li> </ul>	<ul style="list-style-type: none"> <li>10 percent</li> </ul>	<ul style="list-style-type: none"> <li>15 percent</li> </ul>	<ul style="list-style-type: none"> <li>20 percent</li> </ul>	<ul style="list-style-type: none"> <li>20 percent</li> </ul>

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
services marketing strategy with selected clinics within MEXFAM and FEMAP	number of clients for clinical services in order to cross-subsidize family planning programs	increase in services offered	increase in services offered	increase in services offered	increase in services offered	increase in services offered
2.b. Develop product social marketing strategy to assist MEXFAM and FEMAP with phase out of donated commodities.	<ul style="list-style-type: none"> <li>Increased sales of non-donated product via community promoters</li> </ul>	<ul style="list-style-type: none"> <li>5 percent increase in sales of non-donated product</li> </ul>	<ul style="list-style-type: none"> <li>10 percent increase in sales of non-donated product</li> </ul>	<ul style="list-style-type: none"> <li>15 percent increase in sales of non-donated product</li> </ul>	<ul style="list-style-type: none"> <li>20 percent increase in sales of non-donated product</li> </ul>	<ul style="list-style-type: none"> <li>20 percent increase sales of non-donated product</li> </ul>
2.c. Provide technical assistance to MEXFAM and FEMAP in cost-cutting procedures, e.g., central purchasing	<ul style="list-style-type: none"> <li>Contribute to an increase in overall revenues for services and products for the organization</li> </ul>	<ul style="list-style-type: none"> <li>Increase revenues by 5 percent</li> </ul>	<ul style="list-style-type: none"> <li>Increase revenues by 10 percent</li> </ul>	<ul style="list-style-type: none"> <li>Increase revenues by 15 percent</li> </ul>	<ul style="list-style-type: none"> <li>Increase revenues by 20 percent</li> </ul>	<ul style="list-style-type: none"> <li>Increase revenues by 20 percent</li> </ul>
3.a. Recruit physicians to participate in private reproductive health network	<ul style="list-style-type: none"> <li>Motivate ob/gyns and family health specialists to increase the provision of family planning services in their private practices</li> </ul>	<ul style="list-style-type: none"> <li>50 providers in pilot network</li> </ul>	<ul style="list-style-type: none"> <li>100 providers in pilot network</li> </ul>	<ul style="list-style-type: none"> <li>150 providers in pilot network</li> </ul>	<ul style="list-style-type: none"> <li>200 providers in pilot network</li> </ul>	<ul style="list-style-type: none"> <li>200 providers in pilot network</li> </ul>
3.b. Implement services marketing strategy to promote private providers and facilities in network	<ul style="list-style-type: none"> <li>Improve consumer awareness of family planning services in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>
3.c. Same as above	<ul style="list-style-type: none"> <li>Transition users that can afford to pay for family planning to private sector</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>	<ul style="list-style-type: none"> <li>To be done after baseline</li> </ul>

## Notes on Activities

### Objective 1. Strengthen the Marketing and Distribution of Oral Contraceptives in Rural Areas in Four of USAID's Nine Priority States

SOMARC is currently collaborating with CONAPO, Schering, MEXFAM, and FEMAP in the implementation of a community-based distribution project for Microgynon. MEXFAM and FEMAP are currently purchasing product for distribution in four priority states. SOMARC's activities will include designing an incentive scheme that Schering, MEXFAM, and FEMAP will jointly contribute to in order to increase distribution of Microgynon in new facilities. SOMARC has provided technical assistance in a brand-specific advertising campaign that is being produced and funded by CONAPO. SOMARC has also supported MEXFAM and FEMAP in the training of its promoters in contraceptive technology, and will provide further training support in the area of sales techniques for the promoters as well. SOMARC is currently assisting CONAPO in the development of an evaluation plan for the project, which will include a mystery shopper study. SOMARC and CONAPO will jointly fund the evaluation activities in order to maximize resources.

### Objective 2. Strengthen the Sustainability of MEXFAM and FEMAP through Services and Product Marketing

SOMARC is currently supporting MEXFAM and FEMAP in the area of services marketing to assist its clinics to increase their overall client flow and sustainability. With FEMAP, SOMARC will design a services marketing strategy for selected clinics, including a campaign to increase internal referrals to the facilities. With MEXFAM, SOMARC is supporting twelve of its clinics in the area of services marketing. SOMARC will also assist MEXFAM and FEMAP in developing a product social marketing strategy to fully maximize its infrastructure of community promoters.

**Objective 3. Strengthen the For-Profit Commercial-Sector's Role in the Provision of Reproductive Health Services**

At the request of Mexico's National Population Council (CONAPO), SOMARC has conducted a preliminary assessment of the potential for developing a private reproductive health network. Currently, CONAPO is in the process of presenting the strategy to its executive committee, and will update SOMARC on the availability of funds to implement the network. USAID/Mexico has also allocated US\$200,000 to development of the network. It is anticipated that by the end of May, CONAPO will advise SOMARC of the next steps and timing of the network.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September /30, 1998</b>
Field Support	801,864
OYB Transfer	
Buy-In	
<b>Total</b>	<b>\$801,864</b>

**Mexico Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan-Mar.	April-June	July-Sept.
1. Strengthen the marketing and distribution of oral contraceptives in rural areas in four of USAID's nine priority states	Design incentive scheme to encourage distribution to new pharmacies	July					
	Implement brand-specific radio campaign in pilot areas (CONAPO)		November				
	Train and motivate coordinators/promoters to inform pharmacists on oral contraceptive technology and sales	July					
	Design mystery shopper promotion to motivate pharmacists to increase knowledge and inform clients	August					
2. Strengthen the sustainability of MEXFAM and FEMAP through services and product marketing.	Implement services marketing strategy with selected clinics within MEXFAM and FEMAP		MEXFAM November ; FEMAP October				
	Develop product social marketing strategy to assist MEXFAM and FEMAP with phase out of donated commodities		October				
	Provide technical assistance to MEXFAM and FEMAP in cost-cutting procedures, e.g., central purchasing	July					

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan-Mar	April-June	July-Sept.
3. Strengthen the for-profit, commercial-sector's role in the provision of reproductive health services	Recruit physicians to participate in private reproductive health network		October				
	Implement services marketing strategy to promote private providers and facilities in network		November				

# MOLDOVA

## SOMARC PROGRAM OVERVIEW

SOMARC will work in Moldova within the framework of a larger USAID-funded reproductive health project. SOMARC will contribute to USAID's strategic objectives for Moldova by working to energize the nascent private sector to become more actively involved in the provision of family planning products and services. These private-sector development activities will help relieve some of the burden from the public sector, will help establish a sustainable supply of contraceptives, and will help transfer marketing skills to newly privatized businesses.

## BACKGROUND

Reproductive health services in Moldova, as in all other countries of the former Soviet Union, is severely affected by a lack of accurate information and knowledge about modern family planning practices, limited service provider skills, little access to modern methods of contraception, and an acknowledged unhealthy dependence on abortion. More than 800,000 abortions are officially reported annually, and women receive paid sick leave for the procedure. The high rates of maternal mortality and infertility are primarily related to the abortion rates. The family planning methods that were available, mainly high-dose oral contraceptives, IUDs and condoms, were considered of very poor quality and are associated with low effectiveness, high rates of infection, and fearful side effects. Additionally, training in modern family planning service delivery is minimal for physicians, midwives and paramedical personnel, and family planning counseling provided to women is influenced by the insufficient knowledge, biases and misconceptions held by providers.

## USAID Mission Objectives

USAID Strategic Objectives for Moldova:

- Foster the development of a competitive market-oriented economy in which the majority of resources are privately owned and managed.
- Support the transition to transparent and accountable governance and the empowerment of citizens through democratic political processes.
- Strengthen Moldova's capacity to manage the human dimension of the transition to democracy and a market economy, and help sustain the neediest sectors of the population during the transition period.

## MARKETING ENVIRONMENT

### Method Mix

An assessment trip, undertaken in January 1997, revealed a market environment with many characteristics similar to those found in other former Soviet republics. The glaring problem is the high rate of abortion. Historically, only IUDs have been available or prescribed in any sizable numbers. Attitudes toward hormonal contraceptives are largely negative and rooted in a fear of hormones. Condoms are being used primarily by young people and tend to be associated with casual or promiscuous sex.

### Market Share

Again similar to observations in neighboring countries, the health delivery system appears to be relatively passive; that is, women are routinely served with minimal client interaction. Until quite recently, government sites have been the sole suppliers of contraceptive products and services. Government providers had no incentive to provide quality client service. Providers also lacked updated knowledge of contraceptive products. Although the system had experienced severe supply and quality problems in the past, these have been addressed, at least for some methods in the short run, through recent donations of humanitarian aid. In 1996, an estimated

1.2 million cycles of oral contraceptives, 1.5 million condoms, and 300,000 IUDs were donated to the Ministry of Health (MOH). At prevalence rates of 2 percent, 5 percent, and 20 percent, respectively, this would equate to a 4-year supply of oral contraceptives, a 2-1/2-month supply of condoms, and a 6- to 7-year supply of IUDs.

### **Marketing Strategies**

Over the past two years, approximately 90 percent of state-run pharmacies have been privatized. In addition, many new, privately owned pharmacies have been established. Many of these newer pharmacies are small and inadequately financed, and, consequently, might not be sustainable operations. Similarly, many private pharmaceutical distributors have emerged of late. (By one count, 172 exist.) These operations range in size, sophistication, and sustainability from well-established and financed operations to small, less-formal traders. With new government rules regarding margins coming into effect, the conventional wisdom is that only the best dozen or so distributors will remain in business.

### **Barriers and Threats**

The current economic climate is difficult. Average household incomes are between 400 and 500 lei per month. Many government workers have not been paid in months. In many cases, income is insufficient to cover basic necessities. In spite of this, one can observe the frequent sale of cigarettes and alcohol products from street vendors.

### **Opportunities**

In sum, the present situation presents a challenging environment for the launching of a limited (due to funding and time constraints) social marketing intervention in Moldova. Nevertheless, opportunities exist, particularly given the extensive network of private pharmacies and the interest being shown by pharmaceutical manufacturers and distributors.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. Increased availability of contraceptive products through the private pharmaceutical market in Chisinau	<ul style="list-style-type: none"> <li>Increased number of private pharmacies in Chisinau that regularly stock a range of low-dose oral contraceptive pills and condoms</li> </ul>	<ul style="list-style-type: none"> <li>The number of pharmacies which continue participation in the program</li> <li>The number of participating pharmacies carrying low-dose oral contraceptives and condoms</li> <li>Number of pharmacies carrying low-dose oral contraceptives and condoms consistently</li> </ul>	<ul style="list-style-type: none"> <li>Baseline and tracking surveys of contraceptive stock availability, provider knowledge and quality customer services in all pharmacies in Chisinau</li> <li>Quarterly stock audits in participating pharmacies</li> <li>Mystery shopper surveys</li> </ul>
2. Improve the quality of customer service available in private pharmacies in Chisinau	<ul style="list-style-type: none"> <li>Participating pharmacies providing better quality services to customers</li> </ul>	<ul style="list-style-type: none"> <li>Availability of a range of low-dose oral contraceptives and condoms at participating pharmacies</li> <li>Consistency of stock of low-dose oral contraceptives and condoms at participating pharmacies</li> <li>Consistent provision of quality customer services at participating pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Baseline and tracking surveys of contraceptive stock availability, provider knowledge and quality customer services in all pharmacies in Chisinau</li> <li>Quarterly stock audits</li> <li>Mystery shopper surveys</li> </ul>

## Notes on Objectives

USAID's objectives in Moldova are addressed directly by the SOMARC program.

### *Objective 1: Increased Availability of Contraceptive Products through the Private Pharmaceutical Market in Chisinau*

This objective contributes directly to mission strategic Objectives 1 and 2 in that the project will contribute to strengthening the competitive private sector in Moldova and will increase access to health-care services in the private sector thereby relieving the public sector to focus on those segments of the population that cannot afford to pay for services. The expected outcome is an increased number of private pharmacies in Chisinau that regularly stock a range of low-dose oral contraceptive pills and condoms.

### *Objective 2: Improve the Quality of Customer Service Available in Private Pharmacies in Chisinau*

This objective contributes to mission Objectives 1 and 3 in that it increases the competitiveness of private pharmacies in Chisinau and enables them to better meet client needs during the transition to a market economy. As a result, participating pharmacies will provide better quality services to customers. This will include meeting client needs by maintaining consistent stocks of contraceptive products, providing complete and accurate information about contraceptive products, providing choices for clients through range of stock, and treating clients with courtesy.

## SOCIAL MARKETING ACTIVITIES

### Activities and Results

Objectives	Activities	Results	Indicators	Data Sources
1. Increased availability of contraceptive products through the private pharmaceutical market in Chisinau	1.a. Products and distribution	<ul style="list-style-type: none"> <li>• Low-dose orals and condoms available in participating pharmacies</li> <li>• Dialogue between Ministry of Health and distributors and pharmacies regarding distribution policies for donated contraceptive products</li> </ul>	<ul style="list-style-type: none"> <li>• Agreements between manufacturers and distributors</li> <li>• Credit negotiations between distributors and manufacturers</li> <li>• Point-of-sale materials in pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline and tracking survey of contraceptive stock availability, provider knowledge and quality customer service in all pharmacies in Chisinau</li> </ul>
2. Increased number of private pharmacies in Chisinau that regularly stock a range of low-dose oral contraceptive pills and condoms	2.a. Training of pharmacists	<ul style="list-style-type: none"> <li>• 40 private pharmacies in Chisinau with all relevant staff trained in contraceptive technology and quality customer services</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings, documents regarding distribution policies for donated contraceptive products</li> <li>• Number of trained pharmacists</li> <li>• Number of trained trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly stock audits in participating pharmacies</li> </ul>
3. Communication and promotional support		<ul style="list-style-type: none"> <li>• Incentives provided for pharmacists to provide QCS</li> <li>• Advertisements and/or PSAs announcing the participating pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Number of on-site follow-up training visits to participating pharmacies</li> <li>• Use of self-instruction manual by participating pharmacies</li> <li>• Number of advertisements/ PSAs</li> </ul>	<ul style="list-style-type: none"> <li>• Mystery shopper surveys</li> <li>• Activity log maintained by local project coordinator</li> </ul>

## Benchmarks And Indicators

Activity	Result	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	EOP Target
1.a. Products and distribution	<ul style="list-style-type: none"> <li>• Increased sales of supported products to participating pharmacies</li> <li>• Dialogue between Ministry of Health and distributors and pharmacies regarding distribution policies for donated contraceptive products</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with/ between Ministry of Health, distributors and manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with/ between Ministry of Health, distributors and manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with/ between Ministry of Health, distributors and manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with/ between Ministry of Health, distributors and manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with/ between Ministry of Health, distributors and manufacturers</li> </ul>
2.a. Training of pharmacists	<ul style="list-style-type: none"> <li>• 40 private pharmacies in Chisinau with all relevant staff trained in contraceptive technology and quality customer services</li> </ul>	<ul style="list-style-type: none"> <li>• Training of trainers conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Training seminars conducted</li> <li>• Follow-up training conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up training conducted</li> <li>• Incentives rewarded for good performance</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up training conducted</li> <li>• Incentives rewarded for good performance</li> </ul>
3.a. Communication and promotional support	<ul style="list-style-type: none"> <li>• Incentives provided for pharmacists to provide QCS</li> <li>• Advertisements in newspapers announcing the participating pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Participating pharmacies selected</li> <li>• Meetings conducted with manufacturers about points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• Participating pharmacies announced</li> <li>• Meetings conducted with manufacturers about points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• Public relations activity for best performing pharmacies conducted</li> <li>• Points of sale available in participating pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Public relations activity for best performing pharmacies conducted</li> <li>• Points of sale available in participating pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Public relations activity for best performing pharmacies</li> <li>• Points of sale available in participating pharmacies</li> </ul>

## Notes on Activities

### Activity 1: Products and Distribution Support

SOMARC will work to make a broader range of low-dose oral contraceptives and condoms more widely available through private pharmacies in Chisinau. These two methods were chosen because they will expand the range of methods available, they can effectively be supported by training of pharmacists, and private pharmacies have already shown some interest in carrying these products. In addition, low-dose oral contraceptives have fewer side effects than older, higher-dose oral contraceptives, and condoms have the added benefit of providing protection from STDs and HIV/AIDS.

To help shift the brand mix to newer, safer formulations and to make a wider range of lower-dose pills available, SOMARC will work with the foreign manufacturers and local distributors who have already shown some interest in promoting low-dose pills in this market. This presently includes Gedeon Richter (with Rigevidon and Tri-Regol); Organon (with Marvelon, and possibly Exluton); Schering (with Microgynon, Femoden, and Triquilar); and Jenapharm (with Trisiston). SOMARC will work with these players to explore better credit and purchasing terms; to establish closer linkages between the manufacturers, distributors, and the retail pharmacies; and to solicit support for promotional brochures, videos, and the like.

If other manufacturers, particularly American companies such as Ortho, G. D. Searle, Syntex, Wyeth-Ayerst, or the Johnson & Johnson-affiliated Janssen-Cilag, express an interest in the market, SOMARC will attempt to collaborate with them as well.

In keeping with a focused, high-quality approach, SOMARC will target its distribution support to the most promising private pharmacies in the capital. Presently there are approximately 150 pharmacies in Chisinau, of which 90 percent are privately owned and managed. The current distributors of oral contraceptives are only interested in selling to 60 to 80 of these outlets, due to credit risk problems with the smaller pharmacies. SOMARC will work with the distributors to

identify the outlets that will most likely be able to continuously stock the newer brands of oral contraceptives. These outlets will be supported with training and limited promotional assistance.

Turning to the commercial market for condoms, a vast assortment of condoms are coming in through small traders from a variety of countries. Many of these supplies are of questionable quality. SOMARC will work to identify and encourage good distribution for a high-quality, affordable condoms in Chisinau. At present the most promising brand is Innotex— produced by Innotech in France and with whom SOMARC is already working in Central Asia.

SOMARC will encourage all the “trained,” larger pharmacies to stock the “quality” condom brand. SOMARC will also explore the possibility of extending distribution into other “quality” outlets. SOMARC will support condom distribution by soliciting media support from Population Communication Services (PCS) and supporting point-of-sale materials (POS) from PCS and the condom manufacturer.

The impact that donated products will have on the emerging commercial market for oral contraceptives (during these difficult economic times) is likely to be significant. (Manufacturers, distributors, and pharmacies all seem to be aware of these donated supplies.) SOMARC will attempt to establish convenience and quality service as competitive advantages for the commercial outlets. Nevertheless, government policies regarding the dispensing of these products will be an important factor, e.g., whether they adhere to the “high-risk” rationing policy; whether they charge a fee, for some, for services; or whether products will be freely available to all who visit the sites.

Given that this issue will impact SOMARC’s work to expand the role for the private sector, SOMARC will carefully monitor the situation and will take a lead role in raising the need for developing a well-thought-out, coordinated strategy with MOH and the donors. Discussions on appropriate market segmentation (i.e., distribution policies) and sustainability issues will be valuable.

Unlike oral contraceptives, the free distribution of condoms from MOH family planning rooms is unlikely to significantly impact condom sales from pharmacies, because condoms are primarily purchased by men and they are frequently impulse purchases. Commercial outlets will still have the strong advantage of convenience, and to a lesser extent privacy, over government outlets. Commercial condom sales are most frequently undercut when free distribution extends to such places as bars, factories, or the military or when thriving black markets exist.

Related to black market trade is the potential for siphoning off public-sector goods for resale in the commercial sector. To date, there is no indication that this is happening. Nevertheless, since this has been the experience in other countries, SOMARC will closely monitor the situation.

Expected Results of Activity 1

- Low-dose oral contraceptives and condoms available in participating pharmacies.
  
- Dialogue between MOH and distributors and pharmacies regarding distribution policies for donated contraceptive products. Indicators of these results will be:
  - Stock of low-dose oral contraceptives and condoms in participating pharmacies.
  
  - Agreements or negotiations between manufacturers and distributors.
  
  - Credit negotiations between distributors and manufacturers.
  
  - Point-of-sale materials distributed to participating pharmacies by manufacturers and distributors.
  
  - Point-of-sale materials developed by PCS distributed to participating pharmacies.

- Letters, meetings, documents regarding distribution policies for donated contraceptive products.

### Activity 2: Training of Pharmacists

The training component of this project is designed to support and energize a subset of private pharmacies in Chisinau. Pharmacies will be chosen to participate in the training component based largely on the likelihood that they will stock the “supported” brands, and on the perceived sustainability and overall image of their operation. Naturally, the larger, more well-established outlets with supportive, entrepreneurial managers will more likely be chosen. The selections will be made in close collaboration with the distributors and manufacturers’ representatives. It is anticipated that approximately 40 outlets will be selected for inclusion in the training.

SOMARC plans to train the chief pharmacist as well as two other key staff from each of the selected pharmacies. The chief pharmacist will in turn be responsible for training the remainder of his customer-contact staff. Self-guided training manuals and checklists will be available to assist with this ongoing training.

Formal training sessions will take place at a central location and will be conducted over a two-day period. SOMARC’s training curriculum will have a two-part focus — products and service. The first part will be on the relevant contraceptive products, including brands and dosages, screening and contraindications, and side-effect management. The second part will focus on quality customer service, including treating customers politely and with respect; identifying customer needs; answering customer questions; what to do if staff are too busy; and the like. Based on lessons learned in other countries, the quality service component will be enhanced and will receive greater emphasis. The manufacturers will be invited and will have an opportunity to promote their products at these sessions.

SOMARC will conduct a training-of-trainers (TOT) as well as oversee subsequent training sessions. To the extent possible, SOMARC will use trainers who have been trained by the other

USAID CAs working in the country and who already have training experience. SOMARC intends to use a combination of physicians and pharmacists as trainers.

Approximately 120 pharmacists (including pharmacist's assistants and sales clerks) will receive classroom training. The chief pharmacists will be invited for training first, followed by their key staff. After this initial wave of training has taken place, procedures will be put in place for training of additional pharmacy staff and for refresher training.

### Expected Results for Activity 2

- Forty private pharmacies in Chisinau with all relevant staff trained in contraceptive technology and quality customer services. Indicators of these results will be:
  - Number of trained pharmacists.
  - Number of trained trainers.
  - Number of on-site follow-up training visits to participating pharmacies.
  - Use of self-instruction manual by participating pharmacies.

### Activity 3: Communications and Promotional Support

SOMARC will solicit support for adapting and reproducing method and brand-specific brochures to be given out in pharmacies. Additional support might come by distributing a list of "trained" pharmacies to ob/gyns, publishing such a listing in newspapers, or airing public service announcements (PSAs) that direct consumers to participating outlets.

Expected Results of Activity 3

- Incentives provided for participating pharmacists to provide quality customer service.
- Advertisements and/or public service announcements announcing the participating pharmacies.
- Point-of-sale materials available to consumers at participating pharmacies. Indicators of these results will be:
  - Number of advertisements in the newspapers.
  - Public service announcements about participating pharmacies.
  - Availability of point-of-sale materials at participating pharmacies.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	
OYB Transfer	
Buy-In	279,725
<b>Total</b>	<b>\$279,725</b>

- Increase the involvement of the private doctors in family planning services and IEC.

### USAID Mission Objectives

USAID's bilateral program ends in 1999. The current strategy under this bilateral program includes a strong effort to complete a total phase out of donated commodities by the end of the bilateral program. Accordingly, USAID's strategic objectives in Morocco are to :

- Increase prevalence for modern methods, with a increased share for longer-term methods, specifically IUD and Injectable.
- Increased participation of the private sector in the provision of family planning information, methods and services.

Achievement of these objectives is expected to:

- Improve the health and well being of low-income population in Morocco.
- Increase the contraceptive prevalence rate with emphasis on longer-term methods.
- Expand contraceptive method choice for Moroccan couples.
- Reduce the burden of government and international donors in providing social products and services.
- Foster private-sector growth by promoting and supporting private-sector participation in the achievement of social goals.

## **MARKETING ENVIRONMENT**

### **Method Mix**

Current prevalence for modern methods is 42 percent and that of traditional methods is 14 percent; 68 percent of modern methods users are pill users, while 9 percent are IUD users. Users of injectables are less than 1 percent of all modern method users.

### **Market Share**

The Ministry of Health (MOH) operates a large national program that provides 65 percent of all family planning services. In the MOH program contraceptives are free.

The private sector provides 35 percent of all services. The pharmacies account for 30 percent of these services, while private doctors provide only 5 percent. Among private doctors, ob/gyns are the major source of services, but these are concentrated in major urban areas and are expensive, and IUD insertion will cost between 450 Dhhs (US \$50) and 1,500 Dhhs (US \$190). General physicians are the majority of private-sector providers. Private doctors account for more than 70 percent of all health services provisions in country but they only contribute 5 percent to family planning services.

The Al Hilal program started in 1989 and since then three products have been introduced in the private sector. The Protex condoms, the Kinat Al Hilal oral contraceptives and recently the Hoqnat Al Hilal injectable. A fourth product, the Intra-Uterine Device (IUD) Lawlab Al Hilal will be launched by mid-1997.

### Couple Years of Protection, Income, and Sales

Couple years of protection offered by Al Hilal program to date:

<b>Product</b>	<b>Couple Years of Protection</b>
Protex	74,039
Kinat Al Hilal	405,442
Hoknat Al Hilal	1,125
<b>Total</b>	<b>480,606</b>

### Marketing Strategies

SOMARC Morocco marketing strategies vary by product. The central strategy is based on a “family of products” approach. The program creates the conditions for having a range of products and services supported by the same label Al Hilal.

#### The Injectable — Hoqnat al Hilal

- Brand name of Depo-Provera is Hoqnat Al Hilal.
- Creation of the Al Hilal range, which will be the basis to follow on social marketing activities in Morocco.
- In accordance with this strategy, a new billboard was created for the TV spots of Kinat Al Hilal (the pill) to introduce the new logo Al Hilal. The concept carried out is “Look for this logo, you will find high-quality contraceptives and services at an affordable price.”
- Hoqnat Al Hilal will be sold in all the pharmacies of the country (2,600 pharmacies).

- The manufacturer, Pharmacia & Upjohn, has agreed to keep a very low price in exchange for marketing support. The distributor develops promotional activities with pharmacies and visits to doctors.
- Public relations campaign for long-term methods will be launched in June 1997.
- Mass Media campaign: TV and Radio spots. Launch in June 1997.
- Promotional materials for customers in pharmacies and doctors' offices. The messages insist on the importance of the service provider.
- DMPA training for:
  - Doctors.
  - Pharmacists.
  - Nurses.
  - Midwives.

**The IUD — Lawlab al Hilal**

- Brand name of Copper T-380-A is Lawlab Al Hilal.
- The product and the service are supported by the Al Hilal label.
- Training of 500 general practitioners in IUD insertion and quality of service by JSI and 200 will be potentially added for a refresher training.

- It is planned that an memorandum of understanding will be signed between FUTURES, Famy Care (manufacturer) and Reacting (commercial distributor) for Lawlab Al Hilal distribution throughout the country and another memorandum of understanding between FUTURES, Reacting and AMPF (Moroccan Association of Family Planning), which already has 25,000 IUDs Copper T-380-A in stock.
- Public relations campaign combined with the injectable.
- Mass media campaign: TV and radio spots. Launch in July 1997.
- Promotional materials: IUD packaging, IUD poster for doctors' offices, all methods brochure (Al Hilal brochure), all methods poster (Al Hilal poster).
- NGO programs for trained doctors promotion and IUD insertion financing.

### **OBJECTIVES OF WORKPLAN**

Under USAID/Rabat Objective 2, SOMARC's broad objectives through the end of project are shown in the table below:

#### **Objectives and Outcomes**

<b>Objectives</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
1. Increase contraceptive prevalence for long-term methods	1.a. Increased number of injectable and IUD users	• Sales	• Sales reports
	1.b. Increased sales of oral contraceptives by 10 percent	• Sales	• Sales reports
	1.c. Sustained sales of condoms	• Sales	• Sales reports
2. Increase family planning services in the private sector	2.a. Increased number of private-sector doctors offering family planning	• Number of doctors carrying Al Hilal logo	• Detailing reports

Objectives	Outcomes	Indicators	Data Source
	2.b. All pharmacies carrying Al Hilal products	<ul style="list-style-type: none"> <li>Number of pharmacies carrying Al Hilal products</li> </ul>	<ul style="list-style-type: none"> <li>Distribution reports</li> </ul>
3. Increase demand for family planning services in the private sector	3.a Increased number of MWRA who will visit a private physician to obtain family planning services	<ul style="list-style-type: none"> <li>Service statistics</li> </ul>	<ul style="list-style-type: none"> <li>NGO reports</li> </ul>
	3.b Increased number of women who know and can identify an Al Hilal services provider	<ul style="list-style-type: none"> <li>Advertising awareness</li> </ul>	<ul style="list-style-type: none"> <li>Surveys</li> </ul>

### Notes on Objectives

A total of 799,851 couple years of protection are projected for the life of SOMARC III in Morocco (October 1992-September 1998). Of this total, 578,014 couple years of protection will be generated through sales projected to be made between January 1997 and December 1998:

Product	Sales 1997	Sales 1998	Couple Years of Protection 1997	Couple Years of Protection 1998
Protex	2,285,719	2,400,000	15,238	16,000
Kinat Al Hilal	1,924,887	2,069,254	128,326	137,950
Hoqnat Al Hilal	42,000	60,000	10,500	15,000
Lawlab Al Hilal	20,000	30,000	105,000	150,000
Total	N/A	N/A	259,064	318,950

Outcomes and benchmarks for these four objectives are as follows.

**Objective 1. Increase Contraceptive Prevalence for Long-Term Methods**

**Outcome**

- Increased number of injectable and IUD users.
- Increased sales of oral contraceptives by 10 percent.
- Sustained sales of condoms.

**Benchmarks**

- 10,000 vials Depo-Provera sold in the third quarter of 1997.
- 15,000 vials Depo-Provera sold in the first quarter of 1998.
- Average of four IUD insertions per month per Al Hilal doctor by November 1997.
- Average of ten IUD insertions per month by Al Hilal doctor by July 1998.

**Objective 2. Increase Family Planning Services in the Private Sector**

**Outcome**

- Increased number of private-sector doctors offering family planning.
- All pharmacies carrying Al Hilal products.

### Benchmarks

- Depo-Provera available in 2,400 pharmacies by September 1997.
- 700 pharmacies trained in Depo-Provera by September 1997.
- 1,400 pharmacies trained in Depo-Provera by March 1998.
- 50 percent of private-sector nurses and midwives trained and offering services by December 1997.
- 150 private general practitioners trained by July 1997.
- 200 general practitioners carrying the AL Hilal logo and products by November 1998.
- 500 general practitioners trained and carrying the AL Hilal logo and products by July 1998.

### Objective 3. Increase Demand for Family Planning Services in the Private Sector

#### Outcome

- Increased number of MWRA who will visit a private physician to obtain family planning services.

#### Benchmark

- Average of ten family planning consultations per month to AL Hilal doctors in selected demand generation areas in Casablanca, by December 1997.

- Increase number and coverage of demand generation areas to six major urban areas in July 1998.
- Average of fifteen family planning consultations per month to Al Hilal doctors by July 1998.

### Social Marketing Activities

#### Activities and Outcomes

Objectives	Activities	Outcomes	Indicators	Data Source
1. Increase contraceptive prevalence for long-term methods	1.a. Kinat al Hilal	• 308,000 couple years of protection	• Sales/couple years of protection	• Sales reports
	1.b. Hoqnat al Hilal	• 25,500 couple years of protection	• Sales/couple years of protection	• Sales reports
	1.c. Lawlab al Hilal	• 255,000 couple years of protection	• Sales/ couple years of protection	• Sales reports
	1.d. Al Hilal doctor	• 10 IUD insertions per month per Al Hilal Doctor	• Sales visits	• Detailing reports
2. Increase family planning services in the private sector	2.a. Pharmacies	• 2,400 Sales Outlets	• Sales visits	• Distribution reports
	2.b. General practitioners	• 500 Al Hilal doctors	• Detailed	• Detailing reports
	2.c. NGOs	• NGOs recruited in six cities	• Contracts with NGOs	• NGO evaluation report
3. Increase demand for family planning services in the private sector	3.a. Communications	• Increased awareness	• Awareness	• Survey
	3.b. IEC NGOs	• 15 consultations per month per doctor	• Number of consultations	• NGOs evaluation report
	3.c. Micro-credits		• Number of loans	• NGOs evaluation report

### Benchmarks and Indicators

Activity	Outcomes	Benchmark Quarter 3 1997	Benchmark Quarter 4 1997	Benchmark Quarter 1 1998	Benchmark Quarter 2 1998	End-of-Project Target
1.a. Kinat al Hilal	• 308,000 couple years of protection	• 500,000 cycles	• 500,000 cycles	• 520,000 cycles	• 550,000 cycles	• 1,670,000 cycles sold by September 1998
1.b. Hoqnat al Hilal	• 25,500 couple years of protection	• 10,000 vials sold		• 15,000 vials sold		• 45,000 vials sold by September 1998
1.c. Lawlab al Hilal	• 255,000 couple years of protection	• 10,000 IUDs sold	• 12,000 IUDs sold	• 14,000 IUDs sold	• 15,000 IUDs sold	• 44,000 IUDs sold by September 1998
1.d. Al Hilal doctor	• 10 IUD insertions per month per Al Hilal doctor		• 4 insertions per Month		• 10 insertions per month	• 5,000 insertions per month
2.a. Pharmacies	• 2,400 sales outlets		• 2,400 outlets			• All pharmacies carrying Al Hilal products
2.b. General Practitioners	• 500 Al Hilal doctors	• 150	• 300	• 500		• 500 Al Hilal doctors
2.c. NGOs	• NGOs recruited in six cities	• Four in Casablanca		• Two more cities	• Three more cities	• Six Cities
3.a. Communications	• Increased awareness of Al Hilal					• To be Developed
3.b. IEC NGOs	• 15 consultations per month per doctor	• 5 consultations per month per doctor	• 10 consultations per month per doctor	• 15 consultations per month per doctor	• 15 consultations per month per doctor	• 15 consultations per month
3.c. Micro-credit	• To be developed					• To be developed

## Notes on Activities

SOMARC Morocco will carry out a series of activities related to the achievement of its objectives to increase the prevalence of long-term methods, as well as the supply of, and demand for private-sector family planning services.

## Social Marketing Activities

### Activity 1.b. Hoqnat Al Hilal

#### Product

- Depo-Provera is manufactured by Pharmacia & Upjohn and imported by Polymedic. The packaging includes the Al Hilal logo.

#### Price

- Based on an agreement between FUTURES and Upjohn, the price is \$ 3.7 (34 Dhirs) to the customer.

#### Objectives

- Ensure the availability of Hoqnat Al Hilal in the 2,600 pharmacies of the kingdom.
- Obtain the support of prescribers and service providers to have them recommend Hoqnat Al Hilal.
- Increase trial for Hoqnat Al Hilal.
- Increase continuation rates among Hoqnat al Hilal users as a result of counseling.

### Distribution and Sales

Polymedic and Roussel Diamant are handling this component. Polymedic goes through traditional wholesalers to ensure distribution in the 2,600 pharmacies. Roussel Diamant implements a promotional program through visits to pharmacies and doctors.

The Al Hilal program ensures the follow up and evaluation of these efforts using sales and distribution data.

### Training

To increase the quality of information on the DMPA and management of secondary effects, a training program for 1,400 service providers in the first year started in November 1996.

The program includes two parts:

- Training workshops in contraceptive technology and counseling for pharmacists.
- Reflection and working days with doctors.

An additional training will be implemented to reach all the nurses and midwives of the private sector.

### Communication

- TV spots, radio spots, and promotional materials for pharmacies and doctors.
- Public relations campaign for long-term methods including media training for program spokespersons, articles in the press, TV and radio broadcasting.

Activity I.c. Lawlab Al Hilal

Product

- The IUD Copper T-380-A will be provided by Famy Care in India at \$.60 CIF Casablanca.
- The product will be repackaged with the brand name of Lawlab Al Hilal.

Price

- Based on an agreement between FUTURES and Reacting, the IUD price will be \$6.36 (60 Dhirs).

Objectives

- Increase private doctors participation in reproductive health service providing.
- Ensure that all the general practitioners trained by JSI and the Ministry of Health will offer high-quality services at an affordable price.
- Involve private ob/gyns who are offering the same commitment.
- Reach an average of four IUDs inserted per month for each trained doctor.

Distribution and Sales

- The commercial distributor will import the product from Famy Care and will sell it directly to doctors (trained general practitioners and ob/gyns) and to pharmacies. Based on current market size, it is expected that 30,000 IUDs would be sold the first year if general

practitioners training objectives by JSI are achieved. This would represent an average of four IUDs per month for each general practitioner trained.

- The commercial distributor committed himself to establish an agreement with AMPF for market cover.
- The Al Hilal program will develop daily and weekly reports with the distributor to create an MIS for follow up and evaluation of these efforts.

### Training

- The Al Hilal program will support the training efforts of the private-sector project of JSI, through refreshment training.
- The program has just initiated a training effort in management and marketing of services for general practitioners.
- After the training is completed in the Center and North-West regions (including Rabat and Casablanca), nearly two-thirds of the general practitioners will have been trained and the refresher training will have been completed too. At that time, a mass media campaign for Lawlab Al Hilal will be launched.

### Communication

- The program will create demand for IUD insertion through a complete marketing campaign, including TV and radio spots, brochures and posters for low-literate population, and community direct marketing activities.
- The key messages for the IUD are that it is a convenient method, safe, efficient, lasting up to ten years, and affordable.

- The core target for the IEC activities are women of more than 24 years in urban and peri-urban areas, non-users of any method, current users or past users of the pill, who are willing to space or limit births.
- The second target are the husbands who must be reassured regarding negative rumors about the IUD and who must be convinced of the advantages of family planning for the well being of the whole family.

#### Service Providers Promotion

- The trained doctors who are maintaining affordable prices will be promoted by including them in the Al Hilal network supported by the Al Hilal logo, which will be printed on their business cards and prescription pads.
- In Morocco, it is illegal to promote doctors by name, except if they are working in partnerships with NGOs. In order to increase the notoriety of the Al Hilal network, and link trained doctors with potential clients for the IUD, two pilot programs will be launched with NGOs in Casablanca.
- The objective of the first pilot is to implement IEC activities toward the target and have NGOs refer potential IUD users to trained doctors.
- For the second program, there is an additional objective, which is to help potential IUD users finance the service through micro-credits.

#### Public Relations

The objectives of the public relations campaign are to:

- Create an awareness and comprehension of the project among the medical community and opinion leaders of the government and the private sector.
- Develop a consensus to support the project's activities among public and private partners.
- Train spokespersons who will be able to deliver favorable key messages for the project.

**BUDGET**

Funding Source	Projected: April 1, 1997- September 30, 1998
Field Support	1,313,991
OYB Transfer	
Buy-In	
<b>Total</b>	<b>\$1,313,991</b>

**Morocco Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept
1. Increase family planning services in the private sector	DMPA training: Development of further training schedules	*****	October			
	IUD Distribution: Direct distribution start:					
	• Casablanca	*****	October			
	• Rabat	*****	October			
	• Marrakech	*****	October			
	• Tanger	*****	October			
	• Fes	*****	October			
	• Meknes	*****	October			
	• Oujda	*****	October			
• Agadir	*****	October				
2. Increase demand for family planning services in private sector	Communication:					
	Hoqnat Al Hilal:					
	• TV and radio spots on air	*****	October			
	• Promotional materials	*****	October			
	• Lawlab Al Hilal:					
	• Final Al Hilal brochure	July				
	• Distribution poster/brochure	*****	October			
	• Radio spots pre-test	July				
	• Final radio spots	July				
• TV and radio spots on air	*****	October				

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
	Public relations: • Public relations activities launch	*****	October				
	IEC NGOs: • IEC workplans/budgets	July					
	• IEC activities launch	*****	October				
	Micro-credits for IUD insertion financing						
	• Micro-credit workplans/budgets/ logistics	July/ August					
	• Micro-credit activities launch	August/ September	October				

# NEPAL

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the achievement of Nepal's national family planning goals through its technical assistance to its local implementing partners — the Nepal CRS Company, and the Pariwar Swastha Sewa Network (PSSN) of private physicians. SOMARC's technical assistance is directed at enabling CRS to achieve its objectives to increase: (1) total contraceptive sales and CYP, (2) consumer access to the full range of CRS socially marketed contraceptives and maternal/child health products, and (3) access to condoms by high-risk groups in USAID HIV/AIDS project targeted areas.

## BACKGROUND

While Nepal has shown some encouraging signs of progress toward reaching the government's health policy goals for the year 2000, continued strong support for family planning and maternal child health programs is still necessary. There remains a very large unmet need for family planning, a great number of gaps in family planning and maternal-child service delivery, and a large number of high-risk births.

Data from the 1996 Nepal Family Health Survey suggests growing demand for quality family planning services. Mean desired family size has declined from 4.0 to 2.9 children since 1976, and the unmet demand for family planning is high. The survey showed that 43 percent of married women of reproductive age want to limit and 17 percent want to space their next birth.

Currently contraceptive prevalence is 28.5 percent of MWRA, with sterilization accounting for the majority (17.5 percent), with temporary and traditional methods making up the difference. With the strong demand for spacing methods, there is tremendous potential for modern temporary methods. Research has indicated that the recently introduced injectable is fast approaching sterilization as women's method of choice, though access has and continues to be a

problem. To serve an expanding consumer market, Nepal is covered by a vast array of retail outlets, including over 12,000 pharmacies and many more general shops, of various types. Kathmandu alone is estimated to have over 35,000 retail points of sale. Many pharmacies have trained staff who provide for basic health-care needs, including injections, so the potential to increase availability of injectable contraceptives is promising. Although private physicians are few, the service quality is perceived to be higher than in the public sector and the potential for increased provision of family planning services through this channel is also quite promising.

Nepal's national family planning objective is to increase modern contraceptive use to 36 percent by the year 2002.

#### **USAID Mission Objectives**

- To achieve reduced fertility and improve maternal-child health in Nepal.
- To reduce the rate of sexually transmitted HIV infection by increasing sexually transmitted disease (STD) and HIV/AIDS prevention and control practices by high-risk groups in targeted areas.

#### **MARKETING ENVIRONMENT**

SOMARC works with its local implementing partners, the Nepal CRS Company and the Pariwar Swastha Sewa Network (PSSN) of private physicians, to develop their organizational capacities to develop and manage effective and cost-efficient marketing and distribution strategies for their respective portfolios of contraceptive products.

#### **Product Mix — Nepal CRS Company**

- Condoms (Dhaal and Panther).
- Oral contraceptives (Nilocon White and Gulaf).

- Injectables (Sangini).
- Vaginal foaming tablets (Kamal).
- IUDs.
- Norplant.
- Safe Home Delivery Kits.
- Bleaching powder (Virex).

**Method Mix — PSSN**

- Male and female sterilization.
- Short- and long-term temporary methods (IUDs, injectables, Norplant and pills).
- Complete range of reproductive health services.

**Market Share**

The private sector is not a major factor as yet in Nepal. Family planning products and services are provided free of charge (or at nominal cost) by His Majesty's Government of Nepal (HMG/Nepal) and FPAN, and at subsidized social marketing prices by Nepal CRS Company and PSSN.

According to the recently completed Nepal Fertility and Health survey (1996), modern method usage is as follows among married women of reproductive age:

Method	Percent
Any Modern Method	26.0
Female Sterilization	12.1
Male Sterilization	5.4
Injectables	4.5
Condoms	1.9
Pills	1.4
IUDs	0.3
Norplant	0.4
Diaphragm/Foam/Jelly	0.1
Traditional Methods	2.5

The injectable was launched only recently in the private sector (1994), through a growing number of specially trained "Sangini" pharmacists and through PSSN providers, but the private-sector share of this market is growing rapidly, and is currently estimated to be over 20 percent.

Overall, CRS Company provides approximately 33 percent of the total temporary methods market. In terms of condoms and pills, which CRS has been marketing for over 10 years, their share of market is substantial:

- Condoms: 41 percent (1995)
  - Pills: 37 percent (1995)
- } 40%

SOMARC's marketing assistance to the PSSN began only recently (1995), with a formal launch in 1996, but the network is achieving strong member growth, and steadily increasing private-sector family planning and reproductive health services provision.

**Couple Years of Protection, Income, and Sales**

CYP achievement in Nepal since 1993 is shown below.

**CYP Achievements: 1993-1996**

Year	Couple Years of Protection		Total
	CRS	PSSN	
1993	87,344	6,079	93,423
1994	110,270	6,106	116,376
1995	124,000	11,917	135,917
1996	110,000	25,018	135,018
<b>TOTAL</b>	<b>431,614</b>	<b>49,120</b>	<b>480,734</b>

**Marketing Strategies**

- Revamp CRS sales and distribution operations to increase motivation, cost-effectiveness, sales, revenue collection and managerial control.
- Motivate the trade to distribute CRS products in remote, difficult-to-reach areas.
- Improve effectiveness of marketing communications for creating awareness and impact on trial and sales.

- Significantly expand the number of private practitioners and private health-care facilities providing reproductive health services (including STD treatment/counseling) while improving the quality of service provision.
- Improve the range of methods and availability of reproductive health services in the private sector.
- Convince private providers of the benefits of offering services at lower costs.
- Provide comprehensive training for private health-care providers to improve knowledge and counseling skills as well as to improve overall quality of care for family planning products and services.
- Explore the use of non-medical doctors to provide specific family planning services within private clinics (e.g., IUD and Norplant insertions by ANMs, etc.).
- Develop a network for linking service delivery sites with existing referral networks (Sangini pharmacies).
- Improve consumer knowledge and awareness of a wider range of methods and their availability in the private sector through well-tested advertising and promotion using a range of media channels.

### **Barriers and Threats**

- Large volume of donated commodities expected to flow through the public sector over the next five years threatens market share and growth of the private sector in family planning products and services provision.

- Condom consumers may reject using 52mm condoms since they have traditionally used smaller 49 mm condoms.
- High cost of distribution in difficult terrain.
- Expansion of PSSN beyond the Kathmandu Valley will pose logistical difficulty in providing quality monitoring and regular site assessments.

### **Policy Needs**

- Market segmentation and consumer ability to pay analyses needed so that commodities and projected share of market are properly allocated to the public and private sectors.

### **Opportunities**

- High potential demand based on unmet need.
- Growing market for injectables.
- Potential to link with high number of NGOs and women's groups for hormonal contraceptives promotion and sales.
- High perceived quality in private-sector clinics.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. To increase sales to reach a total couple years of protection of 316,704 (ref: Section III for breakdown of sales and couple years of protection by method) [Ref.: USAID Objective A]	<ul style="list-style-type: none"> <li>Achieved sales and couple years of protection objectives</li> </ul>	<ul style="list-style-type: none"> <li>Sales</li> <li>Couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
2. To increase consumer access to the full range of CRS socially marketed contraceptives and maternal/child health products [Ref.: USAID Objective A]	<ul style="list-style-type: none"> <li>Achieved distribution to 10,000 total outlets</li> </ul>	<ul style="list-style-type: none"> <li>Number of total outlets</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
3. To increase access to condoms by high-risk groups in USAID HIV/AIDS project targeted areas [Ref.: USAID Objective B]	<ul style="list-style-type: none"> <li>Achieved condom distribution to 3,000 medical shops and 7,000 non-traditional outlets</li> </ul>	<ul style="list-style-type: none"> <li>Number of outlets by category</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
4. Expand and improve the quality and quantity of reproductive health services provided through private-sector outlets [Ref.: USAID Objective A]	<ul style="list-style-type: none"> <li>Increase qualified (certified) PSSN membership: 100 in 1997, 200 in 1998</li> <li>All members meet National medical standards</li> <li>Achieve couple years of protection objectives</li> <li>Improve client satisfaction</li> <li>Increase family planning services and counseling in network clinics</li> </ul>	<ul style="list-style-type: none"> <li>Number of members meeting national medical standards</li> <li>Client satisfaction</li> <li>Couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Network membership list</li> <li>Site assessments</li> <li>Client surveys</li> <li>Mystery client surveys</li> <li>Sales reports</li> </ul>

### Notes on Objectives

USAID Mission objectives are:

- To achieve reduced fertility and improve maternal-child health in Nepal.
- To reduce the rate of sexually transmitted HIV infection by increasing sexually transmitted disease (STD) and HIV/AIDS prevention and control practices by high-risk groups in targeted areas.

Both are addressed directly by the SOMARC program, whose primary goal is to make a wide range of family planning and health products and services available through the private sector to lower-income couples. Specifically, this entails the achievement of the following four objectives:

### Couple Years of Protection, Income and Sales

- The goal is to achieve the following sales and couple years of protection objectives through September 1998:

Product	1997 Sales	1997 Couple Years of Protection	1998 Sales (Jan.-Sept.)	1998 Couple Year of Protection (Jan.-Sept.)	Total Sales	Total Couple Years of Protection
Condoms	8,341,473	83,415	7,500,000	75,000	15,841,473	158,415
Oral Contraceptives	288,654	22,204	272,325	20,948	560,979	43,152
Vaginal Foaming Tablets	438,912	4,389	362,102	3,621	801,014	8,010
Injectables	50,000	12,500	48,750	12,188	98,750	24,688

Product	1997 Sales	1997 Couple Years of Protection	1998 Sales (Jan.-Sept.)	1998 Couple Year of Protection (Jan.-Sept.)	Total Sales	Total Couple Years of Protection
IUDs	2,688	21,504	3,000	24,000	5,688	45,504
Norplant	240	1,200	207	1,035	447	2,235
Male Sterilization	750	7,500	850	8,500	1,600	16,000
Female Sterilization	880	8,800	990	9,900	1,870	18,700
<b>TOTAL</b>		145,212		136,792		316,704

- Increase consumer access to the full range of CRS socially marketed contraceptives and maternal/child health products.
- Increase access to condoms by high-risk groups in USAID HIV/AIDS project targeted areas.
- Expand and improve the quality and quantity of family planning and reproductive health services being provided through selected private-sector clinics.

## SOCIAL MARKETING ACTIVITIES

### Activities and Results

#### CRS

Objectives	Activities	Outcomes	Indicators	Data Source
	<b>Brand/Product Marketing</b>			
	<b>Dhaal Condoms</b>			
1. To increase sales to reach a total couple years of protection of 316,704 (ref: Section III for breakdown of sales and couple years of	1.a. Assist in launch of Dhaal single condoms	<ul style="list-style-type: none"> <li>• Achieved sales of at least 500,000 "singles" from June to December 1997</li> </ul>	<ul style="list-style-type: none"> <li>• Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
protection by method)				
	1.b. Review and assist in revisions of brand marketing strategy and assist in marketing execution	<ul style="list-style-type: none"> <li>Achieved sales/objectives</li> </ul>	<ul style="list-style-type: none"> <li>Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
	<b>Panther Condoms</b>			
	1.a. Reposition product with new creative and marketing strategy that will strengthen appeal to young, upper "C" and "B" class consumers	<ul style="list-style-type: none"> <li>Achieved sales of 1,717,392 units in 1997 and 1,575,000 units from January to September 1998</li> </ul>	<ul style="list-style-type: none"> <li>Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
	<b>Hormonal Contraceptives (General)</b>			
	1.a. Conduct research on pill users to determine factors that build continuation of pill use	<ul style="list-style-type: none"> <li>Reorientation of marketing effort to increase sales</li> </ul>	<ul style="list-style-type: none"> <li>Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
	1.b. Work with women's groups and NGOs to promote CRS hormonal contraceptives and long-term methods in grass-roots promotional efforts	<ul style="list-style-type: none"> <li>Greater awareness and increased sales</li> </ul>	<ul style="list-style-type: none"> <li>Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
	<b>Nilocon White Oral Contraceptives</b>			
	1.a. Assist launch and ongoing marketing execution for Nilocon White	<ul style="list-style-type: none"> <li>Successful launch of Nilocon White — current users of Nilocon maintained and new users gained</li> <li>Achieve sales and couple years of protection objectives</li> </ul>	<ul style="list-style-type: none"> <li>Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	<b>Gulaf/Golden Gulaf Oral Contraceptives</b>			
	Assist marketing execution of Gulaf and launch of Golden Gulaf in 1998	<ul style="list-style-type: none"> <li>• Successful launch of Golden Gulaf — current users of Gulaf maintained and new users gained</li> <li>• Achieve sales and couple years of protection objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>
	<b>Sangini Injectables</b>			
	Review and assist in revisions of brand marketing strategy and assist in marketing execution	<ul style="list-style-type: none"> <li>• Achieved nationwide coverage for the Sangini program by September 1998</li> <li>• Achieved sales and couple years of protection objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>
	<b>Clinical Products — IUDs and Norplant</b>			
	Collaborate with NFCC and AVSC to expand private-practitioners network to expand market for IUDs and Norplant	<ul style="list-style-type: none"> <li>• Increased total number of trained providers for IUDs and Norplant to 200</li> <li>• Achieved sales and CYP objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Number of provider members in the private practitioners network</li> <li>• Sales and couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>• NFCC/PPN reports</li> <li>• Sales reports</li> </ul>
	<b>Virex Bleaching Powder</b>			
	Assist in expanding marketing of Virex bleaching powder to private providers and public sector	<ul style="list-style-type: none"> <li>• Achieved sales of 13,310 units in 1997 and 11,979 units from January to September 1998</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	<b>Safe Home Delivery Kits</b>			
	Review and assist in revisions of brand marketing strategy and assist in marketing execution	<ul style="list-style-type: none"> <li>• Achieved sales of 19,508 kits in 1997 and 17,557 kits from January to September 1998</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>
	<b>Amrit Jal Oral Rehydration Salts</b>			
	Assist launch of Amrit Jal oral rehydration salts in 1998	<ul style="list-style-type: none"> <li>• Achieved sales of 1,500,000 units from January to September 1998</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>
	<b>Sales and Distribution</b>			
	Assist in revamping sales and distribution operations: <ul style="list-style-type: none"> <li>• Introduce commission system</li> <li>• Convert sales force to independent entrepreneurial force</li> <li>• Improve sales and distribution reporting</li> <li>• Improve management control</li> <li>• Review option of private-sector participation</li> </ul>	<ul style="list-style-type: none"> <li>• Increased sales (possibly above current targets), distribution coverage and number of outlets offering CRS products. (No coverage data available now. This needs to be resolved to assess growth in outlets.)</li> <li>• 100 percent sales revenue recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Number of outlets</li> <li>• Sales</li> <li>• Sales revenue recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> <li>• Financial reports</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
<b>PSSN</b>				
	<b>Management and Sustainability</b>			
	<ul style="list-style-type: none"> <li>• Senior advisory panel meetings on regular basis to review and guide program</li> <li>• Quarterly and annual meetings of all members</li> <li>• Currently managed by NFCC, network management will be transferred to independent secretariat</li> <li>• The network is currently collecting nominal membership fee and annual renewal fees. These will be used to fund an increasing proportion of program marketing activities</li> </ul>	<ul style="list-style-type: none"> <li>• High member satisfaction and motivation</li> <li>• Demand for membership among non-members</li> <li>• Secretariat funds increasing share of program activities</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at provider meetings</li> <li>• Requests for membership</li> <li>• Satisfaction with network programs</li> <li>• PSSN-funded activities</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance records</li> <li>• Requests received by PSSN</li> <li>• Provider surveys</li> <li>• Program budget</li> </ul>
	<b>Service Quality</b>			
	<ul style="list-style-type: none"> <li>• Service Excellence Award Program</li> <li>• Service Quality Standards reviewed prior to membership acceptance and annual renewal</li> <li>• Regular site assessments and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• All members meet National Medical Standards</li> <li>• Client satisfaction exceeds 90 percent</li> </ul>	<ul style="list-style-type: none"> <li>• National Medical Standards for Quality of Care in family planning/reproductive health service provision</li> <li>• Client satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Site assessments</li> <li>• Client surveys</li> <li>• Mystery client surveys</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	<b>Communications</b> <b>a) Merchandising and Promotional Activities</b>			
	<ul style="list-style-type: none"> <li>• Signage with logo visible in all member clinics</li> <li>• Member certificates, prescription pads and other promotional materials</li> </ul>			
	<b>b. Mass Media Communications/Promotion</b>			
	<ul style="list-style-type: none"> <li>• Television (promote service and methods)</li> <li>• FM radio</li> <li>• Print: Poster, network brochure, methods brochure, counseling brochure, flyers, leaflets, newsletter</li> <li>• Community promotions</li> </ul>	<ul style="list-style-type: none"> <li>• High awareness of network among potential clients</li> <li>• Client volume increases to achieve couple years of protection objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Client awareness</li> <li>• Couple years of protection achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Client surveys</li> <li>• Sales reports</li> </ul>
	<b>Training</b>			
	<ul style="list-style-type: none"> <li>• All members and clinic staff trained in methods, client counseling, infection prevention and marketing</li> </ul>	<ul style="list-style-type: none"> <li>• All members meet national medical standards</li> <li>• Improved client counseling</li> </ul>	<ul style="list-style-type: none"> <li>• National medical standards</li> <li>• Information provided to clients</li> </ul>	<ul style="list-style-type: none"> <li>• Site assessments</li> <li>• Client surveys</li> <li>• Mystery client surveys</li> </ul>
	<b>Research</b>			
	<ul style="list-style-type: none"> <li>• Tracking survey — providers — March 1997 and March 1998</li> <li>• Client tracking survey — June 1997 and June 1998</li> <li>• Mystery client survey — July 1997 onward</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys completed on schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Research schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Research reports</li> </ul>

## Benchmarks and Verifying Indicators

### CRS

Activities	Results	1997			1998			End-of-Project Target
		Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	
<b>Brand/Product Marketing</b>								
<b>Dhaal Condoms</b>								
Launch of Dhaal singles	<ul style="list-style-type: none"> <li>• Sales achievement</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• 250,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 250,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>
Revise marketing strategy and assist in marketing execution	<ul style="list-style-type: none"> <li>• Sales achievement</li> <li>• Double number of non-traditional outlets selling condoms by September 1998</li> </ul>	<ul style="list-style-type: none"> <li>• 1,650,020 units</li> <li>• Outlets — data not available</li> </ul>	<ul style="list-style-type: none"> <li>• 1,650,020 units</li> <li>• Outlets — data not available</li> </ul>	<ul style="list-style-type: none"> <li>• 1,650,020 units</li> <li>• Outlets — data not available</li> </ul>	<ul style="list-style-type: none"> <li>• 1,975,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 1,975,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 1,975,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 12,549,000 units</li> <li>• Outlets — data not available</li> </ul>
<b>Panther Condoms</b>								
Reposition product with new creative and marketing strategy	<ul style="list-style-type: none"> <li>• Achieved sales</li> </ul>	<ul style="list-style-type: none"> <li>• 429,348 units</li> </ul>	<ul style="list-style-type: none"> <li>• 429,348 units</li> </ul>	<ul style="list-style-type: none"> <li>• 429,348 units</li> </ul>	<ul style="list-style-type: none"> <li>• 525,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 525,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• 525,000 units</li> </ul>	<ul style="list-style-type: none"> <li>• Sales — 3,292,392 units</li> </ul>
<b>Hormonal Contraceptives (General)</b>								
Conduct research on pill user	<ul style="list-style-type: none"> <li>• Reorientation of marketing effort to increase sales</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>				<ul style="list-style-type: none"> <li>• See below</li> </ul>
Work with women's groups and NGOs	<ul style="list-style-type: none"> <li>• Greater awareness and increased sales</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>	<ul style="list-style-type: none"> <li>• See below</li> </ul>				<ul style="list-style-type: none"> <li>• See below</li> </ul>

Activities	Results	1997			1998			End-of-Project Target
		Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	
<b>Nilocon White Oral Contraceptives</b>								
Assist launch and ongoing marketing execution.		• Sales — 39,188 cycles	• Sales — 39,188 cycles	• Sales — 39,188 cycles	• Sales — 48,358 cycles	• Sales — 48,358 cycles	• Sales — 48,358 cycles	• Sales — 297,825 cycles
<b>Gulaf/Golden Gulaf Oral Contraceptives</b>								
Assist in procuring commodities through international tender	Obtain commodities at or below the target price of US \$0.22 per cycle	• N/A		• N/A				• N/A
Assist marketing execution of Gulaf and launch of Golden Gulaf in 1998		• Sales — 32,976 cycles	• Sales — 32,976 cycles	• Sales — 32,976 cycles	• Sales — 43,750 cycles	• Sales — 43,750 cycles	• Sales — 43,750 cycles	• Sales — 263,154 cycles
<b>Sangini Injectables</b>								
Revise marketing strategy	• Achieved sales	• 12,500 vials	• 12,500 vials	• 12,500 vials	• 16,250 vials	• 16,250 vials	• 16,250 vials	• 98,750 vials
<b>Clinical Products — IUDs and Norplant</b>								
Expand private practitioners' network	<ul style="list-style-type: none"> <li>• Increased total number of trained providers for IUDs and Norplant to 200</li> <li>• Achieved sales</li> </ul>	<ul style="list-style-type: none"> <li>• 81 providers</li> <li>• Sales — 672 IUDs</li> <li>• Sales — 60 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• 100 providers</li> <li>• Sales — 672 IUDs</li> <li>• Sales — 60 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• 100 providers</li> <li>• Sales — 672 IUDs</li> <li>• Sales — 60 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• 150 providers</li> <li>• 1,000 IUDs</li> <li>• Sales — 69 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• 150 providers</li> <li>• 1,000 IUDs</li> <li>• Sales — 69 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• 200 providers</li> <li>• 1,000 IUDs</li> <li>• Sales — 69 Norplant</li> </ul>	<ul style="list-style-type: none"> <li>• Number of providers — 200</li> <li>• Sales — 5,688 IUDs</li> <li>• Sales — 447 Norplant</li> </ul>

Activities	Results	1997			1998			End-of-Project Target
		Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	
<b>Virex Bleaching Powder</b>								
Expand marketing of Virex bleaching powder	• Achieved sales	• Sales — 3,328 units	• Sales — 3,328 units	• Sales — 3,328 units	• Sales — 3,993 units	• Sales — 3,993 units	• Sales — 3,993 units	• Sales — 25,289 units
<b>Safe Home Delivery Kits</b>								
Revise marketing strategy	• Achieved sales	• Sales — 4,877 kits	• Sales — 4,877 kits	• Sales — 4,877 kits	• Sales — 5,852 kits	• Sales — 5,852 kits	• Sales — 5,852 kits	• Sales — 37,065 kits
<b>Amrit Jal Oral Rehydration Salts</b>								
Launch Amrit Jal ORS	• Achieved sales of 1,500,000 units from January to September 1998	• N/A	• N/A	• N/A	• Sales — 500,000 units	• Sales — 500,000 units	• Sales — 500,000 units	• Sales — 1,500,000 units
<b>Sales and Distribution</b>								
Assist in revamping of sales and distribution operations	• Increased sales and number of outlets • 100 percent sales revenue recovery	• N/A	• N/A • 100 percent revenue collection					
<b>Commercial Products/ New Business</b>								
Conduct marketing feasibility study for a commercial product	• Assessment for introducing a commercial product	• N/A	• N/A	• Feasibility study				N/A

Activities	Results	1997			1998			End-of-Project Target
		Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	
Assist in negotiating and drafting contract with commercial company	<ul style="list-style-type: none"> <li>Contract with commercial company.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Contract in place</li> </ul>				<ul style="list-style-type: none"> <li>Contract in place</li> </ul>
Launch and ongoing marketing execution of commercial product	<ul style="list-style-type: none"> <li>Generate surplus income (profit)</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>				<ul style="list-style-type: none"> <li>Surplus income</li> </ul>
<b>Management Information Systems, Monitoring and Reporting</b>								
Revise MIS to improve sales, inventory and financial management	<ul style="list-style-type: none"> <li>Improved management controls</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>New MIS in place</li> </ul>	<ul style="list-style-type: none"> <li>New MIS fully operative</li> </ul>				<ul style="list-style-type: none"> <li>New MIS fully operative</li> </ul>
<b>Policy</b>								
Collaborate with Policy Project to obtain approval and funding for the execution of market segmentation and consumer ability to pay analyses	Rationalized allocation of commodities to the public, NGO and private (CSM) sectors	Discussion with JSI and USAID re: proposed analyses	To be done	To be done				<ul style="list-style-type: none"> <li>Rationalized allocation of commodities to the public, NGO and private (CSM) sectors</li> </ul>
<b>PSSN</b>								
Assist in Marketing, Planning and Implementation	<ul style="list-style-type: none"> <li>Increased number of providers</li> <li>Growth of Couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>81</li> <li>8,923</li> </ul>	<ul style="list-style-type: none"> <li>100</li> <li>8,923</li> </ul>	<ul style="list-style-type: none"> <li>100</li> <li>8,923</li> </ul>	<ul style="list-style-type: none"> <li>150</li> <li>13,385</li> </ul>	<ul style="list-style-type: none"> <li>150</li> <li>13,385</li> </ul>	<ul style="list-style-type: none"> <li>200</li> <li>13,385</li> </ul>	<ul style="list-style-type: none"> <li>200</li> <li>75,836</li> </ul>

## Notes on Activities

### PSSN

#### Management and Sustainability

To maximize member participation and ensure that it is a network program, "owned" by the network members, guidance on key program decisions is reviewed by an advisory panel consisting of nine senior ob/gyns. Regular quarterly and annual meetings of all members provide program updates and a forum to discuss issues of relevance to the members and the secretariat. Specific activities include:

- Senior advisory panel meets on regular basis to review and guide program.
- Quarter and annual meetings of all members.
- Currently managed by NFCC, network management will be transferred to independent secretariat.
- The network is currently collecting nominal membership fee and annual renewal fees. These will be used to fund an increasing proportion of program marketing activities.

#### Service Quality

From the beginning of SOMARC's involvement in this program in 1995, it was decided that quality of care would be an integral strategy to grow client and CYP volume. A number of specific program activities have been initiated. At the heart of the program is the initial site assessment and certification of each member physician and clinic. A training assessment is also made. Members need to meet national medical standards in order to qualify for membership

privileges and this is reviewed on an annual basis before membership is renewed. Specific activities include:

- Service Excellence Award Program.
- Service quality standards reviewed prior to membership acceptance and annual renewal.
- Regular site assessments and monitoring.

#### Communications Campaign

In order to generate client awareness and interest in PSSN, both small and mass media have been created by PRISMA Advertising — a consortium of public relations, advertising and promotions agencies. These activities include “small” and mass-targeted media to reach current and potential clients. The secondary target for these activities is the members themselves to create and maintain interest and motivation in the program, create and sustain a network identity, and peer pressure to maintain network standards.

#### Merchandising and Promotional Activities

- Signage with logo visible in all member clinics.
- Member certificates, prescription pads and other promotional materials.

#### Mass Media Communications/Promotion

Although mass media tends to reach a broader group than the clinic catchment areas alone, it is an efficient medium for reaching metro areas in which network clinics are located. Mass media also stimulates interest among physicians, and helps to motivate members to maintain high

quality of care standards. Messages also serve a dual purpose insofar as they promote the network clinics and promote the methods themselves.

- Television (promote service and methods).
- FM radio.
- Print: Poster, network brochure, methods brochure, counseling brochure, flyers, leaflets, and newsletter.
- Community promotions.

### Training

In order to ensure that members are trained in all methods and to increase service provision, proper counseling, maximize client service, and ensure proper record keeping and reporting, training is provided to all members and clinic staff. All members and clinic staff trained will be trained in methods, client counseling, infection prevention, and marketing.

### Research

In addition to reports on service statistics, a number of research surveys have been conducted and planned. To track member and provider satisfaction, provide data on service provision (such as counseling, etc.), the following surveys are planned. These build on a solid research foundation, which includes focus groups and a baseline survey (physicians and clients) completed in 1996 to develop the program and logo:

- Tracking survey — providers — March 1997 and March 1998.
- Client tracking survey — June 1997 and June 1998.
- Mystery client survey — July, 1997 onward.

**BUDGET**

SOMARC is providing technical assistance only to the Nepal CRS Company and PSSN programs. CRS and NFCC are currently receiving funding under separate agreements and budgets with USAID for program execution. See the following budget.

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	622,554
OYB Transfer	
Buy-In	
<b>Total</b>	<b>\$622,554</b>

**Nepal Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
1. Advertising/communications agency selection	Assist in compiling and issuing an RFP for advertising/communications agency selection for all CRS brands				*****	
	Select and contract new advertising/communications agencies	*****			*****	
2. Brand/product marketing	<u>Dhaal and Panther Condoms</u> Assist in compiling and issuing marketing communications brief to advertising agency	*****			*****	
	<u>Nilocon, Gulaf, Sangini and Amrit Jal</u> Conduct research on pill users to determine factors that build continuation of pill use	*****				
	Work with women's groups and NGOs to promote CRS contraceptives	*****	*****	*****	*****	*****
	Assist launch execution for Nilocon White and Golden Gulaf	*****				
	Assist in compiling and issuing marketing communications brief to advertising agency	*****			*****	
	Assist in overseeing launch creative development and production	*****	*****		*****	*****
	Assist in developing provider training/briefing plans for Golden Gulaf	*****		*****		
	<u>Clinical Products — IUDs and Norplant</u> Collaborate with NFCC and AVSC to expand private practitioners network	*****	*****			

Objectives	Activities	1997		1998		
		July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept
	<u>Safe Home Delivery Kits</u> Review and assist in revisions of product marketing strategies	*****	*****		*****	*****
	<u>Procurement for Golden Gulaf and Amrit Jal</u> Assist in compiling and issuing tender documents for oral contraceptive procurement	*****				
	Assist in drafting and awarding contract	*****				
3. Sales and distribution	Assist in introducing changes in sales and distribution strategies and operations to sales force	*****				
	Assist in implementing changes in sales and distribution operations	*****	*****			
4. Commercial products/new business	Assist in negotiating and drafting contract with commercial company	*****				
	Assist in developing marketing and distribution plans for commercial product	*****				
	Assist in launch of commercial product	*****	*****			
	<u>London Rubber</u> Assist in overseeing London Rubber marketing and distribution operations			*****	*****	*****
	<u>New Donors</u> Evaluate new business potential with new donors and assist in proposal development	*****	*****	*****	*****	*****

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
5. Management information systems, monitoring and reporting	<b>Project Implementation Monitoring</b> Perform field activities monitoring visits	*****	*****	*****	*****	*****
	Assist in preparing and submitting quarterly project and financial report to USAID	*****	*****	*****	*****	*****
6. Annual marketing and operating plans	Assist in conducting management meeting/retreat for 1998 marketing and operating plan and developing 1998 marketing and operating plan	*****		*****		
<b>PSSN Activities</b>						
1. Management and sustainability	Senior advisory panel meets on a regular basis to review and guide program	*****	*****	*****	*****	*****
	Quarterly and annual meetings of all members	*****	*****	*****	*****	*****
	Use of collected nominal membership fee and annual renewal fees to fund an increasing proportion of program marketing activities			*****	*****	*****
2. Service quality	Service Excellence Award program		*****	*****	*****	*****
	Service quality standards reviewed prior to membership acceptance and annual renewal	*****	*****	*****	*****	*****
	Regular site assessments and monitoring	*****	*****	*****	*****	*****

Objectives	Activities	1997		1998		
		July-Sept.	Oct-Dec	Jan-Mar.	April-June	July-Sept.
3. Merchandising and promotional activities	Signage with Logo visible in all member clinics	*****	*****	*****	*****	*****
	Member certificates, prescription pads and other promotional materials	*****	*****	*****	*****	*****
4. Mass media communications/promotion	Television (promote service and methods)		*****		*****	
	FM radio	*****	*****	*****	*****	*****
	Print: Poster, network brochure, methods brochure, counseling brochure, flyers, leaflets, newsletter	*****	*****	*****	*****	*****
	Community promotions		*****		*****	
5. Training	All members and clinical staff trained in methods, client counseling, infection prevention, and marketing	*****	*****	*****	*****	*****
6. Research	Tracking survey — providers			March		
	Client tracking survey				June	
	Mystery client survey	*****	*****	*****	*****	*****

# PHILIPPINES

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the achievement of the Philippines national family planning goals through an integrated marketing program that combines mass media advertising, multi-level public relations, and support to increased contraceptive availability and accessibility through actively prescribing and dispensing providers. The program's objective of achieving a 60 percent increase in couple years of protection during the plan period will entail coordinated expansion of geographic coverage, product line and availability, and population coverage by private providers.

## BACKGROUND

Fertility in the Philippines continues its gradual decline. Based on the 1993 National Demographic Health Survey (DHS), Filipino women will give birth on average to 4.1 children during their reproductive years, 0.2 children less than that recorded in 1988. However, total fertility remains high compared to the level achieved in neighboring Southeast Asian countries.

One-half of married women say they want no more children, and 12 percent have been sterilized. An additional 19 percent want to wait 2 years before having another child. Almost two-thirds of the women express a preference for having 3 or less children. Results from the 1993 DHS survey indicate that if all unwanted births were avoided, the total fertility rate would be 2.9 children, which is almost 30 percent less than the observed rate. According to the 1996 Family Planning Survey, the contraceptive prevalence rate (CPR) was recorded at 48.1 percent in 1996. The CPR for modern contraceptive methods has been progressively improving, reaching 30.2 percent against 17.9 percent CPR for the traditional methods.

The Philippines' program through the Integrated Family Planning and Maternal Health Program (IFPMHP) aims to improve the health of women and children throughout the country by reducing

the unmet need for family planning services by expanding the availability of reproductive health services in the public and private sectors.

**USAID Mission Objectives**

To reduce the population growth rate and improve maternal and child health through increased private-sector provision of contraceptives and FP/MCH services.

**MARKETING ENVIRONMENT**

**Method Mix**

The CPR for modern methods in 1996 was higher than for traditional methods, 30.2 percent versus 17.9 percent. In 1996, the percent distribution of currently married women by contraceptive method currently used, was as follows:

<b>Modern Method</b>	<b>Percent Share</b>
<b>Any Modern Method</b>	<b>30.2</b>
Pill	11.6
Female Sterilization	10.6
IUD	3.7
Injection	1.6
Condom	1.6
Other	1.1
<b>Traditional Method</b>	
<b>Any Traditional Method</b>	<b>17.9</b>
Calendar	10.3
Withdrawal	6.9
Other	0.7

### Market Share

Couple years of protection achieved by SOMARC for 1996 totaled 26,695 versus 29,218 during 1995, down by 8.6 percent. Couple years of protection achieved by SOMARC during the first quarter of 1997 totaled 6,337. This represented a 20 percent increase in pill sales over the same quarter the previous year, and a 107 percent increase in injectable sales. Overall, commercial sales (including contraceptive social marketing brands) of oral contraceptives dropped in 1996 to 1.57 million units sales versus 1.67 million of 1995, decrease of 6.3 percent.

### Marketing Strategies

A major change in the SOMARC marketing strategy was made in 1997 to address the market decline. A synergistic marketing approach was established that combines: mass media advertising, multi-level public relations and the introduction of a team of independent, SOMARC-supported detailers to complement and reinforce marketing efforts of the manufacturers. Manufacturers and their products participating in the Couple's Choice program include for the pill: Wyeth (Nordette), Schering (Microgynon), and Gedeon Richter (Regevidon). For the injectable, Pharmacia & Upjohn have included Depo-Provera in the program. The Philippine strategy consists of promoting all the above-mentioned contraceptives under the Couple's Choice logo to consumers and providers, influentials and retailers through mass-media, a variety of public relations tools, and medical detailers. In addition, Couple's Choice is working with manufacturers to maximize distribution through pharmacies and dispensing providers at the lowest possible price. The primary targets for Couple's Choice products are midwives and couples who are predisposed to child spacing.

### Barriers and Threats

- **Price.** Affordable pricing of contraceptives is critical to realizing increased use among the C and D class market. Prices for pharmaceutical products, and specifically contraceptives, remain high in the Philippines relative to other countries in the region.

- **Side Effects.** Market research indicates that fear of side effects is the most significant obstacle to consumers trial and continued use in the Philippines.
- **Distribution.** Inadequate distribution and/or availability of stocks in the Visayas and Mindanao regions limits trial and usage of Couple's Choice products.
- **Logentrol.** Market introduction of DKT's Trust pills and Logentrol's (the public sector's free product) leak into commercial outlets and compete with Couple's Choice pills.
- **Religion.** Religious prohibition by the Catholic church will definitely discourage a number of providers and consumers from using contraceptives.

### Policy Needs

The current government policy that restricts sales of pharmaceuticals to dispensing providers would impact on their ability to make products available to their clients. Restrictions on advertising Couple's Choice endorsed (branded) pills and injectables threatens the objective of increasing private-sector provision of FP/MCH services.

### Opportunities

- Total family planning method awareness is 90 percent-100 percent for pill, injectable, condom and rhythm.
- Manufacturers' increased interest in supporting SOMARC sales team resulting from recent sales growth.
- Market size of Luzon in terms of sales potential and population growth (growth rate is 3.52 percent) and the Mindanao region in terms of population density.

- Unmet market potential of the National Capital Region (NCR) and the Visayas because of their population movement.
- Growing interest in the injectable as evidenced by its increased usage, from a 0.6 percent share of total contraceptive use in 1995 to 1.6 percent in 1996.
- Distribution through industrial clinics.
- Midwife-run clinics established by JSI and being used as outlets. Midwives offer the best opportunity for expanding private-health professionals involvement in family planning.

### OBJECTIVES OF WORKPLAN

#### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
1. couple years of protection 1997; 283,075 couple years of protection 1998	• 100 percent couple years of protection	• Sales/couple years of protection	• IMS report • Sales report
2. Market expansion	• 35 urban areas • 90 percent of pharmacies	• Regional coverage • Number of providers • Branch inventory	• IMS report • Call/sales report • Regional branch Inventory report
3. Improve distribution	• Availability of products in 90 percent of pharmacies	• Sales/couple years of protection	• IMS report • Call/sales report
4. Expand providers universe and increase coverage	• Increased prescription and sales of dispensing providers by 34 percent	• Master list of providers • Sales/couple years of protection	• IMS report • Call/sales report • Merchandising survey

### Notes on Objectives

USAID's objective to reduce the population growth rate and improve maternal and child health through increased private-sector provision of contraceptives and FP/MCH services is addressed directly by the SOMARC program.

The SOMARC project in the Philippines is expected to contribute to reaching the indicator under Results Package 3 — increased private-sector provision of contraceptives and FP/MCH services through implementing identified activities aimed at realizing the following:

- **Indicator:** Percent of family planning services provided by the private sector — 27 percent (1993) to 34 percent (2000).

The PCSMP has clear responsibility for expansion of the contraceptive social marketing program. Benchmarks are required to indicate progress in implementation of this activity. The SOMARC strategy team has established the following benchmark through September 30, 1998.

### Couple Years of Protection, Income, and Sales

The goal to increase in couple years of protection through SOMARC from 24,400 couple years of protection (1995) to at least 177,440 couple years of protection 1997 and 283,075 in 1998, 60 percent growth over 1997 is detailed in the following table:

Year	Condoms	Pills	Injectables	IUDs	Total
1993	12,447	16,390	--	--	28,837
1994	17,663	18,057	3,604	--	39,324
1995	17,367	25,359	3,858	--	44,584
1996	--	21,758	3,956	--	25,714
1997	--	152,154	23,150	2,136	177,440
1998	--	228,231	46,300	8,544	283,075
1999	--	342,346	92,600	17,088	452,034

Attainment of these projected couple years of protection at the end of this period is based on the achievement of the following qualitative objectives:

- Expand the market to other major areas in the Visayas, Mindanao and Luzon.
- Expand population coverage of actively prescribing and dispensing providers.
- Expand product line through introduction of IUDs by October 1997.
- Ensure availability of Couple's Choice products in pharmacies nationwide at the lowest possible prices.

By the end of the plan period, the SOMARC program would have increased:

- Effective promotion coverage from 23 to 35 targeted key urban areas.
- Private-sector provision of Couple's Choice contraceptives through increased prescription and sales of dispensing providers.
- Availability of high quality yet affordable IUDs in 35 key urban areas.
- Effective distribution coverage of 90 percent of pharmacies in 35 key urban areas.

## SOCIAL MARKETING ACTIVITIES

### Activities and Results

Objectives	Activities	Outcomes	Indicators	Data Source
1. New product line	1a. Advertisement <ul style="list-style-type: none"> <li>• Media</li> <li>• Medical publication</li> <li>• Medical convention</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Resolution of fear of side effects</li> <li>• Increased trial and use</li> </ul>	<ul style="list-style-type: none"> <li>• Increased couple years of protection</li> <li>• Increased sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales report</li> <li>• IMS report</li> </ul>
Couple years of protection	1.b. Public relations	<ul style="list-style-type: none"> <li>• Program/product acceptance</li> <li>• Well-informed decision</li> </ul>	<ul style="list-style-type: none"> <li>• Trial/continued use</li> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Public relations activity reports</li> </ul>
	1c. Promotion	<ul style="list-style-type: none"> <li>• Coverage of providers and 90 percent of pharmacies in 35 urban areas</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription sales</li> </ul>	<ul style="list-style-type: none"> <li>• Call/sales report</li> </ul>
2. SOMARC detailing force	2a. Launch IUD	<ul style="list-style-type: none"> <li>• Increased couple years of protection</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> </ul>	<ul style="list-style-type: none"> <li>• Sales report</li> </ul>
	2b. Research	<ul style="list-style-type: none"> <li>• Better strategy planning and decision making</li> </ul>	<ul style="list-style-type: none"> <li>• More accurate market data</li> </ul>	<ul style="list-style-type: none"> <li>IMS report</li> </ul>
3. Distribution	3a. Promotion and merchandising by sales team	<ul style="list-style-type: none"> <li>• Coverage of 35 urban areas and 90 percent of pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Sales</li> <li>• Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Call/sales report</li> <li>• IMS report</li> </ul>
4. Communications	4a. Deployment of sales team	<ul style="list-style-type: none"> <li>• Coverage of target providers, pharmacies and urban areas</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription</li> <li>• Sales</li> <li>• Master list of providers</li> </ul>	<ul style="list-style-type: none"> <li>• Call/sales report</li> <li>• IMS report</li> </ul>

### Benchmarks and Indicators

Activity	Outcome	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
CSM 1997	100 percent couple years of protection 1997	44,360	44,360	44,360	44,360	177,440
Pills	100 percent	38,039	38,039	38,039	38,039	152,156
Injectables	100 percent	5,788	5,788	5,788	5,788	23,152
IUD					2,136	2,136
CSM 1998	100 percent couple years of protection 1998	70,769	70,769	70,769	70,769	283,076
Pills	100 percent	57,058	57,058	57,058	57,058	228,232
Injectables	100 percent	11,575	11,575	11,575	11,575	46,300
IUD	100 percent	2,136	2,136	2,136	2,136	8,544

#### Notes on Activities

- Advertising.** Implement a mass media advertising campaign (using existing spots), and place advertisements in medical publications and conventions that will highlight features and benefits of modern family planning methods in general and Couple's Choice products in particular. The expected result of this campaign is the achievement of high levels of awareness and resolution of providers and/or consumers' fears of side effects, thus ensuring trial and continued use of Couple's Choice products.

- **Promotion.** Implement and deploy two waves of the SOMARC sales team in May and August 1997, respectively, through the end of the project. This is expected to result in coverage of 90 percent of pharmacies in 35 key urban areas as well as ensuring target providers of safe stock levels and improve prescription and sales.
  
- **Distribution.** Establish a call frequency plan for pharmacies nationwide and implement regular coverage and merchandising surveys to ensure stock availability. Continue negotiations with prospective distributors for their lowest trade price for IUD. The expected outcome is the sustained availability of Couple's Choice products in 90 percent of pharmacies in 35 major urban areas. High level of motivation by providers to prescribe Couple's Choice products and of pharmacies to consistently stock them and fill patients' demands/prescriptions. Introduction of the IUD at an affordable price is the primary objective of negotiations with distributors.
  
- **Public Relations.** Develop and implement a public relations plan that would project the medical and socio-economic importance of family planning and create an environment conducive to expanded use of Couple's Choice products and services by the private sector. This is expected to increase program and Couple's Choice product acceptance, which will result in well-informed decision, trial and sustained use of the products.
  
- **Research.** Establish a feedback system for the SOMARC sales team for monitoring purposes, e.g., prescribing habits of providers, and stock inventory of pharmacies. Subscribe to International Monitoring System's sales and prescription audit and conduct additional research to track effectiveness of media campaign and profile users and supportive providers. Consequently, this comprehensive and accurate reporting of sales, prescription and other market/consumer data will give project managers the support they require for improved strategic planning, crisis management, and (marketing) decision making.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	2,156,935
OYB Transfer	
Buy-In	137,536
<b>Total</b>	<b>\$2,294,471</b>

**Philippines Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997			1998		
		July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
1. New product line	Negotiate SOMARC memorandum of understanding IUD importer/distributor						
	IUD launch		October				
2. SOMARC detailing force	Train Phase 2 SOMARC detailing force	July					
	Launch Phase 2 SOMARC detailing force	August					
3. Distribution	Subscribe to IMS	*****	*****		*****	*****	*****
4. Communications	Implement ongoing advertising, promotion, and public relations program	*****	*****		*****	*****	*****

# RUSSIA

## BACKGROUND

SOMARC works in Russia within the framework of a larger USAID-funded reproductive health project. SOMARC has been working on this project in Russia: Russia Women's Reproductive Health Project (RWRHP) since 1995. The original scope of work included two main components: (1) work as a liaison with the pharmaceutical manufacturers in Moscow and in USAID demonstration site oblasts and (2) pharmacist training. SOMARC has been carrying out work in the area of collaboration with the pharmaceutical manufacturers since June 1995 and in the area of pharmacist training since May 1996.

## USAID Mission Objectives

SOMARC work in Russia contributes to USAID strategic objectives for the country by reducing barriers of access to modern contraceptives through pharmacies and by improving the knowledge of pharmacists about marketing and quality customer service practices.

USAID Strategic Objectives for Russia are:

Objective 1. To foster a competitive, efficient, market-oriented economy in which the majority of economic resources are privately owned and managed, and economic decisions are based primarily on individual choice.

Objective 3. Strengthen the capacity to manage the human dimension of the transition to democracy and a market economy, and help sustain the neediest sectors of the population during the transition.

## MARKETING ENVIRONMENT

Availability of modern contraceptive methods in Russia is improving, though there are still many barriers to access. The main barriers of access to modern contraceptive methods include provider biases against hormonal contraceptive methods and inconsistency of supply of methods through pharmacies. The provider bias against hormonal contraception stems from Russia's history with hormonal methods. In 1974, the Ministry of Health of the Soviet Union issued an order that de facto prohibited the distribution of oral contraceptives by listing so many contraindications that 80-90 percent of women of reproductive age could not use the pill. The position of hormonal contraceptives was worsened in the mid-1980s, when the Ministry of Health of the Soviet Union issued directives prohibiting discussion of oral contraceptives in lectures and clinical settings, prohibiting doctors from giving clients the brand names of oral contraceptives, and stating that oral contraceptives result in serious damage to the internal organs. As a result of such orders, oral contraceptives have not been available in the Russian market. Medical practitioners today still consider hormonal methods to be unsafe. In addition, they have little, if any experience, with modern hormonal contraceptives produced in the last decade. As a result, health care providers do not recommend hormonal contraceptives to their clients and often discourage them from using them. This creates a barrier of access to these methods.

The irregularity of availability in pharmacies is caused by cash flow problems in the pharmacies and with other distribution problems. Both public and private pharmacies are required to provide free and reduced cost products to certain population groups. The government is to reimburse the pharmacies for the products distributed to these population groups. Since the government is going through an economic crisis, however, the pharmacies rarely receive such reimbursement. As a result, they have limited cash with which to purchase supplies and they use this limited cash to purchase products that bring in high profit returns such as antibiotics. There are also tremendous tax barriers that limit the amount of profit pharmacies can make from sales.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Sources
1. Improve pharmacists' attitudes toward and knowledge of modern methods of contraception	<ul style="list-style-type: none"> <li>• Trained pharmacists have better attitudes about the safety of modern contraceptives and improved knowledge about modern contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Trained pharmacists' attitudes toward hormonal contraceptive methods</li> <li>• Trained pharmacists' knowledge about modern contraceptive methods</li> </ul>	<ul style="list-style-type: none"> <li>• Informal baseline and tracking surveys through registration forms and follow-up mailing</li> <li>• Training pre- and post-tests</li> </ul>
2. Improve pharmacists' knowledge of marketing and quality customer service principles (especially in the area of family planning services)	<ul style="list-style-type: none"> <li>• Trained pharmacists have improved knowledge about basic marketing and quality customer service practices</li> </ul>	<ul style="list-style-type: none"> <li>• Improved knowledge among trained pharmacists of basic marketing and quality customer service principles</li> </ul>	<ul style="list-style-type: none"> <li>• Training pre- and post-tests</li> </ul>
Sub-objective: Sustained training in contraceptive technology and marketing through a national refresher training institute for pharmacists	<ul style="list-style-type: none"> <li>• Refresher training institute will conduct training courses in contraceptive technology and marketing without additional assistance from USAID</li> </ul>	<ul style="list-style-type: none"> <li>• Number of training courses related to contraceptive technology and marketing conducted by the institute without assistance from SOMARC</li> </ul>	<ul style="list-style-type: none"> <li>• Institute records of training courses conducted</li> </ul>

In that the SOMARC project in Russia is a training project, SOMARC will aim to deal primarily with the first barrier mentioned above, provider bias against hormonal contraception. The program will work with pharmacists to help to increase access of modern contraceptive methods

in pharmacies by decreasing barriers related to provider biases against modern contraceptive methods. The program will also attempt to decrease barriers to access through pharmacies by providing training in basic marketing and quality customer service skills. The principles of marketing and quality customer service support imparting correct and complete information to clients when they are choosing a contraceptive method and the most efficient way of using available resources to meet specific consumer demands. With the resources available, SOMARC can only provide introductory knowledge and can work with a limited number of providers. In an attempt to increase those reached by SOMARC training in the future, SOMARC will work to accomplish a sub-objective of sustained training in contraceptive technology, marketing and quality customer service through the Chemical-Pharmaceutical Institute in St. Petersburg. This is a national institute which provides refresher training to pharmacists from throughout Russia.

#### **Notes on Objectives**

#### **Objective 1: Improve Pharmacists' Attitudes toward and Knowledge of Modern Methods of Contraception**

This objective contributes to both Strategic Objective 1 and Strategic Objective 3 in that it will lead to women and families' ability to choose an appropriate contraceptive method based on information and without biases from the pharmacist.

#### **Outcome of Objective 1**

1. Trained pharmacists have better attitudes about the safety of modern contraceptives (namely hormonal contraceptives) and have improved knowledge about modern contraceptive methods.

#### **Indicators**

1. Trained pharmacists' attitudes toward hormonal contraceptive methods (namely oral and injectable contraceptives).
2. Trained pharmacists' knowledge about modern contraceptive methods.

Data Sources

1. Informal baseline and tracking surveys through registration forms and follow-up mailing.
2. Training pre- and post-tests.

Objective 2: Improve Pharmacists' Knowledge of Marketing and Quality Customer Service Principles (Especially in the Area of Family Planning Services)

This objective contributes to the further development of a market economy through training individuals in the public and private sector in basic principles of marketing and competition.

Outcome of Objective 2

1. Trained pharmacists have improved knowledge about basic marketing and quality customer service practices.

Indicator

1. Improved knowledge among trained pharmacists of basic marketing and quality customer service principles.

Data Source

1. Training pre- and post-tests.

**Sub-Objective: Sustained Training in Contraceptive Technology and Marketing through a National Refresher Training Institute for Pharmacists**

This sub-objective ensures that contributions to improve access to modern contraceptives through pharmacies and to establish a marketing mindset among pharmacists will continue after USAID assistance has ended.

**Outcome of Sub-objective**

1. Refresher training institute will conduct training courses in contraceptive technology and marketing without additional assistance from USAID.

**Indicator for Sub-objective**

1. Number of training courses related to contraceptive technology and marketing conducted by the institute without assistance from SOMARC.

**Data Source**

1. Institute records of training courses conducted.

## SOCIAL MARKETING ACTIVITIES

### Activities and Outcomes

Objectives	Activities	Outcomes	Indicators	Data Sources
1. Improve pharmacists' attitudes toward and knowledge of modern methods of contraception	1.a. Pharmacist training in RWRHP demonstration oblasts	<ul style="list-style-type: none"> <li>• Increased number of pharmacists trained in modern contraceptive technology and basic marketing and quality customer service</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pharmacists trained by SOMARC.</li> </ul>	<ul style="list-style-type: none"> <li>• Participant lists from training courses.</li> </ul>
2. Improve pharmacists' knowledge of marketing and quality customer service principles (especially in the area of family planning services)	2.a. Technical assistance to the Chemical-Pharmaceutical Institute in St. Petersburg, Russia	<ul style="list-style-type: none"> <li>• Chemical-Pharmaceutical Institute capable of conducting joint and independent training seminars in contraceptive technology, marketing and quality customer services</li> </ul>	<ul style="list-style-type: none"> <li>• Training materials approved by the Institute and SOMARC</li> <li>• Plan for joint and independent seminars</li> <li>• Number of training courses conducted at the institute together with SOMARC</li> <li>• Participation of institute trainers in SOMARC courses outside the institute</li> </ul>	<ul style="list-style-type: none"> <li>• SOMARC trip reports</li> <li>• SOMARC course participant lists</li> <li>• Description of curriculum offered in training courses</li> <li>• Training materials</li> </ul>
Sub-objective: Sustained training in contraceptive technology and marketing through a national refresher training institute for pharmacists				

## **Activity 1.a. Pharmacist Training in Russia Women's Reproductive Health Project**

### **Demonstration Oblasts**

SOMARC will conduct two training cycles in each of three demonstration oblasts (Leningrad, Sverdlovsk and Novosibirsk). Each training cycle will consist of two, two-day seminars in each oblast for approximately 30 pharmacists from the oblast. The training curriculum will include a contraceptive technology update which focuses on modern contraceptive methods currently available in the Russian market, basic marketing principles, and basic quality customer service techniques.

Russian trainers previously trained by SOMARC will conduct the seminars with a master trainer. The participants will be tested before and after the seminars.

### **Expected Results of Activity 1.a.**

1. Increased number of pharmacists trained in modern contraceptive technology and basic marketing and quality customer service.

### **Indicator for Activity 1.a.**

1. Number of pharmacists trained by SOMARC.

### **Data Source**

1. Participant lists from training courses.

Activity 2.a. Technical Assistance to the Chemical-Pharmaceutical Institute in St. Petersburg, Russia (National Refresher Training Institute for Pharmacists) on Conducting Seminars for Pharmacist on Contraceptive Technology, Marketing and Quality Customer Service and on Materials Development for Such Courses

This activity will include inviting trainers from the Institute to attend training courses conducted by SOMARC trainers in St. Petersburg. The purpose of this is to expose the trainers to the SOMARC curriculum and to the training techniques used by the SOMARC trainers. Once the trainers have attended they will be better able to determine what level of technical assistance will be required from SOMARC in training techniques and materials development. Once this is determined, SOMARC will work with the refresher training department of the Institute and with the Institute trainers to develop materials for courses on contraceptive technology, marketing and quality customer service, provide training and/or practice in training skills (if necessary), and develop a "plan" for conducting joint and independent training courses through the Institute. SOMARC and the Institute will conduct a minimum of one joint seminar to ensure that the Institute trainers have practice using the materials developed.

Expected Result of Activity 2.a.

1. Chemical-Pharmaceutical Institute capable of conducting joint and independent training seminars in contraceptive technology, marketing, and quality customer services.

Indicators for Activity 2.a.

1. Training materials approved by the Institute and SOMARC.
2. Plan for joint and independent seminars.
3. Number of training courses conducted at the institute together with SOMARC.

4. Participation of institute trainers in SOMARC courses outside the institute.

Data Sources

1. SOMARC trip reports.
2. SOMARC course participant lists
3. Description of curriculum offered in training courses
4. Training materials.

**Benchmarks and Indicators**

Activity	Result	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Pharmacist training in RWRHP demonstration oblasts	<ul style="list-style-type: none"> <li>• Increased number of pharmacists trained in modern contraceptive technology and basic marketing and quality customer service</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars conducted</li> </ul>
2. Technical assistance to the Chemical-Pharmaceutical Institute in St. Petersburg, Russia	<ul style="list-style-type: none"> <li>• Chemical-Pharmaceutical Institute capable of conducting joint and independent training seminars in contraceptive technology, marketing, and quality customer services</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with Rector of Refresher Training</li> <li>• Institute trainers invited to SOMARC seminars</li> </ul>	<ul style="list-style-type: none"> <li>• Materials exchanged and reviewed</li> <li>• Meeting with trainers and Rector from Institute</li> </ul>	<ul style="list-style-type: none"> <li>• Joint seminar conducted with Institute</li> <li>• Planning meetings and communications for future seminars</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for future seminars</li> </ul>	<ul style="list-style-type: none"> <li>• Joint seminar conducted with Institute</li> </ul>

**Russia Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
1. Improve pharmacists' attitudes toward and knowledge of modern methods of contraception	Seminars in demonstration oblasts	*****				
2. Improve pharmacists' knowledge of marketing and quality customer service principles (especially in the area of family planning services)	Institution employees invited to SOMARC training	*****				
	Technical assistance to institute	*****	*****	*****	*****	*****
	Exchange materials with institute		*****			
	Develop plan for seminars at institute			*****		
	Conduct joint seminar with institute				*****	

# SENEGAL

## SOMARC PROGRAM OVERVIEW

SOMARC in Senegal is a component of the Family Planning and Child Survival project (PSE/PF) (MSH) which ensures technical assistance and coordination with other local partners. SOMARC intervention is aimed at improving the accessibility and use of high-quality condoms at affordable prices, as an STD/AIDS prevention method as well as a birth-spacing means.

## BACKGROUND

Due to pressures resulting from rapid demographic growth (2.7 percent) and the urgent threat of AIDS (1 percent national prevalence, the government of Senegal through its Ministry of Public Health and Social Action (MSPAS), as well as USAID, requested "THE FUTURES GROUP" to propose in its SOMARC programs an implementation plan to continue social marketing of Protec condoms. Protec was introduced in the national private pharmaceutical network in April 1995.

## Prevalence, Demographic, and Health Situation

Data based on MOH/DHS Statistics (9.27, 1996):

- Mortality rates:
  - Infant: 71 per 1,000
  - Child: 140 per 1,000
  - Maternal: 510/100,000
  
- Modern contraceptive prevalence: 5 percent
  
- Fertility rate: 6

## **USAID Mission Objectives**

- Decrease family size.
- For all services of maternal child health, family planning and STD-AIDS:
  - Objective 1: Increase Access to Services.
  - Objective 1: Increase Demand for Services.
  - Objective 1: Improve Quality of Services.

## **MARKETING ENVIRONMENT**

### **Method Mix, Share of Market, Couple Years of Protection Project to Date**

#### ***Evolution of the Condoms Total Market in the Private Pharmaceutical Channel***

At the level of pharmaceutical wholesalers, during the August 1993-July 1994 period, the condoms total market reached 163,464 in units and CFA francs 17,163,720 in value.

From October 1995 to September 1996, it increased to 1,457,507 in units and to CFA Francs 62,158,957 in value. That is to say an evolution of + 792 percent in units and + 262 percent in value.

Hence, at the level of pharmaceutical wholesalers, we may say that: in 18 months, Protec has become the leader, with 97 percent of market share and has permitted to sell 9 times more condoms in the private pharmaceutical channel, and increase the market by CFA F 44,995,237.

### *Protec Couple Years of Protection Project to Date*

- Year 1 (April 1995-March 1996): 6,710
- Year 2 (April 1996-March 1997): 10,000
- Projected Year 3: 20,000

### MARKETING ENVIRONMENT

The implementation of activities for Protec will continue through new subcontracts signed with the following companies:

- ACA. Supply of office and administrative services, including the work contracts and salaries for PSMS personnel; overseeing the logistics and payments for public relations activities.
- Valdafrique. Supply and placement of printed packaging materials and distribution to the existing pharmacy networks as well as to some selected non-pharmaceutical outlets and NGOs.
- Publigcom. Production and airing of TV and radio spots and production of promotional and advertising materials on Protec sales premises, as well as a projected comic-strip publication using the local character "Goorgolou" to promote Protec).

The follow-up of the 1994 KAP study by BDA will be conducted, in order to show the impact of Protec on the use, acceptance and accessibility of Protec in existing urban and semi-urban outlets.

Also an accounting firm will be called upon for the establishment of a FUTURES/SOMARC agency that will be under direct supervision of the Rabat regional office. This same firm will take charge of all registration requirements and provide guidance, in conformity with legal provisions.

On all issues relating to personnel management particularly for salesmen who will have a VRP status (i.e., a fixed wage and an additional amount from sales profits).

Initial expansion of the sales distribution network outside pharmacies can cover service stations and telecentres by the Senegalap and SOMARC sales force, and some hot points selected in collaboration with some NGOs. These initial new sales outlets should offer maximum sales control and incur minimum expenses to PSMS. At the same time, the retail price can be maintained, all the more so as steps have already been taken to improve the security and storage instructions for sale.

As stated above, there are plans to collaborate with NGOs in the distribution of Protec to high-risk groups in hotels, restaurants, bars, discos, etc. Likewise, the NGO, ASBEF, which already works with the Army, Gendarmerie, and Firemen, will be asked for a collaboration.

Meetings with high-risk groups, sponsoring events and media insertions are budgeted to increase the awareness of STDs/AIDS.

SOMARC will continue to work with the team of pharmacist-trainers to reach pharmacists and counter clerks not yet trained by the PSMS and also to expand training to include the staff of collaborating NGOs and non-pharmaceutical sales outlets.

SOMARC and Valdafrique will formulate a plan for achieving a gradual reduction of USAID subsidies, leading to eventual self-sufficiency of Protec within the commercial sector. The first steps toward self sufficiency may be taken in fiscal 1997, to be completed in 1998/1999. The principle of allowing a return of funds to the project is already secured. Keeping in mind the sales evolution perspectives, this plan of gradual reduction of subsidies to Valdafrique should be tied up.

### **Barriers and Threats**

Major hypothesis for the achievement of the objectives: These objectives will be achieved only if :

- The MSPAS, the Association and Union of Pharmacists, as well as the Pharmacy Executive Board authorize the extension of sales to other non-pharmaceutical networks.
- Private pharmacists and wholesalers agree to continue Protec sales.
- Pharmacists and all other new distributors agree to participate in training sessions together with their staffs.
- There exists a favorable environment for the implementation of activities, as well as support from the pilot Committee and religious and political leaders.
- The specific multimedia campaign for the brand is carried on with Protec use rate increases significantly in order to facilitate self sufficiency.

### **Policy Needs**

- Liberalization of regulations on contraceptive distribution and use.
- Promote status of women.

### **Opportunities**

Other donors are heavily involved in the health and family planning sector: UNFPA, WHO, World Bank, UNDP, UNICEF, EEC, FRANCE, African Development Bank, Japan, GTZ/KFW.

## OBJECTIVES OF WORKPLAN

Objectives	Outcomes	Indicators			Data Source
		September 1997	March 1998	September 1998	
<b>Increase Access</b>					
1. Ensure awareness for sale outlets	• Acquaintance of at least one sales outlet	• 50 percent	• 80 percent	• 90 percent	• KAP follow-up Study/ DHS 1997
2. Extend the sales outlets, particularly to so-called "hot," to men and teenagers frequenting places	• Number of targeted sales outlets selling Protec	• 30 percent	• 70 percent	• 100 percent	• Sales and Supervision
3. Increase access to distribution outlets	• 5,000 points of sale	• 1,500 points of sale	• 3,500 points of sale	• 5,000 points of sale	• Reports
4. Raise the number of persons trained per new sales outlets	• At least one person trained in each new sales outlet	• 50 percent	• 70 percent	• 80 percent	• Sales report
5. Maintain an acceptable system of tariffing/cost recovery	• Respect of established tariffing and price structure	• 50 percent	• 75 percent	• 90 percent	• Sales report
<b>Increase Demand</b>					
1. Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS	• Knowledge of Protec by the target	• 50 percent	• 80 percent	• 90 percent	• Omnibus, KAP
2. Increase percent not using condoms and showing intent to use them	• Protec sold quantities in units	• 1,200,000	• 2,800,000	• 4,500,000	• Sales report
3. The general population (15-49 years old) may quote two means of protection against HIV, particularly condoms		80 percent	• 80 percent	• 80 percent	• DHS 1997/ KAP

Objectives	Outcomes	Indicators			Data Source
4. The high-risk population states having used a condom at the last sexual intercourse		• +10 percent per year	• +10 percent per year	• +10 percent per year	• DHS 1997/ KAP
<b>Improve Service Quality</b>					
1. Train the NGOs, the new sales outlets staff and supervise them	• Percent of the target satisfied with reception in sales outlets	• 50 percent	• 70 percent	• 80 percent	• Sales report
<b>Reach Self Sufficiency</b>					
1. Elaboration of a plan for grants reduction	• Create SOMARC structure	• Association		• Foundation	

### Notes on Objectives

In executing its activity program, PSMS will target the following objectives in contribution to reaching Strategic Objective #1. decreased Family size.

#### Objective 1. Increase Protec Access

- Ensure awareness for sale outlets.
- Extend the sale outlets, particularly to places so-called "hot," to men and teenagers frequenting places.
- Increase access to distribution outlets.

- Raise the number of persons trained per new sale outlets, in particular for interpersonal communication and quality service (this objective can only be considered if a budget extension is obtained).
- Seek to maintain an acceptable system of tariffing and cost recovery.

**Objective 2. Increase Protec Demand**

- Increase Protec knowledge, as an efficient barrier method for family planning and STDs-AIDS.
- Increase percent of persons not using condoms and showing intent to use them.
- The general population (15-49 years old) may quote two means of protection against HIV, particularly condoms.
- The high-risk population states having used a condom at the last sexual intercourse.

**Objective 3. Improve Service Quality**

- Train the NGOs, the new sales outlets staff, in interpersonal communication and quality service for the customers, and supervise sales outlets.

**SOCIAL MARKETING ACTIVITIES**

**Indicators and Benchmarks to Measure Progress and Achievement of Objectives**

The following progress indicators are established on the basis of the real period for putting into operation planned activities because they are strongly linked to the term of authorization for obtaining the expansion of sales outlets and categories of sales outlets approved by administrative authorities. Hence, two indicators are respectively supplied for 6 months and 12 months of the

activities implementation and could be subjected to reviews if important factors intervened, especially after the analysis of the KAP follow-up study findings. For the present situation, some assumptions could be done concerning the expansion of sales outlets and the period which could correspond to the 6 and 12 months of activities implementation. If the authorization to extend Protec sales to other non-pharmaceutical sale outlets is obtained in April, 1997, the first date corresponding to 6 months will be September 1997; and the second one corresponding to 12 months will be March 1998, then to 18 months will be September 1998.

	<b>6 Months</b>	<b>12 Months</b>	<b>18 Months</b>
<b>1. Access Indicators</b>			
1.a. Acquaintance of at least one sales outlet	50%	80%	90%
1.b. Number of targeted sales outlets (1500) selling Protec	30%	50%	80%
1.c. At least one person trained in each new sales outlet	50%	70%	80%
1.d. Respect of established tariffing and price structure	50%	75%	90%
<b>2. Demand Indicators</b>			
2.a. Knowledge of Protec by the target	50%	80%	90%
2.b. Protec sold quantities in units	1.2m	2.8m	4.5m
<b>3. Service Quality Indicators</b>			
3.a. Percent of the target satisfied with reception in sales outlets	50%	70%	90%
<b>4. Elaboration of a plan for grants reduction.</b> By the end of the 12 months activities (March 1998), an implementation plan and agreement to reach self-sufficiency should be drawn up with the distributor, Valdafrique. By the end of September 1997, the Return to Project Fund will be set up to cover packaging and labor			

**Data Source for Indicators and Benchmarks**

Means for checking progress indicators:

- KAP follow-up study, mystery shopper, and omnibus surveys.
- Detailed sales reports per distribution channels.
- Supervision report on: Market situation; distribution (price, stocks, sales, customers, point-of-purchase material display); project achievement; and promotion.
- DHS 1997.

**SOCIAL MARKETING ACTIVITIES**

**Activities and Results**

<b>Objectives</b>	<b>Activities</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
1. Increase access	1.a. Expand distribution to existing networks, i.e., institutions, CHBRD, gas stations telecenters and involve NGOs while maintaining an acceptable tariffing cost and respecting adequate conditions of storage and sale	• Reach 5,000 points of purchase and maintain the maximum retail price of CFA F150	• 100 percent of targeted points of purchase reached	• Sales report and supervision
	1.b. Publicity of sales outlets	• Point-of-purchase materials installed in all points of purchase	• 90 percent of points of purchase	• Sales report and supervision
	1.c. Reinforce the local staff and set SOMARC's own sales force	• Hire six salesmen and two supervisors	• 100 percent of targeted sales force hired	• Management reports

Objectives	Activities	Outcomes	Indicators	Data Source
	1.d. Train the staff at new sales outlets	<ul style="list-style-type: none"> <li>Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Protec known by 90 percent of the target</li> </ul>	<ul style="list-style-type: none"> <li>Omnibus, KAP study</li> </ul>
2. Increase demand	2.a. Sponsoring of events and media insertions	<ul style="list-style-type: none"> <li>Improve Protec awareness and increase use</li> </ul>	<ul style="list-style-type: none"> <li>Protec known by 90 percent of the target</li> </ul>	<ul style="list-style-type: none"> <li>Omnibus, KAP study, sales report</li> </ul>
	2.b. TV/Radio Advertising, family planing and STD-AIDS Awareness meetings, neighborhood theaters, andbillboards	<ul style="list-style-type: none"> <li>Increase the awareness of STDs-AIDS and use of Protec</li> </ul>	<ul style="list-style-type: none"> <li>Id</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>
	2.c. Conduct a KAP study	<ul style="list-style-type: none"> <li>Show the impact of Protec on the use, acceptance, and acceptability of condoms</li> </ul>	<ul style="list-style-type: none"> <li>continuation of activities planned</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>
	2.d. Train the staff of new sales outlets	<ul style="list-style-type: none"> <li>Increase Protec knowledge as an efficient barrier method for family planing and STDs-AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Protec known by 90 percent of the target</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>
	2.e. Elaborate specific IEC strategies for well-defined groups and through opinion leaders	<ul style="list-style-type: none"> <li>Eliminate taboos and general population may quote condoms as a mean of protection against unwanted pregnancy and STDs-AIDS</li> </ul>	<ul style="list-style-type: none"> <li>80 percent of the target</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>
	2.f. Participate in national awareness events on AIDS	<ul style="list-style-type: none"> <li>Increase the awareness of STDs-AIDS and use of Protec</li> </ul>	<ul style="list-style-type: none"> <li>Protec known by 90 percent of the target</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>
3. Improve quality of service	3.a. Training NGOs and the new sales outlets staff	<ul style="list-style-type: none"> <li>Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Id</li> </ul>	<ul style="list-style-type: none"> <li>KAP study</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	3.b. Supervise sales outlets and exploit follow-up sheets	• High quality of service in selected sales outlets	• 80 percent of the target satisfied with reception in the sales outlets	• Supervision
4. Initiate self sufficiency	4.a. Set up a SOMARC office	• Create a social marketing association		
	4.b. Develop a plan for gradual reduction of the subsidies with return funds to the project with Valdafrique	• Sustainability of Protec		

#### Notes on Activity

Support to the Government of Senegal through increased assistance to National Family planning and STD/AIDS Control programs in order to:

- Establish Protec condoms demand for family planning, as well as for STD/AIDS prevention.
- Promote correct and regular use of Protec condoms.
- Extend Protec distribution network to improve its accessibility by involving all authorized distribution circuits and emphasizing the participation of the commercial private sector.
- Increase people's awareness concerning STD/AIDS by putting a greater emphasis on these messages and increasing the use of Protec condoms among high-risk groups.
- Involve NGO in Protec distribution.
- Develop an important Protec condoms market through the private sector in order to achieve self-sufficiency in a more or less long term.

### **Activities for the Access to Condoms Distribution Outlets**

- Conduct a study of the potential market and outlets for Protec condoms.
- Expand the distribution network to make Protec more accessible, while respecting adequate conditions of storage and sale, maintaining the retail price and using existing networks.
- Involve NGOs in distribution, particularly to out reach and high-risk populations that are not well served by the commercial sector.
- Support training for pharmacists, counter clerks, and staff in new sales outlets.

### **Activities for the Improvement of Awareness and the Increase of the Condoms Use Rate among Risk Populations**

- Increase emphasis on STDs/AIDS prevention, especially among high-risk groups.

### **Activities in Order to Initiate Self-Sufficiency Efforts**

- Develop a plan for gradual reduction of the subsidies provided for Protec, keeping in mind the need to provide an affordable product to low-income consumers.
- Reinforce the local staff and set up a SOMARC office.

### **Expected Result for Activity**

In executing its activity program, PSMS will target the following results, through the described activities:

**Objective 1. Increase Protec Access**

- Awareness for sale outlets by advertising their premises: Pharmacies and new sale outlets, on the planned supports and by installing advertising material in all sale places.
- Expansion of sale outlets, particularly to places so-called “hot,” to men and teenagers frequenting places and involvement of NGOs.
- Increased access to distribution outlets supplying and distribution system are reinforced and Bamako Initiative channel through PNA, CBD are used.
- At least one person trained per new sale outlet, in particular for interpersonal communication and quality service (this result can only be considered if a budget extension is obtained).
- An acceptable system of tariffing and cost recovery is maintained mainly for the new non-traditional sales outlets.

**Objective 2. Increase Protec Demand**

- Increased Protec knowledge, as an efficient barrier method for family planning and STDs-AIDS.
- Increased percent of persons not using condoms and showing intent to use them.
- The general population (15-49 years old) can quote two means of protection against HIV, particularly condoms.
- 
- The high-risk population states having used a condom at the last sexual intercourse.

**Objective 3. Improve Service Quality**

- NGOs, new sales outlets staff are trained in interpersonal communication and quality service for the customers.
- Sales outlets are regularly supervised and follow-up sheets (storage, customers, etc.) used.

**Benchmarks and Indicators**

Activities	Results	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.a. Expand distribution to existing networks, i.e., Institutions, CHBRD, gas stations telecenters and involve NGOs while maintaining an acceptable tariffing cost and respecting adequate conditions of storage and sale	• Reach 100 percent of the 5,000 targeted points of sale and maintain the maximum retail price of CFA F150	• 1,500 points of sale	• 2,500 points of sale	• 3,500 points of sale	• 4,200 points of sale	• 5,000 points of sale
1.b. Increase Protec sales	• Increase quantities (units) of Protec sold	• 1,200,000	• 2,000,000	• 2,800,000	• 3,600,000	• 4,500,000
1.c. Publicity of sales outlets	• Point-of-purchase materials installed in 90 percent of targeted points of sale	• 90 percent	• 90 percent	• 90 percent	• 90 percent	• 90percent

Activities	Results	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
1.d. Reinforce the local staff and set SOMARC's own sales force	<ul style="list-style-type: none"> <li>Hire six salesmen and two supervisors</li> </ul>	<ul style="list-style-type: none"> <li>100 percent</li> </ul>	<ul style="list-style-type: none"> <li>100 percent</li> </ul>	<ul style="list-style-type: none"> <li>100 percent</li> </ul>	<ul style="list-style-type: none"> <li>100 percent</li> </ul>	<ul style="list-style-type: none"> <li>100 percent</li> </ul>
1.e. Train the staff of new sales outlets at least one person per outlet	<ul style="list-style-type: none"> <li>Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS</li> </ul>					<ul style="list-style-type: none"> <li>80 percent</li> </ul>
2.a. Sponsoring of events and media insertions	<ul style="list-style-type: none"> <li>Improve Protec awareness and increase use</li> </ul>	<ul style="list-style-type: none"> <li>50 percent of target</li> </ul>		<ul style="list-style-type: none"> <li>80 percent</li> </ul>		<ul style="list-style-type: none"> <li>90 percent</li> </ul>
2.b. TV/radio advertising, family planning and STD-AIDS awareness meetings, neighborhood theaters, and billboards	<ul style="list-style-type: none"> <li>Increase the awareness of STDs-AIDS</li> </ul>					<ul style="list-style-type: none"> <li>80 percent</li> </ul>
2.c. Conduct a KAP study	<ul style="list-style-type: none"> <li>Show the impact of Protec on the use, acceptance, and acceptability of condoms</li> </ul>					

Activities	Results	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
2.d. Train the staff of new sales outlets	<ul style="list-style-type: none"> <li>• Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS</li> </ul>					<ul style="list-style-type: none"> <li>• 80%</li> </ul>
2.e. Elaborate specific IEC strategies for well defined groups and through opinion leaders	<ul style="list-style-type: none"> <li>• Eliminate taboos and general poulation may quote condoms as a mean of protection against unwanted pregnancy and STDs-AIDS</li> </ul>					
2.f. Participate in national awareness events on AIDS	<ul style="list-style-type: none"> <li>• Increase the awareness of Protec and STDs-AIDS</li> </ul>					<ul style="list-style-type: none"> <li>• 80 percent</li> </ul>
3.a. Training NGOs and the new sales outlets staff	<ul style="list-style-type: none"> <li>• Increase Protec knowledge as an efficient barrier method for family planning and STDs-AIDS</li> </ul>					<ul style="list-style-type: none"> <li>• 80 percent</li> </ul>
3.b. Supervise sales outlets and exploit follow-up sheets	<ul style="list-style-type: none"> <li>• High quality of service in selected sales outlets and satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• 50 percent</li> </ul>		<ul style="list-style-type: none"> <li>• 80 percent</li> </ul>		<ul style="list-style-type: none"> <li>• 90 percent</li> </ul>

Activities	Results	Benchmark Quarter 1	Benchmark Quarter 2	Benchmark Quarter 3	Benchmark Quarter 4	End-of-Project Target
	of the target					
4.a. Set up a SOMARC office	<ul style="list-style-type: none"> <li>• Create a Social marketing association</li> </ul>	<ul style="list-style-type: none"> <li>• Social Marketing Association</li> </ul>				<ul style="list-style-type: none"> <li>• Social Marketing Foundation</li> </ul>
4.b. Develop a plan for gradual reduction of the subsidies with return funds to the project with Valdafrique	<ul style="list-style-type: none"> <li>• Sustainability of Protec</li> </ul>	<ul style="list-style-type: none"> <li>• RFP</li> </ul>				<ul style="list-style-type: none"> <li>• Sustainability of Protec</li> </ul>

**Indicators to Measure Expected Results**

Means for checking progress indicators:

- KAP follow-up study, mystery shopper, and omnibus surveys.
- Detailed sales reports per distribution channels.
- Supervision report on: Market situation; distribution (price, stocks, sales, customers, point-of-purchase material display); project achievement; and promotion.
- DHS 1997.

**Launching of Oral Contraceptives**

The evaluation report approved the extension of the social marketing project to oral contraceptives, under a PSMS brand name such as Pilplan. The project Coordinator and the Regional Manager

have contacted Wyeth Laboratories about the Minidril, and more recently Schering for the Neogynon or another low-dosage pill, which would be appropriate for Senegal. Wyeth-Lederle had proposed a Dakar delivery price of 170 CFAF per Minidril block, but the Export Manager, Bernard Baudoin, then asked for information on SOMARC sales estimates according to different selling prices before confirming their export price.

Minidril is presently available in the Senegalese market at the price of 711 CFA F (US \$1.40) per block, and the social marketing price is expected to be considerably lower. For the product to be imported and sold by the pharmaceutical distributor, Valdafrique, it must be imported in a semi-finished state (i.e., blocks in bulk) and then locally processed into a finished product (i.e., repackage each block in a printed box). The importer's margin for repackaging and distributing the product is yet to be negotiated. It is possible that the same importer may also take Schering's product, if the prices and compositions are similar, but it seems more likely that a different importer/distributor will be called upon.

At this moment, PNPf distributes in Senegal Ovrette and Lo-Feminal from Wyeth and Neogynon from Schering. It would be necessary to prepare an implementation plan and submit it to USAID and MSPAS for approval before SOMARC can introduce oral contraceptives in its social marketing products. A proposal was made in 1995 for the launching of oral contraceptives and certain modifications had been recommended. Nonetheless, the proposed directions would generally be as follows, with an estimated budget for the first year based on SOMARC experience in Mali.

### Market Studies

In agreement with SOMARC Research Manager, the 1997 DHS can be used as a basic KAP survey to be completed with focus group discussions carried out with female target groups. These same focus groups will probably be used to pretest the oral contraceptive logo, slogan, and packaging. First sales estimates can be based on sales provisions charts used in the private sector (i.e., 152,000 blocks sold in pharmacies) and in the public sector (i.e., 284,000 blocks distributed by PNPf).

Pharmacy sales can be checked through audits. Market studies will be carried out later to pretest TV and radio publicity as well as IEC material.

In 1995, an issue was raised to ask whether oral contraceptives as a social marketing component would be complementing or competing with Protec. Experiments carried out in other African markets show that family planning messages on oral contraceptives for women constitute a complement to those on condoms presented to men; therefore, there is no conflict concerning the unique role of condoms in STD/AIDS prevention.

The introduction of oral contraceptives as another affordable and efficient modern contraceptive method can only increase the total contraceptive prevalence rate in Senegal.

### *Distribution*

A competitive bidding would be launched and published in "Le Soleil" for the repackaging and distribution of oral contraceptives through the social marketing process. Since the bidding will concern pharmaceutical products that request a prescription, the selection will be probably limited to Valdafrique and SIPOA. SOMARC would take charge of labor and repackaging costs. Public distribution would be done through the three pharmaceutical wholesalers, pharmacies, and pharmaceutical depots in rural areas, with the same commercial margins as those approved for other pharmaceutical products.

A sales force will be needed for visits to doctors (especially gynecologists), midwives, nurses, pharmacists, and counter clerks. This last category will provide guidance and counseling to women interested in using pills. The PSMS distributor must be able to cover the costs related to visits to pharmacies, as well as at doctors and other paramedic personnel. While SOMARC would take charge of the total sales force costs in order to achieve self sufficiency in a medium term, it is advisable that SOMARC use its own sales structure.

### *Public Relations*

Before the launching of oral contraceptives, a complete public relations campaign will be carried out among public- and private-sectors opinion leaders.

This campaign will include the following activities:

- Selection and media training of spokesmen.
- Insertion of press articles.
- Meetings with service providers, opinion leaders, and press people.
- TV and radio talk shows.
- Official launching ceremony.

### *Training*

Private generalists and gynecologists and midwives who are used to working with the private sector and are willing to collaborate with PSMS for the prescription of low-price oral contraceptive, will be selected to receive special training on contraceptive technology and counseling. Moreover, 300 private pharmacists, 300 counter clerks, all available depot managers, and nurses will receive similar training in counseling and quality service provided to consumers. The objective will be to train the following people:

- 250 private generalists and gynecologists.
- 50 midwives.
- 300 pharmacists.

- 300 counter clerks.
- 70 pharmaceutical depot managers.

### **Promotion and Advertising**

During the first year of oral contraceptive marketing through PSMS, appropriate IEC and point-of-purchase materials will be produced for exhibition/distribution through pharmacies, gynecologists offices, midwives, and nurses trained by PSMS. The IEC material will include instructions directed at female target audiences with a low level of education. The Government of Senegal may authorize mass media publicity of PSMS messages on oral contraceptives, as is done in all other African countries, by producing television and radio spots. These spots would then be submitted for approval to the committee before being pretested on target audiences. Following the approval process, spots would be broadcast on national and regional radio stations and shown on TV in order to reach the largest possible audience.

### **ORS Launching with BASICS**

In its 1996/1997 plan of action, USAID/Senegal appears to have included a funds request for BASICS to launch an ORS project, which will be part of the general social marketing project, with a new brand name/logo. SOMARC has already been contacted by BASICS to support social marketing efforts that will be needed to set up an ORS project in Senegal.

Presently, SOMARC is waiting for USAID confirmation concerning the funding of BASICS ORS project, as well as the mechanism that would be applied for support from the social marketing program.

It would be too early to suggest a detailed plan and budget for the launching of ORS in addition to PSMS. Nonetheless, the target audience is the same (C and D categories for both condoms and oral

contraceptives). The general approach would also include the same basic elements, i.e., market studies, importation and initial distribution through pharmacies, public relations campaigns, training of service providers and pharmacists as well as a communication program that would include the use of mass media, point-of-purchase and IEC materials.

It is acknowledged that ORS introduction in Senegal constitutes a challenge since service providers, as well as the general public, tend to prefer anti-diarrhea drugs and/or antibiotics to the detriment of oral rehydration therapy for the treatment of children's diarrhea. SOMARC has had some experience with ORS in Ghana and is prepared to submit a detailed implementation schedule for Senegal.

# TURKEY

## SOMARC PROGRAM OVERVIEW

SOMARC's program in Turkey is focused on expanding the commercial provision of family planning services. Activities are directed at achieving three main objectives: (1) expanding the size, coverage, and service quality of the network of private facilities launched by SOMARC in 1995 as a pilot program; (2) establishing an affordable IUD in the private sector; and (3) launching two new injectables on the commercial market.

## BACKGROUND

Turkey is the fifteenth most populous nation in the world with over 65 million inhabitants. Although the total fertility rate dropped from approximately 4.3 in 1978 to 2.7 in 1993, significant regional differences remain in fertility rates and a great unmet need for family planning. In Turkey, overall awareness of modern contraceptives is extremely high — more than 98 percent of all women know a modern method and over 94 percent know of a source to obtain family planning. Despite this high awareness, the most prevalent method in Turkey is withdrawal (26 percent). Ever use of modern contraceptives is quite high (61.8 percent), but discontinuation rates for modern methods is also high.

SOMARC launched the Okey condom in June 1991, introducing it as the first nationally-advertised condom brand in Turkey. Just 2½ years later, SOMARC graduated "Okey" from USAID assistance. Today Okey maintains a 25 percent share of the commercial market with sales exceeding 10 million units annually. In December 1991, SOMARC launched an oral contraceptive campaign promoting a range of commercially sourced, low-dose products. The campaign resulted in a dramatic shift in the market previously predominated by standard-dose orals to over 75 percent usage of the safer, better-tolerated, low-dose brands. SOMARC graduated the low-dose pills from USAID assistance in 1994.

During this period, SOMARC also initiated formative research on long-term methods in order to expand the social marketing project. The preliminary research and assessment resulted in the design of a services marketing network, "KAPS," that stimulates existing private clinics to increase their provision of reproductive health services especially family planning.

Following extensive formative research conducted in 1994, SOMARC launched a pilot services marketing network within Istanbul in October 1995. The network, known as "KAPS," was created to stimulate existing private clinics to increase their provision of reproductive health services especially family planning. The network includes a range of private facilities, including hospitals, polyclinics, physicians, and pharmacies. All of the participating facilities were trained in contraceptive technology, counseling, and total quality management. To participate in the network, these private facilities agreed to lower their prices for family planning services.

**Couple Years of Protection, Income and Sales**

Method	Couple Years of Protection
Condoms (1991-1996)	446,095
Oral Contraceptives (1992-1996)	920,354

**USAID Mission Objectives**

USAID's Population Assistance Program in Turkey has three goals: To improve women's health, to lower fertility, and; to reduce population growth rates to levels consistent with sustainable development. According to the long-term strategy, assistance is provided to both public and private sectors in three program components: *policy, quality and access.*

Objectives	Quality Objectives	Access Objectives
1. Increased support for family planning within the Government of Turkey and private sector	<ul style="list-style-type: none"> <li>High-quality services and information available in public and private sectors</li> </ul>	<ul style="list-style-type: none"> <li>Family planning services expanded in existing public and private service delivery channels</li> </ul>
2. Increased private-sector involvement in family planning programs	<ul style="list-style-type: none"> <li>Family planning training reoriented to emphasize QOC</li> </ul>	<ul style="list-style-type: none"> <li>Post-partum and post-abortion services established in both sectors</li> </ul>
3. Strengthened NGO structures assuming more important roles	<ul style="list-style-type: none"> <li>IEC efforts focused on resolving specific problem areas as identified in surveys and program evaluations</li> </ul>	<ul style="list-style-type: none"> <li>Family planning services directed to underserved groups</li> </ul>

USAID is the lead international donor for population activities in Turkey. Currently USAID supports the following population CAs in Turkey: JHPIEGO, PCS, FUTURES/Policy Project, and AVSC International. Other international donor agencies working in Turkey include UNFPA, JICA, the EU, IPPF and GTZ.

## **MARKETING ENVIRONMENT**

### **Market Background**

With over 19,000 pharmacies throughout Turkey, the private sector offers huge potential for increasing the availability of modern contraceptives. In 1993, 75 percent of all pill use and 66 percent of condom use was provided by the private sector\*. To support the large potential of the private sector in clinic-based services, the commercial healthcare infrastructure is also growing quite rapidly in Turkey — currently in Istanbul alone there are over 60-70 private hospitals, approximately 500 private clinics, 800 ob/gyns, and 500 general practitioners.

Despite the huge potential of commercial health care, the private sector lags behind in the provision of family planning services. Especially noteworthy is the case of post-abortion family planning.

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\*Turkey Demographic and Health Survey, Hecettepe University, Institute of Population Studies, 1993.

Although at least 67 percent of induced abortions are provided by private practitioners, most of these providers possess outdated or incorrect information about family planning, especially postpartum and post-abortion contraception.\*

### KAPS Network

In 1995, SOMARC began to address the shortfall between private- and public-sector provision of family planning services through the establishment of the KAPS program in Istanbul. The KAPS program provides training, promotion and other incentives to private clinical sites in exchange for their agreement to offer affordably priced reproductive health services and to maintain quality standards. During the network's first year SOMARC piloted several outreach promotions including the use of mass media, community promoters, and a coupon referral program through pharmacies. While these activities contributed to increased awareness and use of KAPS facilities for reproductive health services, SOMARC's client intercept study indicates that in-reach promotions are likely to produce higher results.\*\*

Based on the intercept study,\*\*\* SOMARC identified several key opportunities to expand the provision of contraceptive methods through KAPS and other commercial clinics throughout Turkey. According to the study, almost half (43 percent) of current KAPS client volume is generated by pregnancy-related reasons such as prenatal, postpartum or abortion care. Close to 90 percent of these clients are from low- and middle-income classes and many are accompanied by one or more adult female relatives or friends.

Although many clients attending the clinics need family planning immediately or within the next year, in over half of cases providers failed to initiate discussion about contraception. The most striking example is the case of women seeking abortion services. Women seeking an abortion do

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\*"Post-abortion Women: Factors Influencing Their Family Planning Options," by G. Neamatalla and Cynthia Steele, AVSC International, Working Paper No. 9, September 1995.

\*\*Per AVSC International, "In-reach," is a strategy to reach potential family planning clients within a health facility (i.e., brochures in waiting rooms) as opposed to an outreach strategy which focuses on activities to create demand among potential clients outside the facility (i.e., mass media).

\*\*\* SOMARC Client Intake Exit survey.

not want to be pregnant, yet less than 60 percent were offered information about family planning. The FY 98 strategy for the network is, therefore, to target women visiting KAPS clinics for third trimester prenatal, postpartum and induced abortion services. The secondary target will be the partners and friends of clients accompanying the target audience to the clinic. Because these targets are already visiting the clinics, the majority of marketing efforts will be focused on “in-reach” activities.

In addition to increasing capacity within existing facilities, plans for future expansion to new sites will be explored. Since pharmacies play a limited role in referrals to KAPS clinics, resources previously allocated to training and promoting new pharmacies will be shifted to concentrate expansion on clinical sites. New KAPS facilities will be chosen based on: (1) volume of potential target clients, and (2) existing linkages with other clinical facilities. For example, many private ob/gyns have formal or informal relationships with major hospitals where they perform surgery that cannot be provided in the office setting. Utilization of existing linkages will speed up the recruitment process. Identifying these linkages will also help to ensure the program’s long-term sustainability since its foundation will be built on existing relationships. As KAPS transitions beyond the pilot phase into a network that can be replicated in other cities, the priority will be to identify opportunities to recover and/or minimize resource and time costs.

Complementary to SOMARC’s KAPS program are two additional opportunities to expand commercial provision of family planning services — the commercial introduction of the CuT-380-A IUD, and two new injectable contraceptives.

### IUDs

Currently in Turkey commercial IUDs cost approximately US\$15.00 and the CuT-380-A — the only model that lasts for up to 10 years — is only available in the public sector. For these reasons, SOMARC has been assisting a local distributor and an Indian manufacturer to enter the market. Since IUDs are a relatively well accepted method in Turkey, SOMARC has focused its

efforts on technical assistance. It has, for example, facilitated the registration process and assisted in the design of consumer and provider materials. In order to make physicians aware that this IUD is now available commercially, SOMARC will support a national direct mailing.

### *Injectable Contraceptives*

Two new contraceptive options have applied to enter Turkey's commercial market — Mesigyna and Depo-Provera. Mesigyna, a one-month combined estrogen-progestin injectable, is already on the market for approximately US\$5.00 per vial. Depo-Provera, a three-month progestin-only injectable, recently received registration. The distributor expects the final importing procedures required for Depo-Provera to be completed in July with product shipped no later than September. Depo-Provera is currently available within selected Ministry of Health clinics through a donation of approximately 90,000 vials.

Both injectables will be sold at an affordable price nationally through pharmacies. Although strongly discouraged by the Government of Turkey, clients are likely to be given the injection by a pharmacy staff member. Since the injectables will be widely and easily accessible, the marketing challenge will be to assure the aspects of informed choice and safe use that are critical to establishing a good reputation for the product in the long run.

In order to ensure a satisfactory trial experience leading to sustained use, clients and providers will need to be adequately informed about the unique characteristics of each injectable. According to the 1993 DHS, 38 percent of women of reproductive age (WRA) are aware of IUDs while only 38 percent of WRA are aware of any injectable contraceptive.

To better educate consumers and providers about injectables, SOMARC will employ a unique marketing tactic — a telephone hotline — that can be confidentially accessed by clients and providers all over Turkey. The hotline would feature in-depth information about the injectables and general information on all modern contraceptive methods available. In order to address specific questions and concerns, callers would have the option of speaking to a trained family

planning counselor at least twelve hours per day. To encourage clients to access the hotline, SOMARC will implement a mass media campaign including public-service announcements and other public relations activities.

In Istanbul, SOMARC piloted a smaller-scale hotline to promote the KAPS network of hospitals and clinics. This hotline would be expanded nationally for the injectable campaign and would continue to be housed and operated at the Turkish Family Health and Planning Foundation. The hotline will also have the added advantage of being able to refer interested clients to KAPS trained providers.

### OBJECTIVES OF WORKPLAN

Objectives	Outcomes	Indicators	Data Source
<b>A. KAPS Services Network</b>			
1. Increase provision of quality family planning information among clients seeking pregnancy-related services at KAPS sites	<ul style="list-style-type: none"> <li>• IEC efforts focused on resolving specific problem areas as identified in surveys and program evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Increases of 25 percent or more over consecutive surveys of women who claim providers</li> <li>• discussed family planning when visiting KAPS sites for pregnancy-related services</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake exit survey</li> </ul>
2. Improve the quality of family planning and reproductive health services available in KAPS sites	<ul style="list-style-type: none"> <li>• Improved the quality of family planning and reproductive health services available in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Members attend counseling, in-reach and postpartum trainings</li> <li>• Quality assurance levels maintained</li> </ul>	<ul style="list-style-type: none"> <li>• Training reports</li> <li>• Site visit reports</li> </ul>
3. Motivate commercial clinics to offer <u>affordable</u> reproductive health service prices	<ul style="list-style-type: none"> <li>• Family planning services expanded in existing private-service delivery channels</li> </ul>	<ul style="list-style-type: none"> <li>• Price boards posted at KAPS sites</li> <li>• Minimum recommended pricing for reproductive health lowered by medical chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Site visit reports</li> <li>• Chamber publications</li> </ul>
4. Increase number of KAPS members able to offer male and	<ul style="list-style-type: none"> <li>• Family planning services expanded in existing private service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• KAPS providers trained in tubal ligation</li> <li>• KAPS providers trained</li> </ul>	<ul style="list-style-type: none"> <li>• Training reports</li> </ul>

Objectives	Outcomes	Indicators	Data Source
female surgical sterilization at KAPS sites	channels	in no-scalpel vasectomies	
5. Increase awareness of KAPS and family planning in general among community leaders	<ul style="list-style-type: none"> <li>Increased support for family planning within private sector</li> </ul>	<ul style="list-style-type: none"> <li>Articles on family planning accepted by professional publications</li> <li>KAPS spokespersons present at community events</li> </ul>	<ul style="list-style-type: none"> <li>Media monitoring</li> </ul>
6. Expand number of KAPS clinical facilities in Izmir and Istanbul	<ul style="list-style-type: none"> <li>Family planning services expanded in existing private-service delivery channels and directed to underserved groups</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of up to 20 new KAPS clinical facilities in low- to middle-income areas of Izmir (up to 10 facilities) and Istanbul (up to 10 facilities)</li> </ul>	<ul style="list-style-type: none"> <li>Member agreements</li> <li>Mapping studies</li> </ul>
7. Evaluate potential organizational models for KAPS during next phase of network, i.e., post FY 1998	<ul style="list-style-type: none"> <li>Family planning services expanded in existing private-service delivery channels</li> </ul>	<ul style="list-style-type: none"> <li>KAPS future organizational alternatives identified</li> <li>KAPS has strategic marketing plan for FY 1999</li> <li>Funding source for activities identified</li> </ul>	<ul style="list-style-type: none"> <li>KAPS assessment report</li> <li>KAPS marketing plan FY 1999</li> <li>KAPS FY 1999 budget</li> </ul>
<b>B. CuT-380-A IUD*</b>		*Contingent on registration of Pregna T	
1. Facilitate establishment of affordable CuT-380-A IUD in commercial sector	<ul style="list-style-type: none"> <li>50,000 family planning services expanded in existing private-service delivery channels</li> </ul>	<ul style="list-style-type: none"> <li>First year sales of 20K units</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly sales data</li> </ul>
2. Encourage informed and safe use of IUD	<ul style="list-style-type: none"> <li>Improve the quality of family planning and reproductive health services available in the private sector</li> <li>High-quality information available in private sector</li> <li>IEC efforts focused on resolving specific problem areas as</li> </ul>	<ul style="list-style-type: none"> <li>Each IUD sold with client card, client brochure and provider brochure</li> </ul>	<ul style="list-style-type: none"> <li>Distributor checks</li> </ul>

Objectives	Outcomes	Indicators	Data Source
	identified in surveys and program evaluations		
<b>C. Injectables</b>			
1. Facilitate establishment of affordable injectable contraceptives within commercial sector	<ul style="list-style-type: none"> <li>Family planning services expanded in existing private-service delivery channels</li> <li>Mesigyna: 10,417</li> <li>Depo-Provera 25,200</li> </ul>	<ul style="list-style-type: none"> <li>Sales of 125,000 vials</li> <li>Sales of 100,800 vials</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly. Sales data</li> </ul>
2. Facilitate informed and safe use of injectables	<ul style="list-style-type: none"> <li>Improve the quality of family planning and reproductive health services available in the private sector</li> <li>High-quality information available in private sector</li> <li>IEC efforts focused on resolving specific problem areas as identified in surveys and program evaluations</li> <li>Improve the quality of family planning and reproductive health services available in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>Injectables sold with consumer information needle/syringe</li> <li>Consumer brochures distributed</li> <li>Public relations disseminates information on characteristics of both injectables</li> <li>Professional seminars held on injectables</li> </ul>	<ul style="list-style-type: none"> <li>Final packaging</li> <li>Visit reports</li> <li>Media monitoring</li> <li>Training reports</li> </ul>

#### IV. SOCIAL MARKETING ACTIVITIES

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
<b>KAPS Services Network Activities</b>			
1. Increase provision of family planning information among clients seeking pregnancy-related	1.a. Revise and distribute post-partum and post-abortion brochures	<ul style="list-style-type: none"> <li>KAPS clinical sites display and distribute brochures</li> </ul>	<ul style="list-style-type: none"> <li>Waiting on Ministry of Health approval</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
services at KAPS sites	1.b. Distribute counseling flipcharts to KAPS facilities	<ul style="list-style-type: none"> <li>• KAPS clinics observed using flipcharts during site visits</li> </ul>	<ul style="list-style-type: none"> <li>• July 1997*</li> </ul>
	1.c. Conduct assessment of current KAPS sites to identify new opportunities to communicate information internally (in-clinic)	<ul style="list-style-type: none"> <li>• Assessment report and revised internal promotion plan completed</li> </ul>	<ul style="list-style-type: none"> <li>• July 1997*</li> </ul>
	1.d. Conduct in-clinic promotions based on above assessment	<ul style="list-style-type: none"> <li>• Promotions conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Istanbul: August 1997*- December 1998</li> <li>• Izmir: October 1997-January 1998</li> </ul>
	1.e. Distribute AVSC's family planning all-method posters to all KAPS clinics	<ul style="list-style-type: none"> <li>• KAPS clinical sites display posters</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
2. Improve the quality of family planning services available in KAPS sites	2.a. Revise site visit (formerly site assessment) forms	<ul style="list-style-type: none"> <li>• Forms completed</li> </ul>	<ul style="list-style-type: none"> <li>• August 1997*</li> </ul>
	2.b. Field test site visit forms	<ul style="list-style-type: none"> <li>• Forms used to conduct site assessments of new member sites in Izmir and Istanbul</li> <li>• Forms used to keep records on monitoring visits to established sites</li> </ul>	<ul style="list-style-type: none"> <li>• Istanbul: September 1997*</li> </ul>
	2.c. Distribute JHPIEGO's infection-prevention posters	<ul style="list-style-type: none"> <li>• KAPS clinical sites display posters</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
	2.d. Conduct CTU and counseling training for new physicians joining the network	<ul style="list-style-type: none"> <li>• Training conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Istanbul: January 1998</li> </ul>
	2.e. Pilot new self-paced CTU module among new providers joining the network	<ul style="list-style-type: none"> <li>• Up to 20 providers complete module</li> </ul>	<ul style="list-style-type: none"> <li>• Istanbul: December 1997</li> </ul>
	2.f. Conduct orientation on post-partum contraception among 32 existing physician members	<ul style="list-style-type: none"> <li>• 32 providers attend orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Istanbul: December 1997</li> </ul>
	2.g. Conduct counseling training for midwives and nurses	<ul style="list-style-type: none"> <li>• Increased number of clients who claim providers discussed family planning when visiting KAPS sites for prenatal (third trimester), post-partum, or abortion related visits</li> </ul>	<ul style="list-style-type: none"> <li>• Izmir: October 1997</li> <li>• Istanbul: July 1997*</li> </ul>
3. Motivate commercial clinics to offer affordable reproductive health service prices	3.a. Distribute price boards to all new KAPS sites	<ul style="list-style-type: none"> <li>• Price boards placed at all clinical sites</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
	3.b. Monitor use of price boards at KAPS sites	<ul style="list-style-type: none"> <li>• Price boards observed at all clinics during site visits</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
	3.c. Continue to participate in professional association pricing selection committees	<ul style="list-style-type: none"> <li>• KAPS representative attendance at all TMA and IMC meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
4. Increase number of KAPS members able to offer male and female surgical sterilization at KAPS sites	4.a. Establish revolving credit fund via Foundation to equip two KAPS hospitals with laparoscopes	<ul style="list-style-type: none"> <li>• Laparoscopes delivered to two KAPS sites</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	4.b. Train four KAPS surgical teams in minilaparotomy as an outpatient procedure	<ul style="list-style-type: none"> <li>• Two teams trained 4th quarter 1997 and two trained 1st quarter 1998</li> </ul>	<ul style="list-style-type: none"> <li>• October - November 1997, January-</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
			February 1998
	4.c. Establish laparoscopy training center for private sector near Istanbul	<ul style="list-style-type: none"> <li>• Formalized agreement with Kocaeli University to house KAPS training</li> </ul>	<ul style="list-style-type: none"> <li>• August 1997*</li> </ul>
	4.d. Train six private KAPS physicians in Laparoscopy	<ul style="list-style-type: none"> <li>• Trainings conducted</li> </ul>	<ul style="list-style-type: none"> <li>• November. 1997- February 1998</li> </ul>
	4.f. Train four KAPS physicians in no-scalpel vasectomy (NSV)	<ul style="list-style-type: none"> <li>• Trainings conducted</li> </ul>	<ul style="list-style-type: none"> <li>• October 1997- February 1998</li> </ul>
	4.g. Conduct study tour to Izmir Maternity for two KAPS urologists performing no-scalpel vasectomy	<ul style="list-style-type: none"> <li>• Study tour conducted</li> </ul>	<ul style="list-style-type: none"> <li>• November 1997</li> </ul>
5. Increase awareness of KAPS among decision makers	5.a. Continue to meet with the Turkish Medical Association and Istanbul Medical Chamber (IMC) for collaboration and support of private reproductive health services	<ul style="list-style-type: none"> <li>• Information about KAPS communicated through association meetings and publications</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
	5.b. Continue to meet with the Turkish Pharmacist Association and Istanbul Pharmacists Chamber (IPC)	Information about KAPS communicated through association meetings and publications	Ongoing
	5.c. Introduce SOMARC's "services marketing" projections as mechanism to demonstrate future potential of private-sector services	Presentations of projections made to KAPS members, USAID, and Ministry of Health	September 1997*
6. Expand number of KAPS clinics facilities in Izmir and Istanbul	6. a. Conduct orientation visits for potential, new KAPS providers	Site assessment appointments set for up to 20 facilities in each city	<ul style="list-style-type: none"> <li>• Izmir: August 1997</li> <li>• Istanbul:</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
			October 1997
	6.b. Conduct site assessments for registered participants	<ul style="list-style-type: none"> <li>• Facilities agree to send physicians to CTU/TQM training</li> <li>• Facilities sign membership agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Izmir: September 1997*</li> <li>• Istanbul: November 1997</li> </ul>
7. Evaluate potential organizational models for KAPS during next phase of network, i.e., post FY 1998	7.a. Conduct KAPS network assessment of alternative organizational structures	<ul style="list-style-type: none"> <li>• Assessment completed including recommendations for future organizational structure</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	7.b. Develop KAPS FY 1999 marketing plan based on assessment	<ul style="list-style-type: none"> <li>• Marketing plan submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>• June 1998</li> </ul>
	7.c. Develop KAPS FY 1999 budget based on assessment	<ul style="list-style-type: none"> <li>• Budget submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>• June 1998</li> </ul>
<b>CuT-380-A IUD Activities</b>			
1. Facilitate establishment of affordable CuT-380-A IUD in commercial sector	1.a. Assist distributor in importation and registration of Pregna T CuT-380-A	<ul style="list-style-type: none"> <li>• Pregna T registered for commercial sale</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
	1.b. Develop memorandum of understanding (MOU) with distributor and manufacturer specifying price to trade and consumers	<ul style="list-style-type: none"> <li>• Obtain signatures of all parties on memorandum of understanding</li> </ul>	<ul style="list-style-type: none"> <li>• First draft completed; waiting on registration to finalize</li> </ul>
2. Encourage informed and safe use of IUD	2.a. Distribute information on Pregna T to KAPS providers via newsletters and site visits	<ul style="list-style-type: none"> <li>• Information distributed to all clinic-based members</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting on registration</li> </ul>
	2.b. Assist manufacturer with development of provider insert and brochure	<ul style="list-style-type: none"> <li>• Each IUD sold with accompanying provider literature</li> </ul>	<ul style="list-style-type: none"> <li>• First draft completed</li> <li>• Waiting on registration to finalize</li> </ul>
	2.c. Assist manufacturer	<ul style="list-style-type: none"> <li>• Each IUD sold with</li> </ul>	<ul style="list-style-type: none"> <li>• Same as</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
	with development of client card and insert	accompanying client literature	above
	2.d. Press placement to announce new IUD	<ul style="list-style-type: none"> <li>• Articles on Pregna T appear in consumer and professional journals</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
<b>Injectable Activities</b>			
1. Facilitate establishment of affordable injectable contraceptives within commercial sector	1.a. Solicit Schering to assist in financing a 1-800 hotline for consumers and providers interested in injectables	<ul style="list-style-type: none"> <li>• Create and obtain signatures of all parties on memorandum of understanding</li> </ul>	<ul style="list-style-type: none"> <li>• August 1997*</li> </ul>
2. Facilitate informed and safe use of injectables	2.a. Continue to lobby Schering to include a disposal needle and syringe and a client card and insert with every Mesigyna vial	<ul style="list-style-type: none"> <li>• Schering to submit to MOH for approval of new packaging</li> </ul>	<ul style="list-style-type: none"> <li>• August 1997*</li> </ul>
	2.b. Conduct media spokesperson training on one- and three-month injectables	<ul style="list-style-type: none"> <li>• Broadcast and press interviews conducted on injectables</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	2.c. Create and place articles on new injectables	<ul style="list-style-type: none"> <li>• Articles on injectables appear in consumer and professional publications</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	2.d. Create video news release (VNR) on injectable contraceptives	<ul style="list-style-type: none"> <li>• VNR airs on all national TV channels and on local stations</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	2.e. Collaborate with manufacturers and distributors to educate consumers through brochures available at clinics and pharmacies	<ul style="list-style-type: none"> <li>• Brochures available at X percent of pharmacies and clinics</li> </ul>	<ul style="list-style-type: none"> <li>• September 1997*</li> </ul>
	2.f. Collaborate with manufacturers and distributors to educate health-care providers through seminars	<ul style="list-style-type: none"> <li>• KAPS providers in Istanbul and Izmir attend Pharmacia-sponsored lectures on Depo-Provera</li> </ul>	<ul style="list-style-type: none"> <li>• September - October 1997</li> </ul>

Objectives	Activities	Indicators	Time Frame* FY 1997 Activities
	2.g. Expand KAPS telephone hotline to be free and accessible nationally; press placement and PSAs to announce service	<ul style="list-style-type: none"> <li>• Callers able to access confidential information on injectables</li> <li>• Press placement refers callers to hotline for information</li> </ul>	<ul style="list-style-type: none"> <li>• October 1997</li> </ul>
	2.h. Arrange for Schering to present seminar on Mesigyna for CAs and interested MCH/FP officials in Ankara	<ul style="list-style-type: none"> <li>• IEC and training materials contain uniform information on one-month injectables</li> </ul>	<ul style="list-style-type: none"> <li>• July 1997*</li> </ul>
<b>Miscellaneous Activities</b>			
1. Meet with private health insurance companies on the need for expanded family planning services coverage		<ul style="list-style-type: none"> <li>• Private insurers offer policies that include coverage for family planning services</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
2. Participate in policy segmentation study dissemination by initiating meetings with private-sector representatives in industry and services and Policy project staff		<ul style="list-style-type: none"> <li>• Meetings set with pharmaceutical firms and private health-care service organizations to incorporate their input on market segmentation</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

**BUDGET**

Funding Source	Projected: April 1, 1997- September 30, 1998
Field Support	842,385
OYB Transfer	
Buy-In	149,193
<b>Total</b>	<b>\$991,578</b>

**Turkey Activity Plan  
July 1997 - September 1998**

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan-Mar	April-June	July-Sept.
<b>KAPS Services Network Activities</b>						
1. Increase provision of family planning information among clients seeking pregnancy-related services at KAPS sites	Revise and distribute postpartum and post-abortion brochures	Awaiting MOH Approval				
	Distribute counseling flipcharts to KAPS facilities	July				
	Conduct assessment of current KAPS sites to identify new opportunities to communicate information internally (in-clinic)	July				
	Conduct in-clinic promotions based on above assessment					
	• Istanbul	August/September	*****	*****	*****	*****
	• Izmir		*****		January	
	Distribute AVSC's family planning all-method posters to all KAPS clinics	*****	*****	*****	*****	*****
2. Improve the quality of family planning services available in KAPS sites	Revise site visit (formerly site assessment forms)	August				
	Field test site visit forms (Istanbul)	September				
	Distribute JHPIEGO's infection prevention posters	*****	*****	*****	*****	*****
	Conduct CTU and counseling training for new physicians joining the network (Istanbul)			January		

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
	Pilot new self-paced CTU module among new providers joining the network (Istanbul)		December			
	Conduct orientation on postpartum contraception among 32 existing physician members (Istanbul)		December			
	Conduct counseling training for midwives and nurses					
	• Istanbul	July				
	• Izmir		October			
3. Motivate commercial clinics to offer affordable reproductive health service prices	Distribute price boards to all new KAPS sites	*****	*****	*****	*****	*****
	Monitor use of price boards at KAPS sites	*****	*****	*****	*****	*****
	Continue to participate in professional association pricing selection committees	*****	*****	*****	*****	*****
4. Increase number of KAPS members able to offer male and female surgical sterilization at KAPS sites	Establish revolving credit fund via Foundation to equip two KAPS hospitals with laparoscopes	September				
	Train four KAPS surgical teams in minilaparotomy as an outpatient procedure		October/ November	January/ February		
	Establish laparoscopy training center for private sector near Istanbul	August				
	Train six private KAPS physicians in Laparoscopy		November/ December	January/ February		
	Train four KAPS physicians in no-scalpel vasectomy		*****	January/ February		

Objectives	Activities	1997		1998		
		July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept
	Conduct study tour to Izmir Maternity for two KAPS urologists performing no-scalpel vasectomy		November			
5. Increase awareness of KAPS among decision makers	Continue to meet with the Turkish Medical Association and Istanbul Medical Chamber (IMC) for collaboration and support of private reproductive health services	*****	*****	*****	*****	*****
	Continue to meet with the Turkish Pharmacist Association and Istanbul Pharmacists Chamber (IPC)	*****	*****	*****	*****	*****
	Introduce SOMARC's "Services Marketing" projections as mechanism to demonstrate future potential of private-sector services	September				
6. Expand number of KAPS clinic facilities in Izmir and Istanbul	Conduct orientation visits for potential, new KAPS providers					
	• Istanbul		October			
	• Izmir	August				
	Conduct site assessments for registered participants					
	• Istanbul		November			
	• Izmir	September				
7. Evaluate potential organizational models for KAPS during next phase of network, i.e., post FY 1998	Conduct KAPS network assessment of alternative organizational structures		September			
	Develop KAPS FY 1999 marketing plan based on assessment				June	

Objectives	Activities	1997		1998		
		July-Sept.	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept.
	Develop KAPS FY 1999 budget based on assessment				June	
<b>CuT-380-A IUD Activities</b>						
1. Facilitate establishment of affordable CuT-380-A IUD in commercial sector	Assist distributor in importation and registration of Pregna T CuT-380-A	*****	*****	*****	*****	*****
	Develop memorandum of understanding with distributor and manufacturer specifying price to trade and consumers	First draft completed. Waiting on registration to finalize				
2. Encourage informed and safe use of IUD	Distribute information on Pregna T CuT-380-A to KAPS providers via newsletters and site visits	Waiting on registration				
	Assist manufacturer with development of provider insert and brochure	First draft completed. Waiting on registration to finalize				
	Assist manufacturer with development of provider insert and brochure	First draft completed. Waiting on registration to finalize				
	Press placement to announce new IUD	First draft completed. Waiting on registration to finalize				
<b>Injectable Activities</b>						
1. Facilitate establishment of affordable injectable contraceptives within commercial sector	Solicit Schering to assist in financing a 1-800 hotline for consumers and providers interested in injectables	August				

Objectives	Activities	1997		1998		
		July-Sept	Oct.-Dec.	Jan.-Mar.	April-June	July-Sept
2. Facilitate informed and safe use of injectables	Continue to lobby Schering to include a disposal needle and syringe and a client card and insert with every Mesigyna vial	August				
	Conduct media spokesperson training on one- and three-month injectables	September				
	Create and place articles on new injectables	September				
	Create video news release (VNR) on injectable contraceptives	September				
	Collaborate with manufacturers and distributors to educate consumers through brochures available at clinics and pharmacies	September	October			
	Collaborate with manufacturers and distributors to educate health-care providers through seminars	September	October			
	Expand KAPS telephone hotline to be free and accessible nationally; press placement and PSAs to announce service		October			
	Arrange for Schering to present seminar on Mesigyna for CAs and interested MCH/family planning officials in Ankara	July				
<b>D. Miscellaneous Activities</b>						
	Meet with private health insurance companies on the need for expanded family planning services coverage	*****	*****	*****	*****	*****
	Participate in policy segmentation study dissemination by initiating meetings with private-sector representatives in industry and services and Policy project staff	*****	*****	*****	*****	*****

# TURKMENISTAN

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to increasing the availability and access to modern contraceptive methods in Turkmenistan through its provision of technical assistance to support the reform and privatization of the pharmaceutical market, and its orientation of top policymakers and health professionals to social marketing as an effective approach to behavior change.

## BACKGROUND

A lack of availability and access to modern contraceptive methods has been identified by USAID as the major constraint to the practice of family planning, and the resulting reliance on abortion for fertility regulation and control throughout the NIS. Consequently, SOMARC was selected to improve the private, commercial-sector's capacity to provide a sustainable system for contraceptive availability and access in the Central Asian Republics (CARs).

At the commencement of its activities in the Central Asian Republics in 1993, FUTURES/SOMARC held exploratory discussions with the Turkmenistan Ministry of Health concerning the role of the private sector in reproductive health services and the potential contribution of social marketing to achieving national health and fertility goals. At that time, the Government of Turkmenistan (GOT) was not inclined to embrace reforms. Although there are indications that the GOT's attitude and activities with regard to the private sector and the privatization of health services has changed, there remains a need to approach these apparent changes with cautious optimism.

In this new environment, Turkmenistan has been added to the SOMARC portfolio for Central Asia for the first time in 1997. Its history is one characterized by even more central control and less market orientation than Uzbekistan. Nonetheless, SOMARC's preliminary evaluations suggest that there may be some opportunities to influence the development of a more market-

based system of contraceptive and drug procurement and supply, drawing from program experiences elsewhere in the region and particularly in Uzbekistan.

### **USAID Mission Objectives**

SOMARC's program in Central Asia will be extended by USAID through a family planning funding earmark for FY 1996 that will support SOMARC activities through September 1997. While it is expected that additional funding will be forthcoming through subsequent earmarks, the focus of SOMARC activities for the region will be to consolidate the progress made to date and to pursue opportunities that will help ensure the sustainability of the commercial activities of the program, once donor funding ceases. In the case of Turkmenistan, initial SOMARC activities will be limited and expansion approached only as dictated by the prudent application of lessons learned in the development of the other SOMARC programs in the region.

## **MARKETING ENVIRONMENT**

### **Marketing Strategies**

### **Barriers and Threats**

It appears that while Turkmenistan has moved forward significantly since the initial SOMARC assessment in 1993, when it was determined that the political and economic environment would not support contraceptive social marketing (i.e., SOMARC program activities) as they are being implemented in the CARs, it is premature for the implementation of a pilot social marketing project. Appropriate market structures still do not exist or are not yet in place (i.e., market service companies are nonexistent, hard currency conversion and profit repatriation are not well established practices, etc.).

## Opportunities

There were, however, opportunities identified in a mid-1996 visit by SOMARC to Ashgabat, to significantly assist and increase the speed at which an appropriate environment for commercial marketing of pharmaceuticals on a mass basis will be reached. In addition, an assessment of the trade and investment environment for pharmaceuticals conducted by USAID in February 1997 identified an opportunity to directly assist the Government of Turkmenistan in the reform of commercial policies regarding pharmaceutical importing, wholesaling, and retailing, which directly affect contraceptives as part of this larger sector.

## OBJECTIVES OF WORKPLAN

USAID's objectives in Turkmenistan are addressed directly by the SOMARC program, whose main objectives are:

1. Providing technical assistance in the reform of the commercial pharmaceutical market.
2. Assessing the marketing and communications environment for social marketing.
3. Advocating the social marketing approach to increase contraceptive prevalence.

## SOCIAL MARKETING ACTIVITIES

The planned activities to be undertaken in support of the program's three main objectives are the following:

### *In-Country Advisor*

Building on lessons learned in the Kazakstan Farmatsyia privatization process and the Kyrgyzstan advisor-less SOMARC implementation, USAID-Almaty has determined that a mid-term pharmaceutical market advisor (approximately 3-4 months) is essential to promote the environment for the commercial distribution and sale of drugs, particularly contraceptives, prior

to the establishment of a full social marketing project. The advisor will be based in Ashgabat, Turkmenistan, working primarily with the Ministry of Health and will be skilled and experienced in the international commercial marketing, business practice, and government relations activities of pharmaceutical companies, especially those that include contraceptives in their product line. The advisor will also ideally have experience in working with market reforms in the former Soviet Union. This activity will be the focus of SOMARC efforts during this funding period with the objectives of assisting the Government of Turkmenistan (GOT) and working with advisors in the market transition area, in:

- Improving the investment regulatory environment in the area of the pharmaceutical commercial sector, with a focus on contraceptives.
- Removing regulatory constraints affecting the private commercial sector in pharmaceuticals.
- Improving the commercial sector's procurement and distribution of drugs, especially contraceptives.
- Easing the constraints faced by the pharmaceutical sector, especially as they relate to contraceptives, in Turkmenistan.

And it will involve the recruitment of an individual for the execution of the following illustrative scope of work:

- Examine elements of the legal documents governing the investment and trade climate which constrain the drug/contraceptive commercial sector-operations, business registration and licensing, and provide recommendations to improve these regulations and bring them in line with international standards.

- Identify constraints to the restructuring and privatization of pharmacies and to examine the restructuring plans for joint stock companies, focusing on their relationship to the availability of contraceptives.
- Coordinate with other USAID contractors to achieve successful privatization efforts.
- Work with the Ministry of Health to examine policies on drug benefits, especially contraceptives.
- Assist the review of general marketing regulations and decrees that affect the marketing environment for pharmaceuticals.
- Work with the SOMARC regional office to monitor the opportunities for successfully launching a pilot contraceptive social marketing project, and provide assistance in developing an implementation plan should the environment prove to be receptive.

### *Assessment*

SOMARC will conduct an assessment of the institutional development level of two specific areas essential to the successful development of a future program, guided by both the mid-1996 and more recent visits by USAID that point to the strong need to build both political and technical support for a commercial/social marketing approach. This assessment is intended to focus on the issues of the marketing and communications climate in Turkmenistan in addition to, and outside of, the policy issues directly addressed by the mid-term advisor. It will identify individuals, organizations, and positions, key to the further development of a social marketing program, and lay the ground work for possible future efforts in advocacy training for "middle managers" and health professionals, and target those to benefit the most from potential future executive seminars in third countries, (most probably, Turkey). The assessment will be carried out by SOMARC communications and marketing consultants, expert in determining first, whether or not this

accepted approach to the development of a critical constituency is feasible and appropriate for Turkmenistan, and second, assuming that it is, what are the next steps to be implemented.

In addition to the preceding two activities, the following activities will be undertaken contingent on receipt of adequate funding during the plan period.

### *Future Executive Seminars*

Based on the assessment and contingent on future funding, SOMARC will develop an executive seminar program targeted primarily at health policymakers. This program will compliment the work of the mid-term advisor and build a support base for the creation of a social marketing program by targeting key policy decision-makers and potential program implementers. The program will send those selected to view other programs and pharmaceutical marketing models that can serve as examples for Turkmenistan (principally Turkey). It is expected that the seminar participants will actively address any remaining or on-going legal and regulatory constraints, currently limiting implementation of a social marketing program in Turkmenistan, and move to either directly revise policy or act as advocates for policy revision. This approach has been used successfully by SOMARC and USAID-CARs health reform contractor, Abt Associates, in other Central Asian Republics (Kazakstan, Uzbekistan, and Kyrgyzstan). In Turkmenistan, program development will consist of the following:

- Development/revision of SOMARC-specific curriculum for executive seminars to be conducted in Turkey. (This involves compilation of previous study tours' activities and venues.)
- Selection of appropriate mid to high-level seminar participants (5-10) from the government, and where possible, private or joint-venture organizations.
- Conduct one or two, ten-day executive seminars, as appropriate to the selected participants and the curriculum.

- Conduct in-country follow-up sessions to insure the timely application, in the form of policy advocacy, of the information and ideas gained during the seminars.

### ***FUTURE ADVOCACY PROGRAM***

Develop, contingent on the assessment and future funding, an advocacy program targeted at health professionals and selected policymakers, intended to begin the development of a cadre of informed, outspoken, respected individuals to act as a supportive constituency for the concept of social marketing. In order to begin to build a support base for the creation of a social marketing program, health professionals along with possibly a few key policymakers, will be selected and taught the advantages of contraceptive choice and trained in the skills necessary to further that opinion with their colleagues and clients. The advocacy training program will consist of the following:

- Conduct a master contraceptive advocacy program in Turkmenistan for physicians and pharmacists to help them advocate for modern contraceptives to be sold through the private sector. The purpose of the training will be to heighten awareness of the importance of talking with female customers/patients, offering them choices for contraception, explaining the advantages/disadvantages of different methods/products, helping them make a decision. The program will seek to introduce the concept that a satisfied user will return to the same establishment/provider again. Training will also seek to provide participants with basic communications skills to enable them to function successfully as advocates.
- Provide tools to help the doctors and pharmacists teach their staffs these concepts.
- Provide three-day Master training to SOMARC regional communications subcontractor, Akbar, who will in turn, train doctors and pharmacists in a two-day training.

**BUDGET**

<b>Funding Source</b>	<b>Projected: 4/1/97-9/30/98</b>
Field Support	
OYB Transfer	
Buy-In	1,057,332
<b>Total</b>	<b>\$1,057,332</b>

# UGANDA

## SOMARC PROGRAM OVERVIEW

SOMARC operates nationally in Uganda as part of the Delivery of Improved Services for Health (DISH) project. Accordingly, SOMARC places special emphasis on distribution, sales, and promotion activities in the 13 DISH project districts. The objectives of these social marketing activities are to increase through the private sector the availability of and access to: (1) contraceptives for family planning, and (2) condoms for HIV/AIDS prevention.

## BACKGROUND

Uganda's population is approximately 19 million people. The average life expectancy at birth is 38 years, having dropped from 42 years because of AIDS. Approximately 70 percent of Ugandans live in rural areas. Subsistence agriculture is the primary form of economic activity. Among currently married women age 15-49, 93 percent know at least one method of contraception, and 92 percent of those knowing a method also know of at least one modern method. One-third of women age 15-49 have used a method of family planning at some time in their lives.\* The contraceptive prevalence rate (CPR) increased from 4.9 percent in 1989 to 14.8 percent in 1995. Use of modern methods has grown from 2.5 percent in 1989 to 7.8 percent in 1995. Uganda's total fertility rate has fallen from 7.3 children per woman in 1989 to 6.8 children per woman in 1995.\*\*

Family planning cannot be viewed in isolation from other reproductive health matters. Uganda's high levels of HIV/AIDS and other sexually transmitted diseases (STDs) are the central public health concern. Estimated national HIV/AIDS prevalence is 12 percent and is as high as 30

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\* Uganda Demographic and Health Survey 1995, Preliminary Report. Statistics Department, the Ministry of Finance and Economic Planning.

\*\* Ibid.

percent among some urban populations.<sup>\*</sup> Recent studies carried out in Tanzania provide evidence that the presence of chronic STDs has greatly increase the transmission rate of HIV/AIDS.<sup>\*\*</sup> In some regions of Uganda researchers report that over 50 percent of the population has an active STD at any given time.<sup>\*\*\*</sup> 1996 reports suggest that the HIV/AIDS incidence rate (the annual rate at which new cases are entering the population) in Uganda is falling. This positive trend appears to be the result of limiting the number of sexual partners and increased condom use.

The Ministry of Health's (MOH) Maternal Child Health/Family Planning Division (MCH/FP) is responsible for national family planning policies and programs. The national AIDS Control Programme (ACP), also within the MOH, is responsible for national HIV/AIDS prevention and control. Condom use falls into both the family planning and AIDS control programs. The Uganda AIDS Commission, which reports to the Office of the President, is charged with formulating HIV/AIDS policies. The STD Control Programme of the MOH is responsible for STD policies and activities, including establishing STD diagnosis and treatment protocols and distribution of STD treatment drugs through the public sector. The World Bank-funded Uganda Sexually Transmitted Infections (STI) project is a major source of funding for condoms, STI drugs, and district-level HIV/AIDS/STD control activities. Other donors in the HIV/AIDS and family planning fields include the Overseas Development Administration (ODA) and the German development bank KfW.

### **USAID Mission Objectives**

USAID/Kampala's five-year plan covers a variety of activities which are, together, intended to contribute to two major goals: (1) Increasing Uganda's contraceptive prevalence rate (CPR) to 17 percent in 1999 (to be measured through the year 2000 DHS); and (2) Reducing HIV/AIDS prevalence among 15-19 and 20-24 year old antenatal clients in three districts from 13.2 percent

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<sup>\*</sup> USAID Kampala internal report, 1995.

<sup>\*\*</sup> "Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania," *The Lancet*, Volume 346, August 26, 1995.

<sup>\*\*\*</sup> Rakai Project, 1996.

and 19 percent respectively in 1996 to 7.1 percent and 14.1 percent in 1999 (measured through MOH Sentinel Surveillance). SOMARC's contributions to these goals are included within USAID Kampala's Objective 4: *Increased Service Utilization and Changed Behaviors, Related to Reproductive/Maternal/Child Health in Selected Districts.*

USAID/Kampala's Objective 4 is primarily implemented through the USAID/Kampala Delivery of Improved Services for Health (DISH) project. Integrated family planning, HIV/AIDS prevention, and STD diagnosis and treatment activities funded by the DISH project operate in 13 of Uganda's 39 administrative districts. Objective 4 also describes plans for a pilot project to offer pre-packed STD treatment drugs for male urethral discharge syndrome through social marketing channels. The two Objective 4 indicators to which social marketing is expected to contribute are:

- Increase in family planning couple years of protection.
- Change in sexual behavior (use of condoms).

Intermediate results specified for social marketing are the number of retail outlets selling social marketing products and the percentage of outlets with no product stockouts.

## **MARKETING ENVIRONMENT**

### **Method Mix and Market Share**

Uganda's current social marketing methods are condoms, oral contraceptives, and injectables. The SOMARC brands are Protector® condoms, New Pilplan® oral contraceptives, and Injectaplan® three-month injectable (Depo-Provera). Estimated share of market for Protector condoms is 60 percent. The AIDS Control Programme and the MCH/FP Division distribute condoms for free distribution through the public sector. There are no data available by which to

measure share of market for oral contraceptives and injectables. The Ministry of Health distributes large quantities of Depo-Provera to public-sector clinics.

### Couple Years of Protection, Income, and Sales

SOMARC III couple years of protection through calendar year 1996 are outlined below.

Year	SOMARC Uganda Couple Years Protection <sup>*</sup>
1992 (Oct 1 - Dec 31)**	3,822
1993	19,506
1994	46,785
1995	70,485
1996	109,570
<b>TOTAL</b>	<b>250,168</b>

### Marketing Strategies

SOMARC Uganda's marketing strategies vary by product. The central strategy is to assure product distribution to a wide variety of points of sale in urban and rural areas. Distribution is undertaken through Uganda private-sector commercial distribution partners and a complementary SOMARC-managed distribution and sales team funded by the DISH project. This combined distribution system maximizes coverage of major urban points of sale and distribution to small shops and clinics in trading centers, urban slums, and rural villages which are costly and difficult

<sup>\*</sup> CYP factors for Uganda per USAID Kampala: Condoms = 120/year; pills = 15 cycles/year; injectables = 4 injections/year.

<sup>\*\*</sup> October-December account for estimated 35 percent of calendar year 1992 sales. Only condoms were in the market in 1992.

to reach through private-sector channels. Each product is supported by advertising, promotion, and public relations activities, which use mass media (radio), billboards, point-of-purchase materials, trade and consumer incentives, and community-based promotions. Products are priced to provide attractive margins to the trade while maintaining low-consumer prices.

Condoms are sold in as many points of sale as possible. New Pilplan oral contraceptives are sold only in pharmacies, drug shops, and clinics, and through selected non-governmental organizations (NGOs) whose CBD agents have received SOMARC training. Injectaplan is distributed and sold only through private and NGO clinics staffed by a nurse, midwife, medical assistant or physician.

There are an estimated 1,000 Class C drug shops in Uganda and approximately 50 pharmacies. Most pharmacies are located in the cities of Kampala, Mbarara and Jinja. Class C drug shops are the primary source of drugs and over-the-counter products. The exact number of private clinics in operation is not known. Among these clinics, a network of approximately 300 private midwives' maternity clinics provide basic health and family planning services, especially in trading centers and rural areas. Although many clinics are under the direction of a physician (usually a general practitioner), most are staffed by nurses, midwives, medical assistants, and nursing aids.

SOMARC's communications messages are intended to raise awareness of social marketing methods and brands while educating consumers about the benefits of HIV/AIDS prevention and family planning. Training is provided for pharmacies and Class C drug shops selling oral contraceptives. Injectables are supported through systematic recruitment of clinics, followed by training, one-on-one detailing, and monitoring. Formal training for condoms is offered for selected NGO subdistributors which distribute social marketing condoms through community-based distribution (CBD) networks. SOMARC sales promoters present short, informal HIV/AIDS prevention and condom sensitization sessions for retailers and consumers in conjunction with sales visits. Condom education attempts to provide some details on correct condom use and on dispelling myths/rumors about condoms.

USAID's investment in social marketing in Uganda has provided opportunities for cost-effective expansion of distribution through partnerships with other projects and funders. Since October 1996, The Futures Group has carried out a companion social marketing program for Protector, New Pilplan and Injectaplan in three districts of eastern Uganda. This program is part of a reproductive health services project carried out by CARE Uganda with funding from the ODA.

In January 1997, SOMARC established a strategic alliance with an integrated health services project based in two western Uganda districts\* and supported by the German technical assistance agency GTZ. Through this partnership, a local social marketing condom which sells under the brand name Engabu is sold by SOMARC sales representatives side by side with Protector. The objectives of this partnership are to increase retailer interest by offering multiple brands, make more cost-effective use of SOMARC's distribution infrastructure, and assist GTZ to achieve its HIV/AIDS prevention objectives. In turn, Protector is actively sold in the GTZ districts.

The Futures Group is also slated to receive local currency support for Protector condom promotion and education through the Uganda Sexually Transmitted Infections (STI) project. This funding will cover activities for one year and will be available in mid-1997.

FUTURES/SOMARC will strengthen its relationship with the AIDS Control Programme through this funding relationship with the STI project.

In response to research findings suggesting that chronic STDs increase the rate of AIDS transmission, USAID/Kampala supported a pilot project in social marketing of pre-packed antibiotics to treat male urethral discharge syndrome.\*\* The urethral discharge syndrome is a sign of underlying gonorrhea, chlamydia, or both. Uganda's national STD control policies support the syndromic diagnosis and treatment approach and have identified a therapeutic package of antibiotics recommended for treatment of this syndrome. National programs recognize that laboratory diagnosis is usually not available or affordable. Health personnel in public-sector clinics are now being trained in syndromic diagnosis and management of STDs.

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\* The two districts, Kabarole and Bundibugyo, are not part of the DISH project.

\*\* The Lancet, op. cit.

Outside of the clinical system, Ugandans often self-diagnose STDs and seek treatment from traditional healers, drug shops and small private clinics. Patients may not always receive the full course of the correct drugs through these channels, or if the correct drugs are dispensed, they are often priced and packaged in ways that make it difficult for the patient to complete the full treatment. A social marketing intervention would attempt to improve compliance with correct and full treatment by offering the government-approved regimen of drugs in a pre-packaged format at an affordable price through private clinics, pharmacies, and Class C drug shops. Reinforcements for STD prevention would be included through the project, specifically provider/retailer training, condoms, partner referral cards, and STD information. In 1996 SOMARC completed a feasibility analysis of the project, established a project advisory committee, and gained consensus on a project approach from key government and medical authorities, as well as donors and NGOs. Two donors (other than USAID) have expressed interest in funding the implementation of the pilot project. Issues concerning the channels through which the antibiotics may be distributed must be resolved in order for this project to move forward.

### **Barriers and Threats**

The main barriers to social marketing in Uganda are:

- The weakness of the private-sector distribution infrastructure. The inventory management and transportation logistics of maintaining product supplies at a wide variety of outlets can be complex and costly. This barrier is being addressed through SOMARC's partnership with private-sector distributors, complemented by the specialized efforts of the SOMARC sales teams. By building sales volumes in more difficult to reach areas of Uganda through the subsidized SOMARC teams, the private sector may eventually find it cost effective to service those areas directly.
- A lack of clear policy about the role of government programs in condom distribution, especially for HIV/AIDS and STD prevention. The investment made by donors, including

USAID, in creating a viable consumer market for condoms through social marketing may be undermined by Government of Uganda (GOU) plans to procure large quantities of condoms for free distribution. These plans are driven by a justified concern over providing condoms as openly and freely as possible for HIV/AIDS and STD prevention. The GOU has also invited several condom social marketing projects to operate in Uganda, creating the potential for unhealthy competition among social marketing organizations.

- National Drug Authority (NDA) regulations currently prohibit sale of antibiotics in Class C drug shops. This is the main policy barrier to implementation of the pilot project in social marketing of STD treatment. Because many of the men who would be targeted for social marketing of STD treatment may be reluctant to visit public-sector clinics, the pilot initiative would require distribution through Class C drug shops in addition to distribution through private clinics. Although many Class C drug shops are operated and staffed by clinical providers (nurses, midwives, medical assistants), this particular class of shop is not officially authorized to dispense antibiotics. This contradiction in NDA policy must be resolved in order for STD treatment social marketing to succeed in Uganda.

### **Policy Needs**

Clarification of existing policies are required regarding:

- The role of government in condom distribution programs, particularly where such programs weaken the growth of the private commercial market.
- The ability of Class C drug shops operated and staffed by trained clinical providers to dispense antibiotics

### **Opportunities**

Social marketing has many opportunities in Uganda.

- SOMARC has built equity in the social marketing brands through systematic distribution, sales, and re-supply, with supporting advertising, promotion, and public relations activities. Retailers and clinical providers feel confident that they can stock the CSM products and that they will be re-supplied in a timely manner. They also know that the demand for the products is being encouraged through advertising and promotion. “Protector” is often used as the generic word for condom in Uganda. This provides a strong base for establishing a local institution to carry on social marketing activities in Uganda.
- The SOMARC distribution infrastructure in Uganda has been developed so that other products might be added at a relatively low marginal cost. This could also contribute to long-term sustainability and improve prospects for cost recovery.
- SOMARC’s up-front investment in developing the market outside the urban areas is expected to make these markets more attractive to commercial distributors in the future.

## **OBJECTIVES OF WORKPLAN**

### **Objectives and Outcomes**

<b>Objectives</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
1. Increase family planning couple years of protection generated by social marketing products	• Increase in the number of couples practicing family planning with modern method	• Family planning couple years of protections	• Sales reports
2. Reduce HIV/AIDS and STD transmission by increasing availability of condoms in the private sector	• Increase in the number of sexually active men/women practicing safe sex with a condom	• Change in sexual behavior as measured by growth in condom sales	• Sales reports
3. Demonstrate the benefits of a pilot social marketing intervention to improve STD treatment seeking	• National Drug Authority, Ministry and donor(s) support pilot program in social marketing for STD	• Opportunity to test improved patient compliance with diagnosis and treatment regimen for	• Written response from Ministries, Drug Authority,

Objectives	Outcomes	Indicators	Data Source
behavior	treatment	urethral discharge	and donors
4. Establish the basis for institutional sustainability of social marketing in Uganda	<ul style="list-style-type: none"> <li>Social marketing activities continue through a local institution</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for continuation of social marketing activities building on SOMARC infrastructure and investment</li> </ul>	<ul style="list-style-type: none"> <li>Endorsements and support from Ministries, private sector, and donors</li> </ul>

### Notes on Objectives

Under USAID/Kampala Objective 4, increasing service utilization and changing behavior will be accomplished in part through social marketing of contraceptives. Per USAID/Kampala's Objective 4, SOMARC's broad objectives through the end of project are:

1. To increase family planning couple years of protection generated by social marketing products.
2. To reduce transmission of HIV/AIDs and STDs by increasing availability of condoms in the private sector.
3. To demonstrate the benefits of a pilot social marketing intervention to improve STD treatment seeking behavior.
4. To establish the basis for institutional sustainability of social marketing in Uganda.

A total of 540,631 couple years of protection are projected for the life of SOMARC III in Uganda (October 1992-September 1998). Of this total, 290,168 couple years of protection will be generated through sales projected to be made between January 1997 and September 1998.

**Objective 1: Increase Family Planning Couple Years of Protection Generated by Social Marketing Products**

**Outcome**

An increase in the number of Ugandan couples practicing family planning using a modern method, contributing to an increase in contraceptive prevalence. Indicators include: family planning social marketing couple years of protection, as measured by sales of condoms, oral contraceptives, and injectable contraceptives. Sales and couple years of protection increases are measured against a calendar year 1996 baseline. USAID Kampala DISH district and SOMARC national CYP targets are detailed in the table below.\*

<b>Year</b>	<b>USAID Mission (13 DISH Districts)</b>	<b>FUTURES/SOMARC (Other Than DISH)</b>	<b>Total CYPs National Program</b>
1996 (Actual — Baseline)	44,000	65,570	109,570
1997 (Target)	71,000 (12 months)	86,750 (12 months)	157,750 (12 months)
1998 (Target)	65,650 (to October 1998)**	67,062 (to October 1998)	132,712 (to October 1998)
<b>Total Target</b>	<b>136,650</b>	<b>153,812</b>	<b>290,462</b>

Source of DISH district data: USAID/Kampala Five-Year Plan, Strategic Objective 4, February 1997.

\* Condom sales are counted in both family planning CYP and sexual behavior indicators. This is because it is impossible to distinguish condom use for family planning and condom use for HIV/AIDS and STD prevention.

\*\* USAID Kampala's CYP target totals 101,000, which covers all of calendar year 1998. For purposes of this workplan, the USAID Kampala (13 district) target has been reduced to 65,540 (65 percent of annual sales target) to put it on an equivalent basis with the entire SOMARC III target through September 1998.

**Objective 2: Reduce Transmission of HIV/AIDS and STDs by Increasing Availability of Condoms in the Private Sector**

**Outcome**

An increase in the number of sexually active men and women practicing safe sex by using condoms, leading to a reduction in HIV/AIDS and STD transmission. Indicators include: change in sexual behavior as evidenced by the proxy measure of growth in condom sales. Growth in condom sales is measured against 1992 and 1996 baselines. USAID Kampala utilizes a national baseline and target for condom sales as outlined in the table below.

**Uganda Social Marketing Condom Targets**

<b>Year</b>	<b>SOMARC And USAID Mission Condom Sales (National Program)</b>
1992 (Actual — Baseline)	1.3 million pieces
1996 (Actual — Baseline)	9.8 million pieces
Annual 1997 (Target)	12 million pieces (12 months)
Annual 1998 (Target)	9,750,000 pieces (to October 98)*
<b>Total Target</b>	<b>21,750,000 pieces **</b>

(Source: USAID/Kampala Five-Year Plan, Strategic Objective 4, February 1997.)

\* USAID Kampala's sales target totals 15 million pieces, which covers all of calendar year 1998. For purposes of this workplan, the target has been reduced to 9,750,000 (65 percent of annual sales target) to put it on an equivalent basis with the entire SOMARC III target through September 1998.

\*\* USAID/Kampala's targets for 1997 and 1998 are for Protector only. SOMARC's targets also include sales of Engabu condoms.

**Objective 3: Demonstrate the Benefits of a Pilot Social Marketing Intervention to Improve STD Treatment Seeking Behavior**

**Outcome**

Uganda drug authorities to endorse pilot social marketing of pre-packaged antibiotics for STD treatment. Indicators include: opportunity to test social marketing as a means of improving patient compliance with government-recommended syndromic diagnosis and treatment regimen for urethral discharge, leading to a larger number of episodes of urethral discharge being treated fully and effectively.

**Objective 4. Establish a Basis for Institutional Sustainability of Social Marketing in Uganda**

**Outcome**

Relevant Uganda government ministries, regulatory authorities, NGOs, private-sector partners, and donors agree to support establishment of a Ugandan social marketing institution. Indicators include: institutional sustainability of social marketing in Uganda, evidenced by government, private sector, and donor willingness to support establishment of a local institution.

## SOCIAL MARKETING ACTIVITIES

### Activities And Outcomes

Objectives	Activities	Outcomes	Indicators	Data Source
1. Increase family planning couple years of protection generated by socially marketed products	1.a. Sell social marketing contraceptives (condoms, oral contraceptives, injectables)	<ul style="list-style-type: none"> <li>• January 1997-September 1998:</li> <li>• Sales of 829,440 cycles of New Pilplan oral contraceptives</li> <li>• Sales of 161,000 vials of Injectaplan</li> <li>• Sales of 23,390,000 condoms (Protector and Engabu)</li> </ul>	<ul style="list-style-type: none"> <li>• Family planning couple years of protection generated by contraceptive social marketing products</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports</li> </ul>
	1.b. Distribute social marketing contraceptives to appropriate points of sale with special focus on 13 districts	<ul style="list-style-type: none"> <li>• Increase in number of points-of-sale selling injectables, oral contraceptives and condoms (point of sale) appropriate to product categories)</li> </ul>	<ul style="list-style-type: none"> <li>• Number of points of sale carrying Protector, Engabu, New Pilplan and Injectaplan</li> </ul>	<ul style="list-style-type: none"> <li>• Sales reports/customer records</li> </ul>
	1.c. Train and/or detail drug shops and clinical providers offering New Pilplan and Injectaplan	<ul style="list-style-type: none"> <li>• Providers stock products and offer product information to customers/clients</li> </ul>	<ul style="list-style-type: none"> <li>• Provider knowledge of products</li> </ul>	<ul style="list-style-type: none"> <li>• Clinic monitoring reports</li> </ul>
	1.d. Advertise/promote social marketing contraceptives through radio and community activities	<ul style="list-style-type: none"> <li>• Increased consumer awareness of methods/brands</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer awareness and identification of social marketing brands</li> </ul>	<ul style="list-style-type: none"> <li>• DISH tracking survey</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	1.e. Promote social marketing contraceptives through points-of-sales materials	<ul style="list-style-type: none"> <li>Increased retailer/provider incentive to stock social marketing brands; consumer awareness of where to obtain products</li> </ul>	<ul style="list-style-type: none"> <li>Retailer/provider product stock levels of social marketing brands</li> <li>Consumer knowledge of social marketing brands</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports, distribution reports</li> </ul>
2. Reduce HIV/AIDS and STD transmission by increasing availability of condoms in the private sector	2.a. Sell socially marketed condoms (Protector, Engabu)	<ul style="list-style-type: none"> <li>January 1997-September 1998:</li> <li>Sales of 23,390,000 condoms (Protector and Engabu)</li> </ul>	<ul style="list-style-type: none"> <li>Change in sexual behavior/safer sexual practices</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports</li> </ul>
	2.b. Distribute social marketing condoms to appropriate points of sale in urban and rural areas	<ul style="list-style-type: none"> <li>Increase in number, type, and location of points of sale selling condoms</li> </ul>	<ul style="list-style-type: none"> <li>Number, variety, and geographic location (urban/rural) of points-of-sale selling condoms</li> </ul>	<ul style="list-style-type: none"> <li>Sales reports indicating number of new customers, type of points of sale and location by district and town</li> </ul>
	2.c. Advertise Protector condoms by radio and billboards	<ul style="list-style-type: none"> <li>Increase in consumer awareness of social marketing condom brands</li> </ul>	<ul style="list-style-type: none"> <li>Consumer knowledge of social marketing brands</li> </ul>	<ul style="list-style-type: none"> <li>DISH tracking survey</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	2.d. Promote Protector condoms to trade/consumers through sponsored radio programs, POS materials, and promotion	<ul style="list-style-type: none"> <li>Increase in retailer and consumer awareness of and confidence in condoms</li> </ul>	<ul style="list-style-type: none"> <li>Retailers/consumers accurately describe at least one Protector promotion in positive terms (Rasta Rob, POS materials, Group Africa, billboard, sales vans, shop painting)</li> </ul>	<ul style="list-style-type: none"> <li>SOMARC qualitative interviews with consumers and retailers</li> </ul>
	2.e. Educate consumers about correct condom use, and dispel myths and rumors, through radio education, sensitization and print materials	<ul style="list-style-type: none"> <li>Increase in number of consumers who report using condoms correctly and consistently</li> </ul>	<ul style="list-style-type: none"> <li>Protector users can accurately describe how to use a condom</li> <li>(Capital Doctor, sensitizations, PSAs, consumer brochures)</li> </ul>	<ul style="list-style-type: none"> <li>DISH survey</li> <li>Capital Doctor show calls/letters</li> </ul>
3. Demonstrate the benefits of a pilot social marketing intervention to improve STD treatment seeking behavior	3.a. Develop, review and revise proposal for STD treatment social marketing pilot project (including results of ODA survey of drug shop practices)	<ul style="list-style-type: none"> <li>Pilot project objectives established and drug shop practices documented</li> </ul>	<ul style="list-style-type: none"> <li>Drug shop observations conducted and proposal prepared</li> </ul>	<ul style="list-style-type: none"> <li>Meeting minutes</li> <li>Drug shop observation reports</li> <li>Written proposal</li> </ul>
	3.b. Present proposal to Drug Authority and Ministry of Health	<ul style="list-style-type: none"> <li>Opportunity for response from Drug Authority and Ministry</li> </ul>	<ul style="list-style-type: none"> <li>Drug Authority and Ministry policies clarified</li> </ul>	<ul style="list-style-type: none"> <li>Written statements from Drug Authority, Ministry</li> </ul>
	3.c. Finalize implementation plan and budget	<ul style="list-style-type: none"> <li>Opportunity to begin project implementation</li> </ul>	<ul style="list-style-type: none"> <li>Pilot project funded and ready for implementation</li> </ul>	<ul style="list-style-type: none"> <li>Final plan and budget, funding commitment</li> </ul>

<b>Objectives</b>	<b>Activities</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>
4. Establish basis for institutional sustainability for social marketing in Uganda	4.a. Document accomplishments and benefits of social marketing in Uganda	<ul style="list-style-type: none"> <li>• Benefits of institutional sustainability of social marketing documented</li> </ul>	<ul style="list-style-type: none"> <li>• Documented accomplishments and benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Reports and materials</li> </ul>
	4.b. Prepare presentation materials concerning accomplishments and benefits of social marketing for Uganda	<ul style="list-style-type: none"> <li>• Accomplishments and benefits are ready to be presented to constituents</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation materials</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation materials (reports, slides, photos, interviews, surveys)</li> </ul>
	4.c. Present materials and social marketing institution concept to key constituents (ministries, donors, NGOs, private-sector partners)	<ul style="list-style-type: none"> <li>• Constituents influenced to support establishment of an social marketing institution</li> </ul>	<ul style="list-style-type: none"> <li>• Constituent meetings and response</li> </ul>	<ul style="list-style-type: none"> <li>• Written expressions of interest/support</li> </ul>
	4.d. Consult legal advisors concerning options for social marketing institution (trust, foundation, NGO, etc.)	<ul style="list-style-type: none"> <li>• Legal options identified and evaluated</li> </ul>	<ul style="list-style-type: none"> <li>• Various options and scenarios generated</li> </ul>	<ul style="list-style-type: none"> <li>• Written legal opinions</li> </ul>
	4.e. Carry out project cost analysis and determine cost recovery requirements and targets	<ul style="list-style-type: none"> <li>• Basis for partial to full cost recovery can be presented and evaluated by donors and private-sector partners</li> </ul>	<ul style="list-style-type: none"> <li>• Components and degrees of possible cost recovery over time</li> </ul>	<ul style="list-style-type: none"> <li>• Cost recovery analysis documents</li> </ul>

Objectives	Activities	Outcomes	Indicators	Data Source
	4.f. Participate in meetings and workshops to influence government condom procurement/distribution policies	<ul style="list-style-type: none"> <li>• Policies and programs coordinated so that government and private-sector roles are not in conflict</li> </ul>	<ul style="list-style-type: none"> <li>• MOH/ACP policies and programs</li> </ul>	<ul style="list-style-type: none"> <li>• Written policy statements, workshop reports</li> </ul>
	4.g. Confirm alternative source of condom commodities through STI project	<ul style="list-style-type: none"> <li>• Condom commodities will be obtained from source other than USAID</li> </ul>	<ul style="list-style-type: none"> <li>• Condoms for social marketing from STI project</li> </ul>	<ul style="list-style-type: none"> <li>• Documented procurement and arrival of commodities for social marketing</li> </ul>
	4.h. Confirm alternative source of Depo-Provera commodities through Ministry of Health/ODA	<ul style="list-style-type: none"> <li>• Depo-Provera commodities will be obtained from source other than USAID</li> </ul>	<ul style="list-style-type: none"> <li>• Depo-Provera for social marketing from Ministry of Health/ODA</li> </ul>	<ul style="list-style-type: none"> <li>• Commodities physically handed over to SOMARC by Ministry of Health</li> </ul>

### Benchmarks and Indicators

Activity	Outcomes	Benchmark Quarter 1 (Jan.-Mar. 1997)	Benchmark Quarter 2 (Apr.-June 1997)	Benchmark Quarter 3 (July-Sept. 1997)	Benchmark Quarter 4 (Oct.-Dec. 1997)	Benchmark Quarter 5 (Jan.-Mar. 1998)	Benchmark Quarter 6 (Apr.-June 1998)	Benchmark Quarter 7 (July-Sept. 1998)	End-of-Project Target
1.a. Sell social marketing contraceptives	<ul style="list-style-type: none"> <li>• January 1997-September 1998:</li> <li>• 829,440 cycles of New Pilplan oral contraceptives sold</li> <li>• 161,000 vials of Injectaplan sold</li> <li>• 23,390,000 condoms sold (Protector and Engabu)</li> </ul>	<ul style="list-style-type: none"> <li>• 84,420 cycles</li> <li>• 1,950 vials</li> <li>• 2,500,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 117,600 cycles</li> <li>• 10,000 vials</li> <li>• 3,000,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 132,300 cycles</li> <li>• 24,351 vials</li> <li>• 3,300,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 145,680 cycles</li> <li>• 33,700 vials</li> <li>• 3,500,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 116,480 cycles</li> <li>• 30,333 vials</li> <li>• 3,590,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 116,480 cycles</li> <li>• 30,333 vials</li> <li>• 3,750,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• 116,480 cycles</li> <li>• 30,333 vials</li> <li>• 3,750,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>• October 1992-September 1998:</li> <li>• 1,827,649 cycles</li> <li>• 165,140 vial</li> <li>• 45,303,118 condoms</li> </ul>
1.b. Distribute social marketing contraceptives to points of sales	<ul style="list-style-type: none"> <li>• Increased number of points of sale selling injectables, oral contraceptives and condoms (points of sale appropriate to</li> </ul>	<ul style="list-style-type: none"> <li>• 2,000 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,100 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,200 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,300 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,400 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,500 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• 2,500 points of sale</li> </ul>	<ul style="list-style-type: none"> <li>• Total 2,500 points of sale are selling Protector and/or New Pilplan and/or Injectaplan</li> </ul>

Activity	Outcomes	Benchmark Quarter 1 (Jan.-Mar. 1997)	Benchmark Quarter 2 (Apr.-June 1997)	Benchmark Quarter 3 (July-Sept. 1997)	Benchmark Quarter 4 (Oct.-Dec. 1997)	Benchmark Quarter 5 (Jan.-Mar. 1998)	Benchmark Quarter 6 (Apr.-June 1998)	Benchmark Quarter 7 (July-Sept. 1998)	End-of-Project Target
	product categories)								
1.c. Train/detail drug shops and clinical providers	<ul style="list-style-type: none"> <li>Providers stock products and offer product information to customers/clients</li> </ul>	<ul style="list-style-type: none"> <li>60 clinics detailed and/or trained</li> </ul>	<ul style="list-style-type: none"> <li>60 clinics detailed and/or trained</li> </ul>	<ul style="list-style-type: none"> <li>80 clinics detailed and/or trained</li> </ul>	<ul style="list-style-type: none"> <li>40 clinics detailed and/or trained</li> </ul>	<ul style="list-style-type: none"> <li>40 clinics detailed and/or trained</li> <li>15 drug shops trained</li> </ul>	<ul style="list-style-type: none"> <li>40 clinics detailed and/or trained</li> <li>15 drug shops trained</li> </ul>	<ul style="list-style-type: none"> <li>40 clinics detailed and/or trained</li> <li>15 drug shops trained</li> </ul>	<ul style="list-style-type: none"> <li>500 clinics detailed/trained for Injectaplan</li> <li>400 drug shops trained for New Pilplan</li> </ul>
1.d Advertise/promote socially marketed contraceptives	<ul style="list-style-type: none"> <li>Increased consumer awareness of methods/brands</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>20 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>500 Injectaplan spots</li> <li>40 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>500 Injectaplan spots</li> <li>40 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>400 Injectaplan spots</li> <li>40 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>400 Injectaplan spots</li> <li>20 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> <li>300 New Pilplan spots</li> <li>200 Injectaplan spots</li> <li>20 community promotions</li> </ul>	<ul style="list-style-type: none"> <li>5,000 Protector spots</li> <li>3,500 New Pilplan spots</li> <li>1,800 Injectaplan spots</li> <li>180 community promotions for Injectaplan</li> </ul>
1.e Promote socially marketed contraceptives through POS materials.	<ul style="list-style-type: none"> <li>Increased retailer/provider incentive to stock socially marketed brands; consumer awareness of where to obtain products</li> </ul>	<ul style="list-style-type: none"> <li>100 Injectaplan clinic signs distributed</li> </ul>	<ul style="list-style-type: none"> <li>1,000 New Pilplan shop signs distributed</li> <li>100 Injectaplan clinic signs distributed</li> </ul>	<ul style="list-style-type: none"> <li>2,000 New Pilplan stickers distributed</li> <li>100 Injectaplan clinic signs distributed</li> </ul>	<ul style="list-style-type: none"> <li>100 Injectaplan clinic signs distributed</li> </ul>	<ul style="list-style-type: none"> <li>100 Injectaplan clinic signs distributed</li> </ul>			<ul style="list-style-type: none"> <li>2,000 New Pilplan shop signs</li> <li>3,000 New Pilplan stickers</li> <li>800 Injectaplan clinic signs</li> </ul>
2.a. Sell socially marketed condoms	<ul style="list-style-type: none"> <li>January 1997-September 1998: 23,390,000 condoms sold (Protector and Engabu)</li> </ul>	<ul style="list-style-type: none"> <li>2,500,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,000,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,300,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,500,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,590,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,750,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>3,750,000 condoms</li> </ul>	<ul style="list-style-type: none"> <li>October 1992-September 1998: 45,303,118 condoms sold</li> </ul>
2.b. Distribute socially marketed condoms to all eligible points of sale	<ul style="list-style-type: none"> <li>Increased in number, type and location of points of sale selling condoms</li> </ul>	<ul style="list-style-type: none"> <li>2,000 points of sale</li> <li>70 percent urban</li> <li>30 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,100 points of sale</li> <li>70 percent urban</li> <li>30 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,200 points of sale</li> <li>70 percent urban</li> <li>30 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,300 points of sale</li> <li>65 percent urban</li> <li>35 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,400 points of sale</li> <li>60 percent urban</li> <li>40 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,500 points of sale</li> <li>55 percent urban</li> <li>45 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>2,500 points of sale</li> <li>50 percent urban</li> <li>50 percent rural</li> </ul>	<ul style="list-style-type: none"> <li>Total 2,500 points of sale are selling Protector and/or New Pilplan and/or Injectaplan</li> </ul>
2.c. Advertise Protector by radio and billboards	<ul style="list-style-type: none"> <li>Increased in consumer awareness of socially marketed condom brands</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>300 Protector spots</li> </ul>	<ul style="list-style-type: none"> <li>5,000 Protector spots</li> </ul>

Activity	Outcomes	Benchmark Quarter 1 (Jan.-Mar. 1997)	Benchmark Quarter 2 (Apr.-June 1997)	Benchmark Quarter 3 (July-Sept. 1997)	Benchmark Quarter 4 (Oct.-Dec. 1997)	Benchmark Quarter 5 (Jan.-Mar. 1998)	Benchmark Quarter 6 (Apr.-June 1998)	Benchmark Quarter 7 (July-Sept. 1998)	End-of-Proj Target
2.d. Promote Protector to trade/consumers	<ul style="list-style-type: none"> <li>Increased retailer and consumer awareness of and confidence in condoms</li> </ul>	<ul style="list-style-type: none"> <li>60 nights radio DJ endorsement</li> </ul>	<ul style="list-style-type: none"> <li>2,000 Protector signs distributed</li> <li>3,000 Protector stickers distributed</li> <li>60 nights radio DJ endorsement</li> <li>40 Group Africa shows</li> </ul>	<ul style="list-style-type: none"> <li>2,000 Protector signs distributed</li> <li>3,000 Protector stickers distributed</li> <li>60 nights radio DJ endorsement</li> </ul>	<ul style="list-style-type: none"> <li>1,000 Protector signs distributed</li> <li>3,000 Protector stickers distributed</li> <li>60 nights radio DJ endorsement</li> <li>40 Group Africa shows</li> </ul>	<ul style="list-style-type: none"> <li>3,000 Protector stickers distributed</li> <li>60 nights radio DJ endorsement</li> </ul>	<ul style="list-style-type: none"> <li>3,000 Protector stickers distributed</li> <li>60 nights radio DJ endorsement</li> <li>40 Group Africa shows</li> </ul>	<ul style="list-style-type: none"> <li>60 nights radio DJ endorsement</li> <li>40 Group Africa shows</li> </ul>	<ul style="list-style-type: none"> <li>420 nights radio DJ endorsement</li> <li>18,000 Protector stickers</li> <li>8,000 Protector signs</li> <li>320 Group Africa shows</li> </ul>
2.e. Educate consumers about correct condom use	<ul style="list-style-type: none"> <li>Increased number of consumers who report using condoms correctly and consistently</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>150 Condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>150 condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>150 condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>150 condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>100 condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>12 Capital Doctor shows</li> <li>30 sensitization sessions</li> <li>100 condom PSAs</li> </ul>	<ul style="list-style-type: none"> <li>228 Capital Doctor shows</li> <li>800 sensitization sessions</li> <li>800 condom PSAs</li> </ul>
3.a. Develop proposal	<ul style="list-style-type: none"> <li>Pilot project objectives established and drug shop practices documented</li> </ul>		<ul style="list-style-type: none"> <li>Meet with advisory group</li> <li>Detailed objectives and approach, outline proposal</li> <li>Drug shop observation (ODA)</li> </ul>	<ul style="list-style-type: none"> <li>Prepare proposal</li> <li>Review and finalize</li> </ul>					<ul style="list-style-type: none"> <li>Clear response from Drug Authority and Ministry concerning distribution policy for STD treatment social marketing</li> </ul>
3.b. Proposal to NDA	<ul style="list-style-type: none"> <li>Opportunity for response from Drug Authority and Ministry</li> </ul>			<ul style="list-style-type: none"> <li>Present to NDA and Ministries</li> <li>Revise per NDA etc.</li> </ul>					<ul style="list-style-type: none"> <li>Clear response from Drug Authority and Ministry concerning distribution policy for STD treatment social marketing</li> </ul>
3.c. Implementation plan and budget	<ul style="list-style-type: none"> <li>Opportunity to begin project implementation</li> </ul>				<ul style="list-style-type: none"> <li>Prepare Final implementation plan and budget</li> </ul>	<ul style="list-style-type: none"> <li>Hire staff, conduct consumer and provider research</li> </ul>	<ul style="list-style-type: none"> <li>Prepare package and materials</li> </ul>	<ul style="list-style-type: none"> <li>Launch product</li> </ul>	<ul style="list-style-type: none"> <li>STD treatment pilot project product in first months of launch</li> </ul>
4.a. Document accomplishments/benefits of	<ul style="list-style-type: none"> <li>Benefits of institutional sustainability of social marketing</li> </ul>		<ul style="list-style-type: none"> <li>Collect and catalog background</li> </ul>	<ul style="list-style-type: none"> <li>Field visit to GSMF</li> </ul>					<ul style="list-style-type: none"> <li>Accomplishments and benefits documented</li> </ul>

Activity	Outcomes	Benchmark Quarter 1 (Jan.-Mar. 1997)	Benchmark Quarter 2 (Apr.-June 1997)	Benchmark Quarter 3 (July-Sept. 1997)	Benchmark Quarter 4 (Oct.-Dec. 1997)	Benchmark Quarter 5 (Jan.-Mar. 1998)	Benchmark Quarter 6 (Apr.-June 1998)	Benchmark Quarter 7 (July-Sept. 1998)	End-of-Projec. Target
social marketing	documented		information on social marketing in Uganda						
4.b. Prepare presentation materials	<ul style="list-style-type: none"> <li>Accomplishments and benefits are ready to be presented to constituents</li> </ul>			<ul style="list-style-type: none"> <li>Prepare audio-visual and print materials</li> </ul>	<ul style="list-style-type: none"> <li>Test presentation with USAID and other allies</li> </ul>				<ul style="list-style-type: none"> <li>Materials and presentations to present accomplishments and benefits prepared</li> </ul>
4.c. Present materials concept to constituents	<ul style="list-style-type: none"> <li>Constituents influenced to support establishment of an social marketing institution</li> </ul>			<ul style="list-style-type: none"> <li>Begin constituent meetings</li> </ul>	<ul style="list-style-type: none"> <li>Organize constituent meetings</li> </ul>	<ul style="list-style-type: none"> <li>Conduct constituent meetings</li> </ul>	<ul style="list-style-type: none"> <li>Conduct constituent meetings</li> </ul>		<ul style="list-style-type: none"> <li>Meetings held with key constituents and support for social marketing institution gathered</li> </ul>
4.d. Consult legal advisors concerning options for social marketing institution	<ul style="list-style-type: none"> <li>Legal options identified and evaluated</li> </ul>		<ul style="list-style-type: none"> <li>Identify local attorneys</li> </ul>	<ul style="list-style-type: none"> <li>Prepare request for brief and circulate</li> <li>Select consulting attorney</li> </ul>	<ul style="list-style-type: none"> <li>Frame legal options, present to constituents</li> </ul>				<ul style="list-style-type: none"> <li>Legal options and scenarios evaluated and reviewed</li> </ul>
4. e. Carry out project cost analysis	<ul style="list-style-type: none"> <li>Basis for partial to full cost recovery can be presented and evaluated by donors and private-sector partners</li> </ul>		<ul style="list-style-type: none"> <li>Outline steps to cost analysis</li> <li>Identify staff to conduct analysis</li> </ul>	<ul style="list-style-type: none"> <li>Complete cost analysis with various scenarios</li> </ul>		<ul style="list-style-type: none"> <li>Prepare final institutional development plan</li> </ul>	<ul style="list-style-type: none"> <li>Present plan to donors and other constituents</li> </ul>		<ul style="list-style-type: none"> <li>Cost elements of each component identified and means to partial cost recovery identified</li> </ul>
4.f. Influence condom policies	<ul style="list-style-type: none"> <li>Policies and programs coordinated so that government and private-sector roles are not in conflict</li> </ul>	<ul style="list-style-type: none"> <li>Frame agenda for condom policy workshop</li> </ul>	<ul style="list-style-type: none"> <li>Finalize workshop plans with Ministry of Health and ACP</li> </ul>	<ul style="list-style-type: none"> <li>Participate in workshop and meetings</li> </ul>					<ul style="list-style-type: none"> <li>Condom policies and programs clarified</li> </ul>
4.g. Confirm alternative source of condom commodities	<ul style="list-style-type: none"> <li>Condom commodities will be obtained from source other than USAID</li> </ul>	<ul style="list-style-type: none"> <li>Submit final procurement specifications to ACP</li> </ul>	<ul style="list-style-type: none"> <li>Confirm issuance of procurement docs</li> </ul>	<ul style="list-style-type: none"> <li>Track progress of procurement</li> </ul>				<ul style="list-style-type: none"> <li>Receive socially marketed condoms from STI/ACP</li> </ul>	<ul style="list-style-type: none"> <li>Socially marketed condoms procured from STI project</li> </ul>
4.h. Confirm alternative source of Depo-Provera	<ul style="list-style-type: none"> <li>Depo-Provera commodities will be obtained from source other than USAID</li> </ul>	<ul style="list-style-type: none"> <li>Obtain written approval from Ministry of Health and ODA</li> </ul>			<ul style="list-style-type: none"> <li>Receive DMPA from Ministry of Health</li> </ul>				<ul style="list-style-type: none"> <li>Socially marketed Depo-Provera procured from Ministry of Health/ ODA</li> </ul>

## Notes on Activities

SOMARC Uganda will carry out a series of activities related to achievement of each of the four objectives.

### *Objective 1. Increase Family Planning Couple Years of Protection Generated by Socially Marketed Products*

The primary activities of this objective will center on distribution, sales, advertising, and promotion of the contraceptive social marketing products. The outcome will be sales, which will be measured by sales reports. Distribution will be measured by increases in the number of points of sale carrying the contraceptive social marketing brands. Training and detailing for outlets providing New Pilplan and Injectaplan will be conducted in order to increase retailer/provider motivation to stock the products and ability to provide accurate information to consumers. Radio advertising and promotional activities for the products will be carried out with the intention of increasing consumer awareness of the methods/brands. Promotion to the trade (retailers and providers) through distribution of point-of-sale materials will be undertaken to increase retailer/provider motivation to stock products and also to indicate to consumers where they can obtain the products. Measures of stock levels at retailer/provider sites (actual stock levels and percentage of points of sale with no out of stocks) will indicate both the effectiveness of the distribution system and retailer/provider motivation to keep the products in stock.

### *Objective 2. Reduce HIV/AIDS and STD Transmission by Increasing Availability of Condoms in the Private Sector*

This objective will be carried out in a manner similar to Objective 1. The primary activity will be distribution and sale of contraceptive social marketing condoms, to be measured by sales levels. Changes in sexual behavior (i.e., practicing safe sex with a condom) will be measured using sales levels as a proxy measure. The assumption is that in Uganda, with its very high HIV/AIDS and STD prevalence, all condom purchases are assumed to indicate probable use of

condoms; and that essentially all sexually active consumers are considered to be at risk of contracting or transmitting HIV/AIDS or an STD. Condom distribution will be measured in a more detailed way that evaluates the extent to which distribution coverage is broadened by contraceptive social marketing. Indicators of the number of points of sale, the type of point of sale selling Protector and/or Engabu, the number of new versus re-visited points of sale, and the point-of-sale location (urban or rural) will be measured through sales and distribution reports. This indicator will measure the effectiveness of the condom distribution system and its ability to provide optimal opportunities for condom use. Consumer awareness of Protector\* condoms will be increased through radio advertising and billboards. To further promote the objective of reducing HIV/AIDS and STD transmission through condom use, Protector promotion and education activities targeting the trade and consumers will be undertaken. The purpose of these activities will be to increase retailer confidence in condoms as a positive product to stock and promote a positive image for condoms among consumers. Radio education, promotions, and print materials will be used to promote correct and consistent condom use among consumers.

**Objective 3. Demonstrate the Benefits of a Pilot Social Marketing Intervention to Improve STD Treatment Seeking Behavior**

The primary activities of this objective will involve preparing and presenting technical information and proposals that demonstrate to the Ministry of Health and the Drug Authority the benefits of a pilot intervention in social marketing of STD treatment. The goal will be to gain support from the Drug Authority for a pilot project that includes distribution through Class C drug shops. This will pave the way for finalizing a detailed implementation plan and securing donor funding for the project. SOMARC's role will be to facilitate this process with the project's proponents (representatives of the STD Control Programme, certain NGOs, USAID, and the ODA) and to prepare the written documentation, proposals, and plans. The ODA proposes to assist this process by funding a qualitative study of drug dispensing practices in Class C drug shops, with the intention of documenting the extent and nature of the current

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\*Advertising and promotion activities are identified for Protector only, as there is no SOMARC budget for Engabu advertising and promotion.

practices, which reduce chances for patient compliance with treatment. The purpose will be to demonstrate that a well-planned and executed pilot social marketing intervention could improve patient compliance with STD treatment, while utilizing the consumers' preferred channels, the Class C drug shops and non-clinical personnel. The final indicators will be clearance from the Drug Authority to plan and implement the project, completion of a final proposal and implementation plan, and funding commitments.

**Objective 4. Establish Basis for Institutional Sustainability for Social Marketing in Uganda**

The primary activities for this objective will involve research, analysis, and presentations targeted to key constituents, with the intention of creating a network of support for a local social marketing institution. Woven into this objective are several activities that will enhance the potential for social marketing to be carried on through a local institution on a sustainable basis. Specifically, the accomplishments and benefits of social marketing in Uganda must be documented and translated into audio-visual and written materials which can be presented to key constituents. Constituent groups (relevant ministries, donors, NGOs, private-sector partners) must be identified and encouraged to support the establishment of a Ugandan social marketing organization. USAID and other institutions that currently work with SOMARC in Uganda would be enlisted to sponsor this constituency-building process. A Ugandan attorney would be identified and hired to evaluate and present legal options for a local social marketing institution. In addition to documenting accomplishments and benefits, SOMARC's role will also be to analyze the costs of each component of the current social marketing program and determine ways to make each component more sustainable or cost effective. As part of this process, SOMARC will confirm that commodities will be available from non-USAID sources prior to the end of the project (STI Project for condoms and the ODA/MOH for Depo-Provera). SOMARC will also be involved in activities to influence Government of Uganda (GOU) policies and programs regarding procurement of condoms for free distribution, as part of an effort to increase the viability of condom social marketing in Uganda.

**BUDGET**

<b>Funding Source</b>	<b>Projected: April 1, 1997- September 30, 1998</b>
Field Support	896,109
OYB Transfer	
Buy-In	2,349,320
<b>Total</b>	<b>\$3,245,429</b>

**Uganda Activity Plan  
July 1997 - September 1998**

Objectives	Activities	July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
		*****	*****		*****	*****	*****
1. Increase family planning couple years of protection generated by socially marketed products	Product distribution/sale	*****	*****		*****	*****	*****
	Advertising/promotion	*****	*****		*****	*****	*****
2. Reduce transmission of HIV/AIDS and STDs by increasing availability of condoms in the private sector	Condom distribution/sale	*****	*****		*****	*****	*****
	Condom advertising/promotion	*****	*****		*****	*****	*****
	Condom education	*****	*****		*****	*****	*****
3. Demonstrate the benefits of a pilot socially marketed intervention to improve STD treatment seeking behavior	Prepare proposal	July/August					
	Present proposal	August/September					
	Implementation plan	September	*****				
	Project start-up				*****	*****	*****

Objectives	Activities	July-Sept.	Oct.-Dec.		Jan.-Mar.	April-June	July-Sept.
4. Establish the basis for institutional sustainability of social marketing in Uganda	Collect materials	July/August					
	Present materials	August/September	*****				
	Consult legal	*****	October				
	Cost analysis	July/August			*****	April	
	Condom policy						*****
	Alternative condom sources	July/August					
	Alternative DMPA sources				*****	*****	*****

# UZBEKISTAN

## SOMARC PROGRAM OVERVIEW

SOMARC contributes to the achievement of Uzbekistan's objective of increasing the prevalence of modern contraceptive methods within the context of the country's transition to a market-based economy. Accordingly, SOMARC's extensive social marketing program — its "Red Apple" program — was designed to stimulate demand, cover market entry costs, and reduce risks on behalf of pharmaceutical manufacturers as well as to foster a sustainable commercial environment for the marketing of contraceptives through the private sector.

## BACKGROUND

Uzbekistan is the largest by population and the second largest by territory country among the five Central Asian Republics. Twenty three (23) million people live in Uzbekistan, 70 percent of whom are ethnic Uzbeks, 9 percent are Russian and 21 percent are of other Central Asian and European origin.

The total abortion rate (TAR) for Uzbekistan is 0.7 abortions per woman. The Total Fertility Rate (TFR) is 3.3 children per woman. Almost 56 percent of women are using some kind of method of contraception, with 92 percent relying on modern methods. Almost 90 percent of those relying on modern methods use IUDs (all data is from the DHS, 1996). Anemia is a widespread problem among women and children in Uzbekistan, with more than 60 percent of both women and children having severe, moderate or a mild form of anemia.

As Uzbekistan continues its development toward the market-based economic system, the government attempts to lessen the impact of the transitional period on the social safety

net of its people. These intentions are particularly apparent in the government's policies toward maternal and child health. Realizing the importance of a healthy human capital, the government has initiated several programs, through the Ministry of Health and independent entities, whose mandate is to improve maternal and child health in the country. Family planning has been incorporated into these programs and increasing modern contraceptive methods prevalence is one of the major goals.

### **USAID Mission Objectives**

Market and democratic transitions are the two principal areas of attention for the USAID Uzbekistan portfolio; social-sector programs are designed to support and compensate for social problems precipitated by market and democratic transitions. In the area of health, under which the Uzbekistan SOMARC program falls, Mission objectives (SO #3.2) include:

- Introduce market reforms to the health care sector.
- Improve reproductive health through commercialization of contraceptives.
- Improve efficiency, quality, and access to health care services.
- Improve national health surveillance and information systems.
- Improve management, administration, and clinical practice through partnerships.

The SOMARC program is directed to the improvement of reproductive health while simultaneously supporting the Missions' goals in market transition.

### **MARKETING ENVIRONMENT**

#### **Method Mix**

SOMARC, through the Red Apple program, has been supporting three modern contraceptive methods — oral contraceptives, injectables, and condoms. Condoms have

only recently joined the program yet they are already gaining market success. As SOMARC continued to work closely with its partner manufacturers and distributors, sales of Red Apple supported brands have gradually been increasing. Provided below is the data comparing sales of contraceptives through the private sector between 1995 and 1996.

Method	4th Quarter 1995	4th Quarter 1996
Oral Contraceptives	5,902	34,616
Injectables	475	1,982
Condoms	-	8,780

#### **Market Share**

Dori-Darmon plays a complex role within the Uzbekistan pharmaceutical market. As a successor of the former Farmatsia structure, Dori-Darmon has continued to act more as the government structure than as a private business entity. However, despite the fact that it works closely under the direction of the government and 30 percent of its stock is owned by the state, it considers itself private. This close relationship with the government allows Dori-Darmon to regulate the majority of issues surrounding the private pharmaceutical sector. For instance, Dori-Darmon is an entity through which all pharmaceutical activity licenses are applied for, thereby creating a situation in which Dori-Darmon is in a position to "help" its competitors.

The Government of Uzbekistan has purchased a magnitude amount of Schering AG produced contraceptives (including oral contraceptives and injectables participating in the Red Apple program) through the credit allotted them by the European Community. The government decided to sell the majority of these products through the Dori-Darmon pharmacies at heavily discounted prices. For a while this policy created an unfair competition for those private distributors that were trading contraceptives. The following

table shows the breakdown of all Red Apple sales into the subsidized Dori-Darmon and fully private sales for 1996 when the European Community credit line was sold through pharmacies

Sale Source/Product	Oral Contraceptives (Cycles)	Injectable contraceptives (Units)
Dori-Darmon	493,002	26,100
Private	69,727	3,039

The table clearly shows that Dori-Darmon sales dominated the market. Recently, however, the Ministry of Health has allocated funds to pay off the credit from the European Community and, as a result, all remaining contraceptives were pulled out of Dori-Darmon pharmacies and allocated to the public sector to be distributed free of charge.

As a result, Dori-Darmon has no contraceptives to sell and, therefore, is no longer able to bias the market. According to the Ministry of Health, no more credit lines are forthcoming and, therefore, if Dori-Darmon wanted to continue its business, it will have to contract directly with either manufacturers and/or other local distributors. Dori-Darmon does have a convertibility license and it has started negotiating contracts with various manufacturers. However, the Republican Chapter of Dori-Darmon has indicated that they are not planning on carrying contraceptives until the EU credit line is gone. The Tashkent City Chapter, which has its own convertibility license and right to do business separately, has concluded a few contracts, which included Red Apple contraceptives.

### Marketing Strategies

SOMARC's extensive social marketing initiative was designed to stimulate demand, cover market entry costs and reduce risks on behalf of pharmaceutical manufacturers as

well as to foster a sustainable commercial environment for the marketing of contraceptives through the private sector. Consequent to the privatization process of the pharmaceutical retail and wholesale industry, large international pharmaceutical manufacturers began to enter the market. From the very beginning SOMARC became an active participant in the process of forming and helping to develop business relationships between the major international pharmaceutical manufacturers and locally owned, completely private pharmaceutical distributors. The immediate result was the "Red Apple" program, which was introduced in September 1995 in the pilot areas of Tashkent and Samarkand. This program was designed to stimulate demand, cover market entry costs, and reduce risks on behalf of pharmaceutical manufacturers as well as to foster a sustainable commercial environment for the marketing of contraceptives through the private sector.

Now that Dori-Darmon is not selling a subsidized product and is beginning to contract independently within the same market conditions as all other distributors, there is every reason for SOMARC to extend its support to those chapters/outlets stocking contraceptives. If Dori-Darmon's status changes in the future, which is possible given the track record, SOMARC will have to revisit this issue again.

In response to a broadening of Mission objectives for their Social Marketing program to now include support for privatization as well as family planning, SOMARC proposes to consolidate the commercial marketing initiatives implemented over the past two years, to expand the geographical coverage of the program where feasible, and to initiate marketing innovations where possible and appropriate in order to facilitate the achievement of national reproductive health goals. While additional funding may be forthcoming through subsequent earmarks, the focus of SOMARC activities for Uzbekistan will be to consolidate the progress made to date and to pursue opportunities that will help ensure the sustainability of the commercial activities of the program, once donor funding ceases.

SOMARC's program strategy will then balance two main paths:

- **Demand:** Continued demand creation activities to broaden the market and address consumer fears of hormonal products.
- **Supply:** Support for, and development of, core Red Apple partners (distributors, market service companies, and contraceptive manufacturers) to ensure project transition to viable, engaged partners.

### **Barriers and Threats**

In the past nine months issues of currency conversion and quotas have been the largest single problem for all distributors wanting to import and/or already importing pharmaceuticals. Government-imposed limits in the number of distributors owning currency conversion licenses and, for those who have them, monthly quotas on amounts, have proved to be a considerable barrier to distributors' willingness to procure such low-profit-margin products as contraceptives.

### **Opportunities**

While Dori-Darmon's convenient ties with the government and subsidized prices have brought it an advantageous position within the market, a solid team of private distributors of Red Apple products has established itself within the difficult business atmosphere of Uzbekistan. SOMARC's support has been instrumental in creating, fostering, and improving commercial interest and commitment on the part of these local distributors and international manufacturers to provide consumers with high-quality, affordable modern methods of contraception.

## OBJECTIVES OF WORKPLAN

### Objectives and Outcomes

Objectives	Outcomes	Indicators	Data Source
<p>1. To develop a commercial retail market for contraceptive pharmaceuticals as an alternative to abortions as well as to demonstrate the viability of a private sector as an alternative to government-funded, institutionally based structure of provision of family planning services and products</p>	<ul style="list-style-type: none"> <li>• Continued presence of at least 7 large private- sector distributors in Uzbekistan who will continue to market and carry Red Apple contraceptives on both the national and local levels</li> <li>• Continued presence of 5 oral contraceptive brands, 2 injectable brands and 1 condom brand to ensure the necessary method mix</li> <li>• Continued gradual increase in retail sales of Red Apple contraceptives</li> <li>• Increase in numbers of small locally based pharmacies carrying any Red Apple product to constitute at least 50 percent of all retail pharmacies</li> <li>• Increase in number of pharmacists trained in and practicing the SOMARC QCS and CT to 500</li> </ul>	<ul style="list-style-type: none"> <li>• Number of large private- sector distributors, continuing participation in the program</li> <li>• Number of pharmacies carrying each brand</li> <li>• Sales data</li> <li>• Number of small locally based pharmacies stocking any RA product</li> <li>• Training records, pharmacists's ability to counsel and practice QCS</li> </ul>	<ul style="list-style-type: none"> <li>• SOMARC Records, distributor and manufacturer records</li> <li>• Retail audit</li> <li>• Sales information</li> <li>• GIS survey</li> <li>• Training records, facility survey, mystery shopper</li> </ul>

Objectives	Outcomes	Indicators	Data Source
2. To increase consumer demand by continuing to extend consumer knowledge, to improve attitudes toward hormonal contraception and to correct misconceptions through an extensive marketing communication campaign	<ul style="list-style-type: none"> <li>• More women space their births using orals, injectables, and condoms as opposed to IUDs and abortions in SOMARC pilot areas of Tashkent, Samarkand, and the Ferghana Valley</li> <li>• More grass-roots organizations and locally based NGOs establishing counseling and information centers</li> <li>• Improved attitudes toward hormonal contraception</li> </ul>	<ul style="list-style-type: none"> <li>• Abortion and contraceptive prevalence data</li> <li>• Number of such centers in Tashkent, Samarkand and the Ferghana Valley</li> <li>• Number of women who differentiate between low- and high-dose can correctly identify normal side effects, and recognize no rest is needed</li> </ul>	<ul style="list-style-type: none"> <li>• DHS, MOH statistics</li> <li>• SOMARC records</li> <li>• Tracking study</li> </ul>

### Notes on Objectives

The principle objectives and expected outcomes of the SOMARC program in Uzbekistan are:

**Objective 1. To develop a commercial retail market for contraceptive pharmaceuticals as an alternative to abortions as well as to demonstrate the viability of a private sector as an alternative to government-funded, institutionally based structure of provision of family planning services and products.**

This objective contributes directly to the mission SO #3.2 in that the project will contribute to increasing the number of pharmacies marketing contraceptives thereby strengthening the competitive private sector in Uzbekistan. It will also increase access to family planning health care services in the private sector thereby relieving the public sector to focus on those segments of the population that cannot afford to pay for services.

- *Outcomes by September 1998.* (1) Continued presence of at least seven large private-sector distributors in Uzbekistan who will continue to market and carry Red Apple contraceptives on both the national and local levels; (2) Continued presence of five oral contraceptive brands, two injectable brands, and one condom brand to ensure the necessary method mix; (3) Continued gradual increase in retail sales of Red Apple contraceptives; (4) Increased numbers of small locally based pharmacies carrying any Red Apple product to constitute at least 50 percent of all retail pharmacies; (5) Increased number of pharmacists trained in and practicing the SOMARC QCS & CT to 500.

**Objective 2: To increase consumer demand by continuing to extend consumer knowledge, to improve attitudes toward hormonal contraception and to correct misconceptions through an extensive marketing communication campaign.**

This objective contributes directly to the mission SO #4.1 in that the project will contribute to increase contraceptive use, couple years protection (CYP), and reduction in general of the abortion rate. It will also ensure that the necessary choice of modern contraceptive products is available through the commercial channels.

- *Outcomes by September 1998.* (1) More women space their births using orals, injectables and condoms as opposed to IUDs and abortions in SOMARC pilot areas of Tashkent, Samarkand and the Ferghana Valley; (2) More grass-roots organizations and locally based NGOs establishing counseling and information centers; (3) Improved attitudes toward hormonal contraception.

USAID Mission IRs (intermediate results) that specifically pertain to the SOMARC project to measure these expected outcomes include:

- IR #4.1.1.5 — Increase in couple year protection.
- IR #4.1.1.6 — Increase in pharmacies marketing contraceptives.

Monitoring progress toward the achievement of these objectives will be done through the following activities:

- Couple years protection (CYP) will be determined directly from contraceptive sales figures. Currently a rather complex system of sales data collection is employed, consisting of a combination of good-faith sales data reporting (and active solicitation by SOMARC) by both local Red Apple distribution companies and contraceptive manufacturers.
- For the period covered by this workplan, SOMARC will competitively select and contract with a local research supplier to conduct quarterly retail audits covering all retail pharmacies in Uzbekistan to determine primarily: retail sales and stocking levels of Red Apple contraceptive products. The data collected will be presented in a GIS (Geographic Information System) format compatible with the two previous facility surveys, to allow for longitudinal tracking of sales and supply trends over a longer period. The design of the system of retail audits will mirror that of similar commercial pharmaceutical audits conducted by multinational commercial research organizations (i.e., IMS), covering all pharmaceutical products. SOMARC's expectation is that it become a commercially viable and sustainable "product" that the local research supplier will continue to market to it's clients after SOMARC funding is completed.

### **SOCIAL MARKETING ACTIVITIES**

Drawing on recommendations from the recently conducted project evaluation on how to best to impact the twin objectives of privatization support and family planning support, SOMARC will divide it's primary efforts between the two broad marketing areas of:

- **DEMAND** -- Communications/Demand Creation
- **SUPPLY** -- Distribution Support

### Activities and Results

Objectives	Activities	Results	Indicators	Data Sources
1. To develop a commercial retail market for contraceptive pharmaceuticals as an alternative to abortions as well as to demonstrate the viability of a private sector as an alternative to government-funded, institutionally based structure of provision of family planning services and products	1.a. Communications/demand creation	<ul style="list-style-type: none"> <li>• Ferghana Valley-based advertising and POS</li> <li>• Continuing full-scale, republic-wide advertising and public relations campaign</li> <li>• Comprehensive cooperation with NGOs</li> <li>• More doctors updated in CT</li> <li>• Mahalla women available for peer counseling</li> <li>• More pharmacists trained</li> </ul>	<ul style="list-style-type: none"> <li>• Number of advertisements in the local Ferghana Valley outlets;</li> <li>• Number and frequency of republic-wide advertising</li> <li>• Number of NGOs cooperating with SOMARC and number of joint activities</li> <li>• Number of doctors participating in trainings</li> <li>• Number of women trained and able to counsel</li> <li>• Number of pharmacists trained</li> </ul>	<ul style="list-style-type: none"> <li>• OMARC records, subcontractor records</li> <li>• Mystery shopper surveys</li> </ul>

Objectives	Activities	Results	Indicators	Data Sources
<p>2. To increase consumer demand by continuing to extend consumer knowledge, to improve attitudes toward hormonal contraception and to correct misconceptions through an extensive marketing communication campaign</p>	<p>2.a. Distribution support</p>	<ul style="list-style-type: none"> <li>• More distributors/ pharmacies carrying Red Apple contraceptives</li> <li>• More distributors carrying Red Apple condoms</li> <li>• Higher professional level of distributors resulting in a more long-term approach to pharmaceutical, and particularly contraceptive business</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Red Apple distributors</li> <li>• Number of distributors carrying Red Apple condoms</li> <li>• Number of distributors participating in training</li> </ul>	<ul style="list-style-type: none"> <li>• Retail audit</li> <li>• Mystery shopper surveys</li> <li>• Distributor and manufacturer records</li> <li>• GIS, facility survey</li> </ul>

## Benchmarks and Indicators

Activity	Result	BenchMark Qtr 1	BenchMark Qtr 2	BenchMark Qtr 3	BenchMark Qtr 4	BenchMark Qtr 5	BenchMark Qtr 6	EOP
To develop a commercial retail market for contraceptive pharmaceuticals as an alternative to abortions as well as to demonstrate the viability of a private sector as an alternative to government-funded, institutionally based structure of provision of FP services and products	<ul style="list-style-type: none"> <li>• Ferghana Valley-based advertising and POS</li> <li>• Continuing full-scale, republic-wide advertising and public relations campaign</li> <li>• Comprehensive cooperation with NGOs</li> <li>• More doctors updated in CT</li> <li>• Mahalla women available for peer counseling</li> <li>• More pharmacists trained</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of advertising and public relations activities</li> <li>• Meetings with NGOs</li> <li>• Training seminars conducted</li> </ul>
To increase consumer demand by continuing to extend consumer knowledge, to improve attitudes toward hormonal contraception, and to correct misconceptions through an extensive marketing communication campaign	<ul style="list-style-type: none"> <li>• More distributors/pharmacies carrying Red Apple contraceptive s;</li> <li>• More distributors carrying Red Apple condoms</li> <li>• Higher professional level of distributors resulting in a more long-term approach to pharmaceutical and, particularly, contraceptive business</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors training</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors training</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors training</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance of participating distributors</li> <li>• Surveillance of distributors carrying condoms</li> <li>• Distributors follow-up</li> </ul>

## Notes on Activities

The planned activities to be undertaken in support of the program's two main objectives are the following:

### *COMMUNICATIONS/DEMAND CREATION ACTIVITY*

The SOMARC "Red Apple" program communications activities to date have been successful at creating knowledge and awareness of the program logo (the Red Apple) and what it stands for (quality contraceptive choices). The current challenge for communications is to overcome the barriers to adoption of hormonal-based contraceptives that research and evaluation have shown to be significant. Therefore, planned activities will focus on improving the knowledge and understanding of hormonal contraceptive methods. They will attempt, by means of advertising, creative public relations and training activities, to dispel existing myths, thereby creating higher acceptance levels and demand. Extension activities into the very populated region of Uzbekistan — the Ferghana Valley — will ensure that a large percentage of the target population is being reached and informed. Renewed emphasis on interaction with doctors and innovative programs with emphasis on peer counseling will provide an additional effective channel for overcoming existing barriers and misconceptions.

While the evaluation team suggestion to focus exclusively on oral contraceptives was taken into consideration, injectables and condoms should remain a part of the Uzbekistan program as SOMARC partners are continuing to procure and stock them. To abandon our support at this point would be detrimental to this developing market and would damage SOMARC's relationship with its commercial partners. In addition, the multi-product program strategy will provide additional leverage and support in attracting and maintaining the attention of SOMARC partners.

## Activities

### Activity 1.a. Expand Concentrated Red Apple Marketing Efforts to Include the Ferghana Valley

As the program extends into the Ferghana Valley, a more intensive marketing communication effort will be applied. Local print, television and radio media will be used to create consumer knowledge and demand. Local health care professionals, NGO members and dignitaries will be involved in overcoming existing barriers and misconceptions.

### Activity 1.b. Continue Red Apple Advertising on Republic-Wide Television, Radio and in Newspapers

New options and opportunities to creatively expand the reach and penetration of Red Apple advertising will be identified. SOMARC will strive to involve participating manufacturers and distributors in cost sharing, cooperative advertising, and joint tagging within all forms of advertising medium.

### Activity 1.c. Continue Red Apple Public Relations and Communications Activities

The following public relations activities will seek to contribute to increased understanding of benefits and side effects of hormonal contraception and to effectively dispel existing myths and misconceptions: (1) the bi-monthly "Dear Doctor" column that answers readers questions on contraception will be continued in major newspapers. SOMARC will also attempt to cover similar ground during call-in radio and TV shows; (2) health, women and pharmaceutical shows will be engaged to create interesting talk shows featuring discussions between users, physicians, pharmacists and live audience; (3) program spokespeople and influentials will be identified and asked to speak on behalf of the program through all available media outlets. Media training for these spokespeople

will be conducted; (4) continue work with and active involvement in the Red Apple of the Uzbekistan Advisory Board — convene the 4th semiannual AB meeting; (5) joint work and relationships with various women's and health NGOs will be expanded through a variety of activities — support of a contraceptive hotline, utilization of trained physicians to speak to women's groups, at work-places, universities, etc., and follow-up with counseling sessions; (6) provide women's groups and various health care service points with video programs that provide correct information on modern methods of contraception.

Activity 1.d. Increase Interaction with Doctors

Even though contraceptives are considered to be OTC drugs and do not require a prescription in Uzbekistan, SOMARC will continue to encourage consumers to consult with trained professionals before deciding to use any hormonal contraceptive method. Thus, doctors signify a necessary point of contact for women and, therefore, need to have the latest information on contraceptive technology. The following activities will improve doctors' knowledge and attitudes in the most cost-efficient and cost-effective manner: (1) large ob/gyn and general practitioner seminars on CT and QSC in Samarkand, Ferghana and Bukhara; (2) private practitioners convention in Uzbekistan, organized jointly with UPA; and (3) Red Apple publication in the UPA bulletin.

Activity 1.e. Increase Interaction with Consumers

Peer counseling and neighbor-to-neighbor interaction can serve as an effective means of dispelling misconceptions and providing accurate information in an easily understandable language/manner. SOMARC will organize and support pilot Red Apple counseling rooms in mahallas (communities) of Tashkent, Samarkand, and the Ferghana Valley. Women of these rooms will be trained in CT and QCS, as well as in counseling. They will be the first point of contact for their community and will be able to refer their clients to trained physicians for further consultations.

Activity 1.f. Continue Comprehensive Training of Pharmacists

SOMARC will continue training of pharmacists in CT, QCS and counseling to equip them with skills to serve their clients effectively.

***DISTRIBUTION SUPPORT ACTIVITY***

Consistent availability of supply is a critical element to the SOMARC Red Apple program, and has been identified from the beginning of program development activities as a chief concern and priority. Recent information from the SOMARC tracking study and observations from the evaluation suggest that even though availability has improved significantly over pre-project levels, stockouts continue to occur and point-of-sale support for Red Apple products is inconsistent.

To support the distribution component of the social marketing program, to improve product recognition and availability, and to ensure that distributors remain actively engaged in the contraceptive market, SOMARC will focus attention on improving the marketing and business practice skills of the primary Red Apple distribution companies in exchange for the companies' agreement to maintain high levels of marketing service as well as stocks of Red Apple products.

**Activities**

Activity 2.a. Involve New, Ferghana Valley-Based Distributors, in Marketing and Procuring Contraceptives

SOMARC will work to establish links between the Ferghana Valley based pharmacies on one end and manufacturers and large wholesale Tashkent distributors on another.

Distributors will be encouraged to obtain and sell contraceptives by incentives provided through the SOMARC marketing campaign and training.

Activity 2.b. Expand Condom Presence in the Market

SOMARC will support the condom manufacturer, Innotech International, in designing and organization of a general condom promotion campaign. Innotech International is expected to provide the majority of resources and logistic support for the campaign.

Activity 2.c. Professional Development

Two main activities will have, as their primary objective, the upgrading of business skills of two of SOMARC's key local partners:

- *Convention of pharmacists of Uzbekistan.* To enlist larger support and participation of small pharmacies in the Red Apple program, SOMARC is planning to organize, with the support of participating manufacturers and distributors, a pharmacists/distributors convention for private owners of pharmaceutical businesses.
- *Management and marketing training for distributors.* SOMARC will organize and sponsor this training for all participating distributors to equip them with skills in marketing, business management, international business and trade interactions, etc.

Exit Strategy

The plan for SOMARC project completion and withdrawal is relatively simple and in a very real sense, has been an integral part of the programs' short term focus and sustainability strategy from its inception. It combines completing the transition of responsibility for maintaining the commercial market to the Red Apple pharmaceutical manufacturers and distributors (while continuing to build their marketing capacity), while ensuring that there are contraceptive products adequate to meet consumer demands available in the commercial pharmacies targeted by the program.

However, while deciding on withdrawal strategy, SOMARC and USAID have to first come to a conclusion on or try to resolve the two main issues surrounding the Red Apple program in Uzbekistan: (1) currency conversion restrictions and (2) Dori-Darmon's participation in the program.

- Program sustainability is a doubtful prospect, if currency conversion issues are not resolved. At this stage of market development distributors need additional incentives to carry low-margin profit and slow-selling products such as contraceptives. SOMARC's Red Apple program has been such incentive and, if and when SOMARC pulls out, they will lose this incentive. The currency conversion problem is a clear disincentive and, if persistent, will force many of the present distributors to abandon contraceptive business, particularly when SOMARC's support ceases.
- As discussed in the previous section, Dori-Darmon's double nature (private vs. government regulated) as well as their exclusive advantage in selling subsidized products has been the issue of contention and concern for the program. However, now, perhaps temporarily, this issue has been partially resolved in that Dori-Darmon will no longer carry a subsidized product and will have to procure its pharmaceuticals through the commercial channels. If this were to continue, then the only other issue surrounding Dori-Darmon is its partial involvement in the private-sector pharmacies' business. This problem, however, exists across the board in Uzbekistan, as the government attempts to control the whole economy as a rule.

Despite the conversion issue, which is now clearly the major problem, SOMARC will continue to actively pursue and expect distributor and manufacturer participation (including funding participation) in every aspect of its activities in Uzbekistan and, particularly, in those that are most likely to attract support. This is also quite appropriate strategically as it becomes increasingly more important to devise strategies that directly link the well-developed awareness of the Red Apple in general to specific products.

However, because of the convertibility situation, it is unreasonable to expect that both manufacturers and distributors will be willing to allocate extensive resources to contraceptive marketing. At the present time, while it is still unclear as to how the currency conversion issues will be resolved, we expect program activities in the form of advertising budgets and promotional support through point-of-sales materials to be maintained at an overall level of 10 percent of SOMARC's annual in-country marketing expenditures (at the time of exit, exclusive of advertising production expenditures).

**BUDGET**

<b>Funding Source</b>	<b>Projected: 4/1/97-9/30/98</b>
Field Support	
OYB Transfer	
Buy-In	1,057,332
<b>Total</b>	<b>\$1,057,332</b>