

PD-ABW-933
116516

Submitted to:

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

SOMARC III

Mid-Term Evaluation Briefing Book

September 7, 1995

VOLUME I

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Under Contract No. USAID/CCP-3051-C-00-2016-00

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Section A

1. What have been the project "Outputs," as stipulated in the contract? Is the contractor on target for the accomplishment of all the outputs stipulated in the contract? What has been the quality of these outputs?

Contraceptive Sales Programs

SOMARC III's "anticipated outputs" as stated in the project's scope of work and contract are to continue programs in up to 15 countries, expand programs in up to eight countries, initiate new programs in up to six countries, conclude assistance in at least five countries, and provide short-term technical assistance in no more than 10 countries. The scope of work also states that at least 25 percent of these programs will include long-term contraceptives.

Country Assessments	Continuing Programs	Expanding Programs	New Programs	Short-term TA	Graduating
Madagascar	Ecuador* Peru Swaziland+ (Bolivia*) (Rwanda) (Lesotho) (South Pacific) (Malawi) (Mali)	Brazil Indonesia+ Mexico Nepal Philippines* Egypt* Haiti Morocco Turkey Uganda*	Guatemala India Jamaica* Jordan* Kazakhstan* Niger* Senegal* Uzbekistan*	Colombia El Salvador Honduras Kyrgyzstan* Ghana	D.R. (OCs) Morocco (condom) Turkey (condom) Turkey (OCs) Zimbabwe (condom) Papua New Guinea (condom) Togo+ (condom)

* Funded through Mission Buy-ins. + OYB. () Phased out assistance during SOMARC III.

The table above summarizes SOMARC's progress in achieving these outputs to date. SOMARC currently has continuing programs in three countries--although all the countries listed under expanding activities have also continued their earlier social marketing programs. SOMARC has expanded programmatic activities in a total of 11 countries--exceeding the contract deliverable of eight. SOMARC has initiated new programs in eight countries (and soon to be nine with the addition of Madagascar later this year)--again exceeding the contract deliverable of six countries. SOMARC has graduated programs in Morocco, Turkey, the Dominican Republic, Zimbabwe, Papua New Guinea, and Togo from SOMARC assistance.

SOMARC has provided short-term technical assistance to five countries out of a maximum of ten countries. In accordance with USAID's direction, SOMARC has phased out country programs in Bolivia, Rwanda, Lesotho, South Pacific, and Malawi due to a lack of funding from the Office of Population. Although the Mali project is ongoing and expanding, it is currently being managed by FUTURES through a separate contract.

In total, SOMARC is promoting long-term methods in Brazil (IUD), Indonesia (male and female sterilization) Jamaica (IUDs, DMPA, and vasectomy), Haiti (DMPA), Egypt (IUD & DMPA), Morocco (DMPA & Services Marketing), Nepal (DMPA), Uganda (DMPA), Turkey (IUD & Services Marketing), Jordan (IUD & DMPA), Kazakhstan (DMPA), and Uzbekistan (DMPA) for a total of 12 out of 22 continuing, expanding, or new programs. This translates to more than 50 percent of SOMARC's current projects, which include long-term methods, again exceeding the contract deliverable of 25 percent. The primary reason for exceeding the contract deliverables is that there has been a greater demand for social marketing activities under SOMARC III than originally anticipated. Many of the expanding and new country programs have been funded through mission buy-ins. FUTURES has requested modification to the SOMARC III contract to allow for having exceeded project outputs in expanding and new country programs.

Contraceptive Commodities

Countries where SOMARC continues to provide donated commodities include: Nepal, Ecuador, Egypt, Ghana, Mali, Niger, Senegal, Togo, Uganda, Guatemala, Honduras, and Madagascar (See Appendix 5).

Regional Workshops

The SOMARC contract specifies that the project will train project managers and staff in all aspects of marketing and project management and will include four regional workshops on social marketing. Of the four regional workshops to be conducted, one workshop was held in September 1994 in the Latin America region which focused on Financial Management. The Asia Workshop is set for February 1996 in Bangkok and will focus on strategic marketing management and development of regional marketing plans. The two Africa regional offices (Morocco and Kenya) will each host a workshop. The workshop for Francophone Africa will be held in Rabat in November 1995. The workshop for Anglophone Africa will be held in Nairobi in March 1996. These conferences will also focus on strategic marketing management, and are designed to be working sessions with direct benefit and application to SOMARC's activities within the region.

In-Country Training

In terms of in-country training seminars, SOMARC is to conduct five in-country training seminars per year for a total of 25 during the five-year contract. To date SOMARC has conducted six in-country training seminars using the marketing-oriented modules: the Services Marketing Module successfully tested in Turkey (November 1994); the Financial Module was

conducted in Honduras and Guatemala (1993), Swaziland (February 1995) and Nepal (March 1995); and the Marketing Research Module in Nepal (1994).

SOMARC has conducted 13 in-country training of trainers workshops on Contraceptive Safety and Technology in the following countries: Nepal (Depo-Provera for Paramedical Personnel), Philippines (Depo-Provera for Pharmacists), Kazakhstan (Depo-Provera for Physicians, Contraceptive Technology for Pharmacists), Uzbekistan (Depo-Provera for Physicians, Contraceptive Technology for Pharmacists), Kyrgyzstan (Depo-Provera for Physicians, Contraceptive Technology for Pharmacists), Turkey (Contraceptive Technology and Services Marketing for Physicians), Jamaica (Depo-Provera for Pharmacists), Uganda (Contraceptive Technology for Pharmacists), Haiti (Contraceptive Technology for Pharmacists, Midwives, and Nurses), Jordan (Depo-Provera for Physicians, Contraceptive Technology for Pharmacists).

In addition, SOMARC has conducted over 483 local trainings as a result of the training-of-trainer workshops. See the separate Training booklet for more details.

Special Studies

The SOMARC contract stipulates that up to five market research and multi-country special studies will be conducted. To date, four special studies have been designed and are in progress for SOMARC III. These studies investigate cross-country issues that focus on the impact and efficacy of CSM projects.

Monitor the Market Impact of Graduated Products. Consistent with the concept of sustainability, once products “graduate” from the SOMARC program, they are expected to continue in the commercial sector. This study will monitor what happens to SOMARC products once support of the products is withdrawn.

Through a combination of retail audits, user profiles, unit sales tracking, and professional interviews, SOMARC will monitor performance of the brand and competitive offerings the year after the product graduates. Measures of interest include: unit and dollar sales; promotional support; growth of condom category; promotion for AIDS prevention; additional brand activity; and distribution patterns. Countries and products include: Mexico (Protektor); Turkey (Okey); Barbados (Panther); Zimbabwe (Protector), the Dominican Republic (Microgynon), and Morocco (Protex). The report is in draft form and will be finalized by October 1995.

Lifestyle Profiles of Users and Non-Users. “Lifestyle Profiling” attempts to develop a vivid profile of the target audience. In addition to defining the user and non-user along traditional demographic lines, lifestyle profiling tries to “flesh out” a portrait based on the so-called psychographic variables of activities, interests, and opinions. Media habits and behaviors can also be incorporated into the profile. The end result is a clear and lucid

profile of the audience which generates insight into what will motivate them to use contraceptive products and further enables better targeting of messages. For SOMARC III, the initial profiles will be developed for men who use condoms and those who do not.

Lifestyle profiling of condom users will involve the administration of a questionnaire with a large number of agree-disagree questions on work habits, values, perceptions of self, attitudes toward family, media habits, and leisure habits. To develop the initial battery of questions, focus groups will take place among users and non-users in the host country. For Mali, focus groups took place in mid-December 1994 among Protektor users, users of public sector condoms, and non-users of condoms. The lifestyle questionnaire developed from the focus groups was administered among the three user groups in July 1995 and data results should be available in fourth quarter 1995.

Other countries under consideration for lifestyle profiling (contingent upon availability of funds) include Uganda, the Philippines, Nepal, India and Indonesia. The technique can also be applied to women when the interest is in profiling contraceptors and non-contraceptors, either in total or for products such as the pill, IUD, or injectable.

Price Elasticity of Demand. A secondary review was completed in early 1994 that identified six research strategies for setting optimal prices for CSM products.

Two studies, one completed and one in-progress, use econometric modeling to help to determine the price for existing products. In Egypt, in anticipation of the phase-out of donor support for the Copper T-380A IUD, a forecasting model was used to predict what will happen to the CSM market for this product with and without a price change. In Ghana, a post-wave survey will take place in Fall 1995 to explore price elasticities for several contraceptive methods and to establish demand curves. In addition, for the Ghana project, several willingness-to-pay questions will be incorporated into the survey to provide indications as to whether contingent validation approaches may be useful for establishing prices in the future.

Impact of Marketing Private Family Planning Service Delivery Systems. A major expansion of SOMARC III is the development of networks of private sector health professionals to deliver CSM products and services. These private networks have become increasingly important as SOMARC ventures into service offerings such as the injectable, the IUD, and sterilization that require medical assistance. This study is designed to evaluate SOMARC III's effectiveness at marketing through the private sector and to evaluate different approaches.

The methodology includes surveys of providers and clients of private sector delivery outlets both before and after a SOMARC marketing intervention. Fieldwork is currently underway for the pilot KAPS network in Istanbul, Turkey. For the pre-wave, site

assessments and baseline surveys among consumers and physicians will be completed prior to the program launch in Fall 1995. Post-wave assessments are planned for mid-1996, approximately 8-10 months after the program launch.

Morocco and the Philippines are under consideration as additional countries for this network special study. The research will measure changes in patient load, method mix, perceptions of services, quality of service delivery, use of outlets, knowledge about methods, quality of care, and the relative effectiveness of different program features.

Management Information Systems

SOMARC has strengthened the MIS of subprojects as stipulated by the contract. Steve Croll, SOMARC MIS/Commodities Director, has traveled to Nepal to assess the MIS capabilities of the CRS Company, SOMARC's implementing partner. He has made recommendations on how to streamline and improve the company's MIS systems. To date, subproject MIS systems have been strengthened by adding computers to seven new or expanded country programs:

Kazakhstan	5 desktop systems, 1 notebook
Uzbekistan	3 desktop systems, 1 notebook
Niger	1 desktop system
India	1 desktop system
Nepal	1 desktop system
Turkey	2 desktop systems
Uganda	1 desktop system

Information Dissemination

SOMARC has disseminated information worldwide on CSM program's successes, lessons learned, and new techniques. SOMARC has published a wide variety of Highlights, Occasional Papers, and Practical Guides to a mailing list of 829 addresses. The newsletter, *Highlights*, which SOMARC distributes nine times a year, has contributing writers from the SOMARC regional offices as well as SOMARC/Washington. Its range of topics include Ugandan midwives and DISH Project, Nepal's introduction of Depo-Provera, privatization in Kazakhstan through social marketing, the formation in the Philippines of ACE, a condom trade association for AIDS Awareness, and a soon-to-graduate condom in Peru called Piel. SOMARC also reintroduced its *Practical Guides* Series. Four volumes explained the key elements of successful public relations, the fifth, a more technical reference guide to advertising media placement. The *Practical Guide to PR* includes *The Basics*, *Crisis Communications*, *Interviews*, *Public Speaking*. *Practical Guide to Advertising: Media Placement*. In the works are three more volumes: *Practical Guide to Research*, *Practical Guide to Training*, and *Practical Guide to Social Marketing*.

During the life of SOMARC III, over 70 presentations have been made to such audiences as USAID Missions, UNFPA, UNICEF, the World Bank, ODA, Ministries of Health, the NCIH Annual Conference and the USAID Cooperating Agencies Meeting (see Appendix 1). To support this activity, SOMARC maintains a CSM library in its office at The Futures Group, Washington, which currently has more than 7593 titles.

In addition, through local public relations firms, SOMARC works closely with local and regional press in each country to report the introduction of new programs, services and products, the advantages and benefits of the contraceptive methods and dispel myths and rumors about various methods, quality of care, and the availability and affordability of each product and method.

SOMARC, with its in-country partners, developed and implemented public relations strategies for the umbrella campaigns in the Philippines (Couple's Choice), Jordan (Jordan Birth Spacing Project), Jamaica (Personal Choice), Turkey (The Women's Health and Family Planning Network) and Kazakhstan and Uzbekistan (Red Apple Program), as well as the introduction of DMPA in Nepal and condoms in Senegal.

Each campaign included printed materials, i.e., consumer brochures and pharmacists reference guides, press releases and backgrounders, newspaper and magazine articles, video news releases, and in some cases radio and television advertisements.

One of the most beneficial information tools has been SOMARC's intensive media training. Used to prepare project spokespeople for becoming familiar with projects and methods and speaking to the media -- broadcast and print, it has also been highly successful as an advocacy tool to explain project objectives and goals to influentials, such as government and religious leaders, media, policy opponents, and consumer activists. Through the training sessions often outspoken critics have come to appreciate and even defend the social marketing activities and objectives. Media training has been conducted in the Philippines, Kazakhstan, Uzbekistan, Jamaica, Jordan, Niger, Senegal. Within the next few months training sessions will also be held in Turkey, India, Ghana and Uganda.

Innovative Efforts in the Areas of Advertising, Marketing, New Business, and Distribution

SOMARC has designed and implemented various innovative activities in advertising, marketing, new business, and distribution. Several of these examples are described below:

Regional Communication and Advertising Campaigns. SOMARC's first regional branding campaign was the Pan-African campaign for the Protector condom originally developed during SOMARC II. Through mass media, promotional materials and

innovative marketing strategies, SOMARC spread the dual message of protection against unwanted pregnancies and disease through nine African countries.

The Protector brand name was tested in CSM projects around the world to determine the feasibility of expanding the campaign globally. As a result, Protector is presently being marketed not only throughout Africa, but also in Bolivia and Papua New Guinea, and it has been tested in several Central American countries and Madagascar.

Evaluations studies to monitor the impact of the Pan-African Protector condom campaign in several countries have been conducted. The comparisons of these evaluative studies across countries provided the in-country projects with valuable information on how best to retarget the campaign, if necessary, and build on the success of the campaign to further increase condom usage in those countries. The Pan-African campaign in Malawi was particularly successful in improving the image and usage of condoms due to a very heavy and consistent media schedule utilizing radio as the major medium. Market research documented what a major success the Pan-African campaign has been.

In 1993, the Pan-African campaign was expanded to include an oral contraceptive which was marketed under the brand name Pilplan. Pilplan was positioned as a safe and effective product -- "Trusted by Millions of Women Around the World" --and first introduced in Mali and Uganda. All the advertising materials for Pilplan were tested in both countries before product launch to provide feedback to the programs on how the materials should be finalized. To allay some of the concerns and fears which surround the pill, SOMARC developed radio spots which address specific issues such as side effects, correct usage, and "what to I do if I miss the pill."

Because of the success of the Pan-African campaign, SOMARC was allocated funds to develop a Pan-Arab television advertising campaign. This campaign was created to be used in several middle eastern countries, including Morocco, Jordan, Egypt, Tunisia, Turkey, Yemen, Oman and the West Bank and Gaza.

The ad campaign is scheduled to first appear this fall in Jordan as part of the Jordan Birth Spacing Project. The campaign is comprised of seven television spots that talk about the products, myths and misconceptions, benefits and uses of the three methods -- the pill, DMPA, and IUD.

At the end of 1994, SOMARC designed and implemented the Central Asian Republics' first regional advertising and communications campaign to market all the products and quality of service under the name of "Red Apple" program. Again, through mass media, public relations, promotional materials and innovative marketing strategies, SOMARC spread the message of quality reproductive health care.

Included in the "Red Apple" program are five oral contraceptives, a condom and DMPA, as well as, emphasis on quality of care, service and availability. To promote the pill and DMPA, SOMARC developed radio and television advertising spots -- in Russian and Kazak languages with Kazak actors -- which addressed specific issues, such as, side effects, correct usage, and misinformation on the method. SOMARC is presently marketing the program in three cities. The same ads in Uzbek language and with Uzbek actors will be introduced in September 1995 with the launch of the Red Apple Program in Uzbekistan.

SOMARC introduced the concept that a regional or even global branding and communications strategy could be utilized in CSM efforts to achieve efficiencies and economies of scale in advertising, promotions and public relations. Using the same techniques of extensive research and creative design, the global campaigns have been highly successful. SOMARC is presently looking at ways in which a regional approach can be applied to marketing long-term methods or services networks in other regions.

Umbrella Logo Campaigns. SOMARC has introduced in several countries "umbrella logo" campaigns. A tested logo becomes the identifiable symbol that consumers look for when they want to buy a contraceptive product of high quality, receive quality reproductive health care and advice, and know that the products bearing the logo are affordable. The logo is used on the product, in the shops and pharmacies, and wherever the product is sold. The logo is featured in all advertising and promotional efforts (television, radio, print, and public relations) to promote awareness of the logo and its associated products. The logo functions as an innovative way to promote multiple products, services, and in many countries, to circumvent restrictions on ethical advertising. For example, the Red Apple used in Kazakhstan includes seven products -- five pills, DMPA, and a condom; the Personal Choice program in Jamaica includes three methods -- no scalpel vasectomy, DMPA, and an IUD; and Couple's Choice in the Philippines has three products and is ready to expand to a condom and a mini-pill. The logo also appears in pharmacies, clinics, and shops to indicate the products are sold there and also that the healthcare provider has received training on these products. SOMARC has also used logo campaigns in Morocco, Jordan and Jamaica.

Marketing of Long-Term Methods. SOMARC is designing several new campaigns for the marketing of long-term methods--a new area of emphasis under SOMARC III. In Indonesia, SOMARC is developing a consumer campaign to promote voluntary surgical contraception for men and women. The campaign will include print, public relations, and television or radio. This is the first such campaign in Indonesia that will use mass media to promote sterilization services.

In Jamaica, SOMARC is currently marketing vasectomy services. By working with doctors trained in vasectomy by AVSC, SOMARC is creating additional demand for vasectomy

services. The project launched with a press conference discussing the benefits of vasectomy and addressing key myths and misperceptions. The campaign has included direct mailings to the consumer, print advertising, as well as promotional meetings among other physicians -- many of whom seem to have their own biases against vasectomy. The project has also developed a poster which is distributed widely as well as a separate brochure for men and women.

In the Middle East, SOMARC has developed brand-specific television advertisements for the Copper T380A in Egypt. SOMARC also recently developed a Pan-Arab campaign which includes two spots on the IUD and three spots on the injectable. In summary, the application of long-term methods has been a natural extension of social marketing projects in many countries.

Marketing of Services. SOMARC is designing programs in several countries that promote the overall use of private sector family planning services. In Turkey, SOMARC has developed an innovative approach for promoting a "network of private providers". The network, which is being called the Women's Health and Family Planning Service System -- abbreviated in Turkish as KAPS -- positions its participating facilities as providers of high quality, affordable reproductive health. The project (in its pilot phase) will link up four hospitals, 23 polyclinics, approximately 20 private doctor's offices, and 50 pharmacies. The network focuses upon all legally available methods in Turkey -- condoms, oral contraceptives, IUDs, and male and female sterilization. The participating doctors have all agreed to abide by "social marketing prices" in order to make family planning services affordable to SOMARC's target market of low-income consumers. SOMARC has convinced these providers that by keeping their services affordable they will be able to expand their overall client base.

The KAPS network also has a major emphasis on quality. Turkey's private healthcare sector is largely unregulated, and the standards for the provision of healthcare (as well as family planning) vary widely from institution to institution. SOMARC has developed a special training module which combines Contraceptive Technology with Total Quality Management. In addition to updating providers with the latest knowledge on contraceptive technology (many of whom haven't received any refresher training since their initial education), the module offers providers the tools and techniques to recognize poor quality and to implement ways to improve it as well as to recognize the importance of the consumer's feelings and perspective. The module will dramatically change the way that healthcare is provided in these participating facilities. The network is also supported by AVSC's assistance in clinical services. AVSC Turkey's Medical Advisor is playing an important role in assessing the clinical services at the participating sites, helping these facilities address their weaknesses, and ensuring that the facilities continue to practice quality standards.

The key element of the project for the providers is the emphasis that will be placed on advertising and promotion. In a healthcare sector that is becoming increasingly competitive, these private doctors recognize the benefits and importance of marketing their services. Their

agreement to abide by maximum pricing levels, attend mandatory training seminars, as well as agree to be monitored by the network's medical specialist are balanced by the project's commitment to promote their facilities. The project will use a variety of promotional activities to stimulate consumer demand for family planning services in private facilities. These include developing a two-tiered team of community promoters—the senior representatives of the team will visit influential community and religious leaders to promote the benefits of the network and to encourage these individuals to support its activities. The junior representatives will contact consumers directly to provide information and to promote trial of KAPS doctors. The network will also implement a consumer hotline that will be promoted; the hotline will provide information on family planning methods, participating doctors, service costs, and be staffed by trained professionals. In the later stages once the network has expanded, mass media will be used to further stimulate demand for the services. SOMARC is implementing similar programs in Jordan, the Philippines, and Morocco.

Innovative Public Relations Activities. SOMARC uses the most innovative and aggressive public relations techniques and tools possible to promote its products and programs. These tools include traditional PR methods, such as press releases, backgrounders, news articles, and media placement. Another traditional technique which has made a tremendous impact in advocacy and education is Media Training. Generally, the process involves preparing a detailed media training workbook and conducting extensive workshops for designated program spokespeople. In several countries, Senegal, Niger, and Uzbekistan, the media training was expanded to include government officials, religious leaders – several of whom were opposed to family planning programs of any kind—outspoken consumers, nationalist and political opponents of the programs, and journalists. These specific participants developed a better understanding of the programs and their purposes, as well as made commitments to defend and publicly support the programs.

To date, media training has been conducted in the Philippines, Kazakhstan, Uzbekistan, Jordan, Senegal, Niger and Jamaica. Within the next few months Ghana, India, Turkey and Uganda are scheduled for media training. Having well-trained spokespeople for the program to appear on radio and television talk shows, and be interviewed by newspapers and magazines serves to convey the key messages for the program and its products. The spokespeople also participate in SOMARC speakers' bureau and are invited to speak to women's and civic groups, professional associations, as well as in one-on-one settings with influentials.

In many countries creating a forum for the topics of family planning and contraceptive methods to be discussed is a major and important accomplishment. SOMARC's public relations campaigns have heightened public awareness of methods and corrected misconceptions about specific products and their side effects.

Uganda Market Day Midwives. SOMARC first launched a contraceptive social marketing campaign in Uganda in August 1991 with the introduction of Protector condoms. Since 1991, sales of Protector condoms have increased five-fold from a monthly average of 60,000 units to

close to a half million condoms per month. SOMARC launched its second product, Pilplan oral contraceptives, in July of 1993 and sales average 20,000 cycles per month. These high numbers can be credited to several factors: consumer-oriented focus, training of health care providers, promotion and advertising, and innovative distribution.

SOMARC's new, enhanced distribution scheme expands the social marketing program to include a collaborative effort with the Uganda Private Midwives Association (UPMA). This project links up two important elements of the Ugandan culture, the midwife and the marketplace, to dramatically expand the availability of CSM products. By placing trained midwives in community markets on "market day," the project has created an alternative distribution system for affordable, high-quality family planning services. In collaboration with the UPMA, SOMARC has established each trained midwife in her marketplace business -- SOMARC provided each wife with a sales booth, training, and a uniform. Through the UMPA, SOMARC sells social marketing products to midwives at wholesale prices. Each midwife receives products and promotional materials to use in her stall, just like other retail sellers. This program has not only increased the sales of CSM products; it has also helped the midwives increase demand for their own clinical services by making them more accessible to the community. By placing affordable family planning services in accessible and "anonymous" market places, the project gives women a much needed alternative to more traditional service sites. Since December 1993, the midwives project has sold 43,113 cycles of Pilplan in a pilot program of only 50 markets.

Privatizing Distribution. In Kazakhstan, SOMARC's launch of a multi-method social marketing initiative assisted in formalizing the infrastructure for pharmaceutical distribution among private sector entities. Prior to the social marketing program, there were relatively few private distributors consistently providing product to private pharmacies. With the introduction of SOMARC's efforts, these distributors are gradually expanding their distribution networks, increasing the total number of outlets they reach, but also improving the consistency with which they visit these outlets. To support their improved distribution activities, SOMARC is providing the sales teams with formal training on product detailing and sales skills.

Business Development and Financing. The SOMARC III contract committed approximately \$500,000 to new business development and financing activities. Using these funds, SOMARC has developed an innovative scheme to provide short-term, low-interest loans for private healthcare facilities interested in upgrading their sites. In Turkey, this financing mechanism will be used to supplement the Women's Health and Family Planning Service Network, a network of private hospitals, polyclinics, and private doctor's offices. This funding mechanism provides participating doctors with the much-needed capital to improve their office facilities. The loan fund will also be used to provide financing to cover clinical training activities. For example, if a provider is interested in getting trained in tubal ligation, he could apply for a loan through the KAPS network in order to make the upfront payment. In a country like Turkey where annual inflation is over 100 percent, small polyclinics and private doctor's office would never be able to

make the interest payments even on a relatively small loan through commercial banks. This program will help upgrade services in the private sector. As the loans are repaid, the funds will be disbursed to other facilities interested in upgrading their service sites.

In another interesting pilot program in Zimbabwe, SOMARC has used a loan-mechanism to increase distribution through several small business entrepreneurs. SOMARC's major distributor, Johnson & Johnson (J&J), is interested in expanding distribution of Protector condoms to rural areas in Zimbabwe. However, they do not currently have the appropriate vehicles nor sales force to do so. SOMARC and J&J have identified two entrepreneurs who are interested in developing a rural distribution business. The loan is being made directly to these individuals, but is financially guaranteed by J&J. J&J will train the distributors in sales, merchandising, and product knowledge, and will allow them exclusive rights to sell their products in outlying areas and growth points. The loan is being made to the entrepreneurs for a total of US\$73,000 at an annual rate of 12 percent payable in three years. This interest rate is significantly below the Zimbabwe market rate which ranges from 25 to 36 percent per annum. These innovative mechanisms are potentially very effective ways of further improving the long-term impact of social marketing activities. If these pilot programs are successful, they can be easily expanded to many different applications if more funds were available.

Social Marketing of Additional Products

Another new area for SOMARC is the social marketing of antibiotics. In Uganda, SOMARC has received funding for \$875,000 from USAID/Kampala to implement the antibiotics project. The project is designed to treat men with sexually transmitted diseases (STDs), specifically gonorrhea, chlamydia, or trichomonis. Because these STDs are often self-treated, but with the wrong medication, the project proposes to socially market a packet of antibiotics that would treat all three. Because it is often difficult to distinguish between the three STDs even with lab analysis, the combined pack is a cost-effective and comprehensive way of treating the symptoms for these STDs. The project will locally procure the antibiotics using World Bank funds. The project will undertake an extensive mass media and public education campaign to increase awareness of the symptoms of the three STDs and the availability of the treatment with the CSM packet.

2. To what extent has the project achieved its "Objectives," as stipulated in Section II.A., as well as in the contract?

Objective 1. Increased modern-method prevalence rates using commercial channels, with greater emphasis placed on the promotion of long-term methods.

SOMARC III has contributed significantly to increased contraceptive usage through commercial channels, and particularly with the promotion of long-term methods. Since the beginning of SOMARC III, a total of 10,522,026 CYPs can be attributed to the project. This represents a 30 percent increase from 1992, and an approximate 10 percent

increase each year. During this time period, there has also been an increased emphasis on the provision of long-term methods. For example, from 1992 to 1994 the percentage of CYPs attributed to long-term methods has increased 18 percent. These increases are representative of the launching of Depo-Provera in countries such as Jamaica, Kazakhstan, Ghana, Nepal, Philippines, and Egypt. Before the end of SOMARC III, it is anticipated that Depo-Provera will also be launched in Morocco, Haiti, Jordan, Mali, Madagascar, Uganda, Uzbekistan, and Turkey. SOMARC III has also launched IUDs in Egypt and Brazil, and anticipating new product introductions in Morocco, Jordan, Turkey, Philippines, and Jamaica. SOMARC has also assisted with the introduction of voluntary surgical contraception in Jamaica and will be launching programs in Indonesia, Turkey, Uganda, and the Philippines. For a complete description of sales and CYP data, see Appendices 2, 3, and 4.

Another important measure of SOMARC's contribution to increased contraceptive usage is the increase in total commercial markets for contraceptives where social marketing projects have been implemented:

- For example, in Turkey, from the time of the launch of SOMARC's Okey condom brand in 1991 to 1994, the total market for condoms is estimated to have grown by 6 million condoms, or 32 percent. At the time of Okey's launch, condoms were available for commercial sale exclusively in pharmacies. By 1994, four brands, including Okey, were available in supermarkets -- a significant step forward in this conservative market. The number and shares of viable brands on the market has also changed since Okey's introduction. In 1990, three brands accounted for 87 percent of condom sales; in 1994, four brands held 92 percent of the market. (Zet Nielsen Retail Audits, 1990 & 1994)
- In Zimbabwe, SOMARC launched the Protector condom brand in 1988. Between 1988 and 1994, the commercial market for condoms more than doubled, from an estimated 1.8 million condoms to around 5 million in 1994. In addition to growing the market for condoms, the SOMARC emphasis on advertising and promotion, combined with a strong distribution program, made a critical contribution to desensitizing family planning and condom advertising in Zimbabwe and increasing the availability of commercial condoms. A 1991 survey of men in urban areas, for example, found that radio had become an increasingly common source of information about condoms: 48 percent of men mentioned the radio as a source, compared to less than 3 percent of male and female respondents in a 1987 KAP study. (Probe Market Research Baseline Survey, 1991; Quest Research Services KAP Survey, 1987)

While SOMARC cannot claim that the increase in these commercial markets is solely due to its CSM efforts, the increase in the overall contraceptive market does correspond directly with the introduction and launch of SOMARC products. In fact, the halo effect of

SOMARC's activities in advertising and distribution plays a significant role in stimulating other contraceptive manufacturers and distributors to act. In many countries, SOMARC projects are the first to introduce brand-specific television and radio advertising for contraceptive products. These efforts are successful in desensitizing the issue of public promotion of condoms and often encourage other contraceptive manufacturers and distributors to respond by implementing their own advertising or competitive promotion techniques. This type of increased interest and competition in the commercial market for contraceptives benefits all potential users and also contributes to the total increase in the commercial markets.

- For example, in Morocco, prior to the launch of Protex condoms in 1989, the condom market was virtually non-existent. Through support from SOMARC the condom has become an accepted method of family planning and disease prevention and the promotion of condoms has been supported by the king. The new condom market created through the introduction of Protex has led to additional competitively priced European brands such as SOFT and OLA being introduced over the past two years. In order to compete with low-priced Protex, which has not received SOMARC support for over a year, other condom brands have reduced prices and are being sold in many non-traditional outlets. In addition to condoms, SOMARC has been involved in the sale of oral contraceptives. Because of the enormous increase in sales of one of the oral brands participating in the contraceptive social marketing project (Minidril), Wyeth began local production in September 1993.
- In Turkey, as a result of the Okey condom's success, London Rubber also began airing brand-specific advertising for its condom brand and increased its distribution and promotional activities in an effort to capture market share within the expanding market. Also, in Turkey, as a result of the orals project's success in expanding the market for low-dose brands, both Schering and Organon have introduced two new low-dose brands within the last two years.

All of these indicators clearly suggest that social marketing programs are having a positive influence on increasing modern-method prevalence rates through commercial channels. However, it is equally important to note, that like most other family planning interventions, it is quite difficult to prove a direct correlation between a specific social marketing project and an "increase in prevalence" at a national level in any given country. The Futures Group suggests that measurements for social marketing projects in the future consider other indicators such as sales, increased total contraceptive markets, regular monitoring and tracking of knowledge, attitudes, and practices regarding contraceptive methods, and improved method mix.

Objective 2. Programs designed to pursue the dual objectives of cost recovery and maximized access.

The ability to recover costs relates directly to revenue generated by product sales versus the money required to run the program. Sales revenue is a result of (1) quantity of units sold and (2) the selling price. In countries that have a relatively small population (e.g. Niger) the quantity of units that can be sold will always be small. Therefore, such projects are limited in their ability to generate a high level of income merely because of the limited volume. Also, in countries where the economic buying power of class C and D consumers is limited (e.g. Uganda), CSM projects must establish very low retail prices. These countries too are limited in how much they can recover costs, and they will never be self-sufficient simply because sales revenue will never cover all recurrent costs. As a result, SOMARC refers to these countries as "cost recovery." On the other hand, countries with large populations or higher per capita incomes are able to generate more sales revenue, and therefore can achieve self-sufficiency. All SOMARC CSM programs have been categorized as either "self-sufficiency" or "cost-recovery" based upon these parameters. In theory, all countries could become self-sufficient, however doing so would limit access. It is SOMARC's primary objective to ensure maximized access to CSM products. The list on the following page shows the categorization for all SOMARC programs:

Cost Recovery v. Self-Sufficiency Categorization for all CSM projects

PROJECT

COUNTRY	REGION	STATUS
India	Asia	Cost Recovery
Indonesia	Asia	Self-sufficiency
Jordan	Asia	Self-sufficiency
Nepal	Asia	Cost Recovery
Papua New Guinea	Asia	Graduated
Philippines	Asia	Self-sufficiency
South Pacific (1)	Asia	Phased Out
Barbados	Latin America	Graduated
Bolivia (1)	Latin America	Self-sufficiency
Brazil	Latin America	Self-sufficiency
Colombia	Latin America	Self-sufficiency
Dominican Republic	Latin America	Self-sufficiency
Eastern Caribbean	Latin America	Self-sufficiency
Ecuador	Latin America	Self-sufficiency
Guatemala	Latin America	Cost Recovery
Haiti	Latin America	Self-sufficiency
Honduras	Latin America	Cost Recovery
Jamaica	Latin America	Self-sufficiency
Mexico	Latin America	Self-sufficiency
Peru	Latin America	Self-sufficiency
Egypt	N/W Africa	Self-sufficiency
Kazakhstan	N/W Africa	Self-sufficiency
Mali (1)	N/W Africa	Cost Recovery
Morocco	N/W Africa	Self-sufficiency
Niger	N/W Africa	Cost Recovery
Rwanda (1)	N/W Africa	Cost Recovery
Senegal	N/W Africa	Cost Recovery
Togo	N/W Africa	Cost Recovery
Turkey	N/W Africa	Self-sufficiency
Uzbekistan	N/W Africa	Self-sufficiency
Ghana	S/E Africa	Cost Recovery
Lesotho (1)	S/E Africa	Cost Recovery
Madagascar	S/E Africa	Cost Recovery
Malawi (1)	S/E Africa	Cost Recovery
Swaziland	S/E Africa	Cost Recovery
Uganda	S/E Africa	Cost Recovery
Zimbabwe	S/E Africa	Self-sufficiency

(1) No longer active
SOMARC countries.

Objective 3. Operational efficiencies are in place to minimize costs and maximize sales revenues while still maintaining financial access for C & D segment consumers in countries where full recovery of all operating expenses is unlikely. (The C & D segments represent the middle and lower middle economic class of a particular country, with A representing the wealthiest, and E the poorest.)

There are several operational efficiencies which strongly influence the cost-recovery capability of social marketing projects in countries where full recovery of all operating costs is unlikely. These components are reflected in administration, management, and distribution.

SOMARC's efforts to maximize operational efficiencies are based on SOMARC's philosophy that it is very important to work with existing, local private sector organizations to the extent possible. Obviously, cost recovery is maximized when CSM projects are implemented by organizations that cover the majority of their operating and administrative costs--whether they are NGOs or true commercial organizations. As a result of this approach, the in-country institutions with which SOMARC works are independent, stable organizations that would exist without SOMARC funding. SOMARC's experience suggests that establishing entirely new organizations to implement social marketing activities merely creates structures that are likely to be fully dependent upon donor funding for an extended period of time. For this reason, SOMARC avoids this design--except for a few countries where local conditions dictate otherwise. For example, in the Central Asian Republics, Jordan, and Turkey, SOMARC has established temporary project offices to assist with project implementation and to provide day-to-day technical assistance to local subcontractors. However, these offices are designed to be phased out when local agencies are fully prepared to implement project activities.

In addition, SOMARC strives to work with existing in-country advertising, public relations, and market research firms to support social marketing activities. SOMARC's approach is to provide technical assistance to help improve local private sector capabilities. For example, in the Central Asian Republics, SOMARC has provided key technical assistance to several newly created private advertising and public relations companies. SOMARC assisted these organizations in improving their planning capabilities, in some instances introducing them to better media buying strategies, and introducing them to formal media training programs to fully prepare project spokespersons. SOMARC does not develop communications materials outside of the region in which they will be used. By working with in-country expertise, SOMARC is able to cost-effectively utilize these resources as well as assist in building local expertise in these areas--these activities contribute to major operational efficiencies in very short turnaround times.

The cost of distribution also impacts cost-recovery objectives for CSM projects. Existing networks that distribute many products provide a more efficient distribution network, thereby lessening the cost of distribution for the donor. SOMARC's strategy is to work with as many existing commercial distributors in addition to NGOs to maximize use of existing channels. In countries where private distributors may not sufficiently cover the entire country, SOMARC then looks at other strategies for cost-effectively expanding distribution to ensure access to C and D consumers. For example, in Niger, SOMARC has motivated a commercial distributor to expand distribution to rural areas by partially supplementing the sales force to penetrate rural areas with the CSM products. This strategy is an example of maximizing operational efficiencies in order to maintain access for low-income consumers. In countries where other strategies are required because the commercial infrastructure simply cannot effectively reach outside areas, SOMARC has developed other innovative and cost-effective strategies. In Uganda, SOMARC is working with the Ugandan Midwives Association as well as a special sales force to expand the availability of contraceptive products in rural areas.

Objective 4. Wherever possible, the maximized use of alternative sources of commodities, eliminating reliance for USAID-sourced commodities.

SOMARC continues to emphasize the use of locally available or commercially purchased commodities to eliminate reliance on USAID-sourced commodities. Throughout the Asian, Middle East, and Latin American regions, the majority of social marketing projects are using commercially purchased or locally available products. For those countries that started by using donated products, there has been an increased effort to move these programs to commercial products. Several SOMARC projects in Latin America – Bolivia, Colombia, Honduras, and Peru – have transitioned to commercial product. Guatemala and Honduras are shifting from donated product to commercial products. SOMARC is also assisting the Egypt project in shifting to totally commercial products. In countries where donated commodities are still required, SOMARC has been successful in getting other donors to provide commodities. For example, in Uganda the World Bank is donating condoms to the social marketing initiative, and in Nepal and Haiti, the UNFPA has provided DMPA. See Appendix 5 for a listing of the current commodity sourcing under SOMARC III for all country programs.

Objective 5. Increased involvement of the private sector in the provision of commodities, support for distribution, and promotion costs.

SOMARC III has continued to dramatically increase the involvement of the private sector in the provision of commodities. A large number of social marketing programs today use either locally available or commercially purchased product, representing a major shift from the social marketing programs of just five years ago. For example, in 1992 commercial sales accounted for 37 percent of total SOMARC unit sales, whereas in 1994 they accounted for 44 percent (Appendix 5). The cost savings to USAID from projects using commercially-sourced products is significant. In 1994 alone it was over US\$5.5 million.

If sales continue to perform in the second half of 1995 as they have in the first half, the total savings for this year will be over US\$6 million. To date, SOMARC III has saved US\$15,000,000. See Appendix 6 for a full description of these cost savings.

In all countries, SOMARC is working directly with existing private sector distributors. For the most part, these private organizations are covering their own costs for administration, management, and distribution. In a few countries, such as Niger and Uganda, where the distribution infrastructure is not well developed, SOMARC covers the cost of supplementary distribution systems to ensure distribution to hard to reach rural areas. These programs, however, are clearly in the minority.

Normally in the project implementation phase, SOMARC covers the great majority of the advertising and promotional costs--simply because the private sector will not have the "profits" necessary to allocate to marketing costs. However, as countries obtain the sales volumes necessary, the cost of promotion can be covered by private sector organizations. In Turkey, for example, after the graduation of the Okey condom, the distributor, Eczacibasi, continued to invest funds in advertising the product through mass media and creating various product promotions both to the trade as well as consumers. In total, Eczacibasi has invested more than US\$300,000 in additional advertising and promotion costs for the Okey condom since its graduation. Also in Turkey, the oral contraceptive manufacturers have made direct contributions to the social marketing project of more than US\$200,000 due to overall increases in the total commercial markets for contraceptives. These funds are used to continue advertising and promotion of the CSM products. In Morocco and Zimbabwe, the private distributors used the project's return-to-project (RTP) fund--profits collected from the sale of product--to finance additional advertising after product graduation. In Egypt in early 1994, SOMARC applied to the Ministry of Health for a modest price increase of its three CSM products. The price increase has resulted in an ongoing cash reserve totaling US\$221,000 which will provide advertising support for the project through June 1996. In the Philippines, the project's commercial distributor, Philusa, provided over US\$100,000 in advertising and promotional support for the Sensation brand condom, accounting for over 45 percent of overall marketing costs.

SOMARC recognizes, however, that for more private sector distributors to take over advertising and promotion costs for CSM products, the brands must be achieving significant sales volumes to make the investment worthwhile.

Objective 6. Increased correct, effective use of contraceptives.

SOMARC has incorporated a number of activities designed to increase correct and effective use of contraceptives. The key to ensuring correct and effective use is to plan and implement programs that integrate key concepts of quality of care - i.e. informed choice, mechanisms to ensure continuity, and interpersonal relations. The tools and techniques

outlined here respond to the needs of strengthening in-country implementing agencies, building the service delivery structure, and marketing family planning services.

Information for customers. SOMARC produces and disseminates information designed to increase correct usage through various levels of its communications materials. At the macro level, SOMARC's mass media campaigns are often designed to improve knowledge of correct use and to correct misinformation. There are many examples of CSM campaigns that have effectively done this. For example, SOMARC designed a Pan-African radio campaign for oral contraceptives to support the launch of Pilplan in several African countries. The radio spots address numerous issues related to correct use, such as what to do if a pill is missed, how to deal with side effects such as nausea and headaches, and equally important dealing directly with rumors and misinformation. The Pilplan campaign recently won the Population Institute's award for best combined media effort. In Turkey, as well as in Haiti, SOMARC designed a series of television spots also dealing directly with correct use, side effects, and rumors for oral contraceptives. In 1994, the Turkey campaign also received the Population Institute's award for best commercial advertisement.

SOMARC efforts to improve correct use have also included developing low-literacy instructions and product information for oral contraceptives, minipills, and condoms (all methods that are self-administered). The low-literacy materials provide simple written instructions accompanied by illustration. These materials have been well tested among low-literate groups for ease of comprehension. The information is included directly in the product packaging so consumers are sure to receive it. For DMPA, SOMARC has developed an injection card which reminds consumers when they need their next injection—this card is designed to promote correct, effective use of the product. SOMARC has also developed a wide variety of information brochures for consumers on DMPA, oral contraceptives, and IUDs which explain advantages and disadvantages, side effects, and warning signals. These materials are distributed widely in all types of retail and healthcare outlets. For pharmacists and healthcare providers, SOMARC has also developed several tools to assist with correct screening and counseling of patients. For example, SOMARC's quick reference manual and screening checklists for pharmacists are being used in all countries where SOMARC has conducted pharmacist training.

Training. SOMARC's training activities for service providers and retailers have focused on promoting correct and effective use for a wide variety of contraceptive methods. Development Associates, SOMARC's subcontractor responsible for training activities, has upgraded and adapted the Contraceptive Technology Training module for different levels of healthcare providers, expanding the application of the modules tremendously. In the pharmacist module, the project has recently added a 'Quality Customer Service (QCS)' component to provide all levels of service providers with standards for customer interaction and to motivate them to continuously improve services. The training modules are designed to improve the technical capability of service providers by providing technical information and skills development exercises and by providing materials that are easily used in non-training environments for future

reference. Training activities also include communication and counseling techniques. For a complete review of training activities, see the separate Training Booklet.

Follow-up steps to assure continuity of care. With the integration of long-term methods, SOMARC has established innovative tools to assure continuity of care. In Nepal, SOMARC developed a mystery shopper study that is designed to evaluate how effectively DMPA is being administered through pharmacies. The mystery shopper study has a researcher pose as a potential client, asking key questions about the product related to correct use, side effects, and contraindications. The information gathered has been extremely valuable in monitoring the safe provision of DMPA and in identifying the strengths and weaknesses in the program so that adjustments can be made. In Turkey, SOMARC has developed the first-of-its-kind provider network that links up and promotes private service providers that offer family planning services. Before doctors are allowed to participate in the network, they are visited by a team of medical specialists who evaluate various aspects of their facility, including infection prevention, equipment and staff availability, case load, and availability of methods. When problem areas are identified, these facilities are required to correct them in order to participate in the network. They are also monitored by the project's Medical Advisor to ensure that they continue to practice minimum standards for quality.

DMPA in non-clinical settings. SOMARC believes that quality care for the provision of DMPA must go beyond the perception of the consumer. SOMARC has designed several special quality assurance tools for projects which include DMPA. For example, to prevent the spread of infectious diseases through the reuse of needles and syringes, SOMARC has collaborated with Upjohn to design a special injectable kit for all social marketing programs. All SOMARC/Upjohn injectable products will be presented to the consumer in a sealed box that not only contains the Depo-Provera vial but also contains a disposable needle and syringe as well as a user card. (Upjohn is also, at SOMARC's request, discussing the inclusion of a pre-treated alcohol swab within the package.) In Nepal, where pharmacy staff includes injectionists, SOMARC has provided sharps containers, counter top screening checklists, and a referral system with a local doctor's association. In the Philippines and Nepal research studies conducted in pharmacies selling DMPA are based on the "Indicators of Quality Care for Retail Settings" created by the EVALUATION project. Similarly, the adaptations to service delivery guidelines, proposed by USAID-sponsored Technical Guidance Working Group, have been incorporated into all SOMARC promotional materials given to pharmacists, midwives, and doctors. As mentioned above in the section on training, SOMARC has also developed and tested different training modules for various levels of service providers; SOMARC has trained pharmacists, injectionists, and OB/GYNs in DMPA administration.

Service delivery improvements. The area of services marketing is a new initiative under SOMARC III which will dramatically expand the application of social marketing activities. SOMARC efforts to improve the marketing of family planning services under these programs have resulted in improvements in quality of care issues, such as improved counseling on reproductive health and family planning, the appearance and maintenance of medical facilities,

availability of supplies, improved waiting periods, and patient reception. SOMARC has worked extensively with its subcontractor, AVSC International, in looking at the issues related to clinical services. AVSC has been helpful in assisting SOMARC with the development of tools to assess service delivery issues. For example, AVSC has adapted for SOMARC a service delivery site assessment form which is being used in countries like Turkey that are developing provider networks (See Appendix 7). The form is used to assess the clinical aspects of participating facilities and to establish quality guidelines for family planning in the private sector--since many country's private healthcare sector is still largely unregulated. AVSC will also assist by introducing their in-reach approach to several of the participating hospitals in the Turkey network--this methodology is designed to improve the referral mechanisms within the facility by teaching providers to recognize potential family planning clients and by getting them to refer them to an appropriate provider. The concept is to improve contact with those clients who are already visiting the facility.

In another type of program, in Mexico, SOMARC's efforts to introduce MEXFAM, a private family planning association, to a marketing orientation also resulted in service delivery improvements. As a result of the research that SOMARC assisted in implementing, MEXFAM reoriented its overall approach to service delivery. The research suggested that although family planning was an important service for those clients living in their target area, general healthcare services were equally (if not more) important--and would be a way of attracting more overall users to their facilities. As a result, MEXFAM broadened its range of services which quickly increased the overall number of clients as well as family planning clients visiting their facilities. The research also indicated that MEXFAM's prices were perceived by consumers to be quite low, suggesting that the facility could in fact raise its prices on some services and still reach its targeted low-income consumers. This finding helped MEXFAM to improve its cost-recovery for these facilities which they in turn used to subsidize services in clinics located in areas with greater need. The research also suggested that MEXFAM needed to improve its institutional image due to the fact that the majority of potential clients in their target area had never heard of the institution nor seen any advertising or promotion for it. Finally, the research helped MEXFAM understand the importance of the client's perspective of services, helping MEXFAM improve the quality of services in several key areas, such as staff attitude, patient waiting times, and cleanliness of facilities.

MEXFAM better understood that clients are attentive to the appearance and maintenance of the reception area and facilities, appearance of equipment., and their interaction with all employees--beginning with the receptionist and ending with the provider or specialist. MEXFAM has made many changes to the way that they offer services as a result of this strategic marketing activity.

Continuity of Use. SOMARC promotes continuous use of contraceptives through provider trainings, advertisements and IEC materials. Because continuous usage is often related to side effects, SOMARC places great emphasis on educating users and providers about side effects. Research conducted by SOMARC and other groups reveals the

following information on side effects and usage - 1) women who have never tried a method tend to perceive side effects as more disturbing and to occur with greater frequency than women who have actually used a method and, 2) women who understand that side effects may occur are better prepared to deal with them when they actually happen. Based on these findings SOMARC must help service providers and women understand that side effects may occur but at the same time emphasize that these side effects are rarely harmful or dangerous.

Through training, SOMARC promotes correct knowledge of side effects and their management to providers. All providers involved in the delivery of the method, whether their role is clinically, or promotionally oriented, are offered training which enables them to in turn help their clients understand and cope with side effects. Pharmacy clerks, pharmacists, community distribution agents and clinicians all have an opportunity to promote continuous usage often by simply offering reassurance that particular side effects tend to be temporary and not related to a serious medical problem. It should be noted that SOMARC training enables providers to distinguish those symptoms which indicate a women simply needs reassurance, and those that indicate a referral for further medical evaluation.

SOMARC uses public relations to encourage continuous usage as well. In several countries SOMARC has trained prominent members of the medical and family planning community to act as product spokespeople. A primary role for these spokespeople is to educate consumers and providers about all aspects of the product including side effects through TV, radio and print.

Objective 7. Development of innovative promotion and advertising techniques.

SOMARC has designed and implemented many different innovative strategies in advertising and promotion. These activities are described in detail under Section A, Question 1, "Innovative Efforts in the Areas of Advertising, Marketing, new Business and Distribution."

Objective 8. Enhanced institutionalization of the skills of host country staff in IEC, strategic marketing, and financial management.

Under the terms of the project for both short and long-term assistance, SOMARC is required to provide training for local service providers and project personnel in areas of contraceptive technology, strategic marketing, marketing research, cost-recovery, integrated marketing communication, and services marketing. SOMARC's training activities have helped further the institutionalization of local capabilities. SOMARC has supported institutionalization objectives through the following activities:

Integrated Marketing Communications. The SOMARC project has designed and used a training module on integrated marketing communications. Every SOMARC in-country program uses the IMC approach in the design and implementation of the communications component. This includes advertising, promotions and public relations. In advertising and promotions SOMARC works with host country professionals and companies, and together with them and the implementing agency, the campaigns are designed and implemented. Through this process the IMC component has created local expertise in the areas of commercial advertising, awareness campaigns, and counseling. The public relations effort has concentrated in providing host country professionals with the tools and techniques for crisis management through the development of press kits, press releases topics, questions and answers on critical topics, and finally by conducting intensive media training with local leaders and program spokespersons.

Financial Management. SOMARC's Financial Management for Cost Recovery training module has been used in a regional workshop for Latin America and the Caribbean in Santa Cruz, Bolivia. SOMARC has also sponsored individual country workshops in Guatemala, Honduras, Mexico, Nepal, and Swaziland. As a result of these workshops, implementing agencies and their management teams are using financial management systems that are helping them move toward financial self-sufficiency. They analyze their costs, they establish their contribution margins and design coherent pricing strategies. As a result, the training participants have modified their financial management systems to implement modern and effective techniques learned in the workshops.

Family Planning Services Marketing. SOMARC's Reproductive Health/Family Planning Service Marketing Training Module will support the process of local capacity building in the private sector. The module attempts to provide private providers with new quality of care standards for the provision of family planning services since in many countries the private healthcare industry is largely unregulated. For providers who have not received formal refresher training for family planning in many years, the module provides a fresh orientation in a number of critical areas. It deals with patient-provider relations, counseling, contraceptive technology, total quality management, marketing of services, and communication skills. The major benefit is that providers seem to be genuinely motivated to improve overall services after receiving this training--pledging to make improvements in areas ranging from repainting their waiting rooms to changing their way of talking to patients. This training module is expected to play a major role in SOMARC projects that are focused on improving the quality of services as well as the marketing and promotional activities undertaken by private family planning institutions.

Technical Assistance. The SOMARC project works with local private sector organizations who provide services to the program in host countries. As a program rule SOMARC will use competitive procedures to select and hire market research companies, advertising agencies and distribution companies to implement the necessary interventions.

SOMARC then uses its technical, and financial resources in providing these companies with state of the art techniques in the corresponding areas. SOMARC has staff with expertise in pharmaceutical marketing, consumer goods marketing, advertising, public relations, promotion, distribution, and financial management. SOMARC works with implementing agencies in assuring that long and short term technical assistance is reduced as the project advances and the implementing agency masters the necessary techniques.

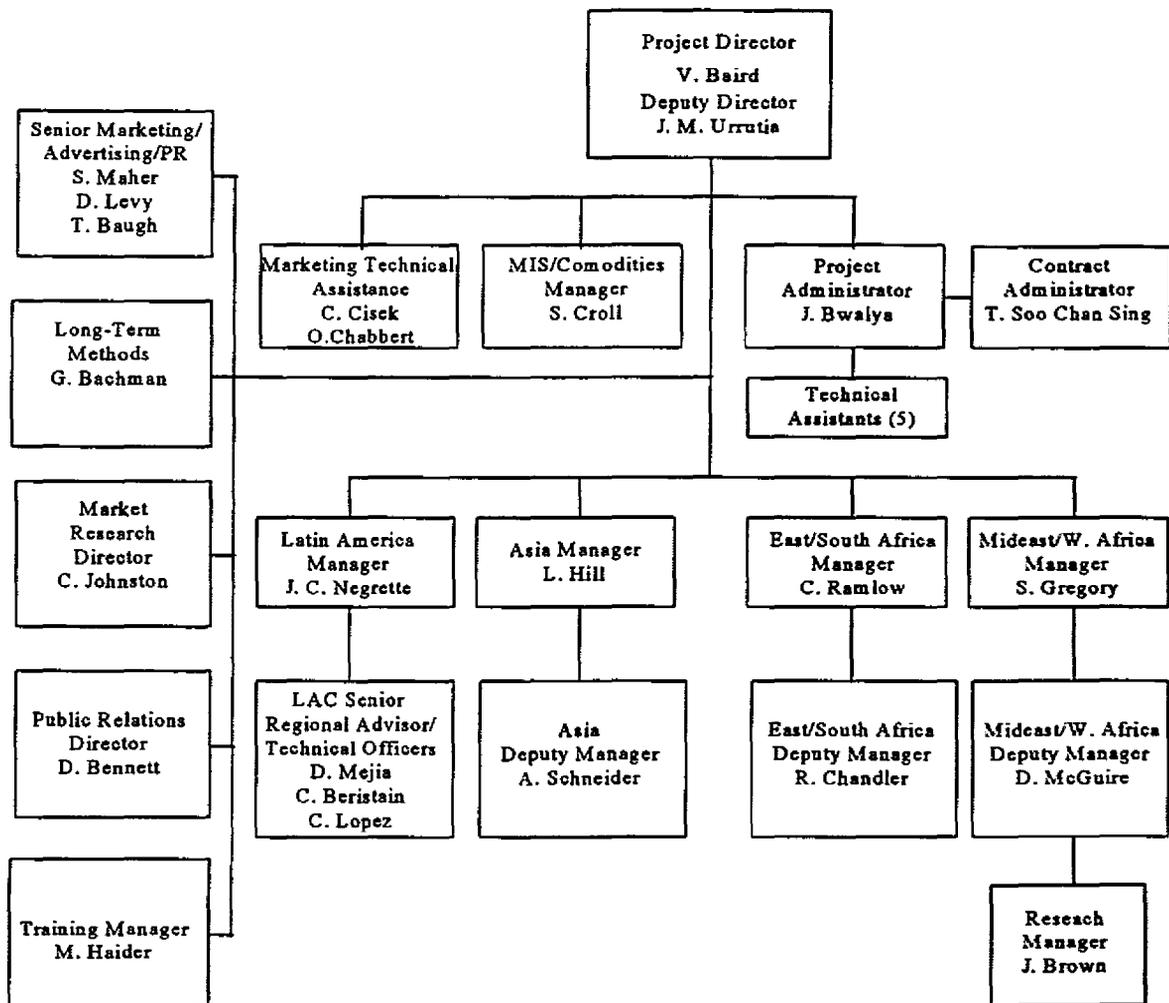
Resident Advisors. SOMARC's establishment of ex-patriot resident advisors in country programs has also helped to improve the institutionalization of local skills. Resident advisors provide on-the-job and day-to-day technical assistance to a variety of individuals and institutions related to the project. In Mali, for example, SOMARC's resident advisor was successful in transferring marketing, market research, advertising, and promotional expertise to a number of institutions, including the Ministry of Health, the project's distributor, local marketing managers, research firms, and local family planning associations. The same holds true for Uganda, Egypt, and the Central Asian Republics.

Country Managers. SOMARC projects also use local professionals as Country Managers such as in Haiti, India, Indonesia, Philippines, Niger, Senegal, Morocco, Turkey, and Ghana. All these professionals receive intensive training, on-the-job as well as through structured training efforts, in the areas of Integrated Marketing Communications or IEC, Strategic Marketing which includes distribution and market research, and Financial Management as well as program administration.

Strategic Marketing Management. SOMARC country managers or resident advisors develop, with support from regional and home offices, yearly marketing plans. At this level country managers and/or resident advisors will be making strategic decisions about product positioning, market research, pricing and sustainability, distribution structures and sales strategies, advertising and promotions materials, media selection and budgets. The design and discussion of the yearly marketing plan is a day-by-day on-the-job training process. SOMARC country managers and/or resident advisors are improving their expertise in strategic marketing through this process.

Section B

1. Project Organization and Management



Current Management Structure

A description of project management including delegation of responsibility to the regional staff and the project's approach to monitoring and evaluation is described in Section E, Question 2.

Future Staffing Recommendations

In order to implement future project activities, SOMARC recommends that several positions be added to the staff as follows:

Distribution Specialist - Currently SOMARC only covers a partial level of effort for a Distribution Specialist which is also covered partially by FUTURES' Mali CSM contract. The position of Distribution Specialist has proven to be very valuable to many SOMARC projects, and in order to be fully maximized should be made into a full-time position in the future.

Medical Specialist - As SOMARC becomes more and more involved in the promotion of long-term methods and working with service providers, it is necessary to work closely with a medical professional with expertise in family planning. Currently, SOMARC only has partial level of effort for this position. This expertise will become even more important in the future and should be a full-time SOMARC position.

Market Research/Research Manager (LAC, Asia) - Currently SOMARC has two market research staff: The Director of Market Research based in Washington, D.C. and the Market Research Manager for Africa and the Middle East. Due to the work load, it is increasingly difficult for the Director of Market Research to not only provide guidance to the market research projects in Africa, but to also implement directly all other projects in Latin America and Asia. It is recommended that a second Market Research Manager be added to the staff to be responsible for implementation of research activities in Latin America and Asia. This would allow the Director of Market Research to oversee both the technical positions as well as the "Special Studies."

2. What have been the strengths and weaknesses of the contractual system designed by USAID for this project (the "Core" contract, with an accompanying "Requirement" contract for Mission buy-ins).

The primary strength of the Core/Requirements companion contract system has been the availability of SOMARC services offered by the Requirements contract. Missions can now buy into the SOMARC project on an as-needed basis, allowing them to gain access to needed support and services on a limited basis.

However, the primary weaknesses of the Core/Requirements systems lie entirely with the Requirements (Q) contract. The Requirements contract is set up to handle short-term assistance, but the needs of the Missions are often for longer periods of SOMARC support. Because of the short-term nature of the design, individual delivery orders have a very rigid structure, requiring specific information about personnel, level of effort, subcontract amounts, and other direct costs which are not suited to long-term projects. The nature of support can change over the lifetime of the delivery order, and it is difficult for FUTURES to fully project every person (including subcontractor staff) who will be working on a given project over a multi-year period.

The Q contract requires that every person be approved in advance by the USAID contracts office, and that all changes to LOE be approved in advance by the CTO. This applies to the \$10 per day secretary with the local subcontractor and the \$75,000 per year consultant. All subcontracts must also be approved by the USAID contracts office before the subcontractor can be used on the delivery order. The cumbersome nature of requiring approval for all changes, amendments, and requests, no matter how small, burdens both FUTURES and USAID. Due to the demands already placed on the USAID contracts office, there have been significant delays in receiving approval for buy-in staff and subcontractors.

A more flexible contracting arrangement would allow Missions to buy into the SOMARC project, but without a separate contracting mechanism that creates burdens for both USAID and FUTURES. Instead, Missions should be allowed to buy into SOMARC by providing funds which add directly to the Core contract amount. These funds could be tracked directly by PIO/T, as OYB funds are currently. In addition to the increased funding, these buy-ins could also add a set number of days to the level of effort so that there would be sufficient LOE to cover the added assistance.

3. Financial and Level of Effort Issues

a. What are some of the issues regarding the financial management of the project and subprojects that affect accomplishment of project objectives, or have implications for follow-on activities? How has project management dealt with these issues?

Subcontract Approval Delays and Inconsistencies Between Projects. The delay in approval for subcontracts has affected accomplishment of project objectives. Intertwined with this issue is the inconsistency in subcontract approval requirements between the Core and Requirements contracts. On delivery orders, fixed-price subcontracts over \$25,000 and *all* cost-reimbursable subcontracts must be approved by the contracting officer. Under Core-funded projects, the CTO can approve contracts under \$100,000 in value. The stringent requirement under the Q contract of forwarding even small-value subcontracts to the already overworked USAID contracts office has caused numerous

delays in project implementation. To remedy this situation, FUTURES requested that the contracts office allow the CTO to approve all cost-reimbursable and fixed-price subcontracts under \$300,000 for both the Core and Requirements contracts. This request was denied.

Buy-in Approval Delays. Extensive delays in obtaining approval for staff and subcontracts on buy-ins has resulted in distortions in both Core and Requirements budgets. Initial activities and staff time which were intended to be funded with Q funds have required the use of Core funds. This issue is discussed in more detail answer to question B.1.e. above, and to question B.2.b. below.

The End of the Buy-in Process. The Core budget was created with the anticipation that the companion Requirements contract would fund more Mission requests for SOMARC support. With the end of the buy-in process, activities that would have originally been funded through the Q contract will now need to be funded through the Core contract or remain undone. Because the Requirements contract was intended to absorb these additional Mission requests, the LOE and budget ceilings in the Core contract were not designed to fund a level of SOMARC activities which would encompass these additional Mission requests. To enable SOMARC to respond to these requests, the LOE and budget ceilings need to be raised significantly to fund all the anticipated additional activities. To respond to this change, FUTURES has requested an increase in the budget and level of effort ceilings in the Core contract. This request is pending in the contracts office.

The "New" Budgeting Process. We anticipate that the reduced flexibility of the new budgeting process will cause problems with our ability to respond to requests for SOMARC services. Requested technical assistance in some countries may go unprovided because funding has not been specifically allocated under the new budgeting process. Under the old budgeting process, Core funds designated for central activities (project and regional administration, special studies, etc.) could be used (with USAID's approval) to fund special assistance efforts. For example, in Chile, SOMARC was requested by USAID and the Comision Nacional de SIDA to evaluate the possibility of developing a CSM program. In Colombia, central funds are used to support strategy and project design assistance provided by regional staff to Profamilia, the primary family planning organization.

Also, in the past, Core central funds could be used to compensate for delays in buy-ins. For example, in Jordan, a three-month delay in delivery order approval limited our ability to begin requested activities. Nonetheless, without a specific allocation of Core funds for Jordan, we were able to fund activities by using central activities funds to pay for limited needed assistance until the buy-in was in place.

The effect of the new budgeting process is discussed in more detail in answer to question B.2.b. below.

b. What has been the rate of project expenditure of funds compared with that which was projected or expected at the country level? Have the funding and LOE levels been adequate to meet project requirements?

Country-Level Funds Expenditure Rate. Country-level project expenditures have generally been at expected levels. The SOMARC III allocations chart in Appendix 10 details country allocations and spending levels to date. As can be seen from the chart, funds are being expended in the majority of countries at the projected level. There are a few exceptions due to delays in delivery order approval and unforeseen requests for assistance.

In some buy-in-funded projects, spending rates have been slower than projected due to delays in approval of delivery orders. The length of individual buy-ins has been reduced due to these delays and the full amount of funds could not be expended in the shortened time-frame. To compensate for this, SOMARC requested and received no-cost extensions for five buy-ins (Bolivia, Haiti, Jordan, Mali, and the Philippines), and are in the process of requesting no-cost extensions for an additional three buy-ins (Senegal, Niger and the Philippines II). See Appendix 10 for more details on project expenditures.

Adequacy of Funding and LOE Levels. Funding and LOE levels for individual delivery orders under the Requirements contract have been sufficient to meet project requirements. FUTURES has designed LOE and expense budgets for each delivery order based on a specific scope of work, and the budget reflects the requirements of the delivery order.

Funding and LOE levels for the Core contract were initially adequate to meet the requirements of the contract. However, there are three issues which have impacted on the ability of LOE and funding levels to adequately meet current and future requirements: delays in the delivery order process, the projected elimination of buy-ins, and changes in the USAID budgeting process. It is anticipated that current LOE and financial ceilings imposed by the Core contract will be insufficient to meet requirements.

Delivery Order Process. LOE distortions caused by delays in the delivery order process already have a negative impact on the project. Consultant, short-term technical assistance and marketing/field positions LOE is overextended and is insufficient to meet future project requirements. Given the structure of Core and Requirements contracts (as discussed in answer to questions B.1.e. above), when delivery orders are delayed in execution, staff that has been hired and placed must be charged against Core LOE. The

result has been that Core LOE, particularly for the three positions listed above, has been exhausted at a faster rate than originally anticipated.

Elimination of Buy-ins. Although buy-ins have been structured to cover field and local staff such as resident advisors, they were also originally projected to cover approximately 15 percent of full-time program staff's time over the life of the CSM III project. Now that the budgeting system has changed and Missions will be doing fewer buy-ins, LOE that would normally have been covered by buy-ins will come into the Core contract. Current LOE ceilings are too low to absorb this additional LOE.

The adequacy of funding levels is tied to both LOE issues above. Because the Core contract is expected to absorb greater levels of LOE than anticipated, it must also absorb greater levels of expenditures for labor, overhead and related costs. With the elimination of buy-ins, it is also expected that Mission requested support will need to be funded by the Core contract. This will add to the burden on LOE and funds already created by delays in the buy-in process. This means that not only will labor and overhead line items be insufficient to meet future requirements, but also subcontractor, other direct costs, equipment, and other line items will be insufficient to support requested in-country activities. FUTURES expects that without an increase in both LOE and funding ceilings, current resources will be insufficient to meet the projected levels of LOE and financial expenditures.

Budgeting Process Changes. Changes in the USAID budgeting process will have a smaller, but nonetheless important, effect on SOMARC's ability to meet project requirements. As discussed above, the old budgeting process allowed the flexibility of responding to requests for limited technical assistance through Core central activities funds. Without this flexibility in Core funds, SOMARC will be unable to respond to requests for limited assistance, and unable to "cover" activities while waiting for delivery order approval on any outstanding buy-ins.

An additional strain on LOE expenditure has been that of project support staff. By including support staff in the LOE requirement, the projected LOE needs through the end of the project are higher than they need or should be. They also do not track with the funding of support staff, putting FUTURES in the position of initially having sufficient salary and overhead funds to hire the necessary support staff to efficiently administer and manage the project, but without the accompanying LOE allocation. To remedy this situation, FUTURES originally requested that support staff be removed from the LOE allocations. This strategy has been changed with our request to increase the LOE ceiling in the Core contract.

LOE expenditure rates are detailed in the chart below. Backup charts for this section showing detailed financial and LOE data can be found in Appendix 12.

**Core Contract Level of Effort
in Person Days
(as of June 30, 1995)**

Position	Current Month	Current Quarter	FY 1995	Contract Budget	Contract to Date	Percent of Budget
Project Director	0.0	0.0	102.3	990.0	475.6	48%
Deputy Director	15.4	50.5	136.3	990.0	519.9	53%
Administrator	15.5	45.8	139.8	990.0	558.9	56%
Contract Administrator	16.4	43.9	126.1	785.4	462.1	59%
Marketing Long-Term Methods	41.1	73.7	161.8	1,122.0	550.3	49%
MIS/Commodities Director	20.8	55.4	168.0	990.0	550.3	56%
Market Research Manager	16.4	55.4	147.3	990.0	432.9	44%
Senior Marketing Tech Assistance/Home	0.6	7.8	22.6	286.0	87.2	30%
Marketing Tech Assistance/Field	29.0	115.6	368.8	286.0	458.6	160%
Training	0.0	19.4	39.1	1,533.4	469.6	31%
Short-Term Technical Staff	32.7	165.9	837.1	2,226.4	2,000.6	90%
Information Dissemination	12.9	45.8	139.6	990.0	452.8	46%
Technical Assistance/DC Support	73.5	218.7	614.9	3,102.0	1,847.0	60%
Public Relations/Advertising	41.5	103.8	190.3	550.0	310.4	56%
LAC Manager	16.1	54.0	135.6	990.0	506.9	51%
LAC Technical 1	15.0	51.3	158.3	990.0	536.3	54%
LAC Technical 2	36.0	118.9	289.8	990.0	702.9	71%
LAC Administrator	0.0	10.3	124.9	990.0	480.0	48%
Asia Manager	22.0	65.0	202.3	990.0	528.0	53%
Asia Technical	22.0	61.0	170.3	1,122.0	621.8	55%
Asia Administrator	0.0	17.0	43.8	990.0	334.0	34%
East/South Africa Manager	16.0	52.4	142.8	990.0	399.9	40%
East/South Africa Technical	3.8	50.5	155.6	1,122.0	592.3	53%
East/South Africa Administrator	0.0	17.1	113.5	990.0	279.9	28%
M. East/W. Africa Manager	5.5	21.8	96.3	1,122.0	376.8	34%
M. East/W. Africa Technical	5.8	24.9	78.0	990.0	445.0	45%
M. East/W. Africa Technical/Research	8.8	26.5	91.9	990.0	458.1	46%
M. East/W. Africa Administrator	0.0	8.5	96.3	1,122.0	261.6	23%
Resident Advisors	0.0	0.0	0.0	0.0	0.0	0%
Consultants	29.8	65.8	119.3	1,658.8	1,454.9	88%
Total	496.4	1,646.5	5,211.8	31,878.0	17,154.4	54%

Section C

1. Did the project include adequate research, baseline surveys, evaluations and assessments to demonstrate impact?

SOMARC uses market research and special studies to enhance project management's understanding of how to market products and services to consumers as well as to measure shifts in attitudes, awareness, and usage.

SOMARC III currently has 137 projects on its research study roster. Roughly half (68) have been completed and the remaining half (63) are in-progress. The matrix in Appendix 8 displays all 137 projects by country and by type of study. Appendix 9 provides a list of all SOMARC III research studies.

Referring to the matrix, the projects in blue are known as "evaluation" projects. These studies are key to gauging the impact of the SOMARC project. They take place after or during a SOMARC program and systematically track changes in such measures as sales, attitudes, behavior, intentions and beliefs. The evaluation studies are of two types, process monitoring and outcome evaluation.

"Process" monitoring studies help to ensure that the SOMARC program is being implemented as planned. These studies include store checks, sales summaries, retail audits, and mystery shopper studies. They tend to focus on the logistics of program implementation, interim results, and quality of care issues.

Also shown in blue are the critical "outcome" evaluation projects, such as omnibus studies, consumer tracking studies, and health professional tracking studies. The most important measure tracked by these studies are changes in behavior. These surveys also track interim steps that ultimately lead to behavior change, such as changes in intentions, beliefs, knowledge, and attitudes. The baseline studies that provide benchmark measures are described in the next paragraph. For all SOMARC countries, sales are tracked on a continuous basis and reported quarterly. These data are usually supplied by distributors and are summarized under Appendices 2, 3, and 4.

Nearly half of participating SOMARC countries will undertake a consumer knowledge, attitudes, and practices (KAP) baseline study during the course of the SOMARC III project. This study provides benchmark measures against which to later judge the effectiveness of a given campaign or program. Some countries will substitute a segmentation study (India), a brand positioning study (Philippines), or user profile study (Haiti, Nepal) as a baseline against which to measure program impact. In other countries (Morocco, Ghana), a baseline KAP was conducted under SOMARC II. In still other

countries (Haiti, Philippines, India) a secondary source such as a Demographic and Health Survey (DHS) or National Family Health Survey will serve as a baseline among consumers. In at least seven countries, a baseline survey will be conducted among health professionals, typically doctors, pharmacists, or midwives; these studies have become increasingly important as SOMARC has moved into long-term methods which require greater medical intervention.

As indicated in the matrix, of the 137 projects on the SOMARC client roster, two-thirds are “formative” research projects and these are presented in red. Formative studies include all of those up-front projects whose findings drive the development of the program. Formative results help to flesh out the target audience, and to develop program strategies and tactics. The methods are often qualitative or semi-quantitative and include focus groups, site assessments, in-depth interviews, logo tests, package tests, pretesting of promotional materials, as well as baseline surveys among consumers (KAP) and health professionals.

Finally, on the SOMARC roster of research projects are the “innovative” projects. These studies are presented in yellow on the matrix. The purpose of these projects is to push the frontier of knowledge about family planning a little further. Pricing studies, lifestyle research, segmentation studies, brand positioning research, stages of change, and user profile studies are more theoretical in scope and explore the underlying cognitions and attitudes that foster a change in health behavior. These projects are designed to look across countries and cultures to capture commonalities in what prompts the decision to contracept. Ultimately, they will advance the state-of-the-art in health communications for family planning.

The roster of 137 SOMARC III projects is by no means complete. New research projects will be added as circumstances within the program change: new countries enter the SOMARC program; the needs within host countries change; new campaigns or family planning programs evolve; or interest in a cross-cutting theory or behavior principle develops.

2. A major focus of this project is to increase contraceptive availability among low and middle income groups. a. How successful has the project been in targeting sales to these lower and middle income groups?

As mandated in the contract, SOMARC’s primary target audience is C and D socioeconomic levels. These are the lower-income groups that SOMARC targets through all of its marketing interventions, including distribution, advertising, and promotions. SOMARC’s experience proves that these target groups vary from country to country. For this reason, the SOMARC project does not use one marketing approach—it tailors its marketing interventions to every country on an individual basis. SOMARC’s distribution

efforts are targeted to these groups by ensuring that SOMARC penetrates appropriate retail outlets--this often means expanding distribution beyond traditional outlets such as pharmacies to other outlets such as kiosks or rural markets where lower income audiences are more likely to frequent. SOMARC's advertising and promotional efforts are specifically targeted to low-income audiences through the design of appropriate messages and use of appropriate media--both traditional and nontraditional. These materials are always pre-tested specifically among SOMARC's target audience, ensuring that they are culturally appropriate as well as understandable. SOMARC's success in reaching lower-income consumers through these channels is monitored through advertising baseline and tracking surveys.

The following paragraphs summarize key results which suggest that SOMARC has been effective in reaching its target audience of low-income groups:

- SOMARC launched the Protex condom in Morocco in the early 1990s. For contracepting married men in the middle socio-economic class, current use of condoms rose dramatically from 6 percent in 1989 to 35 percent in 1993. Among "poor" (lower) socio-economic classes, current condom use increased six-fold from 3 percent in 1989 to 18 percent in 1993.
- In another evaluation of the Protex condom program in Morocco, it was found that 75 percent of single men from the middle classes claimed future intent to use condoms. Among single men from upper lower classes, 68 percent intended to use condoms in the future. Furthermore, among middle class men, half (49 percent) had heard recent publicity about condoms in the media, with nearly two-thirds (62 percent) of these knowledgeable consumers citing Protex as the brand in the news.
- One example of SOMARC's efforts to increase access to members of middle and lower income groups occurred in Turkey in the early 1990's. Okey condoms were introduced in Turkey in May of 1991. By 1993, Okey had the highest market penetration (67 percent) of any condom brand, as measured by a retail audit of 431 outlets. Okey was one of only two brands that were being sold in supermarkets.
- The following findings are from pre (1992) to post (1993) tracking research conducted among males 18 to 45, drawn principally from C and D neighborhoods. The survey surrounded the launch of a communications campaign for Sensation condoms in the Philippines. A major objective of the campaign was to promote an AIDS message.
 - Awareness of the Sensation brand of condoms rose from 3 percent on the pre-wave to 21 percent on the post-wave.

- Awareness of condoms as a means to protect one from sexually transmitted diseases improved from 82 percent to 95 percent. The “Maniguro, make it safe. Use Sensation Condom.” enhanced the perception of the SOMARC brand as a protection against AIDS. In the baseline, Sensation was viewed more often as a form of contraception than as an AIDS fighter. After the campaign launch, however, the opposite was true and more respondents viewed Sensation as a protection against AIDS/VD (74 percent) than as a family planning device (67 percent).
- Married women from largely middle and lower income neighborhoods were interviewed in the Philippines in December 1994. Among the findings:
 - Six months after market launch of injectable contraceptives, 80 percent of women were familiar with the family planning method.
 - Among women aware of the injectable, the SOMARC brand Couple’s Choice is first-to-mind for nearly one-fourth (25 percent) of respondents.
- In Turkey, an ad tracking study was completed in November 1992 among a nationally representative sample of married persons, 15-49, in urban and semi-urban areas. Among the low dose pill users, 61 percent were members of the C (37 percent) or D (24 percent) social classes. Likewise for Okey condom users, about two-thirds (64 percent) came from C (45 percent) or D (19 percent) social classes.
- Pre and post surveys were sponsored by the Morocco social marketing program in 1989 and 1995. SOMARC had launched two pill products, Minidril and Microgynon. Among the middle and lower class women surveyed, contraceptive prevalence increased a full ten percentage points from 64 percent to 74 percent. The method mix among users also changed, with increases reported for both pills (57 percent to 60 percent) and condoms (3 percent to 6 percent). Use of natural methods of family planning concurrently declined from 24 percent to 18 percent.
- In an Omnibus Survey about AIDS in Indonesia in early 1994, males in BCD social classes who were aware of recent condom advertising were asked to name brands for which they had seen or heard recent advertising. For the SOMARC Blue Circle Dualima brand, awareness levels were appropriately higher for the D (80 percent) and C (62 percent) social classes and lower for the more upscale Bs (55 percent).

- In 1991 and again in 1993, surveys were conducted among males from middle and lower income areas in Malawi. The focus of the study was attitudes and awareness toward the Protector brand of condoms. Key among the findings are:
 - Unaided awareness of condoms as a family planning method rose from 53 percent to 95 percent.
 - Virtually everyone remembered hearing or seeing advertising for condoms; almost all could recall the Protector name spontaneously.
 - There was broader acceptance of condoms in general, as evidenced by the decline (from 53 percent to 16 percent) in those who strongly agree that “condoms are used primarily for extramarital relations” and the decline (from 42 percent to 11 percent) in those who strongly agree that “condoms are primarily used by young single men.”
 - Reports of current use of condoms more than doubled from 28 percent to 60 percent.
- In Mali, a 1993 tracking study in urban areas in five markets was compared to a 1991 SOMARC baseline. The studies took place in middle and lower income neighborhoods targeted for social marketing. Among the findings:
 - Of those interviewed, 85 percent saw the Protector ad on TV, and 81 percent heard it on the radio.
 - Of those who heard or saw the ads, 82 percent said Protector was for child spacing, 80 percent for AIDS prevention, and 70 percent for STD prevention. These data indicate that SOMARC’s dual promotion message Protector condom campaign was successful in promoting the condom for both family planning and STD prevention.
 - Overall condom use increased from 16 percent to 30 percent from 1991 to 1993.
 - In 1991, only 23 percent of men cited pharmacies as a source for condoms and no one cited “boutiques.” Just two years later, 76 percent cited pharmacies and 14 percent referred to “boutiques” as places to buy condoms.

- The number of respondents claiming that condoms were only for single men dropped from 55 percent to just 16 percent, and those stating that condoms are only for extramarital relations fell from 54 percent to 31 percent.

Section D. To what extent have the "Special Implementation Issues" as stipulated in the contract, been appropriate and beneficial for this project?

1. Collaboration with AIDS Prevention Programs

SOMARC has achieved numerous successes in several countries in collaborating with HIV/AIDS prevention programs through its condom social marketing initiatives. These highly innovative strategies targeted to condom promotion activities to users with high-risk behavior are a direct result collaboration and partnership with individual countries' AIDS Committees. And, these activities and collaborations are due primarily to the individual efforts of each country manager.

SOMARC is a partner with AIDSCAP of the pending HAPP project in Indonesia, and SOMARC just completed an AIDSCAP partnership in Jamaica using SOMARC's Panther condom. Following are other examples of SOMARC's partnership and collaboration with AIDS Prevention programs.

Uganda

SOMARC collaborates with and has the full support of the national AIDS prevention program in Uganda. The SOMARC project has been earmarked by the World Bank-funded STI (Sexually Transmitted Infections) Project to receive funding for the social marketing of Protector condoms. SOMARC is requesting condoms, and funding for marketing support and training activities and anticipates that SOMARC's funding request will be favorably reviewed, as the STI project management and the World Bank indicated a positive response to the initial proposal.

SOMARC has as customers several NGOs that receive funding for special AIDS initiatives, specifically the Islamic Medical Association of Uganda (IMAU); Rakai AIDS Information Network (RAIN); The AIDS Support Organization (TASO); and the AIDS Information Centre (AIC). These NGOs were grantees under an umbrella project through World Learning Inc. with the mandate to carry out community-based research on behavior change, condom use. In turn the NGOs buy Protector condoms through SOMARC for community-based distribution through their various service sites.

Also, SOMARC has assisted the Uganda AIDS Commission on several occasions, specifically last year on World AIDS Day SOMARC sponsored a marching group and Protector book. Also, SOMARC underwrote a portion of the costs of the government television and radio coverage of the event. The AIDS Committee requested SOMARC's support to design the AIDS Day events and promotional activities.

In January 1995 the director of the Uganda AIDS Control Programme (ACP), which is distinct from the AIDS Commission, asked SOMARC to take over the condom distribution to outlets which had previously been served by the PSI/DKT project. SOMARC and the DKT directors met with Dr. Elizabeth Maadra, director of the ACP, to agree on the commitment of SOMARC to provide Protector to DKT's customers. DKT provided SOMARC with their customer list and SOMARC has been the supplier of Protector since then.

SOMARC is in the midst of ongoing discussions with the ACP and the Sexually Transmitted Infections (STI) programme of the ACP, for SOMARC to eventually obtain its condom supplied through the STI programme. STI has a large loan from World Bank for HIV/AIDS control. SOMARC submitted the first proposal to them in March 1994 and have responded to a request for a final proposal. The arrangement of having the STI Programme supply condoms that would be labeled and packaged as Protector has been discussed high levels between USAID/Kampala, ACP and the World Bank.

Togo

SOMARC has worked closely with Togo's and CARE on AIDS prevention programs. In addition to targeting the general population, SOMARC has collaborated with PNLS in training and communications activities, including training of PNLS's field staff on condom technology and interventions targeting AIDS high risks groups, i.e, youths and commercial sex workers. The efforts have created new sales points, counseling sessions, distribution of AIDS awareness materials and the display of POP items.

SOMARC's partnership with CARE is targeted to taxi and truck drivers, truck depot managers, and gas station attendants, who have participated in special training sessions on condom technology, quality control, customer service, distribution and sales techniques. This program will impact the awareness of AIDS transmission and condom utilization for the highly transient population of truck stops.

Mali

For the past two years the Mali social marketing program has worked closely with the National Fight Against AIDS Committee and their technical advisors from FHI/AIDSCAP to ensure that high risk groups have easy access to condoms. After assessing which points of distribution required continued free product (eg. brothels, truck stops) and which could be taken over by commercial social marketing product, SOMARC promoters and AIDSCAP representatives worked together to effect the transition and to monitor its success. This collaboration is on-going.

The Mali social marketing program, which is no longer funded under SOMARC (as of March 95), has also worked with commercial sex worker (CSW) groups, in collaboration with the AIDS committee, to produce educational skits on proper condom use and HIV/AIDS prevention. These skits have been performed by former CSWs for other CSWs throughout the capital, and plans are being made to expand this to nationwide coverage.

Morocco

SOMARC's relationship with the National AIDS committee has been primarily consultative. Because of the conservative environment in Morocco a strategic decision was made to position condoms as a family planning method. The conservative environment has also limited what the AIDS committee can do, and their activities have therefore been contained.

When AIDS specific messages were produced targeting unmarried men, negative feedback from the religious community prompted a decision to continue with the themes of protection and family planning.

SOMARC has opened the door to collaboration with AIDSCAP by agreeing to work with them on pharmacist training of appropriate treatment for STDs. SOMARC has agreed to integrate AIDSCAP material into its ongoing training of pharmacists and pharmacy assistants in contraceptive safety and technology.

Niger

The Niger Social Marketing Program is the major AIDS prevention program in the country. The national AIDS committee has been consulted on all SOMARC activities to ensure consistent messages. The committee has also called on SOMARC to participate in national meetings and seminars on AIDS. Representatives from the national AIDS program participated in the development of key messages for the social marketing program, and were given media training

to assist them in more effectively presenting and defending their program in a public setting.

Senegal

SOMARC's relationship with AIDSCAP in Senegal has been particularly close. Their technical advisor, Dr. Cornelia Davis, was anxious for SOMARC to start its training of pharmacists and counter clerks, including training on AIDS prevention. Since SOMARC could not start training until USAID approved a new buy-in contract, AIDSCAP helped finance SOMARC's training in Senegal via an MOU for \$45,000. SOMARC was able to train 221 pharmacists, counter clerks and pharmaceutical depot managers thanks to AIDSCAP. SOMARC continues to work with AIDSCAP and may eventually be able to sell the PROTEC condoms through the AIDS prevention kiosks that AIDSCAP plans to install in major cities.

Nepal

SOMARC's partner in Nepal for AIDS prevention is AIDSCAP. The joint project is to conduct condom promotional activities and expand distribution in the Terai and Central Region communities of Nepal. This region borders India along the nation's primary transport routes, and has a very large traffic of targeted consumers, including truck drivers. One of the project's aims is to expand into non-traditional outlets -- gas stations, truck stops -- to make condoms more readily accessible to that audience.

Promotional efforts are creative and innovative -- a soap opera video, video trucks, comic books, printed materials, special packaging -- to reach the truck drivers. The objective is to educate drivers on the need for condoms, AIDS/HIV prevention, and proper condom use. Truck driver unions are also involved in distribution and sales of condoms.

In distribution, AIDSCAP and SOMARC are providing motorcycles to the distribution company's sales force in order to reach difficult areas which will increase accessibility, and also increase their selling time and allow them to cover more shops in less time. The project is also training youth's as part of the sales force. And, it is going to non-traditional sales outlets to promote and distribute condoms.

Philippines

In the Philippines all grantees work together under the AID umbrella organization AIDS Support and Education Project (ASEP). ASEP is responsible for all AIDS Awareness programs conducted throughout the country. This includes World

AIDS Day, communications -- radio and print, and commodity supply and distribution.

This spring, SOMARC organized a new trade association, ACE, whose membership includes all the members of ASEP, as well as condom manufacturers and distributors in the Philippines. ACE's primary goal is advocacy -- to speak with one voice on AIDS prevention and the proper use of condoms.

In regard to collaboration with AIDS programs on a central project level, SOMARC had buy-ins from the Office of Health during 1990-1991, which resulted in many innovative activities under SOMARC II. However, the management group within the Office of Health's HIV/AIDS Division during the SOMARC III contract did not have the same interest and enthusiasm for supporting SOMARC initiatives, and there was little encouragement from the Office of Health for collaboration between SOMARC and AIDSCAP.

In countries such as Malawi and Rwanda, SOMARC offered full collaboration with AIDSCAP, but was unsuccessful in convincing them to support existing initiatives. As a result, the decision was made to terminate SOMARC's ongoing activities and to reintroduce a separate condom social marketing initiative in these two countries. Needless to say, these actions represent a substantial waste of resources when one considers the technical and financial assistance that SOMARC had already provided to these projects for over two years. On the other hand, a few countries (Nepal, Senegal and Indonesia) are collaborating with SOMARC.

SOMARC recommends that the Office of Population and Office of Health take a more active role in advocating a collaborative approach, as was originally planned, to maximize resources.

2. Regional and Global Branding

Regional and global branding under the SOMARC III subcontract has been a successful and cost-effective strategy for promoting CSM products. SOMARC's extensive efforts in this area are described in detail in response to Section A, Question 1. FUTURES feels that this special implementation issue has been an appropriate and beneficial component of the project based upon the campaigns' successes among consumers and their extensive cost savings to USAID. The creative development, artwork production, casting, and production of high quality spots for television can be costly. In countries where these costs can be avoided, there is a considerable savings to USAID. The Pan-Arab campaign for oral contraceptives, injectables, and IUDs that included seven different television spots was filmed in Lebanon at a total cost of US\$250,000. This campaign will also be used in

Jordan, Morocco, Egypt, and possibly Turkey--however--these countries will incur no production costs, thereby creating a savings of approximately \$750,000.

3. Achieving self-sufficiency

One of the most significant issues of the SOMARC project is the concept of "self-sufficiency." In order to fully address this issue, it is important to understand SOMARC's definition of self-sufficiency and sustainability. SOMARC defines sustainability as the organizational, technical, and financial capacity of programs to continue beyond a CSM project's contract period. Projects are sustainable if marketing activities can continue without additional donor financing or technical assistance. Nevertheless, sustainable projects (though they may be able to continue without donor assistance) may still benefit from additional donor investment.

What SOMARC calls "self-sufficiency," however, relates to the ability of a project to cover the costs of products and operations, and have adequate resources to continue investment in the program and still achieve an adequate level of profitability without donor financing. In countries where neither self-sufficiency nor sustainability is feasible, cost-recovery mechanisms are designed to recoup a portion of operating and/or product costs to reduce recurrent costs for donors.

FUTURES believes that self-sufficiency is a totally appropriate "special issue" for social marketing. Self-sufficiency works in those countries which have fairly well developed private sector infrastructures, yet the private sector lacks interest, incentive, and cash to build satisfactory markets for contraceptives. In these situations, SOMARC technical assistance and funds are used to "jump start" the contraceptive markets. Once sufficient sales volumes are achieved and contraceptives are shown to be a lucrative business, SOMARC phases out its assistance. Several of SOMARC's most successful projects are those that have striven for and achieved complete self-sufficiency -- for example the Protex condom in Morocco that achieved self-sufficiency an entire year ahead of schedule and the Okey condom in Turkey that achieved self-sufficiency in less than two and a half years--the shortest time period ever for a condom social marketing program. The Protector condom in Zimbabwe was bought out by Johnson & Johnson and then graduated. These programs have successfully advanced the state-of-the-art of social marketing by bringing private sector investment to new levels in these countries. In countries where the private sector infrastructure is advanced enough to allow these innovations, they should most definitely be striven for. However, USAID must keep in mind that not all countries will be able to achieve self-sufficiency. Social marketing programs must continue to have the flexibility to maximize cost-recovery while maintaining access to low-income consumers. This balance could not be achieved if every country were forced onto a path of self-sufficiency.

Section E. How effective has the project been with regards to the following factors:

1. Country selection? Has the project employed criteria for deciding upon which countries to have social marketing projects? Are their rationales and justifications useful and appropriate?

With the initiation of SOMARC III activities, the implementation of USAID's Priority Country Strategy within the Office of Population had been clearly defined. As a result, the SOMARC III project developed its long-range goals and objectives based upon the Priority Country Strategy.

Now SOMARC's new activities are a result of specific field requests and what is funded directly through Field Support funds, OYBs and Buy-ins.

2. Regional Offices/In-country Presence. The contract calls for four regional offices. Has this been a good mechanism to ensure a strong enough presence in the countries where the project works?

SOMARC feels that the existence of regional and in-country offices has enhanced the implementation of the contract by allowing more direct in-country monitoring and more consistent presence than was feasible when the staff was based in Washington.

The presence of regional managers has heightened the effectiveness of the SOMARC project and the relationship with each regional bureau and local mission. It serves as a strong complement to the presence of resident advisors in each country. The resident advisor, especially in a project's start-up phase, is a critical player who is the hands-on, detail manager of all aspects of a country's project. The regional manager provides the resident advisor with consultation and technical assistance, as well as, the broader picture of how each country fits into the whole region.

SOMARC's four Regional Managers are responsible for the day-to-day oversight of all regional activities including maintaining direct contact with resident advisors and/or local collaborating institutions. In turn, the Washington office communicates regularly with each regional office.

The SOMARC Director and Deputy Director review and approve country workplans and strategies, budgets and provide overall technical assistance to regions and countries as needed. Regional managers, and resident advisors, also work closely with SOMARC's professional staff in the areas of market research, public relations and long-term methods to design and implement country specific programs and projects, and provide background information and results of all SOMARC projects. Resident advisors also maintain close

association and strong working relationships with their missions, which proximity and availability serves to benefit the SOMARC project.

The mechanism of regional offices has worked very well. It offers flexibility in the management and implementation of each individual project and the SOMARC project overall.

3. *Policy Environment. What evidence is there that the CSM projects of the Office of Population have been instruments in affecting the overall policy environment in the countries where CSM projects have worked? Such impacts could include improved enhanced capability for the private, commercial sector to advertise and sell a variety of contraceptives, etc., and others.*

Central Asia Republics

In the Central Asia Republics the SOMARC project was instrumental in developing an atmosphere of trust and congeniality between the public and private sector thereby influencing positively the environment for private sector participation in family planning service delivery. The social marketing program established the private sector as a credible conduit for family planning services, demonstrated the cost effectiveness and sustainability of private sector family planning services and provided an alternate resource for services. As a consequence, the government of the CAR were more confident of the positive impact of the privatization of the health infrastructure.

Papua New Guinea

In Papua New Guinea the SOMARC project was singularly responsible for the deregulation of the sales of oral contraceptives. On the submission of SOMARC, the Ministry of Health removed the prescription requirements for the sale of pills, thereby providing the opportunity for expanded access to the product.

Uganda

In Uganda the government granted SOMARC special permission to advertise oral contraceptives on broadcast media (technically, pharmaceutical products cannot be advertised -- and have never been before -- on broadcast media). Moreover, the government has ruled that while condoms cannot be advertised on public broadcast media, they can now be advertised on private broadcast media.

To date, the government has not interfered with SOMARC's condom advertising on private broadcast media, and SOMARC feels the restriction on public broadcast media is loosening and will eventually wither away. This is a result of SOMARC's five-year effort,

working with the Ministry of Health, Ministry of Education, and the Ministry of Information.

In terms of distribution, SOMARC has also affected a policy change. Before Pilplan was introduced in 1993 the Ministry of Health's regulations stated that such products should be dispensed only by a clinical person, e.g., midwife, nurse, doctor, medical assistant. The Ministry has made a change in that regulation to accommodate Pilplan, stating that it can be dispensed by any of the above "or someone who has been appropriately trained to dispense such products." This change directly accommodates SOMARC's distribution through pharmacies, drug shops, and CBD agents, all of whom receive SOMARC training.

Indonesia

SOMARC/Indonesia's involvement in CSM is presently working with the Ministry of Population in the development of a mass media campaign promoting voluntary sterilization. The minister is being extra cautious because the political and religious climate is considered volatile; for example, this is an environment where the word condom is not allowed in broadcast or print media. SOMARC's strategy is to work closely with the Minister of Population to formulate an acceptable mass media family planning campaign that raises public awareness of family planning availability and methods, and establish a "hotline" that men and women can contact for information about and referral to specific methods and health care. The Minister is pleased with this approach and the campaign is scheduled to begin in the fourth quarter of 1995.

Senegal

The CSM project helped to affect the overall policy environment in Senegal. Earlier this year the Minister of Health officially approved, for the first time, the sale of condoms outside pharmacies and drug depots. Even though SOMARC had started out distributing PROTEC only through pharmacies in Senegal, the project expects to expand to non-pharmaceutical outlets in the second phase of the CSM project in 1996.

Philippines

Three years ago under a conservative Catholic president, the open promotion of family planning was taboo. The CSM project, Couple's Choice, was introduced at the beginning of SOMARC III which coincided with the election of a new progressive president and administration. Couple's Choice has directly and indirectly supported the new administration's objective of improving the quality of life for all Filipinos, beginning with the implementation of family planning programs.

With its successful communication campaigns and marketing strategy, Couple's Choice has kept the discussion of family planning and improved quality of maternal and child

health care in the public arena. Through television and radio ads promoting condoms, oral contraceptives and DMPA as well as family planning counseling, and media coverage -- radio and television talk shows, newspaper articles, and magazine articles -- that now appear regularly, Couple's Choice has had an impact on television advertising practices and reinforced the government's policy.

Togo

SOMARC has a strong AIDS prevention program in Togo, and therefore has been successful in working with the Togolese government to make policy changes. For example, SOMARC was able to obtain from the Ministry of Communications the agreement that condoms could be advertised on television. In its work with the Ministry of Health, SOMARC expanded distribution of condoms to consumer-goods outlets. Previously condoms were sold only in pharmacies and medical establishments.

Beginning in December 1994 as a result of SOMARC's work, the Togolese government included condoms in the Togolese Essential Drug Program (EDP). This means that condoms are available in every single health shop and that condoms would enter Togo duty free because of their value to the country's well-being.

Submitted to:

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

SOMARC III

Mid-Term Evaluation Briefing Book

September 7, 1995

(VOLUME II: APPENDICES)

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Under Contract No. USAID/CCP-3051-C-00-2016-00

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7. Service Delivery Assessment Form
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Appendix 1 - List of SOMARC III Presentations

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Victoria Baird Gretchen Bachman	"SOMARC III Depo Provera Activities"	Upjohn Kalamazoo Michigan	August 28, 1995
Cecile Johnston	"TFGI Perspectives on Evaluation Research"	Robert Wood Johnson Foundation Princeton, New Jersey	June 23, 1995
Don Ruschman Susan Smith Rosemary Romano	"Social Marketing in Uzbekistan" "Creating Demand: SOMARC's Advertising Strategy" "Understanding the Consumer: SOMARC's Market Research Activities" "Creating Media Interest: SOMARC's Public Relations Strategy"	Uzbekistan Advisory Board Tashkent, Uzbekistan	May 31, 1995
Karen Foreit Cindi Cisek Don Levy Susan Smith	"Preliminary Results of the Kazakhstan KAP Survey"	USAID Rosslyn, VA	March 29, 1995
Reed Ramlow Rudolf Chandler	"SOMARC Project, Regional Activities and CSM Assessment for Madagascar"	Madagascar MOH, NGOs Antananarivo, Madagascar	February 1, 1995
Victoria Baird	"Integrated Communications: Focus on the Consumer"	UNICEF Information & Communications Officers New York, NY	December 22, 1994
Kevin Kingfield	"SOMARC's Personal Choice Program in Jamaica"	World Bank Review Meeting Ocho Rios, Jamaica	December 5, 1994
Kevin Kingfield	"SOMARC's Personal Choice Program in Jamaica"	Medical Association of Jamaica/ Association of General Practitioners Kingston, Jamaica	December 4, 1994
Kevin Kingfield	"SOMARC's Personal Choice Program in Jamaica"	Medical Association of Jamaica Montego Bay, Jamaica	December 2, 1994
Victoria Baird	"SOMARC III: Social Marketing Initiatives"	KFW Frankfurt, Germany	November 1994
Victoria Baird	"SOMARC III: Social Marketing Initiatives"	JAICA FUTURES/Washington	November 1994

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Santiago Plata	"Marketing of Reproductive Health Services"	Family Planning Service Module Training USAID, AVSC, Private Physicians Ankara, Turkey	November 15, 1994
David McGuire	"Integrated Communications: Focus on the Consumer"	UNICEF Information & Communication Officers Mauritania	November 8, 1994
Don Levy Don Ruschman Susan Smith	"Objectives and Strategies of the CSM Program in Kazakhstan" "Creating Demand: SOMARC Advertising" "AKBAR International Journalism Center" "Women's Attitudes Toward OCs, Injectables and Program Logo"	Advisory Board Meeting Senior Government/Private Sector Leaders Almaty, Kazakhstan	November 1-2, 1994
Steve Croll	"SOMARC Forecasting Methods"	USAID/CLMD Rosslyn, Virginia	October 13, 1994
Cindi Cisek	"Stimulating the Private Sector to Support Reproductive Health Services"	Cabinet of Ministers, Ministry of Health, and Ministry of Economy and Finance Ashgabad, Turkmenistan	Sept 29, 1994
Victoria Baird	"Creative Briefing for Pan Arab Campaign"	Publi-Graphics Cairo, Egypt	Sept 23, 1994
Kathy McClure	"Social Marketing and Family Planning Initiative in Jamaica"	Association of General Practitioners' Quarterly Meeting Mandeville, Jamaica	September 4, 1994
Kathy McClure	"Strategy for Expanding Vasectomy Services in Jamaica"	AVSC Clinical Workshop on No-Scalpel Vasectomy Jamaica	September 1994
Gretchen Bachman	"Social Marketing and DMPA: Quality of Care Considerations"	USAID, PROFIT, PSI Arlington, VA	August 31, 1994
Cindi Cisek Juan Manuel Urrutia	"Using a Marketing Services Approach to Improve the Demand and Use of Family Planning Services: MEXFAM Case Study"	1994 NCIH Crystal City, VA	Jun 28, 1994

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Rita Leavell	"Social Marketing in Uttar Pradesh Through the USAID Innovations in Family Planning Services Project"	SOMARC, USAID Washington, DC	June 24, 1994
Rita Leavell	"AIDS Prevention Condom Social Marketing in Surabaya, Indonesia"	SOMARC, USAID Washington, DC	June 22, 1994
Grace Migallos	"The Philippines Couple's Choice Program: Project Status Update"	SOMARC, USAID Washington, DC	June 21, 1994
Cindi Cisek	"How Can Turkey's Private Sector Be Used to Expand Family Planning Services?"	Ministry of Health Ankara, Turkey	June 1, 1994
Reed Ramlow Rudolf Chandler	"The Pan-African Protector Condom Campaign: Results of Advertising and Package Design Research in Several Countries"	Ministry of Health Mbabane, Swaziland	May 24, 1994
Don Levy	"Social Marketing"	Distributors Workshop Kingston, Jamaica	Apr 19, 1994
Robert Smith	"Social Marketing in the International Realm"	Distributors Workshop Kingston, Jamaica	Apr 19, 1994
Gretchen Bachman	"SOMARC: An Overview"	World Population Foundation Washington, DC	Apr 15, 1994
Victoria Baird	"SOMARC Social Marketing"	ODA London	April 8, 1994
Don Levy Bela Babus Cindi Cisek	"Social Marketing: How Is It Being Applied to Support Maternal, Child, and Reproductive Health Goals"	Government of Kazakhstan MOH, Pharmaceutical Cos. Almaty, Kazakhstan	Mar 24, 25, 1994
Victoria Baird	"Rwanda CSM Project: Major Activities"	USAID	Mar 1994
Victoria Baird	"Pan-African Regional Campaign"	CA's Meeting Washington, DC	Feb 25, 1994

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Santiago Plata	"Integrating AIDS Messages into Condom Social Marketing"	CA's Meeting Washington, DC	Feb 25, 1994
Santiago Plata Victoria Baird	"SOMARC III Second Year Workplan 1994"	Office of Population	Feb 16, 1994
Don Levy	"Introduction to Social Marketing for Central Asia"	Conference on the Health Benefits of Quality Contraceptive Services Tashkent, Uzbekistan	Jan 27, 1994
Santiago Plata Victoria Baird	"SOMARC III Overview"	Johnson & Johnson New Brunswick, NJ	Jan 18, 1994
David McGuire	"Mass Media Advertising for Condoms (A Pan-African Experience)"	Marrakech AIDS Conference Representatives from African Countries and Donor Agencies	Dec 14, 1993
Cindi Cisek	"Overview to Contraceptive Social Marketing"	Central Asian Delegates of OPTIONS Study Tour Washington, DC	Dec 7, 1993
Victoria Baird	"Pilplan: Oral Contraceptive Communication Campaign Strategy"	AID/FPSD Washington, DC	Oct 27, 1993
Cindi Cisek	"Maximizing Self-Sufficiency in CSM Project Design: Fourth Generation Social Marketing"	APHA Conference San Francisco, CA	Oct 27, 1993
Gretchen Bachman	"Condoms and AIDS Prevention"	USAID/U.S. Embassy Peace Corps Kampala, Uganda	Oct 22, 1993
Gretchen Bachman	"Condom Coordination Seminar: Condom Social Marketing"	AIDS Commission Kampala, Uganda	Oct 21, 1993
Kokila Agarwal Susan Howard	"Social Marketing of Contraceptive Products in PNG"	Medical Symposium for Pharmacists, MOH, AID Port Moresby, Papua New Guinea	Oct 19, 1993 Oct 21, 1993

SF

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Santiago Plata	"The Costs of CSM Programs Implemented Through the SOMARC Project"	Seminar on Cost Analysis in Int'l Family Planning Programs Organized by The Evaluation Project	Sept 13, 1993
Victoria Baird	"SOMARC's IEC Strategy"	POPTECH Washington, DC	Aug 25, 1993
Victoria Baird	"How to Prevent AIDS through Condom Social Marketing: Lessons Learned"	AIDS Task Force: USAID, CDC, Census Bureau, AIDSCOM, AIDSCAP	July 14, 1993
Victoria Baird	"Protector Condom: Pan-African Campaign"	AID/FPSD Washington, DC	July 7, 1993
Santiago Plata	"SOMARC III Overview"	Indian Government Delegation USAID/Delhi, India	July 6, 1993
Bai Bagasao, Kabilikat, Executive Director	"The Sensation Condom Radio Advertising"	Int'l AIDS Conference Berlin, Germany	June 10, 1993
Santiago Plata/ Victoria Baird	"SOMARC III — Overview and Workplan"	AVSC Regional Staff Washington, DC	June 10, 1993
Santiago Plata/ M. Haiden	"The Futures Group and SOMARC New Activities"	UNFPA New York, NY	June 7, 1993
Juan Manuel Urrutia	"Services Marketing in Family Planning"	PROFAMILIA, Colombia Annual meeting of Directors Cartagena, Colombia	May 26, 1993
Santiago Plata	"SOMARC III — Overview and Workplan"	Development Associates Rosslyn, VA	May 17, 1993
Sharon Tipping	"Male Approval and Acceptance of Condoms in Diverse Cultural Settings: The SOMARC Social Marketing Experience"	Social Marketing Third Annual National Conference	May 14, 1993

ST

SOMARC III - Presentations

<u>Author</u>	<u>Title</u>	<u>Audience</u>	<u>Status</u>
Cindi Cisek	"Overview of CSM in Turkey"	Office of Population Europe Bureau Eval. Team	May 5, 1993
Victoria Baird Santiago Plata	"Pan-African Campaign"	USAID Asia/Near East Bureau	Apr 28, 1993
John Stover	"The Contribution of Contraceptive Social Marketing Programs to the Sustainability of Family Planning Services"	Population Association of America	Apr 1993
Santiago Plata	"SOMARC III Overview"	Upjohn Co.	Mar 12, 1993
Victoria Baird Santiago Plata Cindi Cisek	"SOMARC III Five Year Strategy and First Year Workplan"	USAID/POP/FPSD Washington, DC	Feb 11, 1993
Santiago Plata Sharon Tipping	"SOMARC III Social Marketing for Change" "SOMARC III — Overview and Workplan"	AVSC Headquarters Staff New York, NY	Jan 14, 1993

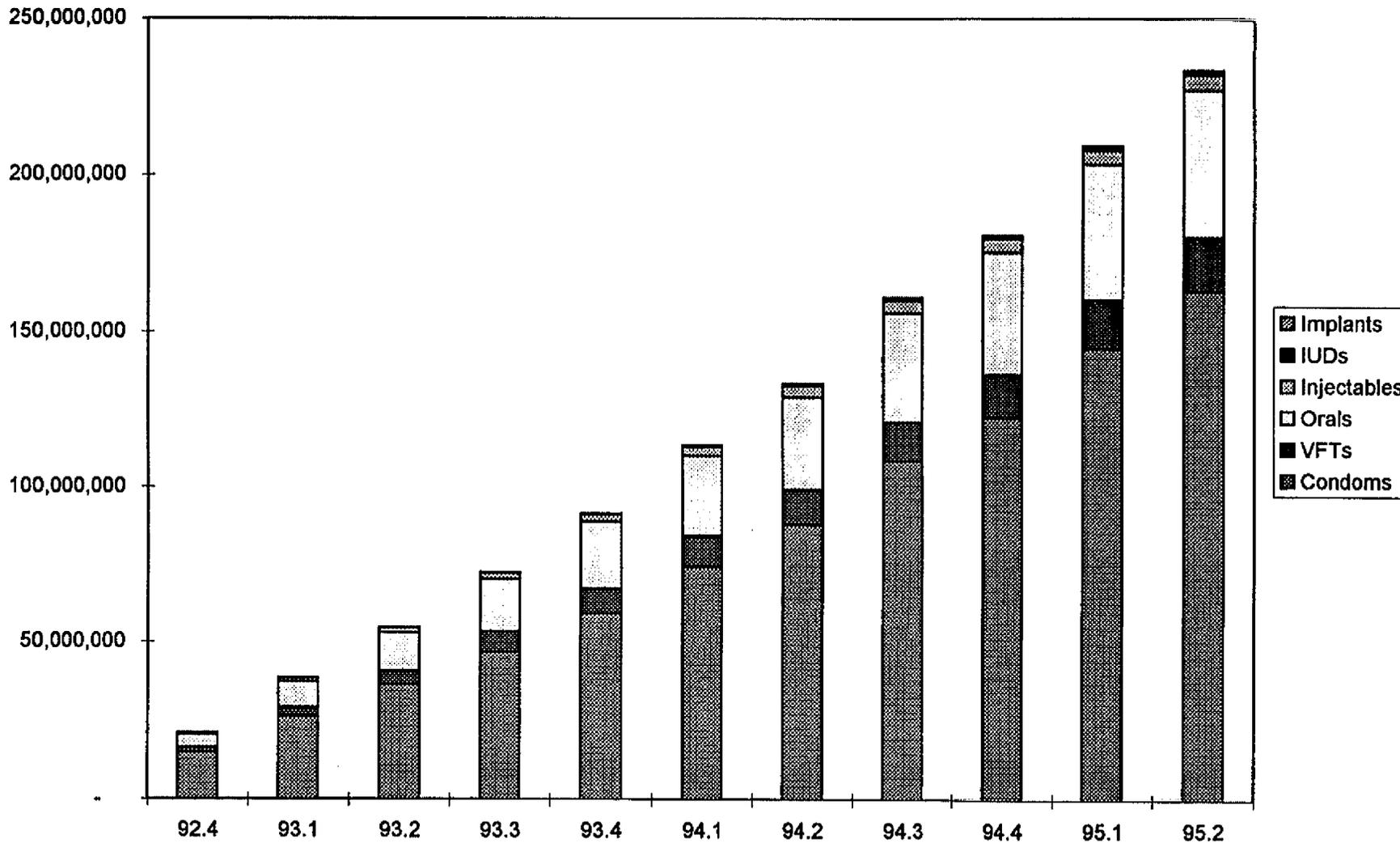
Appendix 2 - SOMARC III Cumulative Sales/CYP

SOMARC III CUMMULATIVE SALES/CYPS

<u>Quarter</u>	<u>Short Term Methods</u>		<u>Long Term Methods</u>		<u>Totals</u>	
	<u>Cum. Method Sales</u>	<u>Cum. Method CYP</u>	<u>Cum. Method Sales</u>	<u>Cum. Method CYP</u>	<u>Cum. Method Sales</u>	<u>Cum. Method CYP</u>
92.4	20,359,850	476,676	682,152	480,944	21,042,002	957,619
93.1	37,228,336	923,531	1,300,384	703,251	38,528,720	1,626,781
93.2	52,959,705	1,358,325	1,784,839	886,708	54,744,544	2,245,032
93.3	70,390,708	1,851,659	2,236,458	1,079,118	72,627,166	2,930,777
93.4	88,911,914	2,333,493	2,885,012	1,522,289	91,796,926	3,855,781
94.1	110,121,166	2,825,146	3,477,516	2,144,162	113,598,682	4,969,307
94.2	129,153,492	3,282,522	4,257,473	2,769,206	133,410,965	6,051,728
94.3	156,184,015	3,913,392	4,918,834	3,801,211	161,102,849	7,714,603
94.4	175,583,161	4,379,413	5,388,110	4,295,689	180,971,271	8,675,101
95.1	203,649,856	4,932,782	5,906,458	4,682,395	209,556,314	9,615,176
95.2	227,493,308	5,433,770	6,376,533	5,088,257	233,869,841	10,522,026

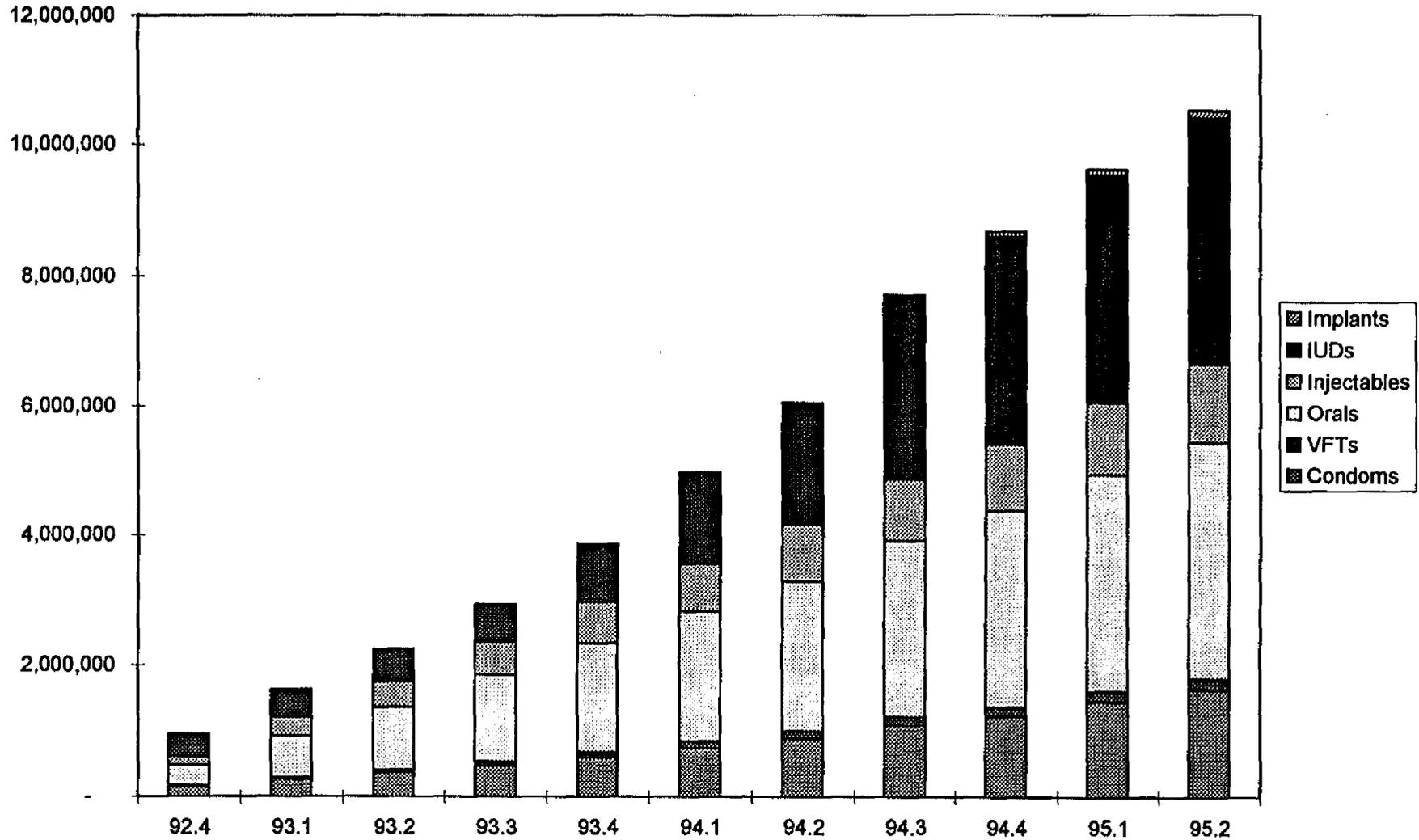
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SOMARC III CUMULATIVE SALES BY METHOD 4th qtr 1992 - 2nd qtr 1995



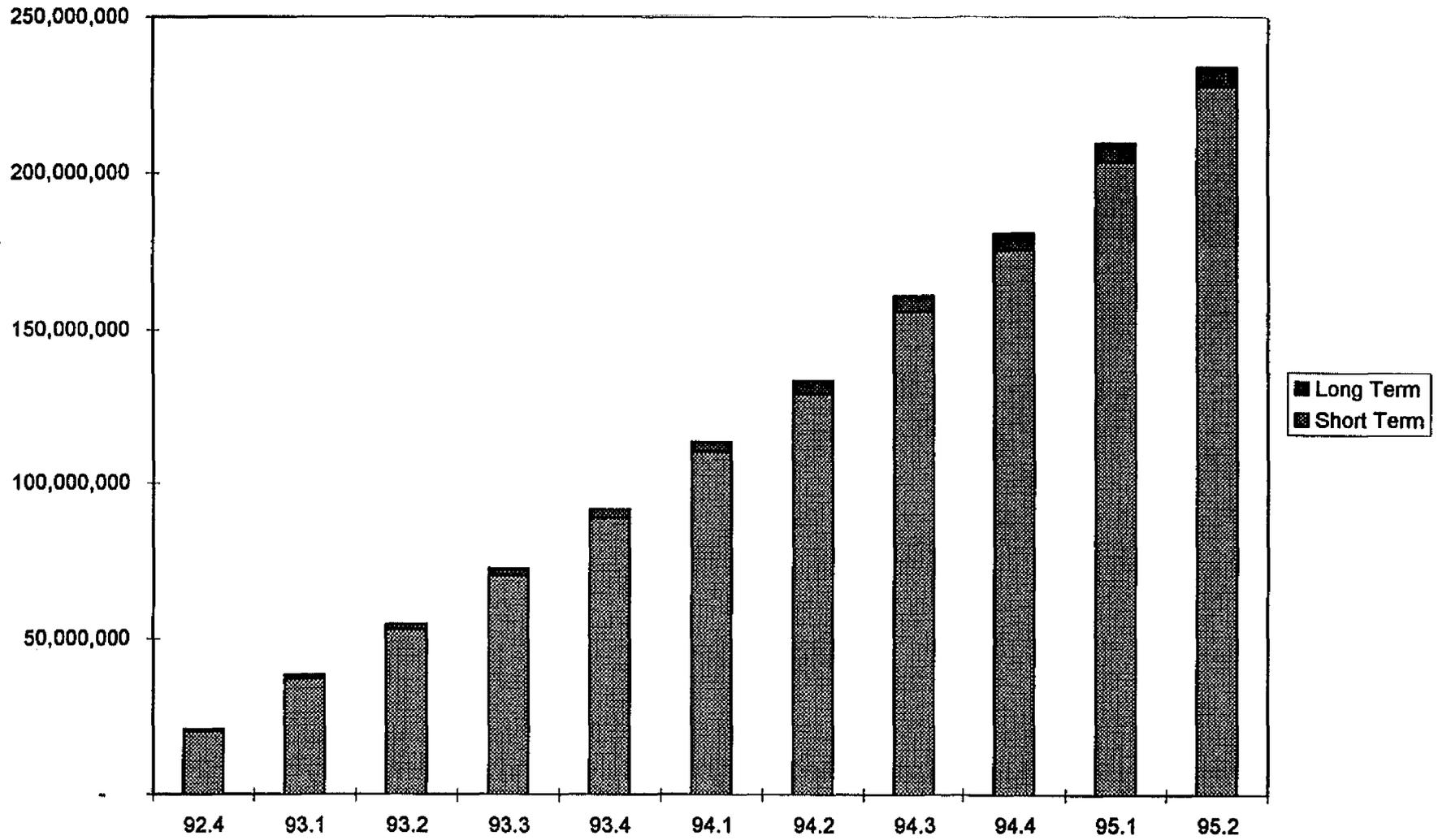
cumcyp

SOMARC III CUMULATIVE CYPs BY METHOD 4th qtr. 1992 - 2nd qtr 1995

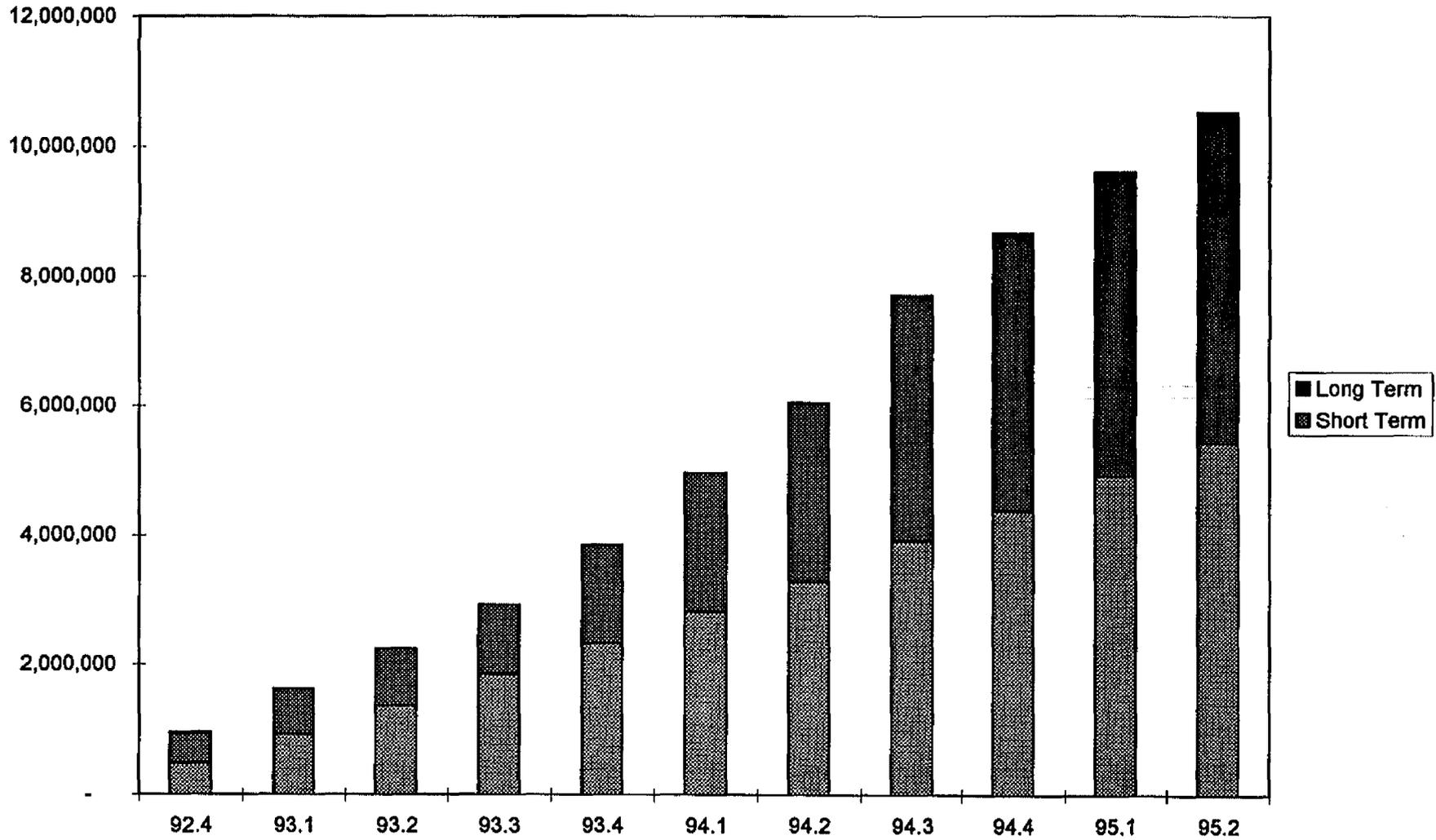


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SOMARC CUMULATIVE SALES BY METHOD LONG TERM vs. SHORT TERM

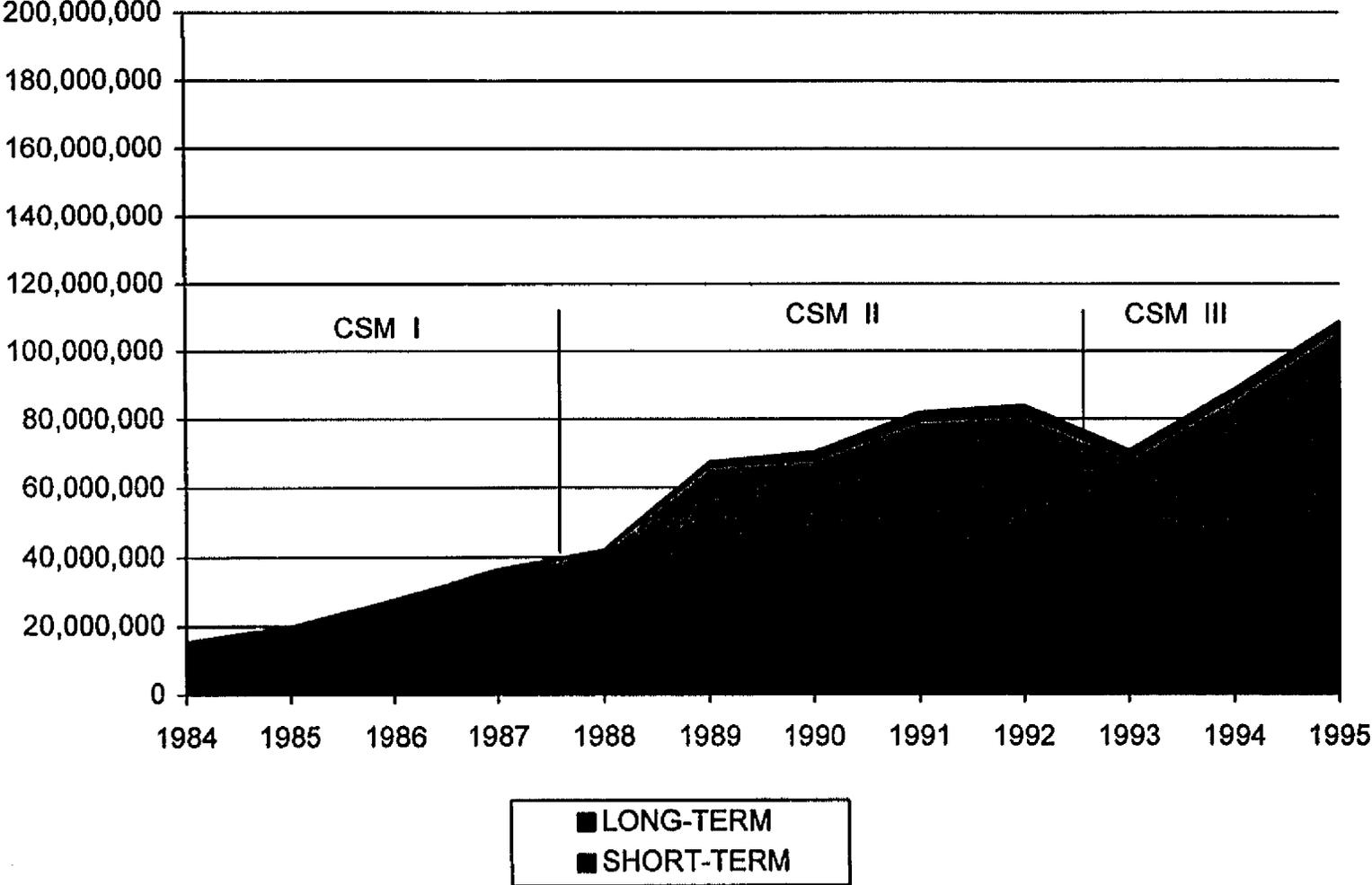


SOMARC CUMULATIVE CYPs BY METHOD LONG TERM vs. SHORT TERM



Appendix 3 - SOMARC Sales/CYP

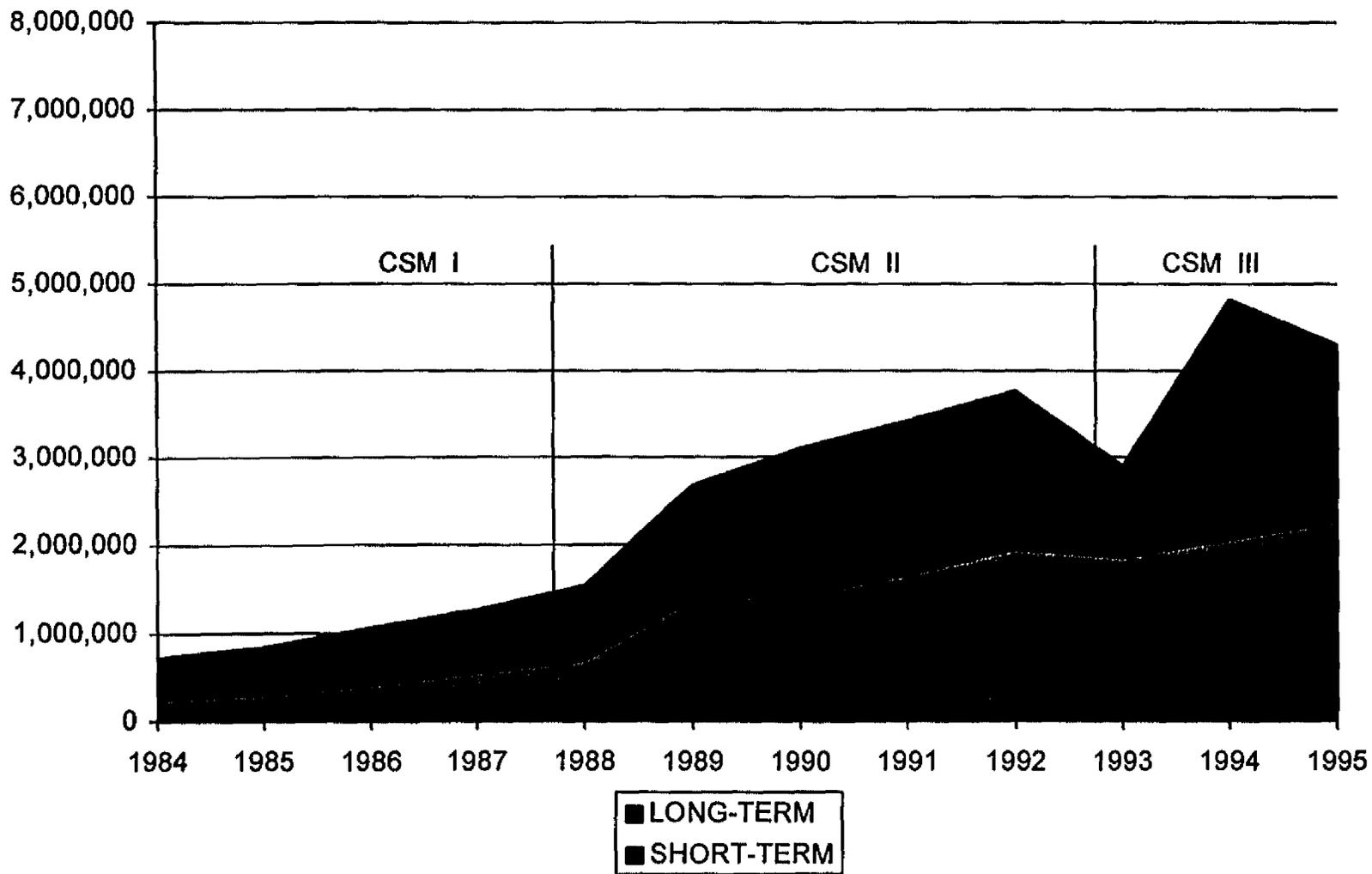
SOMARC SALES (in units)



1995 estimates based on first half data.

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SOMARC CYPs



1995 estimates based on first half data.

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SOMARC WORLDWIDE SALES/CYPS

SALES	CO	VF	OR	IU	IN	IP	SALES	SHORT-TERM	LONG-TERM	TOTAL
1984	11,574,413	2,419,659	1,404,593	189,222	0	0	1984	15,398,665	189,222	15,587,887
1985	17,019,554	1,065,020	1,596,067	216,924	0	0	1985	19,680,641	216,924	19,897,565
1986	24,674,349	734,106	2,048,761	263,168	0	0	1986	27,457,216	263,168	27,720,384
1987	31,721,820	1,644,184	2,855,539	286,999	0	0	1987	36,221,543	286,999	36,508,542
1988	36,077,403	1,587,864	4,058,462	333,807	105,365	0	1988	41,723,729	439,172	42,162,901
1989	50,442,381	4,772,961	10,989,341	425,802	880,220	0	1989	66,204,683	1,306,022	67,510,705
1990	51,184,394	5,704,794	11,178,786	494,499	1,765,073	0	1990	68,067,974	2,259,572	70,327,546
1991	59,184,728	7,342,752	12,960,450	496,407	2,083,436	0	1991	79,487,930	2,579,843	82,067,773
1992	58,631,497	5,498,348	16,942,115	485,962	2,441,721	0	1992	81,071,960	2,927,683	83,999,643
1993	44,476,219	6,573,720	17,502,125	217,775 (1)	1,984,951 (2)	134	1993	68,552,064	2,202,860	70,754,924
1994	62,588,890	5,820,420	17,740,677	922,445	1,565,469	15,184	1994	86,149,987	2,503,098	88,653,085
Est. 1995	82,093,222	6,750,434	17,810,457	633,295	1,513,221	16,009	1995	106,654,113	2,162,525	108,816,638
TOTAL	529,668,870	49,914,262	117,087,373	4,966,305	12,339,456	31,327	23,874	696,670,505	17,337,088	714,007,593

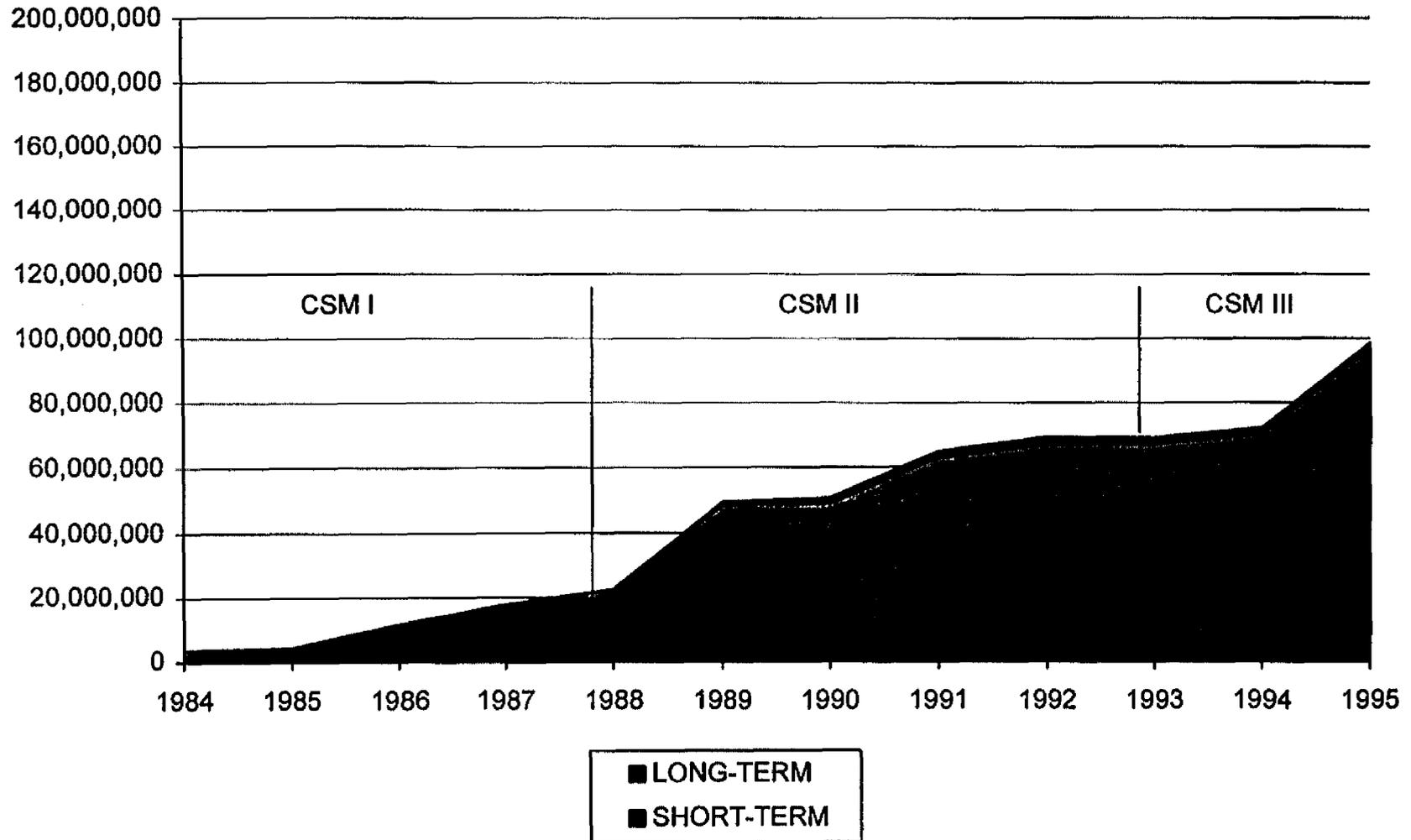
CYPs	CO	VF	OR	IU	IN	IP	CYPs	SHORT-TERM	LONG-TERM	TOTAL
1984	115,744	24,197	108,046	473,055	0	0	1984	247,986	473,055	721,041
1985	170,196	10,650	122,774	542,310	0	0	1985	303,620	542,310	845,930
1986	246,743	7,341	157,597	657,920	0	0	1986	411,682	657,920	1,069,602
1987	317,218	16,442	219,657	717,498	0	0	1987	553,317	717,498	1,270,814
1988	360,774	15,879	312,189	834,518	26,341	0	1988	688,842	860,859	1,549,701
1989	504,424	47,730	845,334	1,064,505	220,055	0	1989	1,397,487	1,284,560	2,682,047
1990	511,844	57,048	859,907	1,236,248	441,268	0	1990	1,428,798	1,677,516	3,106,314
1991	591,847	73,428	996,958	1,241,018	520,859	0	1991	1,662,232	1,761,877	3,424,109
1992	586,315	54,983	1,303,240	1,214,905	610,430	0	1992	1,944,538	1,825,335	3,769,873
1993	444,762	65,737	1,346,317	544,438	496,238	670	1993	1,856,817	1,041,345	2,898,162
1994	625,889	58,204	1,364,667	2,306,113	391,367	75,920	1994	2,048,761	2,773,400	4,822,160
Est. 1995	820,932	67,504	1,370,035	1,583,238	378,305	80,045	1995	2,258,472	2,041,588	4,300,059
TOTAL	5,296,689	499,143	9,006,721	12,415,763	3,084,864	156,635	23,874	14,802,552	15,657,262	30,459,814

1995 estimates based on first half sales performance.

(1) 1993 to 1995 fluctuations due to Egyptian market irregularities.

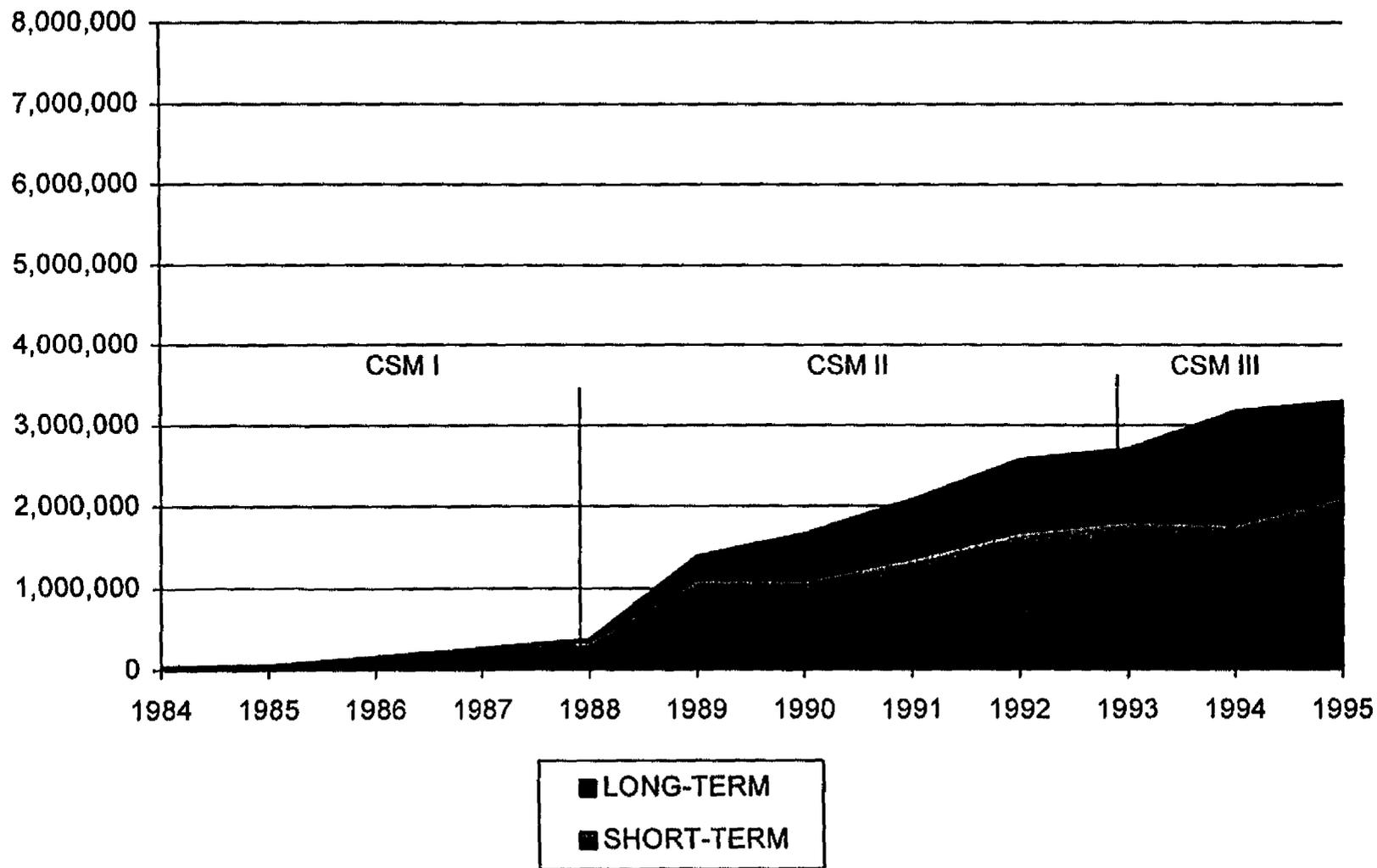
(2) Decrease due to switch to local manufacturers.

SOMARC SALES - Excluding Egypt (in units)



1995 estimates based on first half data.

SOMARC CYPS - Excluding Egypt



1995 estimates based on first half data.

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SOMARC WORLDWIDE SALES/CYPS
(excluding Egypt)

SALES	CO	VF	OR	IU	IN	IP	SALES	SHORT-TERM	LONG-TERM	TOTAL
1984	3,321,184	165,312	115,468	0	0	0	1984	3,601,964	0	3,601,964
1985	3,832,202	345,872	179,657	0	0	0	1985	4,357,731	0	4,357,731
1986	10,208,745	731,514	702,459	0	0	0	1986	11,642,718	0	11,642,718
1987	14,740,558	1,644,184	1,371,103	0	0	0	1987	17,755,845	0	17,755,845
1988	18,911,883	1,587,864	1,929,571	122	105,365	0	1988	22,429,318	105,487	22,534,805
1989	34,670,453	4,772,961	9,206,092	30,136	880,220	0	1989	48,649,506	910,356	49,559,862
1990	34,126,650	5,704,794	9,096,352	51,562	1,744,829	0	1990	48,927,796	1,796,391	50,724,187
1991	44,516,240	7,342,752	10,948,795	88,477	2,001,150	0	1991	62,807,787	2,089,627	64,897,414
1992	46,252,393	5,498,348	15,067,211	115,932	2,440,231	0	1992	66,817,952	2,556,163	69,374,115
1993	43,384,345	6,573,720	17,009,654	159,986	1,984,951	134	1993	66,967,719	2,145,071	69,112,790
1994	48,493,810	5,820,420	15,920,448	375,783	1,565,469	15,184	1994	70,234,678	1,956,436	72,191,114
Est. 1995	72,955,144	6,750,434	17,015,908	294,344	1,513,221	16,009	1995	96,721,486	1,823,574	98,545,060
TOTAL	375,413,607	46,938,175	98,562,718	1,116,342	12,235,436	31,327	23,874	520,914,500	13,383,105	534,297,605

CYPs	CO	VF	OR	IU	IN	IP	CYPs	SHORT-TERM	LONG-TERM	TOTAL
1984	33,212	1,653	8,882	0	0	0	1984	43,747	0	43,747
1985	38,322	3,459	13,820	0	0	0	1985	55,601	0	55,601
1986	102,087	7,315	54,035	0	0	0	1986	163,438	0	163,438
1987	147,406	16,442	105,469	0	0	0	1987	269,317	0	269,317
1988	189,119	15,879	148,429	305	26,341	0	1988	353,426	26,646	380,072
1989	346,705	47,730	708,161	75,340	220,055	0	1989	1,102,595	295,395	1,397,990
1990	341,267	57,048	699,719	128,905	436,207	0	1990	1,098,034	565,112	1,663,146
1991	445,162	73,428	842,215	221,193	500,288	0	1991	1,360,805	721,480	2,082,285
1992	462,524	54,983	1,159,016	289,830	610,058	0	1992	1,676,524	899,888	2,576,411
1993	433,843	65,737	1,308,435	399,965	496,238	670	1993	1,808,016	896,873	2,704,888
1994	484,938	58,204	1,224,650	939,458	391,367	75,920	1994	1,767,792	1,406,745	3,174,537
Est. 1995	729,551	67,504	1,308,916	735,860	378,305	80,045	1995	2,105,972	1,194,210	3,300,182
TOTAL	3,754,136	469,382	7,581,748	2,790,855	3,058,859	156,635	23,874	11,805,265	6,006,349	17,811,614

1995 estimates based on first half sales performance.

Appendix 4 - SOMARC III SALES/CYP By Country and Method

SOMARC III SALES/CYP
BY COUNTRY/METHOD
1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Africa				
GHANA				
CONDOM	4,026,711	4,289,465	4,386,120	1,657,140
INJECTABLES	0	0	1,125	4,920
IUDS	0	0	1,150	1,350
ORALS	392,067	413,263	487,140	312,720
OTHER	0	0	3,074,920	614,880
VFTS	2,190,392	2,580,776	2,439,000	1,222,360
CYPs	92,330	100,492	108,880	57,455
LESOTHO				
CONDOM	25,950	19,710	0	0
CYPs	260	197	0	0
(1) MALAWI				
CONDOM	470,841	599,573	0	0
CYPs	4,708	5,996	0	0
MALI				
CONDOM	489,167	958,919	1,872,933	1,417,534
ORALS	0	63,166	244,707	186,627
CYPs	4,892	14,448	37,553	28,531
NIGER				
CONDOM	0	0	660,164	446,280
CYPs	0	0	6,602	4,463
(2) RWANDA				
CONDOM	477,713	403,514	0	0
CYPs	4,777	4,035	0	0
SENEGAL				
CONDOM	0	0	0	152,358
CYPs	0	0	0	1,524
SWAZILAND				
CONDOM	1,780	2,670	0	0
CYPs	18	27	0	0
TOGO				
CONDOM	377,508	589,704	2,322,708	2,341,649
CYPs	3,775	5,897	23,227	23,416
UGANDA				
CONDOM	1,318,410	1,812,488	4,081,941	2,702,785

SOMARC III SALES/CYP
 BY COUNTRY/METHOD
 1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Africa				
UGANDA				
ORALS	0	66,026	247,491	176,063
CYPs	13,184	23,204	59,857	40,571
ZIMBABWE				
CONDOM	1,271,612	272,040	873,280	7,380
IUDS	1,883	612	0	0
ORALS	48,072	15,752	13,014	0
CYPs	21,121	5,462	9,734	74
CYP TOTALS FOR Africa	145,065	159,758	245,852	156,034

SOMARC III SALES/CYP
BY COUNTRY/METHOD
1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Americas				
(3) BOLIVIA				
CONDOM	542,592	684,294	631,743	222,480
ORALS	167,593	210,132	269,715	74,433
	-----	-----	-----	-----
CYPs	18,318	23,007	27,065	7,950
BRAZIL				
IUDS	0	0	0	37,586
	-----	-----	-----	-----
CYPs	0	0	0	93,965
COLOMBIA				
CONDOM	6,733,411	5,860,901	6,306,814	2,366,272
INJECTABLES	12,626	11,735	9,248	5,486
IMPLANT	0	0	14,867	7,838
IUDS	45,994	92,465	231,421	76,907
ORALS	7,235,851	7,291,564	5,687,299	2,537,789
OTHER	0	0	0	6,382
VFTS	630,660	1,499,776	1,265,277	649,216
	-----	-----	-----	-----
CYPs	748,386	868,593	1,168,405	458,198
(4) DOM. REPUBLIC				
CONDOM	1,584,240	1,810,269	1,241,580	0
IMPLANT	0	134	317	0
IUDS	3,094	2,897	2,187	0
ORALS	615,827	752,896	707,030	0
	-----	-----	-----	-----
CYPs	70,949	83,930	73,855	0
EASTERN CARIBBEAN				
CONDOM	90,123	183,366	64,893	43,920
VFTS	0	0	0	0
	-----	-----	-----	-----
CYPs	901	1,834	649	439
EQUADOR				
CONDOM	827,868	417,167	90,792	171,105
INJECTABLES	0	0	0	171
IUDS	0	0	0	3,940
ORALS	589,241	329,022	0	59,717
VFTS	0	0	0	8,669
	-----	-----	-----	-----
CYPs	53,605	29,481	908	16,284
GUATEMALA				
CONDOM	0	2,454,588	2,499,237	1,166,184
INJECTABLES	0	0	0	1,020
ORALS	0	197,796	144,444	92,196
VFTS	0	440,928	320,631	183,024
	-----	-----	-----	-----
CYPs	0	44,170	39,310	20,839

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SOMARC III SALES/CYP
BY COUNTRY/METHOD
1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Americas				
HAITI				
ORALS	35,473	44,765	43,815	14,320
CYPs	2,729	3,443	3,370	1,102
HONDURAS				
CONDOM	724,392	922,898	733,734	525,816
ORALS	253,472	270,638	244,008	174,840
CYPs	26,742	30,047	26,107	18,707
MEXICO				
CONDOM	2,846,064	953,232	814,964	500,266
IMPLANT	0	0	0	8
IUDS	0	0	0	248
CYPs	28,461	9,532	8,150	5,663
PERU				
CONDOM	0	0	1,367,586	1,949,484
INJECTABLES	44,254	64,729	67,875	32,296
ORALS	631,436	647,740	680,066	332,005
VFTS	1,284,852	1,286,304	976,080	979,092
CYPs	72,484	78,871	92,718	62,899
TRINIDAD				
CONDOM	52,848	0	0	0
CYPs	528	0	0	0
CYP TOTALS FOR Americas	1,023,102	1,172,909	1,440,537	686,046

SOMARC III SALES/CYP
BY COUNTRY/METHOD
1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Asia/Near East				
EGYPT				
CONDOM	12,379,104	1,091,874	14,095,080	5,328,078
INJECTABLES	1,490	0	0	0
IUDS	370,030	57,789	546,662	83,951
ORALS	1,874,904	492,471	1,820,229	-80,451
CYPs	1,193,462	193,274	1,647,623	256,970
INDIA				
CONDOM	0	0	0	7,845,000
ORALS	0	0	0	67,027
CYPs	0	0	0	83,606
INDONESIA				
CONDOM	2,727,996	2,979,350	675,648	712,800
INJECTABLES	2,383,351	1,908,487	1,462,838	696,863
IUDS	64,961	64,012	141,025	26,041
ORALS	1,759,779	1,920,730	2,332,499	1,360,848
CYPs	920,888	814,694	904,451	351,127
KAZAKHSTAN				
INJECTABLES	0	0	0	74
ORALS	0	0	0	4,491
CYPs	0	0	0	364
MOROCCO				
CONDOM	2,106,925	2,144,653	2,152,917	1,017,993
ORALS	0	1,137,870	1,460,931	792,142
CYPs	21,069	108,975	133,908	71,114
NEPAL				
CONDOM	4,831,606	5,665,392	7,203,108	3,502,224
INJECTABLES	0	0	1,248	3,205
ORALS	259,756	294,837	404,684	235,545
VFTS	708,444	765,936	819,432	332,856
CYPs	75,382	86,993	111,667	57,271
PHILIPPINES				
CONDOM	353,121	1,135,186	1,610,900	1,049,350
INJECTABLES	0	0	22,711	9,268
ORALS	0	184,262	291,696	205,927
CYPs	3,531	25,526	44,225	28,651
PAPUA NEW GUINEA				
CONDOM	137,721	224,436	205,923	51,420
ORALS	0	6,150	1,275	1,047

SOMARC III SALES/CYP
 BY COUNTRY/METHOD
 1992 - 2nd QTR 1995

8/29/95

	1992	1993	1994	1995
Asia/Near East				
PAPUA NEW GUINEA				
CYPs	1,377	2,717	2,157	595
TURKEY				
CONDOM	5,877,036	6,325,514	7,743,115	4,277,470
ORALS	2,237,617	2,600,801	2,049,898	1,259,393
CYPs	230,895	263,317	235,116	139,651
CYP TOTALS FOR Asia/Near East	2,446,604	1,495,495	3,079,148	989,348
SOMARC CYP TOTALS	3,614,771	2,828,162	4,765,538	1,831,429

- as: (1) Activity phased out--not currently a SOMARC country.
 (2) Activities ceased in March, 1994 due to civil war.
 (3) Only first quarter data included in 1995.
 (4) No data available for 1995.

Highlight of Cumulative Sales v. Cumulative CYPs

for Morocco

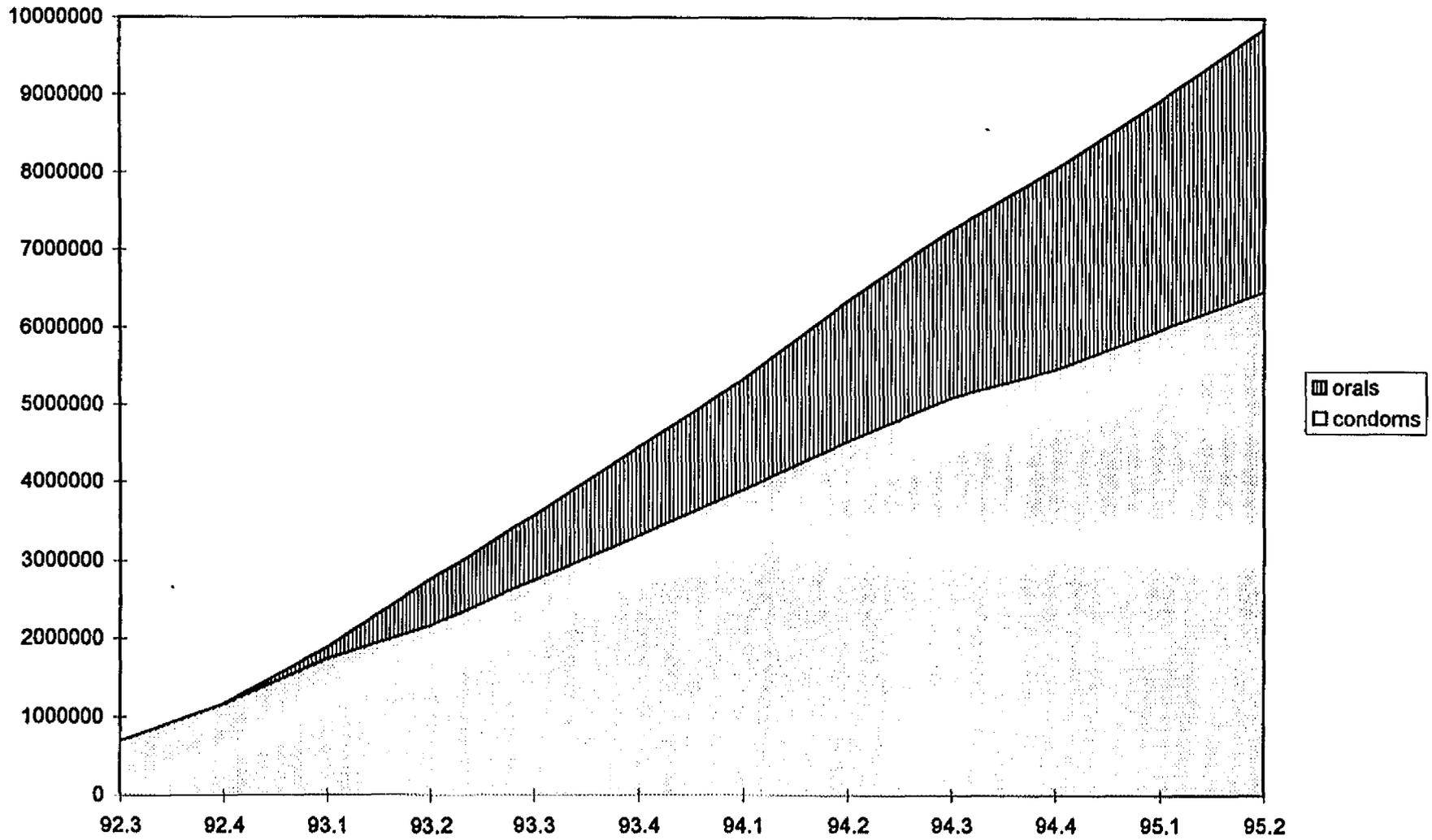
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Philippines

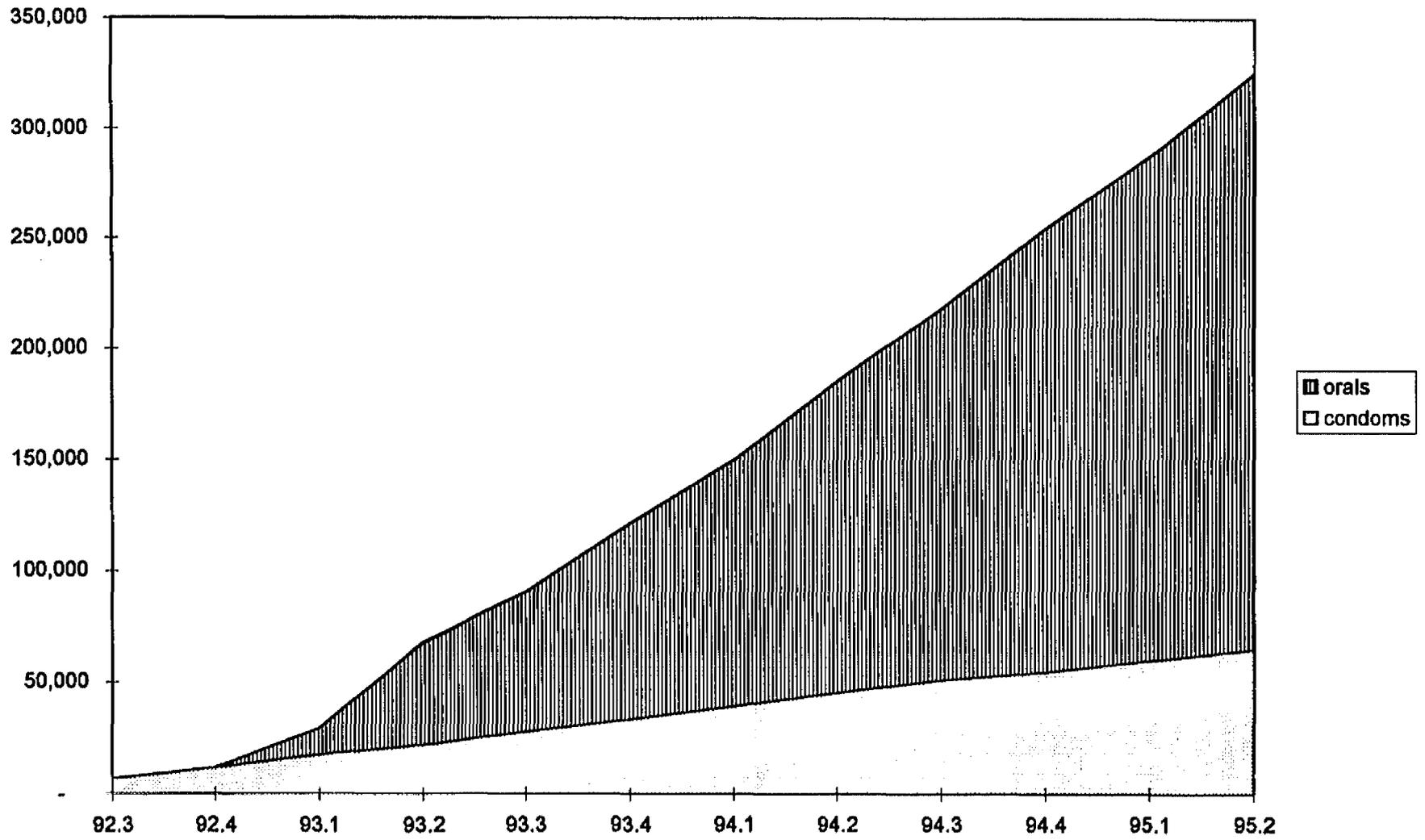
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Uganda

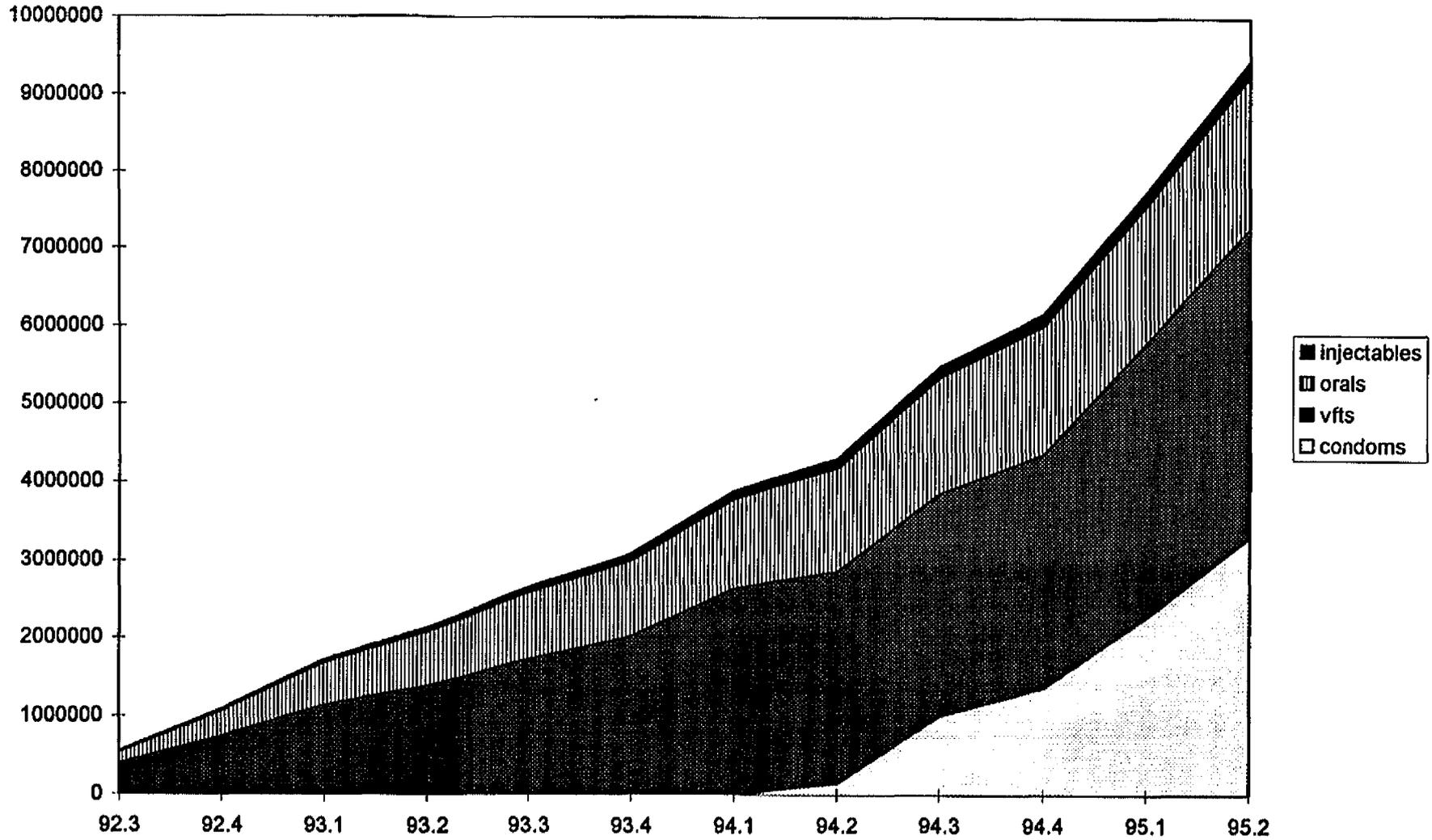
MOROCCO CUMULATIVE SALES



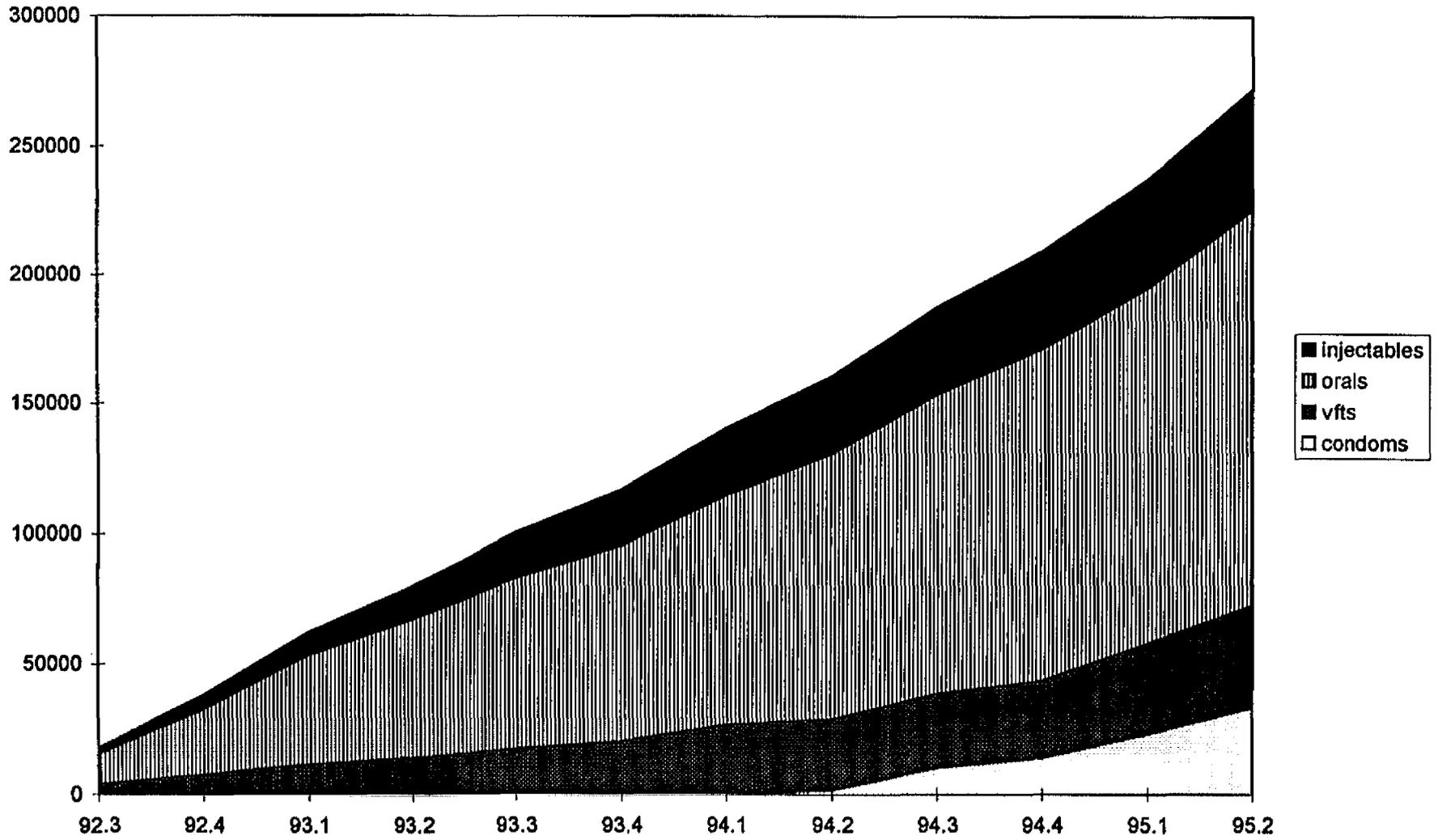
MOROCCO CUMULATIVE CYPs



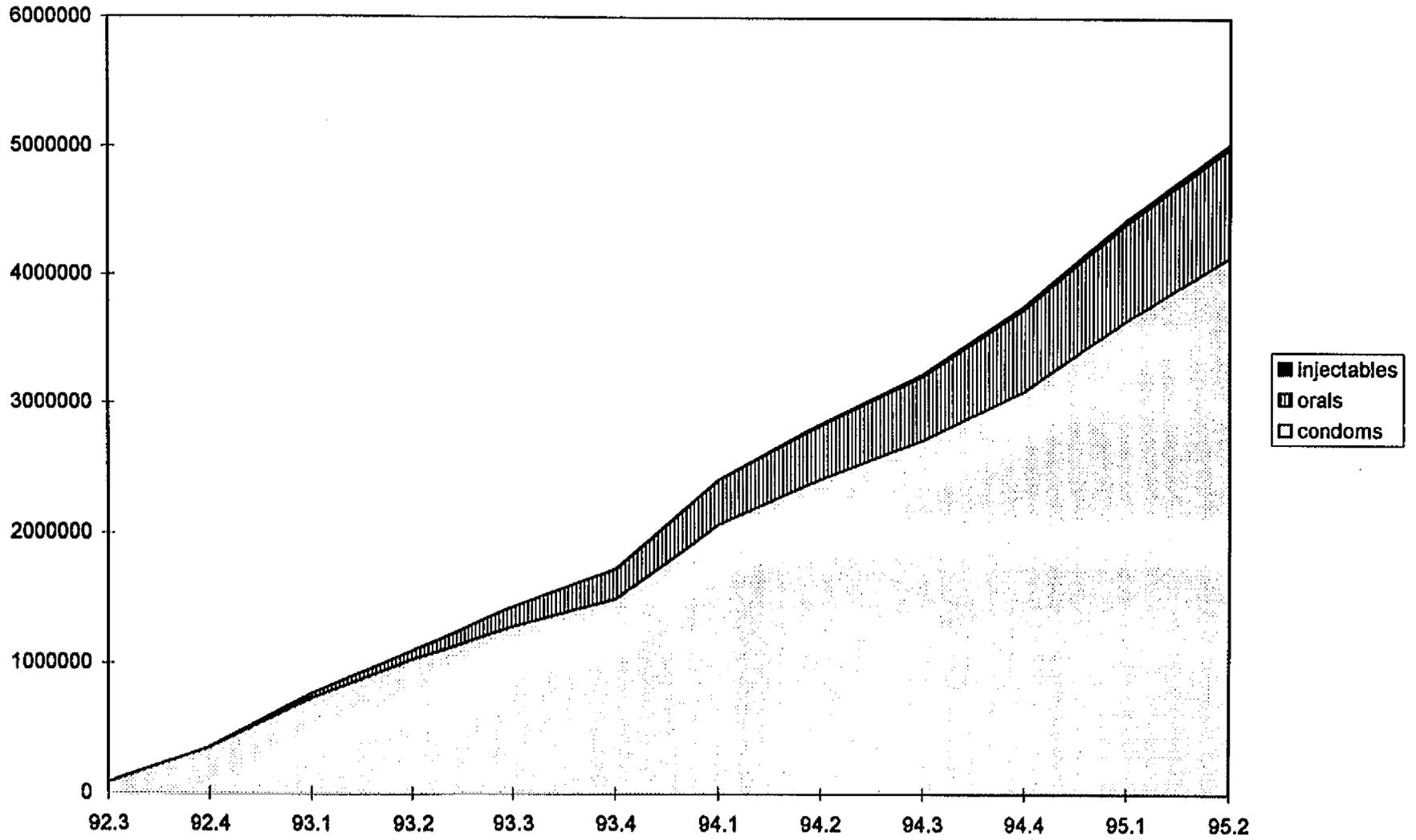
PERU CUMULATIVE SALES



PERU CUMULATIVE CYPs

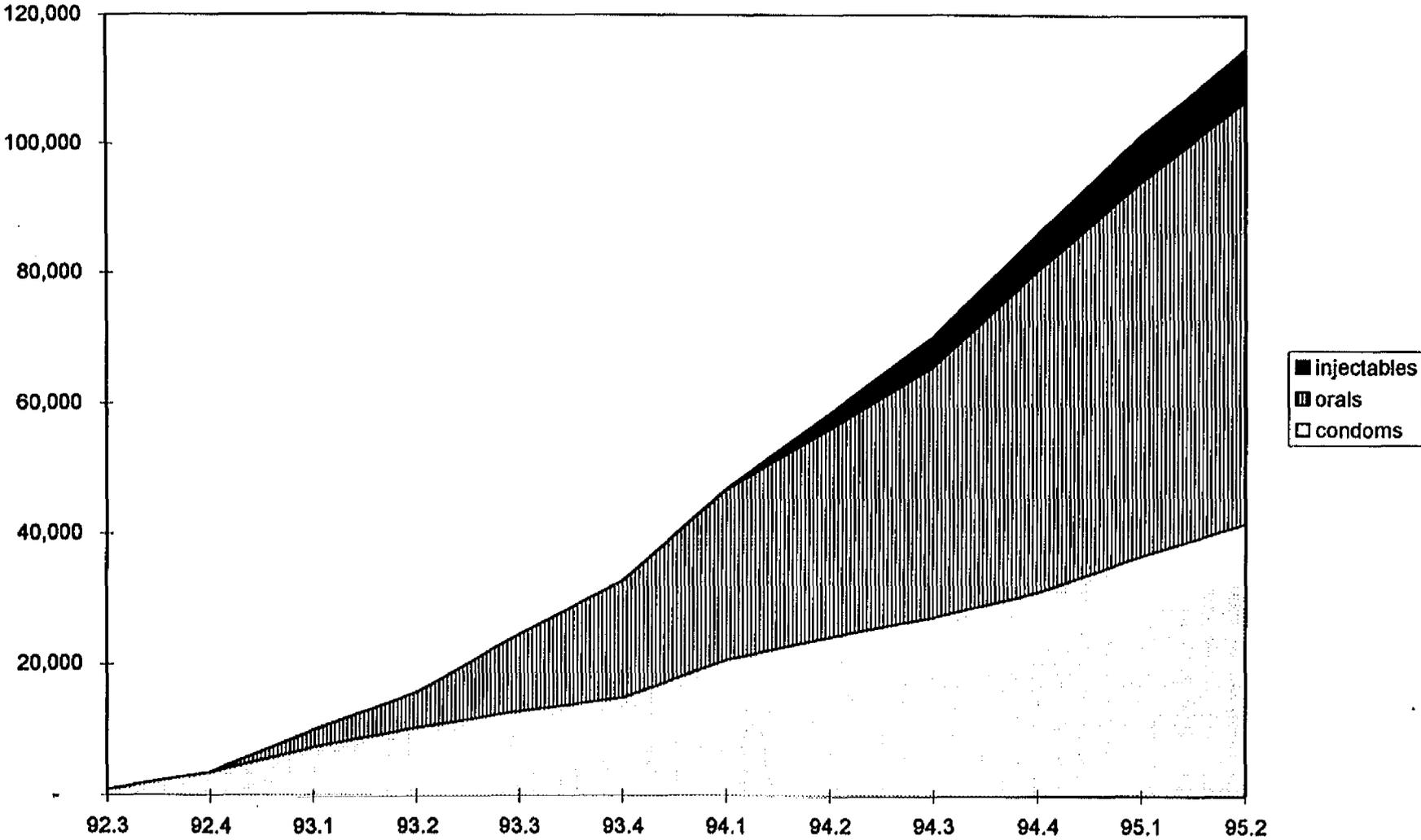


PHILIPPINES CUMULATIVE SALES

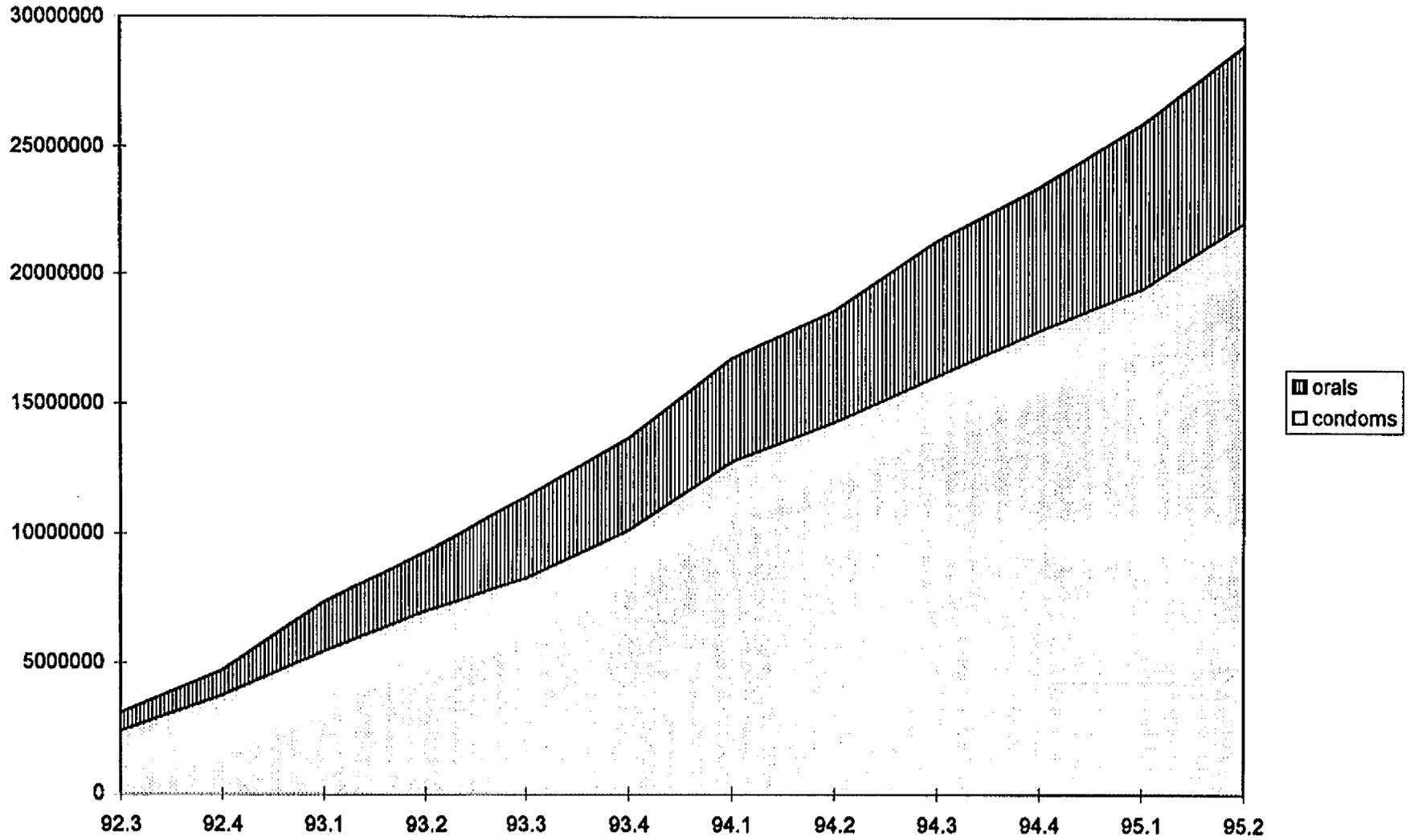


82

PHILIPPINES CUMULATIVE CYPs

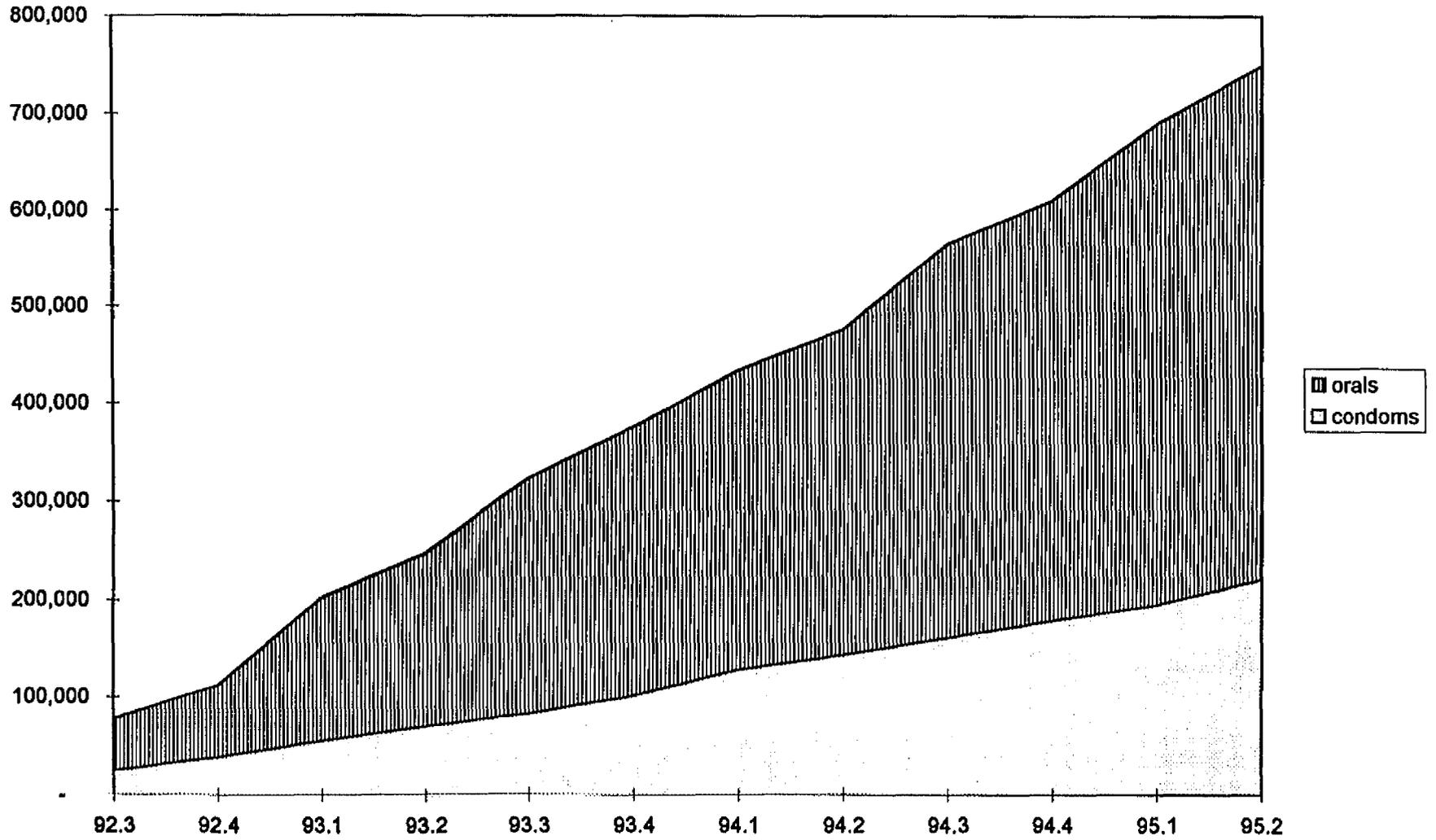


TURKEY CUMULATIVE SALES



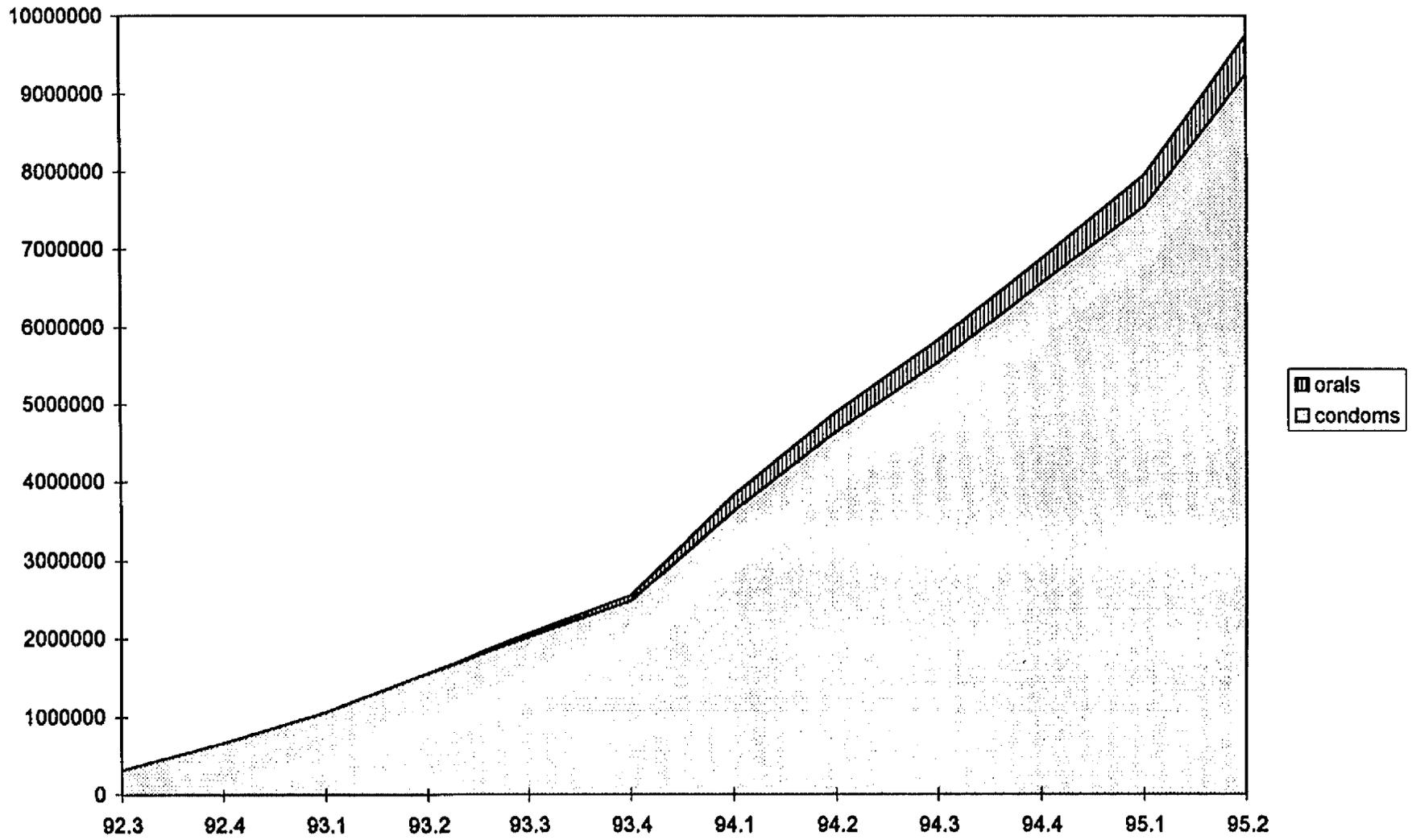
84

TURKEY CUMULATIVE CYPs

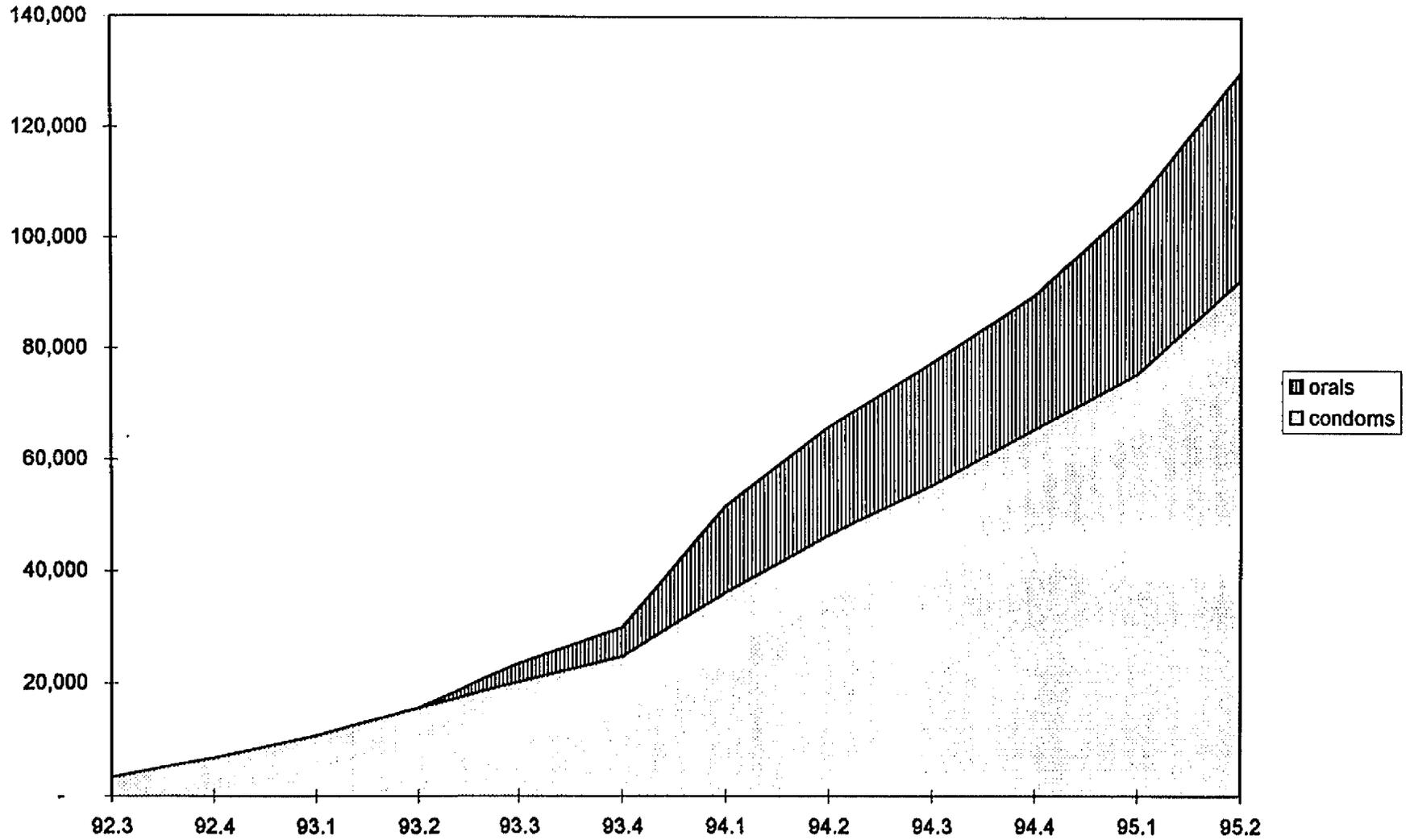


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UGANDA CUMULATIVE SALES

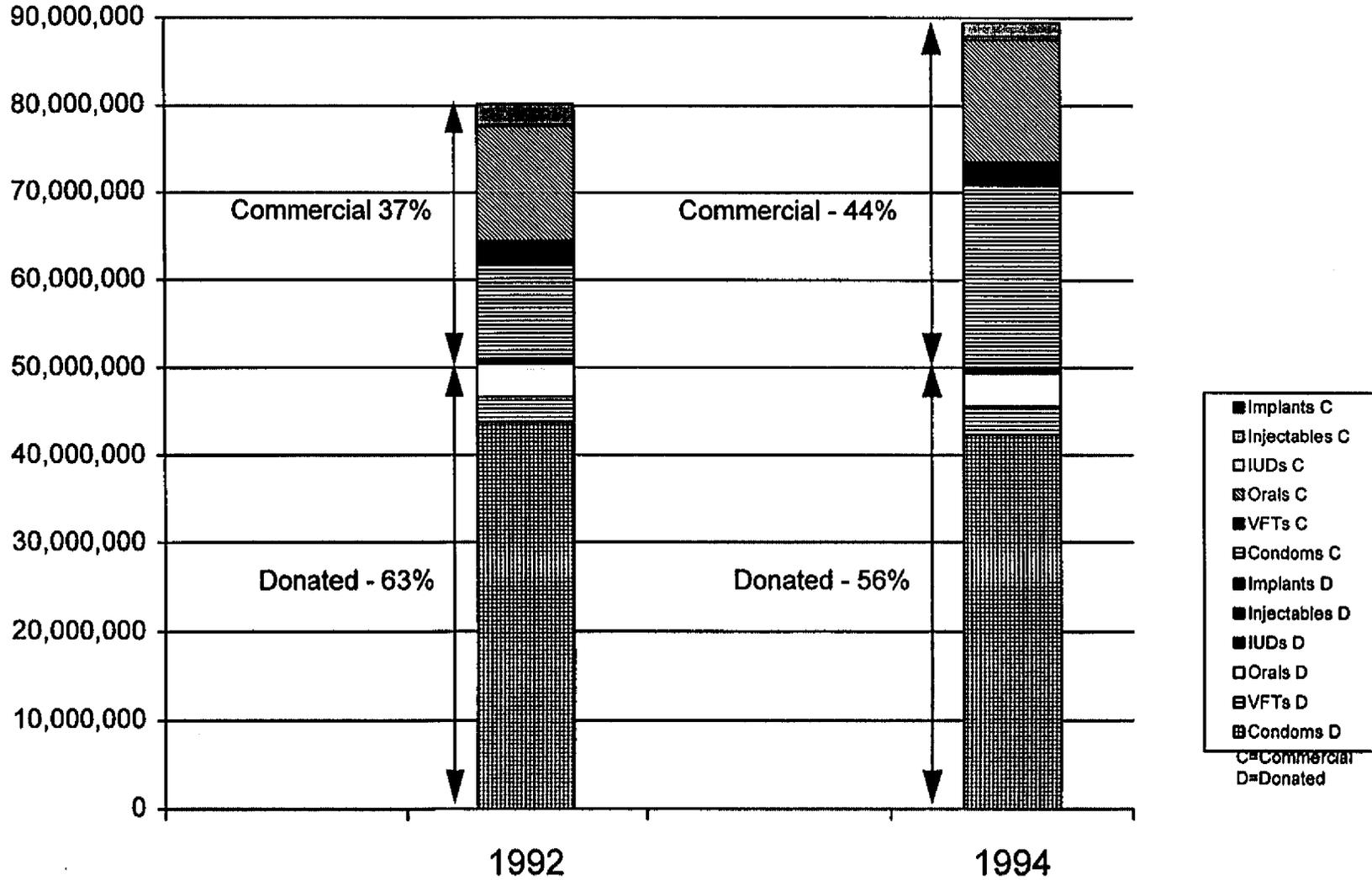


UGANDA CUMULATIVE CYPs



Appendix 5 - Commodity Sourcing

SOMARC III SALES By Method/Source (Units)



SOMARC III COMMODITIES
1995 Source of Products

D=USAID donated C=Commercial (non-USAID) procurement

COUNTRY	CONDOMS		ORALS		VFTs		IUDS		IMPLANT		INJECT	
BOLIVIA	D		D	C								
BRAZIL	D			C			D					
COLOMBIA	D		D	C		C	D		D			C
DOMINICAN REPUBLIC	D	C		C			D		D			
E. CARIBBEAN		C										
ECUADOR	D			C			D				D	
EGYPT (1)	D		D				D	C				C
GHANA	D		D		D						D	
GUATEMALA	D	C	D	C		C					D	
HAITI				C								C
HONDURAS	D		D									
INDIA		C		C								
INDONESIA		C		C				C				C
JAMAICA				C				C				C
JORDAN				C				C				C
KAZAKSTAN		C		C								C
LESOTHO (2)	D											
MADAGASCAR	D		D									
MALAWI (2)	D											
MALI	D		D		D						D	
MEXICO		C		C				C				C
MOROCCO		C		C								
NEPAL	D		D		D						D	
NIGER	D											
PAPUA NEW GUINEA (3)	D			C								
PERU		C		C		C						C
PHILIPPINES		C		C								C
RWANDA (2)	D											
SENEGAL	D											
SOUTH PACIFIC	D											
SWAZILAND	D											
TOGO	D											
TURKEY		C		C								
UGANDA	D		D								D	
UZBEKISTAN		C		C								C
ZIMBABWE		C										
TOTAL PER CATEGORY	22	13	10	19	3	3	5	5	2	0	6	11

(1) IUD procurement is in transition stage from donated to commercially purchased.

(2) No longer a SOMARC project.

(3) Graduated program.

Appendix 6 - Commodity Savings

SOMARC COMMODITY SAVINGS

COUNTRY	PRODUCT	1988 SALES		1989 SALES		1990 SALES		1991 SALES		1992 SALES		1993 SALES		1994 SALES		1995 (Q1&Q2) SALES	
		UNITS	SAVINGS	UNITS	SAVINGS												
BOLIVIA	Orals	-	-	-	-	-	-	-	-	49,928	\$13,331	92,342	\$24,655	126,515	\$33,780	33,833	\$9,033
BRAZIL	Orals	403,550	\$103,309	487,300	\$124,749	-	-	-	-	-	-	-	-	-	-	-	-
COLOMBIA	Orals	5,564,445	\$1,424,498	4,856,371	\$1,243,231	4,765,349	\$1,219,929	5,333,948	\$1,365,491	6,563,130	\$1,752,356	6,652,016	\$1,776,088	5,041,438	\$1,346,064	2,537,789	\$677,590
	VFTs	-	-	-	-	-	-	-	-	630,660	\$58,967	1,499,776	\$140,229	1,265,277	\$118,303	578,529	\$54,092
DOM. REP.	Condoms	-	-	-	-	-	-	-	-	74,634	\$3,993	174,711	\$9,347	87,108	\$4,660	NA	NA
	Orals	249,833	\$63,957	433,518	\$110,981	579,910	\$148,457	497,579	\$127,380	615,827	\$164,426	752,896	\$201,023	707,030	\$188,777	NA	NA
E. CARIBBEAN	Condoms	-	-	-	-	-	-	-	-	90,123	\$4,822	183,402	\$9,812	64,893	\$3,472	43,920	\$2,350
ECUADOR	Orals	536,064	\$137,232	551,446	\$141,170	585,570	\$149,906	716,192	\$183,345	589,241	\$157,327	312,654	\$83,479	-	-	59,717	\$15,944
EGYPT	IUDs	2,336	\$2,373	22,435	\$21,313	19,858	\$21,049	14,934	\$15,830	8,118	\$7,834	-	-	-	-	-	-
HAITI	Orals	-	-	-	-	10,215	2,615	37,464	9,591	35,473	\$9,471	44,765	\$11,952	43,815	\$11,699	28,010	\$7,479
INDONESIA	Condoms	7,205,918	\$313,457	7,868,160	\$339,118	5,858,381	\$264,213	5,928,956	\$267,396	2,727,994	\$145,948	2,979,350	\$159,395	675,648	\$36,147	712,800	\$38,135
	Orals	45,630	\$11,681	337,878	\$86,497	745,772	\$190,918	1,153,321	\$295,250	1,759,779	\$469,861	1,920,730	\$512,835	2,332,499	\$622,777	1,360,848	\$363,346
	IUDs	-	-	16,025	\$15,224	35,624	\$37,761	52,410	\$55,555	63,816	\$61,582	64,012	\$61,772	141,025	\$152,307	26,041	\$28,124
	Injectables	-	-	-	-	-	-	-	-	-	-	-	-	1,181,918	\$1,134,641	696,863	\$668,988
JAMAICA	Orals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	177,701	\$47,446
	Injectables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,410	\$1,354
MEXICO	Condoms	-	-	-	-	-	-	-	-	2,846,064	\$152,264	953,232	\$50,998	814,964	\$43,601	500,266	\$26,764
MOROCCO	Condoms	7,205,918	\$313,457	7,868,160	\$339,118	5,858,381	\$264,213	5,928,956	\$267,396	-	-	-	2,152,917	\$115,181	1,017,993	\$54,463	
	Orals	45,630	\$11,681	337,878	\$86,497	745,772	\$190,918	1,153,321	\$295,250	-	-	1,137,870	\$303,811	1,460,931	\$390,069	792,142	\$211,502
PNG	Orals	-	-	-	-	-	-	-	-	-	-	6,150	\$1,642	1,275	\$340	1,047	\$280
PERU	Condoms	404,113	\$103,453	714,310	\$182,863	-	-	-	-	-	-	-	1,367,586	\$73,166	1,949,484	\$104,297	
	Orals	404,113	\$103,453	714,310	\$182,863	-	-	-	-	631,436	\$168,593	647,740	\$172,947	680,066	\$181,578	332,005	\$88,645
	VFTs	-	-	-	-	-	-	-	-	1,284,852	\$120,134	1,286,304	\$120,269	976,080	\$91,263	979,092	\$91,545
	Injectables	-	-	-	-	-	-	-	-	44,254	\$42,484	64,729	\$62,140	67,875	\$65,160	32,296	\$31,004
PHILIPPINES	Condoms	-	-	-	-	-	-	-	-	353,121	\$18,892	1,135,186	\$60,732	1,610,900	\$86,183	1,049,350	\$56,140
	Orals	-	-	-	-	-	-	-	-	-	-	184,262	\$49,198	291,696	\$77,883	205,927	\$54,983
	Injectables	-	-	-	-	-	-	-	-	-	-	-	22,711	\$21,803	9,268	\$8,897	
TURKEY	Condoms	-	-	-	-	-	-	4,469,430	201,571	5,877,036	\$314,421	6,325,514	\$338,415	7,743,115	\$414,257	4,277,470	\$228,845
	Orals	-	-	-	-	-	-	-	-	2,237,617	\$597,444	2,600,801	\$694,414	2,049,898	\$547,323	1,259,391	\$336,258
YEARLY SAVINGS		\$2,588,553		\$2,873,623		\$2,489,979		\$3,084,055		\$4,264,150		\$4,845,154		\$5,760,433		\$3,207,505	

NA = data not available

YEAR	COST/UNIT FACTORS AND PRICE PER UNIT					
	CONDOMS	VFT	ORALS	IUDs	INJECTABLES	IMPLANT
1988	\$0.0433	\$0.0970	\$0.2560	\$1.0160	NA	NA
1989	\$0.0431	\$0.1040	\$0.2560	\$0.9500	NA	NA
1990	\$0.0431	\$0.0935	\$0.2560	\$1.0600	NA	NA
1991	\$0.0431	\$0.0935	\$0.2560	\$1.0600	NA	NA
1992	\$0.0535	\$0.0935	\$0.2670	\$0.9650	NA	NA
1993	\$0.0535	\$0.0935	\$0.2670	\$0.9650	NA	NA
1994	\$0.0535	\$0.0935	\$0.2670	\$1.0800	\$0.9600	\$23.1200
1995	\$0.0535	\$0.0935	\$0.2670	\$1.0800	\$0.9600	\$23.1200

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Appendix 7 - Service Delivery Assessment Form

SERVICE DELIVERY POINT ASSESSMENT

INVENTORY FOR FACILITIES AVAILABLE AND SERVICES PROVIDED AT THE SERVICE DELIVERY POINT (SDP)

INSTRUCTIONS TO DATA COLLECTOR: This inventory should be completed by observing the facilities that are available and through discussions with the person incharge of the site on the day of the visit. In all cases, you should verify that the items exist by actually observing them yourself 3/4 if you are unable to observe them, then code accordingly.

For each item, circle the response or describe, as appropriate.

Code Number
SDP Visited (Name)
Site location (street address)
Date of Visit Day Month Year
Name of Observer
Name and position of the interviewed person

Type of SDP:

- Hospital
Polyclinic
Private Clinic OB/GYN
Private Clinic GP
Other (describe)

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ACCESSIBILITY

1. Days/Hours of Operation

DAYS	HOURS	WHEN THEY OFFER FP SERVICES
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

2. ARE THE DAYS/HOURS OF OPERATION POSTED?

1. NO SIGN VISIBLE	Y	N
2. INSIDE SERVICE SITE	Y	N
3. OUTSIDE SERVICE SITE	Y	N
4. MEDICAL SERVICES	Y	N
5. LOGO FEASIBLE FOR ADVERTISEMENT	Y	N

3. IS THERE SIGNAGE OUTSIDE THE SDP INDICATING ANY OF THE FOLLOWING SERVICES ARE AVAILABLE?

1.FAMILY PLANNING	Y	N
2. PREGNANCY TERMINATION	Y	N
3. WOMEN'S HEALTH CARE	Y	N
4. MEDICAL SERVICES	Y	N

4. IS SIGNAGE VISIBLE FROM THE STREET?

1. FAMILY PLANNING	Y	N
2. PREGNANCY TERMINATION	Y	N
3. WOMEN'S HEALTH CARE	Y	N
4. MEDICAL SERVICES	Y	N

5. Comment on the general atmosphere of SDP - [i.e is it clean? fresh/new or dingy/drab? Professional looking or haphazard?]

6. Questions to be added to reveal linkages/referrals.

Linkages with other health providers/hospitals	Y	N
--	---	---

If yes name them: _____

7. If yes briefly explain the referral mechanism.

8. Are any of the following materials displayed?

SUBJECT	Y or N		TYPE OF MATERIAL (i.e. poster, pamphlet, flipchart, user instructions, models, samples)
Family Planning (General)	Y	N	
Contraceptive Choices	Y	N	
Oral Contraceptives	Y	N	
Contraceptive Injections	Y	N	
IUDs	Y	N	
Sterilization	Y	N	
Barrier Methods	Y	N	
Natural Family Planning	Y	N	
Implants	Y	N	
Sexually Transmitted Disease	Y	N	
Infertility	Y	N	
Other (specify)	Y	N	

PERSONNEL

9. LIST ALL PERSONNEL AT THE SERVICE DELIVERY SITE.

PERSONNEL	NO.	YRS. @ SDP	WORK SCHEDULE
OB/GYN			
GP			
NURSE			
MIDWIFE			
OTHER MEDICAL (SPECIFY)			
OTHER NON- MEDICAL (SPECIFY)			

SERVICES

10. a. Is family planning offered on a daily basis? Y N
b. if "no" explain:
11. What is the average number of family planning clients seen per day?
12. Circle Y below any methods available at the SDP, indicate est. number of patients provided this method by the SDP.

Method	Method Provided		Est. # of patients for which this method was provided in past 3 months.
1. Female sterilization Minilap, local anesthetic Minilap, general anesthetic Laparoscopy	Y	N	<i>(Specify inpatient or outpatient)</i>
2. Vasectomy	Y	N	
3. IUD	Y	N	
4. Natural FP	Y	N	
5. Oral Contraceptives	Y	N	
6. Barrier methods	Y	N	
7. D&C 10 weeks	Y	N	
8. MR 6 weeks	Y	N	
9. Post MR or post abortion FP	Y	N	

13. Of the above services not provided, for which does SDP provide referrals?

Method	Est. #of patients referred in past 3 months	Where were patients referred to? (FP clinic, OB/GYN, private or public hospital)
1. Minilap/laparoscopy		
2. Vasectomy		
3. IUD		
4. D&C 10 weeks		
5. MR 6 weeks		

4. What kind of services related to FP and reproductive health are available at this SDP?

Nonfamily Planning Services Provided	Spontaneous Answers	Y or N	
1. Consultations for infertility		Y	N
2. Consultations for STDs		Y	N
3. Deliveries		Y	N
4. Immunization and/or Postnatal care		Y	N
5. Information/ counseling of AIDS		Y	N
6. Menopause services		Y	N
7. Gynecological services		Y	N
8. Cancer screening/examination consultation		Y	N
9. Pediatric services		Y	N

15. What is the total, all-inclusive cost of the client for obtaining each method?

Method	Fee
Examination	
IUD Insertion Removal	
Female sterilization: Laparoscopy Minilap	
Vasectomy	
Pap smear	
MR	

INFRASTRUCTURE/FUNCTIONAL SPACE:

15. FUNCTIONAL SPACE

SPACE/AREA	COMMENTS/CAPACITY
RECEPT/WAITING AREA	
COUNSELING AREA Audial Visual	
WORKING TOILET AVAILABLE FOR CLIENTS	
WATER TANK	
POST OP/REST AREA (CAPACITY)	
EXAM ROOM (CAPACITY)	
PHARMACY NEAR SITE	
OTHER	

16. COMMENT ON ADEQUACY, PHYSICAL CONDITION AND ALLOCATION OF FUNCTIONAL SPACE FOR FP/VSC ACTIVITIES: (E.G. Does clinic design allow for a logical client flow? Allow for the comfort/privacy of clients?)

MEDICAL EXAMINATION FACILITIES

17. Is there a separate room or area for examinations?

1=Separate room (with walls and door)

2=Separate area (with curtains/partitions)

18. Are the following conditions maintained in the examination area?

Examination area conditions	Y or N	
1. Auditory privacy	Y	N
2. Visual privacy	Y	N
3. Cleanliness Does the day start with fresh linen?	Y	N
Floors swept and mopped?	Y	N
No dust on window sills?	Y	N
No dust on tables?	Y	N
4. Adequate light source*	Y	N
5. Adequate water** (Tank)	Y	N

* "Adequate light" means functioning electric light or sufficient natural light to perform necessary works.

** "Adequate water" means a sufficient quantity of clean water for washing hands and equipment.

19. EXAM ROOM EQUIPMENT

EXAM ROOM	YES	NO	COMMENTS
EXAM TABLE STANDARD GYNECOLOGICAL			
WEIGHT SCALE			
B.P. INSTRUMENT			
STETHOSCOPE			
THERMOMETER			
SPECULUM			
STOOL			
EQUIPMENT/SUPPLIES FOR LAB. TESTS (optional)			
FLASHLIGHT OR ANGLE POISE LAMP			
IUD INSERTION AND REMOVAL INSTRUMENTS			
MVA SYRINGES			
MVA CANULAE			
SHARPS DISPOSAL CONTAINERS			
DECONTAMINATION BUCKETS			
BLEACH			
EXPANDABLE SUPPLIES			
OTHER			

20. MISCELLANEOUS SUPPLIES/EQUIPMENT

MISCELLANEOUS SUPPLIES/EQUIPMENT	YES	NO	COMMENTS
FALOPE RINGS			
LAPAROSCOPIC SPARE PARTS			
COLD STERILIZATION SOLUTION			
UTERINE ELEVATOR/MANIPULATOR			
AUTOCLAVE			
DRUMS			
ANESTHETIC AGENTS			
POSTOPERATIVE/ EMERGENCY MEDICINES			
OTHER			

21. LABORATORY

LABORATORY	YES	NO	COMMENTS
Lab test area			
Laboratory supplies			

If there is not a lab area what lab does the site use?

OPERATING ROOM FACILITIES AND EQUIPMENT

22. O.R. FACILITIES

OPERATING ROOM	YES	NO	COMMENTS
OPERATING ROOM			
PRE-OP AREA			
RECOVERY ROOM			
INSTRUMENT STERILIZATION AREA			
DIRTY UTILITY AREA			
SCRUB FACILITIES			
CHANGING AREA			
TOILET			
STORAGE AREA			
ELECTRICITY			
WATER TANK			
SCREENED/CLOSED WINDOWS			
VENTILATION (E.G. AIRCONDITIONER, FAN)			
OVERHEAD LIGHTING			
EMERGENCY LIGHT SOURCE			

23. O.R. EQUIPMENT

EQUIPMENT	YES	NO	COMMENTS
OR TABLE TRENDELENBURG			
INSTRUMENT TABLE/TRAY			
B.P. INSTRUMENT			
STETHOSCOPE			
LAPROCATOR			
LAPAROSCOPE			
OTHER			

24. EMERGENCY EQUIPMENT

EMERGENCY EQUIPMENT	YES	NO
Nasopharyngeal airways		
Ambubag		
Laryngoscope () Spare bulb		
Endotracheal tubes		
Suction apparatus		
Oxygen unit () Tank full		
I.V. set/needles		
I.V. fluids		
I.V. stand		
Emergency drug tray () Expiration dates required		
Anesthesia machine		
Other		

25. ADEQUACY OF O.R. AREAS

COMMENT ON ADEQUACY, PHYSICAL CONDITION AND ALLOCATION OF OPERATING ROOM SPACE AND OTHER ASSOCIATED SPACES

COMMODITIES

26. What contraceptive does the SDP routinely provide/prescribe

Type of Contraceptive	Brands	Sample
1. Combined pills (number of cycles/packages)		
2. Progestin-only pills (number of cycles/packages)		
3. IUDs (number of devices) Nova T Multiload Copper T 380A Ortho Other (specify)		
4. Barrier Methods		
5. Condoms		

RECORD KEEPING AND REPORTING

27. What kind of record keeping system do you have?

1. Daily based
2. Service based (outpatient/inpatient)
3. Client based

28. Can they provide sample card of record keeping system (blank form)?

29. Do you keep a record of referrals?

30. MYSTERY PATIENT EXIT INQUIRY

31. INFECTION CONTROL/ASEPSIS:

32. SUMMARY COMMENTS AND OBSERVATIONS

Appendix 8 - Research Matrix

SOMARC III RESEARCH PROJECTS

	2nd-ary	FGD	1 on 1	Site Ass.	KAP	HP Surv	Conc	Name	Logo	Pkg	PreT	Sales	Audit	Myst Shop	Omni	C Track	HP Track	User Prof	Mkt Seg	Brand Pos	Cost/ Price	Stage	Life Style	Geo- Demo	
ASIA																									
INDIA																									
INDONESIA																									
NEPAL																									
PHILIPPINES																									
MIDEAST																									
CAR																									
JORDAN																									
TURKEY																									
EGYPT																									
NORTH AFRICA																									
MALI																									
MOROCCO																									
NIGER																									
GHANA																									
SENEGAL																									
SOUTH AFRICA																									
M'GASCAR																									
SWAZILAND																									
UGANDA																									
LATIN AMERICA/CARIBBEAN																									
BOLIVIA																									
BRAZIL																									
GUATEMALA																									
HAITI																									
JAMAICA																									
MEXICO																									
PERU																									
														I = Innovative											
Aug-95																									

Appendix 9 - Bibliography of Research Studies

SOMARC III RESEARCH STUDIES

A Bibliography of Studies to Date August 1995

Completed Studies are unbolded

In-Progress and Planned Studies are **Bolded and *'d**

AFRICAN REGION

Mali

- Barriers to Condom Use in Rural Areas, Dia Germaine/Societe Africaine D'Etudes et de Realisations, December 1994
- * **Survey - Condom Barriers**
- * **Secondary Review Barriers**
- * **Injectable Focus Groups**
- * **Baseline Tracking LTM/Pill**
- * **Service Provider Survey - Injectable**
- * **Pretest for Radio Spots for Pills and Condoms**

Morocco

- Protex Condom Tracking Study, Technoproject, December 1993
- Pre-Test of Radio Scripts for New Protex Condom Campaign, Technoproject, December 1993
- Secondary Research Review on Long Term Contraceptive Methods, ALCO, June 1994
- * **Consumer Baseline**
- * **Physician Baseline**

- * **Pharmacist and Assistant Baseline**
- * **Pill Tracking**
- * **Injectable Focus Group**
- * **Logo/Name Pretest**

Niger

- **Baseline Research Survey of Contraceptive Awareness Among Nigerian Men, MSRI, May 1994.**
- * **Pretesting of Radio Spots**
- * **Pretesting of Condom Packages**
- * **Public Opinion Leader Monitoring**
- * **Quarterly Tracking**

Senegal

- **Use of Condoms in Senegal: Attitudes and Perceptions, BDA, September 1994**
- **Focus Group Exploration of Attitudes toward Condom Use and Packaging, Equation, January 1995**
- **Test of Condom Packaging, Equation, March 1995**
- **Test of Condom Usage Instructions, Equation, March 1995**
- * **Pretest of TV Spots**
- * **Pretest of Radio Spots**
- * **Mystery Shopper**

Uganda

- Re-test of Low Literacy Usage Instructions for Pilplan Oral Contraceptive, Makerere University, May 1994
- Contraceptive Distribution Check, Research International, June 1995
- * **Secondary Review**
- * **Condom Tracking**
- * **Tracking of Pill and Injectable**
- * **Injectable Focus Groups**

ASIA/NEAR EAST REGION

Central Asian Republics

- Summary of Family Planning/Health Characteristics, Secondary Review, The Futures Group, December 1992
- Fertility Indicators and Characteristics of the Potential Market for Contraception: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, The Futures Group, January 1993
- Family Health Service Providers' Contraceptive KAP Survey (Physicians), Uzbekistan, SIAR Research International, December 1993
- Attitudes Toward Oral Contraceptives, Injectables, and Social Marketing Program Logos in Kazakhstan, BRIF, August 1994
- Knowledge, Attitudes and Practices Survey Among Consumers, SiAR Research International, July 1995
- * **Kazakhstan Post-Wave**
- * **Kazakhstan Mystery Shopper**
- * **Kyrgystan Exploratory**
- * **Uzbekistan Pretest (OC)**

* **Uzbekistan Pretest (Injectable)**

* **Uzbekistan Pretest (POS)**

Egypt

- Advertising Message Pre-test Among Male and Female Consumers and OB/GYN Physicians, WAFAI, June 1994

* **Pricing Research - Phasing Out Private Sector Subsidies**

India

- Secondary Research Review for Uttar Pradesh, Social and Rural Research Institute, November 1993

- Contraceptive Methods in Uttar Pradesh: An Exploratory Study of Consumer Attitudes and Behavior, Social and Rural Research Institute, March 1995

- Retail Audit: Contraceptive Market Activities in Uttar Pradesh, Operations Research Group, March 1995 - *May 1995*

- Contraceptive Usage, Attitude and Distribution. A Study of Private Sector Providers in Uttar Pradesh., Social and Rural Research Institute, June 1995.

* **Retail Audit: Mar 1995 -Feb 1996**

* **Brand Positioning and Segmentation Baseline**

Indonesia

- Qualitative Evaluation of Below-The-Line AIDS and Condom Material, Consensus MBL, June 1993

- Omnibus on AIDS Knowledge, Attitudes and Practice, Survey Research Indonesia, March 1994

- Qualitative Pre-Launch Evaluation of Simplex Condom TVC, Consensus MBL, April 1994

- AIDS-Specific Condom Marketing in Red Light Districts: Case Study in Surabaya, Survey Research International, October 1994

- * **[Research for Sterilization]**

Jordan

- Secondary Research Review for Jordan, SOMARC/The Futures Group, June 1994
- Pharmacy Retail Audit, Market Research Organization, August 1994-*April 1995*
- CSM Program Logo Test: Round One, Market Research Organization, December 1994
- CSM Program Logo Test: Round Two, Market Research Organization, February 1995
- * **Pill Insert Instructions**
- * **Pretest of Pan-Arab TV Spots**
- * **Retail Audit**

Nepal

- Market Research for Advertising Strategy Development of Nilocon, Decore/Syncromedia, May 1993
- Background Briefing Book for CRS Social Marketing Project: Review of Secondary Research, The Futures Group, August 1993
- Concept Testing for Injectables, MARG, February 1994
- Communication Materials Pre-Test (Name, Logo & Brochure), MARG, May 1994
- Second Test on Alternate Logos, MARG, May 1994
- CRS Consumer KAP Tracking Study Among Men and Women in Nepal, Valley Research Group, September 1994
- Condom, Oral, and Injectable Users Profile Study in Nepal, Valley Research Group, September 1994

- Nepal Pharmacist Contraceptives Usage, Attitudes and Distribution Study, New ERA, September 1994
- * **Logo/Comic Book Research**
- * **Quality of Care Research for Injectable**
- * **Pretest of Sangini Ads**

Pan Arab

- Secondary Research Review on Pan Arab Region, Volumes I, II and III, The Futures Group International, August 1994
- Focus Group Exploration of Ideas for a Pan Arab Advertising Campaign (Tunisia), Creargie Maroc, February 1995
- Focus Group Exploration of Ideas for a Pan Arab Campaign (Jordan), MRO, February 1995

Philippines

- Secondary Review of Research on Long-Term Contraceptive Methods, Demographic Research and Development Foundation, November 1993
- Knowledge, Attitudes and Practices Study on Condoms, Pulse, December 1993
- Urban Market Study on Injectable Contraceptives (Omnibus), Pulse, May 1994
- Advertising Pre-test on Injectable Contraceptives, Pulse, May 1994
- Consumer Brochure Test on Injectable Contraceptives, Pulse, May 1994
- Focus Group Discussion Study on Injectable Contraceptives: Consumers, Pulse, June 1994
- Focus Group Discussion Study on Injectable Contraceptives: Service Providers, Pulse, June 1994
- Knowledge, Attitudes and Practice Survey on Oral Contraceptives and Injectables: Consumer Pulse, February 1995

- Briefing Book on Commercial Sector Physicians and Midwives in the Philippines, The Futures Group International, February 1995
- * **PROFIT-SOMARC Doctor-Midwife Survey**
- * **Condom Image Research**
- * **Retail Audit**

Turkey

- Oral Contraceptive Pre-test for the Revised Commercial, Yontem Research Consultancy, April 1993
- Comprehensive Review of Family Planning with Special Reference to Long-Term Contraceptives (1965-1992), Zet-Metya, June 1993
- TV Commercials Pre-Test (Low Dose Oral Contraceptives), Yontem Research Consultancy, June 1993
- Retail Audit on Condoms, Orals and IUDs, Zet Nielsen, December 1993
- Private Physicians Long Term Contraceptive Method In-Depth Interview, Zet Nielsen, March 1994
- Exploration of Consumer Attitudes and Behaviors Regarding Long Term Contraceptive Methods, Zet Nielsen, March 1994
- Retail Audit on Condoms, Orals and IUDs, Zet Nielsen, December 1994
- * **Test of CSM Logo in Turkey, Zet Nielsen**
- * **Test of CSM All-Method Brochure and Poster**
- * **Pre-Post Research of KAPS Network**
 - **Site Assessment**
 - **Physician Survey**
 - **Exit Survey Among Patients**

LATIN AMERICA/CARIBBEAN REGION

Bolivia

- Pill and Condom User Profiles Study, PROSALUD, September 1994

Brazil

- Condom Package Study, Datafolha, January 1995

Haiti

- Profile of Microgynon Pill Users, Commerce S.A., May 1994
- In-depth Interviews with Doctors, Nurses and Nurse-Aides, Ingrid Hackenbruck, January 1995
- Focus Group Exploration of Consumer Attitudes and Perceptions Toward Injectables, Commerce SA, March 1995
- * **Name and Logo Test**
- * **Pretest of Low-Literacy Brochure**
- * **Pretest of Radio Spots**

Jamaica

- Focus Group Exploration of Consumer Attitudes and Behaviors Regarding Contraceptive Methods, Research Associates, January 1994
- Advertising Materials Test (Project Logo, Low-Dose Orals, Injectable Contraceptives, Stage of Life, Vasectomy), Market Research Services Ltd, February 1995
- Pre-test for the Personal Choice Brochure, Hope Enterprises, May 1995
- * **Awareness and Usage Consumer Survey**
- * **Store Check**

Mexico

- Condom Store-Check in Pharmacies in Mexico City, Marketing Information Services, January-March 1993, August-September 1993
- * **Logo Test**

Special Studies

1. Pricing Studies

- Egypt - Impact of Phasing Out Private Sector IUDs
- * **Ghana - Method Switching and Willingness to Pay**

2. Network Evaluation

- * **Turkey Site Assessment, Physician Survey, and Exit Survey**

3. Graduated Products, Secondary Analysis. Pills in the DR, Condoms in Barbados, Mexico, Morocco, Turkey, and Zimbabwe

4. Lifestyle Profiles of Condom Users and Non-Users

- Focus Groups on Barriers to Condom Use in Mali
- * **Secondary Review; Analysis of DHS Data**
- * **Lifestyle Survey of Condom Users and Non-Users**

August 2, 1995

Appendix 10 - Expenditures CORE/REQUIREMENTS

table 1: Summary of Expenditures

This Report for 4/01/95 to 6/30/95

Line Item	Budgeted FY 1995	This Quarter		FY 1995		Balance Remaining FY 1995	% Remaining FY 1995
		Actual Charges	% Budget	Actual Charges	% Budget		
A. Expenses for Quarter and Year							
Salary	\$1,131,231	\$ 306,094	27%	\$ 938,318	83%	\$ 192,913	17%
Fringe Benefits	\$ 14,104	\$ 0	0%	\$ 0	0%	\$ 14,104	100%
Overhead	\$1,156,949	\$ 331,383	29%	\$ 932,181	81%	\$ 224,768	19%
Allowances	\$ 278,118	\$ 139,945	50%	\$ 268,204	96%	\$ 9,914	4%
Equipment	\$ 28,665	\$ 16,868	59%	\$ 43,354	151%	\$ -14,689	-51%
Innovation Fund	\$ 112,867	\$ 0	0%	\$ 0	0%	\$ 112,867	100%
Special Studies	\$ 100,000	\$ 2,212	2%	\$ 4,311	4%	\$ 95,689	96%
Subcontractors	\$4,469,211	\$ 827,375	19%	\$2,507,092	56%	\$1,962,119	44%
Travel & Trans./Per Diem	\$ 900,513	\$ 160,526	18%	\$ 471,157	52%	\$ 429,356	48%
Other Direct Costs	\$ 428,526	\$ 268,670	63%	\$ 727,226	170%	\$ -298,700	-70%
Fee	\$ 535,611	\$ 127,701	24%	\$ 367,238	69%	\$ 168,373	31%
Total Cost Plus Fixed Fee	\$ 9,155,795	\$ 2,180,775	24%	\$ 6,259,080	68%	\$ 2,896,715	32%

Project to Date

Line Item	Budget	Actual Charges	% Budget	Balance Remaining	Percent Remaining
B. Expenses for Project to Date					
Salary	\$ 5,139,275	\$3,092,709	60%	\$ 2,046,566	40%
Fringe Benefits	\$ 65,906	\$ 0	0%	\$ 65,906	100%
Overhead	\$ 5,329,312	\$2,926,015	55%	\$ 2,403,297	45%
Allowances	\$ 1,470,651	\$ 930,690	63%	\$ 539,961	37%
Equipment	\$ 150,725	\$ 158,276	105%	\$ -7,551	-5%
Innovation Fund	\$ 564,846	\$ 0	0%	\$ 564,846	100%
Special Studies	\$ 250,000	\$ 29,835	12%	\$ 220,165	88%
Subcontractors	\$18,703,475	\$7,807,602	42%	\$10,895,873	58%
Travel & Trans./Per Diem	\$ 3,855,302	\$1,654,627	43%	\$ 2,200,675	57%
Other Direct Costs	\$ 2,094,026	\$2,102,955	100%	\$ -8,929	-0%
Fee	\$ 2,337,718	\$1,163,973	50%	\$ 1,173,745	50%
	-----	-----	----	-----	----
Total Cost Plus Fixed Fee	\$39,961,236	\$19,866,683	50%	\$20,094,553	50%
	=====	=====	====	=====	=====

table 2: Expenditures: by Priority Country Strategy

This Report for 4/01/95 to 6/30/95

	This Quarter		FY 1995		Contract to Date	
	Actual Charges	%	Actual Charges	%	Actual Charges	%
A. Country Specific Activities						
Asia						
Priority Countries	505,018	100%	1,199,761	98%	3,157,427	92%
Non-Priority Bilateral Countries	0	0%	0	0%	0	0%
Other Countries	545	0%	27,556	2%	292,857	8%
Subtotal Asia	\$ 505,563	100%	\$ 1,227,317	100%	\$ 3,450,284	100%
Europe						
Priority Countries	213,417	99%	504,646	99%	1,855,227	92%
Non-Priority Bilateral Countries	0	0%	0	0%	0	0%
Other Countries	1,598	1%	4,530	1%	163,160	8%
Subtotal Europe	\$ 215,015	100%	\$ 509,177	100%	\$ 2,018,387	100%
Latin America/Caribbean						
Priority Countries	207,679	83%	505,285	86%	1,431,758	75%
Non-Priority Bilateral Countries	35,778	14%	71,454	12%	463,191	24%
Other Countries	7,928	3%	9,208	2%	9,210	0%
Subtotal Latin America/Caribbean	\$ 251,385	100%	\$ 585,947	100%	\$ 1,904,159	100%
North/West Africa & Middle East						
Priority Countries	210,368	82%	714,092	84%	1,871,192	78%
Non-Priority Bilateral Countries	46,725	18%	132,845	16%	516,506	22%
Other Countries	165	0%	165	0%	285	0%
Subtotal North/West Africa & Middle East	\$ 257,258	100%	\$ 847,101	100%	\$ 2,387,982	100%
South/East Africa						
Priority Countries	98,731	63%	267,097	61%	902,990	51%
Non-Priority Bilateral Countries	58,520	37%	173,523	39%	864,582	49%
Other Countries	197	0%	197	0%	197	0%
Subtotal South/East Africa	\$ 157,448	100%	\$ 440,818	100%	\$ 1,767,769	100%
All Regions						
Priority Countries	1,235,212	89%	3,190,882	88%	9,218,594	80%
Non-Priority Bilateral Countries	141,024	10%	377,822	10%	1,844,279	16%
Other Countries	10,433	1%	41,656	1%	465,709	4%
Total for All Regions	\$ 1,386,669	100%	\$ 3,610,360	100%	\$11,528,582	100%

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table 2: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	----- This Quarter -----	FY 1995	Contract to Date -----
	Actual Charges	Actual Charges	Actual Charges
	-----	-----	-----
B. Non-Country Specific	\$ 794,106	\$ 2,661,018	\$ 8,348,785
C. Total Expenditures	\$ 2,180,775 =====	\$ 6,271,378 =====	\$19,877,367 =====

table 3: Expenditures: by Priority Country Strategy and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
Priority Countries			
Asia			
INDIA	\$ 119,628	\$ 250,257	\$ 513,795
INDONESIA	\$ 76,021	\$ 115,761	\$ 245,687
NEPAL	\$ 85,122	\$ 292,512	\$ 741,566
PHILIPPINES	\$ 224,247	\$ 541,231	\$ 1,656,379
Europe			
TURKEY	\$ 213,417	\$ 504,646	\$ 1,855,227
Latin America/Caribbean			
BELIZE	\$ 9	\$ 9	\$ 31
BRAZIL	\$ 63,979	\$ 171,255	\$ 298,178
COLOMBIA	\$ 4	\$ 77	\$ 119
MEXICO	\$ 84,967	\$ 170,812	\$ 538,900
PERU	\$ 58,720	\$ 163,128	\$ 594,502
PARAGUAY	\$ 0	\$ 4	\$ 29
North/West Africa & Middle East			
GHANA	\$ 209	\$ 209	\$ 216
TOGO/BENIN	\$ 35,808	\$ 246,907	\$ 591,830
EGYPT	\$ 38,139	\$ 222,885	\$ 652,922
MOROCCO	\$ 136,212	\$ 244,090	\$ 626,224
South/East Africa			
KENYA	\$ 13	\$ 33	\$ 95
UGANDA	\$ 98,717	\$ 267,064	\$ 902,895
Subtotal for Priority Countries	\$ 1,235,212	\$ 3,190,882	\$ 9,218,594
Non-Priority Bilateral Countries			
Latin America/Caribbean			
BOLIVIA	\$ 234	\$ 817	\$ 84,005
COSTA RICA	\$ 0	\$ 0	\$ 3
DOM. REPUBLIC	\$ 90	\$ 296	\$ 44,377
ECUADOR	\$ 14,475	\$ 39,842	\$ 127,691
EL SALVADOR	\$ 5,851	\$ 7,004	\$ 11,938
GUATEMALA	\$ 1,520	\$ 3,323	\$ 20,120
HAITI	\$ 8,274	\$ 10,767	\$ 154,178
HONDURAS	\$ 5,319	\$ 9,849	\$ 14,751
JAMAICA	\$ 14	\$ -443	\$ 6,128
North/West Africa & Middle East			
MALI	\$ 153	\$ 13,394	\$ 176,307
NIGER	\$ 1,346	\$ 2,751	\$ 61,549
SENEGAL	\$ 45,032	\$ 119,469	\$ 228,883
JORDAN	\$ 194	\$ -2,773	\$ 49,756
YEMEN	\$ 0	\$ 4	\$ 11
South/East Africa			
KALAWI	\$ 184	\$ 416	\$ 271,889
RWANDA	\$ 66	\$ 2,343	\$ 130,277
SWAZILAND	\$ 34,556	\$ 107,804	\$ 247,024
ZIMBABWE	\$ 20,711	\$ 42,374	\$ 188,069

table 3: Expenditures: by Priority Country Strategy and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
Non-Priority Bilateral Countries			
South/East Africa			
MADAGASCAR	\$ 3,004	\$ 20,566	\$ 20,566
LESOTHO	\$ -0	\$ 21	\$ 6,758
Subtotal for Non-Priority Bilateral Countries	\$ 141,024	\$ 377,822	\$ 1,844,279
Other Countries			
Asia			
SRI LANKA	\$ 275	\$ 275	\$ 381
PAPUA NEW GUINEA	\$ 265	\$ 27,139	\$ 288,359
SOUTH PACIFIC	\$ 6	\$ 142	\$ 4,117
Europe			
NEWLY INDEPENDENT STATES	\$ 1,570	\$ 3,914	\$ 162,027
KAZAKHSTAN	\$ 27	\$ 616	\$ 1,133
Latin America/Caribbean			
PANAMA	\$ 0	\$ 101	\$ 103
CHILE	\$ 7,928	\$ 9,107	\$ 9,107
North/West Africa & Middle East			
CONGO	\$ 165	\$ 165	\$ 201
TUNISIA	\$ 0	\$ 0	\$ 84
South/East Africa			
MADAGASCAR	\$ 197	\$ 197	\$ 197
Subtotal for Other Countries	\$ 10,433	\$ 41,656	\$ 465,709
Total for Country Specific Activities	\$ 1,386,669	\$ 3,610,360	\$11,528,582

table 3: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	----- This Quarter ----- Actual Charges	FY 1995 Actual Charges	Contract to Date Actual Charges -----
B. Non-Country Specific			
Asia			
ASIA REGIONAL	\$ 155,308	\$ 344,868	\$ 1,046,988
Europe			
EUROPE	\$ 4,813	\$ 7,275	\$ 9,075
General Project			
ADMINISTRATION	\$ 231,319	\$ 936,156	\$ 3,265,619
SPEC STUDY #1 (PRICING)	\$ 10,329	\$ 17,072	\$ 27,417
SPEC STUDY #2 (H.S.P. NETWORK EVAL)	\$ 163	\$ 1,714	\$ 16,127
SPEC STUDY #3 (GRADUATED PRODUCTS)	\$ 7,926	\$ 14,301	\$ 15,036
SPEC STUDY #4 (RETAILERS QOC)	\$ 1,233	\$ 1,583	\$ 1,583
SPEC STUDY #5 (LIFESTYLE PROFILES)	\$ 4,558	\$ 9,931	\$ 9,931
INFORMATION DISSEMINATION	\$ 94,096	\$ 174,615	\$ 328,890
CA 1994 MEETING	\$ -39	\$ -35	\$ 164,778
Latin America/Caribbean			
COLOMBIA REGIONAL OFFICE	\$ 709	\$ 14,240	\$ 39,275
LATIN AMERICA REGIONAL	\$ 78,214	\$ 285,664	\$ 918,321
North/West Africa & Middle East			
N/W AFRICA & MIDDLE EAST REGIONAL	\$ 114,275	\$ 599,357	\$ 1,595,258
South/East Africa			
S/E AFRICA REGIONAL	\$ 91,204	\$ 254,280	\$ 910,487
Total for Non-Country Specific	\$ 794,106 =====	\$ 2,661,018 =====	\$ 8,348,785 =====

C. Summary

Total Country Specific	\$ 1,386,669	\$ 3,610,360	\$11,528,582
Total Non-Country Specific	\$ 794,106	\$ 2,661,018	\$ 8,348,785
Total Expenditures	<u>\$ 2,180,775</u>	<u>\$ 6,271,378</u>	<u>\$19,877,367</u>

table 4: Expenditures: by Program type and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
Continued Programs			
Asia			
INDONESIA	\$ 76,021	\$ 115,761	\$ 245,687
PAPUA NEW GUINEA	\$ 265	\$ 27,139	\$ 288,359
SOUTH PACIFIC	\$ 6	\$ 142	\$ 4,117
North/West Africa & Middle East			
TOGO/BENIN	\$ 35,808	\$ 246,907	\$ 591,830
EGYPT	\$ 38,139	\$ 222,885	\$ 652,922
South/East Africa			
SWAZILAND	\$ 34,556	\$ 107,804	\$ 247,024
ZIMBABWE	\$ 20,711	\$ 42,374	\$ 188,069
LESOTHO	\$ -0	\$ 21	\$ 6,758
Subtotal for Continued Programs	\$ 205,505	\$ 763,033	\$ 2,224,766
Expanded Programs			
Asia			
NEPAL	\$ 85,122	\$ 292,512	\$ 741,566
PHILIPPINES	\$ 224,247	\$ 541,231	\$ 1,656,379
Europe			
TURKEY	\$ 213,417	\$ 504,646	\$ 1,855,227
Latin America/Caribbean			
BOLIVIA	\$ 234	\$ 817	\$ 84,005
BRAZIL	\$ 63,979	\$ 171,255	\$ 298,178
DOM. REPUBLIC	\$ 90	\$ 296	\$ 44,377
ECUADOR	\$ 14,475	\$ 39,842	\$ 127,691
JAMAICA	\$ 14	\$ -443	\$ 6,128
MEXICO	\$ 84,967	\$ 170,812	\$ 538,900
PERU	\$ 58,720	\$ 163,128	\$ 594,502
North/West Africa & Middle East			
MALI	\$ 153	\$ 13,394	\$ 176,307
MOROCCO	\$ 136,212	\$ 244,090	\$ 626,224
South/East Africa			
MALAWI	\$ 184	\$ 416	\$ 271,889
RWANDA	\$ 66	\$ 2,343	\$ 130,277
UGANDA	\$ 98,717	\$ 267,064	\$ 902,895
Subtotal for Expanded Programs	\$ 980,598	\$ 2,411,403	\$ 8,054,546
New Programs			
Asia			
INDIA	\$ 119,628	\$ 250,257	\$ 513,795
Europe			
NEWLY INDEPENDENT STATES	\$ 1,570	\$ 3,914	\$ 162,027
KAZAKHSTAN	\$ 27	\$ 616	\$ 1,133
Latin America/Caribbean			
HAITI	\$ 8,274	\$ 10,767	\$ 154,178
CHILE	\$ 7,928	\$ 9,107	\$ 9,107

table 4: Expenditures: by Program type and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
New Programs			
Latin America/Caribbean			
North/West Africa & Middle East			
NIGER	\$ 1,346	\$ 2,751	\$ 61,549
SENEGAL	\$ 45,032	\$ 119,469	\$ 228,883
JORDAN	\$ 194	\$ -2,773	\$ 49,756
South/East Africa			
MADAGASCAR	\$ 197	\$ 197	\$ 197
Subtotal for New Programs	\$ 184,197	\$ 394,305	\$ 1,180,624
Other			
Asia			
SRI LANKA	\$ 275	\$ 275	\$ 381
Latin America/Caribbean			
BELIZE	\$ 9	\$ 9	\$ 31
COLOMBIA	\$ 4	\$ 77	\$ 119
COSTA RICA	\$ 0	\$ 0	\$ 3
EL SALVADOR	\$ 5,851	\$ 7,004	\$ 11,938
GUATEMALA	\$ 1,520	\$ 3,323	\$ 20,120
HONDURAS	\$ 5,319	\$ 9,849	\$ 14,751
PANAMA	\$ 0	\$ 101	\$ 103
PARAGUAY	\$ 0	\$ 4	\$ 29
North/West Africa & Middle East			
GHANA	\$ 209	\$ 209	\$ 216
CONGO	\$ 165	\$ 165	\$ 201
TUNISIA	\$ 0	\$ 0	\$ 84
YEMEN	\$ 0	\$ 4	\$ 11
South/East Africa			
KENYA	\$ 13	\$ 33	\$ 95
MADAGASCAR	\$ 3,004	\$ 20,566	\$ 20,566
Subtotal for Other	\$ 16,369	\$ 41,618	\$ 68,646
Total for Country Specific Activities	\$ 1,386,669	\$ 3,610,360	\$11,528,582

table 4: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	----- This Quarter -----	FY 1995	Contract to Date -----
	Actual Charges	Actual Charges	Actual Charges
	-----	-----	-----
B. Non-Country Specific			
Asia			
ASIA REGIONAL	\$ 155,308	\$ 344,868	\$ 1,046,988
Europe			
EUROPE	\$ 4,813	\$ 7,275	\$ 9,075
General Project			
ADMINISTRATION	\$ 231,319	\$ 936,156	\$ 3,265,619
SPEC STUDY #1 (PRICING)	\$ 10,329	\$ 17,072	\$ 27,417
SPEC STUDY #2 (H.S.P. NETWORK EVAL)	\$ 163	\$ 1,714	\$ 16,127
SPEC STUDY #3 (GRADUATED PRODUCTS)	\$ 7,926	\$ 14,301	\$ 15,036
SPEC STUDY #4 (RETAILERS QOC)	\$ 1,233	\$ 1,583	\$ 1,583
SPEC STUDY #5 (LIFESTYLE PROFILES)	\$ 4,558	\$ 9,931	\$ 9,931
INFORMATION DISSEMINATION	\$ 94,096	\$ 174,615	\$ 328,890
CA 1994 MEETING	\$ -39	\$ -35	\$ 164,778
Latin America/Caribbean			
COLOMBIA REGIONAL OFFICE	\$ 709	\$ 14,240	\$ 39,275
LATIN AMERICA REGIONAL	\$ 78,214	\$ 285,664	\$ 918,321
North/West Africa & Middle East			
N/W AFRICA & MIDDLE EAST REGIONAL	\$ 114,275	\$ 599,357	\$ 1,595,258
South/East Africa			
S/E AFRICA REGIONAL	\$ 91,204	\$ 254,280	\$ 910,487
Total for Non-Country Specific	\$ 794,106 ----- =====	\$ 2,661,018 ----- =====	\$ 8,348,785 ----- =====

C. Summary

Total Country Specific	\$ 1,386,669	\$ 3,610,360	\$11,528,582
Total Non-Country Specific	\$ 794,106	\$ 2,661,018	\$ 8,348,785
Total Expenditures	\$ 2,180,775 =====	\$ 6,271,378 =====	\$19,877,367 =====

Table 5: Summary of Expenditures for this Quarter, Fiscal Year and Project to Date
 Report for 4/01/95 to 6/30/95

Country	Estimated Completion	Authorized Funds	This Quarter		Year to Date		Project to Date		
			Obligated Amount	Actual Charges	% Oblig.	Actual Charges	% Oblig.	Actual Charges	% Oblig.
Egypt	6/30/94	1,017,095	1,000,600	0	0%	41,342	4%	840,041	83%
Philippines	6/30/95	505,944	500,000	11,657	2%	151,632	30%	335,412	66%
Bolivia	3/31/95	298,485	298,485	2,056	1%	95,711	32%	224,322	75%
Jamaica	9/30/95	958,968	958,968	77,667	8%	484,896	51%	676,456	71%
SOMARC	12/31/96	5,254,777	5,254,777	650,558	12%	2,050,769	39%	2,919,786	56%
Haiti	5/31/95	377,231	377,231	52,855	14%	231,528	61%	362,302	96%
Niger	9/30/95	997,681	997,681	109,546	11%	273,180	27%	561,719	56%
Yemen	2/28/95	986,344	950,000	2,680	0%	397,329	40%	735,261	75%
Jordan	8/23/95	1,144,338	1,144,338	73,183	6%	335,497	29%	501,030	44%
Guatemala	8/31/96	291,209	291,209	15,578	5%	40,291	14%	40,291	14%
Egypt II	6/30/96	583,314	583,314	85,687	15%	272,317	47%	272,317	47%
Uganda	7/30/97	1,881,465	427,463	98,141	5%	257,965	14%	257,965	14%
Philippines II	8/31/95	83,454	83,454	31,554	38%	36,182	43%	36,182	43%
India	9/29/97	1,299,511	800,000	17,978	1%	34,695	3%	34,695	3%
Senegal	8/31/95	600,002	500,000	67,360	11%	90,196	15%	90,196	15%
Indonesia	12/31/95	365,000	365,000	0	0%	0	0%	0	0%
Turkey	9/29/97	417,009	417,009	0	0%	0	0%	0	0%
Jamaica II	7/01/96	249,622	249,622	0	0%	0	0%	0	0%
Ecuador	9/30/97	898,458	200,000	0	0%	0	0%	0	0%
		-----	-----	-----		-----		-----	
		\$18,209,907	\$15,399,151	\$1,296,501		\$ 4,793,529		\$ 7,887,974	
		=====	=====	=====		=====		=====	

table 6: Expenditures: by Priority Country Strategy

This Report for 4/01/95 to 6/30/95

	This Quarter		FY 1995		Contract to Date	
	Actual Charges	%	Actual Charges	%	Actual Charges	%
A. Country Specific Activities						
Asia						
Priority Countries	61,189	100%	222,508	100%	404,132	100%
Non-Priority Bilateral Countries	0	0%	0	0%	0	0%
Other Countries	0	0%	0	0%	0	0%
Subtotal Asia	\$ 61,189	100%	\$ 222,508	100%	\$ 404,132	100%
Europe						
Priority Countries	0	0%	0	0%	0	0%
Non-Priority Bilateral Countries	0	0%	0	0%	0	0%
Other Countries	650,558	100%	2,051,586	100%	2,919,433	100%
Subtotal Europe	\$ 650,558	100%	\$ 2,051,586	100%	\$ 2,919,433	100%
Latin America/Caribbean						
Priority Countries	0	0%	0	0%	0	0%
Non-Priority Bilateral Countries	148,157	100%	852,703	100%	1,303,359	100%
Other Countries	0	0%	0	0%	0	0%
Subtotal Latin America/Caribbean	\$ 148,157	100%	\$ 852,703	100%	\$ 1,303,359	100%
North/West Africa & Middle East						
Priority Countries	85,687	25%	313,660	22%	1,113,907	37%
Non-Priority Bilateral Countries	252,769	75%	1,096,201	78%	1,887,905	63%
Other Countries	0	0%	0	0%	0	0%
Subtotal North/West Africa & Middle East	\$ 338,456	100%	\$ 1,409,861	100%	\$ 3,001,813	100%
South/East Africa						
Priority Countries	98,141	100%	257,965	100%	257,965	100%
Non-Priority Bilateral Countries	0	0%	0	0%	0	0%
Other Countries	0	0%	0	0%	0	0%
Subtotal South/East Africa	\$ 98,141	100%	\$ 257,965	100%	\$ 257,965	100%
All Regions						
Priority Countries	245,018	19%	794,133	17%	1,776,004	23%
Non-Priority Bilateral Countries	400,925	31%	1,948,904	41%	3,191,264	40%
Other Countries	650,558	50%	2,051,586	43%	2,919,433	37%
Total for All Regions	\$ 1,296,501	100%	\$ 4,794,622	100%	\$ 7,886,700	100%

table 6: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	----- This Quarter -----	FY 1995	Contract to Date -----
	Actual Charges	Actual Charges	Aual Charges -----
B. Non-Country Specific	\$ 0	\$ -1,093	\$ 1,273
	-----	-----	-----
C. Total Expenditures	\$ 1,296,501	\$ 4,793,529	\$ 7,887,974
	=====	=====	=====

table 7: Expenditures: by Priority Country Strategy and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
Priority Countries			
Asia			
INDIA	\$ 17,978	\$ 34,695	\$ 34,695
PHILIPPINES	\$ 43,211	\$ 187,814	\$ 369,437
North/West Africa & Middle East			
EGYPT	\$ 85,687	\$ 313,660	\$ 1,113,907
South/East Africa			
UGANDA	\$ 98,141	\$ 257,965	\$ 257,965
Subtotal for Priority Countries	\$ 245,018	\$ 794,133	\$ 1,776,004
Non-Priority Bilateral Countries			
Latin America/Caribbean			
BOLIVIA	\$ 2,056	\$ 95,791	\$ 224,318
GUATEMALA	\$ 15,578	\$ 40,291	\$ 40,291
HAITI	\$ 52,855	\$ 231,528	\$ 362,302
JAMAICA	\$ 77,667	\$ 485,094	\$ 676,448
North/West Africa & Middle East			
MALI	\$ 2,680	\$ 397,182	\$ 734,971
NIGER	\$ 109,546	\$ 273,180	\$ 561,716
SENEGAL	\$ 67,360	\$ 90,196	\$ 90,196
JORDAN	\$ 73,183	\$ 335,643	\$ 501,022
Subtotal for Non-Priority Bilateral Countries	\$ 400,925	\$ 1,948,904	\$ 3,191,264
Other Countries			
Europe			
NEWLY INDEPENDENT STATES	\$ 26,793	\$ 318,405	\$ 835,580
KAZAKHSTAN	\$ 353,797	\$ 1,108,358	\$ 1,359,573
KYRGYZTAN	\$ 26,034	\$ 109,186	\$ 125,283
TURKMENISTAN	\$ 0	\$ 6,356	\$ 12,419
UZBEKISTAN	\$ 242,420	\$ 489,806	\$ 562,034
UZBEKISTAN	\$ 1,514	\$ 19,475	\$ 24,544
Subtotal for Other Countries	\$ 650,558	\$ 2,051,586	\$ 2,919,433
Total for Country Specific Activities	\$ 1,296,501	\$ 4,794,622	\$ 7,886,700

table 7: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
B. Non-Country Specific			
General Project			
ADMINISTRATION	\$ 0	\$ -1,093	\$ 1,273
	-----	-----	-----
Total for Non-Country Specific	\$ 0	\$ -1,093	\$ 1,273
	=====	=====	=====

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C. Summary

Total Country Specific	\$ 1,296,501	\$ 4,794,622	\$ 7,886,700
Total Non-Country Specific	\$ 0	\$ -1,093	\$ 1,273
	-----	-----	-----
Total Expenditures	\$ 1,296,501	\$ 4,793,529	\$ 7,887,974
	=====	=====	=====

table 8: Expenditures: by Program type and Country

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
A. Country Specific Activities			
Continued Programs			
North/West Africa & Middle East			
EGYPT	\$ 85,687	\$ 313,660	\$ 1,113,907
Subtotal for Continued Programs	\$ 85,687	\$ 313,660	\$ 1,113,907
Expanded Programs			
Asia			
PHILIPPINES	\$ 43,211	\$ 187,814	\$ 369,437
Latin America/Caribbean			
BOLIVIA	\$ 2,056	\$ 95,791	\$ 224,318
JAMAICA	\$ 77,667	\$ 485,094	\$ 676,448
North/West Africa & Middle East			
MALI	\$ 2,680	\$ 397,182	\$ 734,971
South/East Africa			
UGANDA	\$ 98,141	\$ 257,965	\$ 257,965
Subtotal for Expanded Programs	\$ 223,756	\$ 1,423,845	\$ 2,263,138
New Programs			
Asia			
INDIA	\$ 17,978	\$ 34,695	\$ 34,695
Europe			
NEWLY INDEPENDENT STATES	\$ 26,793	\$ 318,405	\$ 835,580
KAZAKHSTAN	\$ 353,797	\$ 1,108,358	\$ 1,359,573
KYRGYZTAN	\$ 26,034	\$ 109,186	\$ 125,283
TURKMENISTAN	\$ 0	\$ 6,356	\$ 12,419
UZBEKISTAN	\$ 242,420	\$ 489,806	\$ 562,034
UZBEKISTAN	\$ 1,514	\$ 19,475	\$ 24,544
Latin America/Caribbean			
HAITI	\$ 52,855	\$ 231,528	\$ 362,302
North/West Africa & Middle East			
NIGER	\$ 109,546	\$ 273,180	\$ 561,716
SENEGAL	\$ 67,360	\$ 90,196	\$ 90,196
JORDAN	\$ 73,183	\$ 335,643	\$ 501,022
Subtotal for New Programs	\$ 971,479	\$ 3,016,827	\$ 4,469,363
Other			
Latin America/Caribbean			
GUATEMALA	\$ 15,578	\$ 40,291	\$ 40,291
Subtotal for Other	\$ 15,578	\$ 40,291	\$ 40,291
Total for Country Specific Activities	\$ 1,296,501	\$ 4,794,622	\$ 7,886,700

table 8: Expenditures: Non-Country Specific Activities

This Report for 4/01/95 to 6/30/95

	This Quarter	FY 1995	Contract to Date
	Actual Charges	Actual Charges	Actual Charges
B. Non-Country Specific			
General Project			
ADMINISTRATION	\$ 0	\$ -1,093	\$ 1,273
	-----	-----	-----
Total for Non-Country Specific	\$ 0	\$ -1,093	\$ 1,273
	=====	=====	=====

C. Summary

Total Country Specific	\$ 1,296,501	\$ 4,794,622	\$ 7,886,700
Total Non-Country Specific	\$ 0	\$ -1,093	\$ 1,273
	-----	-----	-----
Total Expenditures	\$ 1,296,501	\$ 4,793,529	\$ 7,887,974
	=====	=====	=====

Appendix 11 - SOMARC III Funding Allocations

SOMARC III ALLOCATIONS

Country	FY 1993 Allocation 10/92-10/94	FY 1994 Allocation 4/94-3/95	FY 1995 Allocation 4/95-3/96	Total Expended through 6/95	Remaining
BRAZIL	\$600,000	\$0	\$500,000	\$298,178	\$801,822
BOLIVIA				\$84,005	(\$84,005)
CA MEETING	\$161,800	\$0	\$0	\$164,817	(\$3,017)
CAR	\$150,000	\$0	\$0	\$163,160	(\$13,160)
DOMINICAN REP.				\$44,377	(\$44,377)
EGYPT	\$400,000	\$350,000	\$0	\$652,922	\$97,078
ECUADOR			\$100,000	\$127,691	(\$27,691)
EL SALVADOR			\$300,000	\$11,938	\$288,062
GHANA			\$200,000	\$216	\$199,784
GUATEMALA/CA	\$100,000	\$0	\$150,000	\$20,120	\$229,880
HAITI	\$150,000	\$0	\$458,000	\$154,178	\$453,822
HONDURAS			\$75,000	\$14,751	\$60,249
INDIA	\$600,000	\$438,056	\$800,000	\$513,795	\$1,324,261
INDONESIA AIDS	\$200,000			\$201,049	(\$1,049)
INDONESIA FP			\$300,000		\$300,000
JORDAN				\$49,756	(\$49,756)
KENYA				\$95	(\$95)
MADAGASCAR			\$700,000	\$20,763	\$679,237
MALAWI	\$300,000	\$0	\$0	\$271,889	\$28,111
MALI	\$150,000	\$0	\$0	\$176,307	(\$26,307)
MEXICO	\$600,000	\$350,000	\$500,000	\$538,900	\$911,100
MOROCCO	\$500,000	\$800,000	\$600,000	\$626,224	\$1,273,776
NEPAL	\$300,000	\$250,000	\$350,000	\$741,566	\$158,434
NIGER			\$100,000	\$61,549	\$38,451
P.N.G.	\$500,000	\$0	\$0	\$288,359	\$211,641
PERU	\$450,000	\$250,000	\$400,000	\$594,502	\$505,498
PHILIPPINES		\$1,000,000	\$0	\$608,342	\$391,658
RWANDA	\$200,000	\$0	\$0	\$130,277	\$69,723
SENEGAL	\$0	\$150,000	\$100,000	\$228,883	\$21,117
SWAZILAND				\$37,054	(\$37,054)
TOGO/BENIN	\$200,000	\$100,000	\$0	\$451,140	(\$151,140)
TURKEY	\$1,000,000	\$900,000	\$547,000	\$1,855,227	\$591,773
UGANDA	\$300,000	\$500,000	\$500,000	\$902,895	\$397,105
ZIMBABWE	\$200,000	\$100,000	\$0	\$188,069	\$111,931
OTHER				\$27,072	(\$27,072)
SUBTOTAL	\$7,061,800	\$5,188,056	\$6,680,000	\$10,250,066	\$8,679,790
DC/REGIONAL	\$3,011,717	\$3,200,000	\$2,000,000	\$8,049,156	\$162,561
TOTAL CORE	\$10,073,517	\$8,388,056	\$8,680,000	\$18,299,222	\$8,842,351
EGYPT			\$200,000		\$200,000
INDONESIA AIDS (5304)		\$250,000		\$44,638	\$205,362
NIGER (5307)			\$400,000		\$400,000
PAN ARAB (5302)	\$311,000		\$500,000	\$299,628	\$511,372
PHILIPPINES (5301/06)	\$1,000,000		\$1,000,000	\$1,047,827	\$952,173
SWAZILAND (5303)	\$385,785			\$209,970	\$175,815
SENEGAL (5308)			\$500,000		\$500,000
TOGO (5305)		\$550,000		\$140,690	\$409,310
SUBTOTAL OYBs	\$1,696,785	\$800,000	\$2,600,000	\$1,742,753	\$3,354,032
BOLIVIA (5353)	\$298,485			\$224,322	\$74,163
C.A.R (5355)	\$3,300,000	\$1,954,777		\$2,919,786	\$2,334,991
ECUADOR (5369)			\$200,000	\$0	\$200,000
EGYPT (5351/61)	\$1,000,600	\$322,561	\$260,753	\$1,112,358	\$471,556
GUATEMALA (5360)		\$291,209		\$40,291	\$250,918
HAITI (5356)	\$249,399	\$127,832		\$362,302	\$14,929
INDIA(5364)		\$600,000	\$200,000	\$34,695	\$765,305
INDONESIA (5366)			\$365,000	\$0	\$365,000
JAMAICA (5354/68)	\$461,900	\$497,068	\$249,622	\$676,456	\$532,134
JORDAN (5359)	\$1,144,338			\$501,030	\$643,308
MALI (5358)	\$500,000	\$450,000		\$735,261	\$214,739
NIGER (5357)	\$500,000	\$497,681		\$561,719	\$435,962
PHILIPPINES(5352/63)	\$500,000	\$83,454		\$371,594	\$211,860
SENEGAL (5365)		\$500,000		\$90,196	\$409,804
TURKEY (5367)			\$417,009		\$417,009
UGANDA (5362)		\$427,463		\$257,965	\$169,498
SUBTOTAL BUYINS	\$7,954,722	\$5,752,045	\$1,692,384	\$7,887,975	\$7,511,176
GRAND TOTAL	\$19,725,024	\$14,940,101	\$12,972,384	\$27,929,950	\$19,707,559

Appendix 12 - LOE by Person/Position

table 2: Level of Effort in Days by Contract Position and Individual

This Report for June 1995

	This Month		This Quarter		FY 1995		Contract to Date	
	Days	Days	Days	Days	Budget	Days	% Budget	
Project Director	0.0	0.0	102.3	102.3	990.0	475.6	48%	
PLATA, SANTIAGO	0.0	0.0	102.3	102.3		475.6		
Deputy Director	15.4	50.5	136.3	136.3	990.0	519.9	53%	
BAIRD, VICTORIA S.	15.4	50.5	136.3	136.3		519.9		
Administrator	15.5	45.8	139.8	139.8	990.0	558.9	56%	
BWALYA, JEAN B.	15.5	45.8	140.4	140.4		163.4		
CACHAN, JEANNETTE	0.0	0.0	-.6	-.6		382.6		
LOCH-MARTINEZ, LOURDES	0.0	0.0	0.0	0.0		12.9		
Contract Administrator	16.4	43.9	126.1	126.1	785.4	462.1	59%	
COUREMBIS, SYLVIA	0.0	0.0	0.0	0.0		26.8		
SILVA, ELISABETH B.	0.0	0.0	0.0	0.0		3.4		
SOO CHAN SING, THERESA	16.4	43.9	126.1	126.1		431.9		
Marketing Long-Term Methods	41.1	73.7	161.8	161.8	1,122.0	550.3	49%	
AGARWAL, KOKILA	.6	2.8	13.4	13.4		76.2		
BACHMAN, GRETCHEN A.	13.0	43.4	113.2	113.2		355.2		
BAKAMJIAN, LYNN (AVS)	.6	.6	.6	.6		.6		
BOLTON, PAMELA (AVS)	0.0	0.0	.6	.6		.6		
CARIGNAN, CHARLES (AVS)	.9	.9	1.8	1.8		2.0		
CHARLES, MARIE ROSE (AVS)	0.0	0.0	0.0	0.0		2.3		
JONES, BARBARA (AVS)	8.8	8.8	13.3	13.3		48.5		
LANDRY, EVELYN (AVS)	1.0	1.0	1.3	1.3		1.3		
MASON, KATE (AVS)	.5	.5	.5	.5		.5		
O'SULLIVAN, GAEL	0.0	0.0	0.0	0.0		23.1		
STEELE-VERME, CYNTHIA (AVS)	1.9	1.9	1.9	1.9		24.5		
TURKMENOGU, IBRAHIM (AVS)	12.0	12.0	12.0	12.0		12.0		
VARSHNEYA, G.P. (AVS)	0.0	0.0	0.0	0.0		.3		
WARREN, SARA (AVS)	.9	.9	.9	.9		.9		
WICKSTROM, JANE (AVS)	1.0	1.0	2.4	2.4		2.4		
MIS/Commodities Director	20.8	55.4	168.0	168.0	990.0	550.3	56%	
CROLL, STEPHEN M.	20.8	55.4	168.0	168.0		268.1		
PORTUGILL, DILYS F.	0.0	0.0	0.0	0.0		113.5		
WISE, JAMES	0.0	0.0	0.0	0.0		168.6		
Market Research Manager	16.4	55.4	147.3	147.3	990.0	432.9	44%	
JOHNSTON, CECILE M.	16.4	55.4	148.1	148.1		153.1		
TIPPING, SHARON	0.0	0.0	-.9	-.9		279.8		
Senior Marketing Tech Assistance/Home	.6	7.8	22.6	22.6	286.0	87.2	30%	
LEVY, TENNYSON E.	0.0	0.0	0.0	0.0		35.9		
MAHER, SHEILA	.6	7.8	22.6	22.6		48.8		
STOVER, JOHN G.	0.0	0.0	0.0	0.0		2.5		
Marketing Tech Assistance/Field	29.0	115.6	368.8	368.8	286.0	458.6	***%	

table 2: Level of Effort in Days by Contract Position and Individual

This Report for June 1995

		-----			Contract to Date	
		This Month	This Quarter	FY 1995	Budget	Days % Budget
		Days	Days	Days	Budget	Days % Budget
CANKATAN, HAKAN		7.0	45.0	170.0		191.0
CHABBERT, OLIVIER RENE		12.9	40.4	102.4		102.4
CISEK, CINDI		9.1	30.3	96.4		135.3
TIFF, SARA J.		0.0	0.0	0.0		30.0
TIFFT, SARA J.		0.0	0.0	0.0		0.0
Training		0.0	19.4	39.1	1,533.4	469.6 31%
CANTY, JENNIFER	(DA)	0.0	6.3	18.3		18.3
CASTRO, NIDIA	(DA)	0.0	0.0	0.0		1.4
DENNISON, EDWARD	(DA)	0.0	3.1	6.3		13.4
HAIDER, MUHIUDDIN	(DA)	0.0	5.0	7.0		419.6
LOUIE, H.	(DA)	0.0	0.0	0.0		1.6
MIMMS, K.M.	(DA)	0.0	0.0	0.0		1.3
O'HARA, S.	(DA)	0.0	0.0	1.3		4.8
PERRY, KAREN	(DA)	0.0	5.1	5.4		5.4
PFLUEGER, SCOTT	(DA)	0.0	0.0	.9		3.6
WEAVER, WALTER	(DA)	0.0	0.0	0.0		.3
Short-Term Technical Staff		32.7	165.9	837.1	2,226.4	2,000.6 90%
ABEL, EDWARD		0.0	0.0	0.0		3.6
AUSTIN, BRIDGETTE	(PN)	0.0	0.0	1.3		1.3
BERG, RUTH R.		0.0	0.0	.3		4.2
BOWEN, HEATHER		0.0	0.0	0.0		.3
BURAKER, K.	(PN)	0.0	.6	.6		.6
CARDENAS, T.	(PN)	0.0	0.0	16.3		38.7
CHAPIN, MARIAH	(PN)	0.0	0.0	.1		.1
CLARK, ROSELLA	(PN)	0.0	0.0	4.4		4.4
CLYDE, MAUREEN		0.0	0.0	.1		.6
COLE, HENRY E.		0.0	.6	2.8		67.1
COVER, JANE K.		0.0	0.0	6.5		6.5
CURRIER, HEATHER M.		0.0	0.0	0.0		24.8
DAS-MUKERJI, SIDHARTA		0.0	7.5	91.5		143.5
DAS-MUKERJI, SIDHARTA	(IND)	0.0	0.0	0.0		43.0
DAVIS, KARA	(PN)	0.0	0.0	1.0		1.0
DEBUS, MARY	(PN)	0.0	0.0	24.0		31.3
DUSENBURY, K.	(PN)	0.0	0.0	.8		.8
FASSIHIAN, GOLROKH		0.0	0.0	0.0		1.0
FAULKNER, DANA	(PN)	0.0	9.3	22.3		22.3
FOREIT, KAREN		0.0	2.1	7.6		8.1
FRESHWATER, T.	(PN)	0.0	.9	1.4		1.4
GALWAY, KATRINA		.5	.5	20.6		22.8
GOLDMAN, L.	(PN)	0.0	7.5	11.3		11.3
HEALY, W.	(PN)	0.0	0.0	.3		.3
HEATON, LAURA M.		0.0	0.0	.6		88.8
HERNANDEZ, LUIS R.		0.0	0.0	6.3		6.3
HESTER, CHRIS	(PN)	0.0	0.0	.3		.6
HESTER, CHRISTOPHER	(PN)	0.0	0.0	.2		.2
HUGHES, KRISTEN	(PN)	0.0	0.0	5.3		10.0

table 2: Level of Effort in Days by Contract Position and Individual

This Report for June 1995

		-----			Contract to Date	
		This Month	This Quarter	FY 1995	Budget	Days % Budget
		Days	Days	Days		

HUMMEL, JEFFREY		3.3	5.4	9.8		112.0
ISREAL, JODY	(PN)	0.0	0.0	.8		.8
JACKSON, BARBARA J.		0.0	0.0	0.0		28.0
JOHNS, ROSEMARIE	(PN)	0.0	0.0	.6		.6
KAPLUN, MARK M.		0.0	0.0	0.0		18.5
KINGFIELD, KEVIN		0.0	0.0	0.0		19.0
KIRMEYER, SHARON		0.0	0.0	0.0		6.1
KRESS, DANIEL H.		8.9	20.4	20.4		20.4
LOCH-MARTINEZ, LOURDES		0.0	.2	9.5		152.6
LOCHNER, ALANA	(PN)	0.0	0.0	.2		.2
MEYER-RAMIREZ, KIMBERL		0.0	10.8	25.6		95.6
MORCH, SYS	(PN)	0.0	0.0	16.5		76.2
MOSTAJO, PATRICIA		2.5	2.5	2.5		2.5
MULHERN, MARY		13.0	15.5	27.1		70.7
O'HANLON, BARBARA P.		0.0	0.0	0.0		16.3
PFEIL, M.	(PN)	0.0	.9	29.6		54.6
POLICH, WENDY ELLEN		0.0	0.0	0.0		32.1
POPE, JULIA ANNE		4.5	14.3	85.4		188.8
PORTER, BOB	(PN)	0.0	.9	16.5		18.3
PORTUGILL, JESTYN	(PN)	0.0	0.0	0.0		85.0
RABIN, C.	(PN)	0.0	0.0	.8		1.4
RAMAH, MICHAEL	(PN)	0.0	5.0	42.9		42.9
RAO, VIJAY		0.0	0.0	3.8		9.8
RITZENTHALER, ROBERT J		0.0	0.0	1.9		9.8
SCHNEIDER, A.	(PN)	0.0	34.8	185.9		227.4
SHERMAN, MARK		0.0	0.0	0.0		1.3
SILVA, MIKE	(PN)	0.0	8.5	32.0		32.0
SINE, JEFFREY J.		0.0	11.3	46.2		46.2
SMITH, JANET M.		0.0	0.0	5.8		5.8
SMITH, SUSAN J.		0.0	0.0	-4.1		29.3
VASHEE, YATIN		0.0	0.0	0.0		.1
VIETAS, COURTNEY	(PN)	0.0	5.8	6.5		6.5
WEIRMAN, JENNIFER	(PN)	0.0	.4	41.8		41.8
WINFREY, WILLIAM L.		0.0	.8	3.5		3.5
ZUCKER, D.	(PN)	0.0	0.0	.4		.4
Information Dissemination		12.9	45.8	139.6	990.0	452.8 46%
BENNETT, DEBORAH		12.9	45.8	139.6		184.9
CISEK, CINDI		0.0	0.0	0.0		267.9
Technical Assistance/DC Support		73.5	218.7	614.9	3,102.0	1,847.0 60%
CARTER, GAIL A.		0.0	0.0	0.0		1.0
DABNEY, JOAN G.		17.9	49.1	157.5		369.8
DAVIES, EDWARD		20.5	60.1	167.8		167.8
HEBERLIG, BELINDA B.		17.9	56.9	129.1		129.1
HENSLEY, BRENT L.		17.3	52.6	147.3		335.7
LIVINGSTON, SUSAN D.		0.0	0.0	0.0		1.0
MENTZER, MARIELLE		0.0	0.0	0.0		144.9

table 2: Level of Effort in Days by Contract Position and Individual
 This Report for June 1995

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	This Month	This Quarter	FY 1995	Contract to Date		
	Days	Days	Days	Budget	Days	% Budget

SPECTOR, TAHLIA	0.0	0.0	0.0		286.9	
TOM-SAHR, EDWARD	0.0	0.0	0.0		140.8	
WALL, JANET	0.0	0.0	13.1		269.9	
Public Relations/Advertising	41.5	103.8	190.3	550.0	310.4	56%
BAUGH, TERRY (TB)	17.6	40.7	77.9		194.4	
CAINE, CATHERINE (TB)	7.0	26.3	35.3		35.8	
JOHNSON, KAREN (TB)	4.9	4.9	17.3		17.3	
KINDREGAN (TB)	.9	2.2	8.4		8.9	
THOMPSON, RANDI (TB)	4.4	16.6	29.4		32.1	
WOODRUFF, LEE (TB)	6.6	13.1	21.9		21.9	
LAC Manager	16.1	54.0	135.6	990.0	506.9	51%
URRUTIA, JUAN MANUEL	16.1	54.0	135.6		506.9	
LAC Technical 1	15.0	51.3	158.3	990.0	536.3	54%
MEJIA, DARIO	15.0	51.3	158.3		536.3	
LAC Technical 2	36.0	118.9	289.8	990.0	702.9	71%
BERISTAIN, CLAUDIA A.	16.0	59.0	157.3		455.5	
CASTILLO, CARMEN LOPE	20.0	41.9	41.9		41.9	
HOYO, CLAUDIA S	0.0	0.0	0.0		66.1	
LOPEZ, CARMEN	0.0	18.0	90.6		139.4	
LAC Administrator	0.0	10.3	124.9	990.0	480.0	48%
GAYTAN, LENORE	0.0	10.4	125.9		481.0	
Asia Manager	22.0	65.0	202.3	990.0	528.0	53%
HILL, JOLYNN F.	22.0	65.0	181.0		181.0	
LEAVELL, RITA LYNN	0.0	0.0	21.3		347.0	
Asia Technical	22.0	61.0	170.3	1,122.0	621.8	55%
HOWARD, SUSAN	0.0	0.0	109.3		560.8	
SCHNEIDER, ANTON	22.0	61.0	61.0		61.0	
Asia Administrator	0.0	17.0	43.8	990.0	334.0	34%
SIBBALD, FRANCISCA	0.0	0.0	0.0		111.0	
WIHARDJA, IGNASIA	0.0	17.0	43.8		223.0	
East/South Africa Manager	16.0	52.4	142.8	990.0	399.9	40%
NAUDE, CRAIG	0.0	0.0	0.0		109.0	
RAMLOW, REED	6.3	33.3	65.8		102.9	
RAMLOW, REED	9.7	19.2	76.9		188.0	
East/South Africa Technical	3.8	50.5	155.6	1,122.0	592.3	53%
CHANDLER, RUDOLPH	3.8	50.5	155.6		592.3	
East/South Africa Administrator	0.0	17.1	113.5	990.0	279.9	28%

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table 2: Level of Effort in Days by Contract Position and Individual
This Report for June 1995

	This Month		This Quarter		FY 1995		Contract to Date	
	Days	Days	Days	Days	Budget	Days	% Budget	
AGIN, RUTH	0.0	17.1	113.5			279.9		
M. East/W. Africa Manager	5.5	21.8	96.3	1,122.0	376.8	34%		
GREGORY, STEPHEN F.	5.5	21.8	96.3		275.3			
MOBARAK, HANNA	0.0	0.0	0.0		101.5			
M. East/W. Africa Technical	5.8	24.9	78.0	990.0	445.0	45%		
MCGUIRE, DAVID J.	5.8	24.9	78.0		283.1			
TEKLEMARIAM, BERHANOU	0.0	0.0	0.0		161.9			
M. East/W. Africa Technical/Research	8.8	26.5	91.9	990.0	458.1	46%		
BROWN, JEANNE	8.8	26.5	91.9		458.1			
M. East/W. Africa Administrator	0.0	8.5	96.3	1,122.0	261.6	23%		
CHAIBI, KARIM	0.0	11.0	105.4		270.8			
Resident Advisors	0.0	0.0	0.0	0.0	0.0	0%		
Consultants	29.8	65.8	119.3	1,658.8	1,454.9	88%		
ALIOUA, KHALID	0.0	0.0	0.0		143.0			
CANKATAN, HAKAN	0.0	0.0	0.0		10.0			
COGSWELL, L. (DA)	9.0	12.0	41.0		47.0			
DEGLALIKAR, BAPU (IND)	0.0	0.0	0.0		66.0			
DWORAK, NICHOLAS	0.0	0.0	0.0		24.0			
ENRIGHT, MICHAEL	0.0	0.0	0.0		69.0			
GEARY, RON	0.0	0.0	0.0		25.0			
GIBSON, DAVID	0.0	0.0	0.0		20.0			
HACKENBRUCH, INGRID	0.0	0.0	0.0		121.0			
JAYARATNAM, LALIT	0.0	0.0	0.0		107.0			
KARAHAN, OMER (FSC)	5.0	5.0	5.0		5.0			
LOPEZ, CARMEN	0.0	0.0	0.0		111.0			
MANTZ, MARY LEE	0.0	0.0	13.0		192.0			
MBVUNDULA, NDIDZA	0.0	0.0	0.0		132.5			
MOJICA, DANILO J.	0.0	0.0	0.0		13.0			
NIANDOU, HAROUNA	0.0	0.0	0.0		42.0			
OBLEPLAS, VIRGILIO R. (DA)	0.0	0.0	0.0		10.0			
ORTAYLI, NURIYE	10.5	10.5	22.0		32.0			
PUTSIS, WILLIAM (IND)	0.0	0.0	0.0		21.0			
RAVENHOLT, BETTY	0.0	0.0	0.0		46.5			
RGUIBI, MAJIA (FSC)	0.0	18.0	18.0		18.0			
RODRIGUEZ, LUIS	0.0	0.0	0.0		112.0			
ROMANO, ROSE MARY (FSC)	0.0	5.0	5.0		5.0			
SALAS, ILSE	0.0	0.0	0.0		15.0			
SOEROJO, WIDYASTUTI	0.0	0.0	0.0		6.6			
TANDIA, RODIO	0.0	0.0	0.0		37.0			
WEDEEN, LAURA (FSC)	5.3	15.3	15.3		15.3			
WEHMANN, PETER	0.0	0.0	0.0		9.0			

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table 2: Level of Effort in Days by Contract Position and Individual

This Report for June 1995

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	This Month	This Quarter	FY 1995	Budget	Contract to Date	% Budget
	Days	Days	Days		Days	
Unfilled Buy-In Position	0.0	0.0	0.0		0.0	0%
Total	496.4	1,647.8	5,216.9	31,878.0	17,159.4	54%

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Support Supplement

This Report for June

1995

	This Month	This Quarter	FY 1995	Contract to Date
	Days	Days	Days	Days
BERNIER, DIANE	.1	8.1	13.6	18.6
BERNIER, MICHAEL T	0.0	0.0	0.0	1.1
BLANKS, LAVERNE	0.0	0.0	0.0	.4
BOWEN, CLAUDE A.	0.0	0.0	0.0	66.7
CLEPPER, ANNE M.	0.0	0.0	0.0	80.5
DENNIS, SANDRA	9.6	25.6	50.9	153.6
DOOLEY, JEFFREY C.	0.0	0.0	10.8	86.9
GATES, BETTY	0.0	0.0	0.0	.1
GOSS, MAE	5.6	14.9	43.0	145.1
HOWE, GARY L.	0.0	0.0	7.9	7.9
JOHNSON, CATHY	0.0	0.0	0.0	.4
JOHNSTON, D. DANE	0.0	0.0	0.0	2.6
LAYDEN, GAIL J.	0.0	0.0	0.0	3.4
LIDDLE, PHOEBE	0.0	0.0	0.0	17.6
MCMULLIN-MESSIER, PAMELA	0.0	0.0	0.0	8.2
MIELAUSKAS, LINDA S.	0.0	0.0	0.0	19.1
OSBORNE, JUNE	0.0	0.0	0.0	.4
PIMENTA, ANTHONY	2.6	9.8	42.4	124.7
PITTS, BEVERLY	0.0	0.0	0.0	7.7
PROCTOR, CHRISTINE	0.0	0.0	2.9	31.9
ROSS, JUDY O.	0.0	0.0	0.0	1.1
	=====	=====	=====	=====
Total	17.9	58.3	171.5	778.0

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Appendix 13 - Training Summary

**SOMARC III
TRAINING DATA
NOVEMBER 1992 TO AUGUST 1995**

August 31, 1995

SUMMARY OF TRAINING ACTIVITIES

The overall goal of SOMARC III training activities is to improve private sector capacity to deliver quality family planning services. Specific objectives include: (1) transfer and strengthen knowledge and operational skills in Contraceptive Technology, Strategic Marketing, Market Research, Financial Management, Integrated Marketing Communication, and Health Services Marketing; (2) support SOMARC marketing plan on contraceptive products and services; (3) create a cadre of in-country trainers to conduct training activities; (4) select in-country management organizations to manage and supervise training activities; and (5) evaluate training activity delivery and quality.

To accomplish these objectives, under SOMARC III activities, the following regional and country level training sessions were conducted from November 1992 to August 1995. These activities covered six regions and 21 countries as follows:

Location of training sessions:

6 Regions: Asia, Mideast, Central Asia Republics, Anglophone Africa, Francophone Africa, and Latin America/Caribbean

21 Countries: Philippines, Nepal, Indonesia, Jordan, Turkey, Kazakhstan, Uzbekistan, Kyrgyzstan, Uganda, Swaziland, Senegal, Togo, Mali, Niger, Morocco, Haiti, Jamaica, Guatemala, Honduras, Ecuador, and Mexico.

Total number of training sessions:

483 Sessions

- 1 Regional Workshop on Financial Management and Cost Recovery (LAC)
- 38 sessions in Marketing areas
- 444 in Contraceptive Technology (CT) and Quality Customer Service (QCS)
 - 20 Training of Trainer (TOT) Sessions
 - 424 In-country Training Sessions

This massive training effort on the part of SOMARC III and in-country collaborators has enhanced the quality of care, expanded family planning programs, and furthered program sustainability. SOMARC training activities combined with additional marketing aspects -- advertising, market research, and promotional activities -- have promoted an increase in skilled private sector manpower. Furthermore, they have led to an emphasis on quality reproductive health services in-country, as well as an increase in technical cooperation among regions. A higher priority has been given to capacity-building, which in turn has led to the strengthening of in-country institutions.

SOMARC will continue to improve the quality and sustainability of contraceptive social marketing programs and support the expanded use of Long-Term Methods and the Marketing of Family Planning Services through the delivery of high quality, cost-effective training programs. SOMARC will implement the following three strategies over the next two years:

- Support the introduction and use of long-term methods via in-country delivery of Contraceptive Technology training updates for clinic and field-based service providers.
- Enhance the quality of family planning services and support the introduction of SOMARC service networks by in-country and regional implementation of the Services Marketing Module for implementing agencies and service providers.
- Increase the quality and cost effectiveness of SOMARC market research studies by expanding the in-country and regional use of the Market Research Training Modules with SOMARC program managers, CSM decision-makers, and research suppliers.

The tables that follow give a detailed accounting of the regional and country TOT and in-country training activities under SOMARC III, including training type, number of sessions, training topics, and number and type of participant.

REGION: Asia

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Philippines	TOT	1	Contraceptive Technology	12 Trainers
	In-country	49	Contraceptive Technology	912 Pharmacists drawn from 317 Pharmacies
	TOT	1	DMPA/CT and QCS	10 Trainers
	In-country	45	DMPA/CT and QCS	1160 Pharmacists drawn from 522 Pharmacies
	In-country	1	Media and Public Relations	15 Personnel from MOH and legislative personnel
	In-country	1	Orientation Seminar on Social Marketing and Reproductive health Products and Services	10 Physicians from six hospitals and medical centers
	TOTAL	98		
Nepal	TOT	1	DMPA/CT and QCS	8 Trainers
	In-country	8	DMPA/CT and QCS	160 Pharmacists
	In-country	22	Market Research and Utilisation of Research Data for Decision Makers and Management	22 Market Research Specialists including program managers (CRS)
	TOTAL	31		
Indonesia	In-country	1	Strategic Marketing	20 Blue & Gold Circle marketing managers

REGION: Mideast

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Jordan	TOT	1	Contraceptive Technology	10 Trainers
	In-country*	20	Contraceptive Technology and Safety	506 Pharmacists
	TOT	1	DMPA/CT and QCS	15 Trainers
	In-country*	22	DMPA/CT and QCS	450 Physicians
	TOTAL	44		
Turkey	TOT	1	Service Marketing	8 Trainers
	In-country*	4	Service Marketing and Contraceptive Technology Update	50 Physicians 50 Pharmacists in the Service Marketing Network
	TOTAL	5		

[* on-going]

REGION: Central Asia Republics

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Kazakhstan	TOT	1	Contraceptive Technology and QCS	25 Trainers from 3 regions
	TOT	1	DMPA/CT and QCS	21 Trainers from all regions
	In-country	19	Contraceptive Technology and QCS	463 Pharmacists from 3 regions (pilot areas)
	In-country*	20	DMPA/CT and QCS	400 ObGyn/FP Service Providers from 3 regions
	TOTAL	41		
Uzbekistan	TOT	1	Contraceptive Technology and QCS	29 Trainers from all regions
	TOT	1	DMPA/CT and QCS	18 Trainers from all regions
	In-country*	14	Contraceptive Technology and QCS	350 Pharmacists from 2 greater regions
	In-country*	12	DMPA/CT and QCS	300 Physicians from 2 greater regions
	TOTAL	28		

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Kyrgyzstan	TOT	1	Contraceptive Technology and QCS	20 Trainers from all regions
	In-country*	10	Contraceptive Technology and QCS	250 Pharmacists from all regions
	TOT*	1	DMPA/CT and QCS	20 Trainers from all regions
	In-country*	15	DMPA/CT and QCS	300 Physicians from all regions
	TOTAL	27		

[* on-going]

REGION: Anglophone Africa

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Uganda	TOT	1	Contraceptive Technology	8 Trainers from Uganda, Ghana, and Malawi
	In-country	42	Contraceptive Technology and Quality Customer Service	1032 Service Providers (including pharmacists, midwives, and CBD workers)
	TOTAL	43		
Swaziland	In-country	1	Financial Management and Cost Recovery	8 Program Managers (FLASH)
	In-country	1	Sales Training	8 Program Managers (FLASH)
		2		

REGION: Francophone Africa

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Senegal	TOT	1	Contraceptive Technology and QCS	18 Trainers
	In-country	14	Contraceptive Technology and QCS	149 Pharmacist 152 Counter Clerks 29 Depot Managers
	TOTAL	15		
Togo	TOT	1	Contraceptive Technology and QCS	8 Trainers
	In-country	6	Contraceptive Technology and QCS	96 Truck Drivers 52 Commercial Sex Workers
	TOTAL	7		
Mali	TOT	1	Contraceptive Technology and QCS	8 Trainers in collaboration with MOH
	In-country	8	Contraceptive Technology and QCS	113 Pharmacists 54 CBDs 4 Distributors 10 Midwives 11 Promoters
	TOTAL	9		

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Niger	TOT	1	Contraceptive Technology and QCS	8 Trainers
	In-country	2	Contraceptive Technology and QCS	23 Pharmacists 22 Promoters
	In-country	1	Media and Public Relations	8 MOH/Project Staff
	TOTAL	4		
Morocco	TOT	2	Contraceptive Technology and QCS	40 Trainers
	In-country	68	Contraceptive Technology and QCS	900 Pharmacists 800 Pharmacy Assistants
		70		

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REGION: Latin America/Caribbean

COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Latin America Region	Regional Workshop	1	Financial Management and Cost Recovery	22 Program Managers/Staff from LAC region
Haiti	TOT	1	DMPA/CT and QCS	18 Trainers (nationwide)
	In-country*	28	DMPA/CT and QCS	150 Physicians 100 Nurses 150 Nurses Aides 300 Pharmacists
	TOTAL	29		
Jamaica	TOT	1	Contraceptive Technology and QCS	12 Trainers (nationwide)
	In-country	18	Contraceptive Technology and QCS	450 Pharmacist
	TOTAL	19		
Guatemala	In-country	1	Financial Management and Cost Recovery	16 Project Staff
Honduras	In-country	1	Financial Management and Cost Recovery	25 ASHON-PLAFA's Senior Staff
Ecuador	In-country	1	Contraceptive Technology	20 participants from CEMOP-LAF

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COUNTRY	TRAINING TYPES	NUMBER OF SESSIONS	TRAINING TOPICS	NUMBER OF PARTICIPANTS
Mexico	In-country	1	Social Marketing	23 MEXFAM Program Coordinators
	In-country	1	Strategic Marketing Plan	35 MEXFAM Medical Service Center Managers
	In-country	1	Financial Management and Cost Recovery	26 MEXFAM Senior Staff
	In-country	1	Social Marketing of Reproductive Health Services (Introduction)	15 MEXFAM Senior Coordinators
	In-country	1	Financial Management and Cost Recovery	30 FEMAX Affiliates
	In-country	1	Strategic Marketing Plan	28 FEMAX Affiliates/Program Managers
	TOTAL	6		

[* on-going]