

**Contraceptive
Retail Sales
Program
GHANA**

Acknowledgements

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GHANA NATIONAL FAMILY PLANNING BOARD

Dr. Augustus Armar, Executive Director

LINTAS: GHANA LTD.

Mr. J.O. Obetsebi-Lampsey, Managing Director

DANAFCO LTD.

Mr. Fred Bosteen, Managing Director

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Contraceptive Retail Sales Program GHANA

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I GHANA CRS PROGRAM BACKGROUND

Experience gained from CRS programs in a number of developing countries indicates that there are certain requisites for the success of such programs. Among these are:

- Host country government recognition of the need for family planning.
- Host country government promotion to the populace of the benefits of family planning—an “official attitude” presenting family planning as a desirable part of good citizenship.
- Minimum restrictions on the distribution, display and advertising of contraceptive products.
- Minimum restrictions on the types of retail outlets which may sell contraceptives, and on prescription requirements.
- An adequate consumer-oriented distribution system.
- Participation by a majority of the population in the cash economy.

All of the above existed in Ghana during the decade of the 70's. In 1969 Ghana's government published a population policy entitled “Population Planning for National Progress and Prosperity.” The aims set forth in this document were implemented in 1970/71 by the creation of the Ghana National Family Planning Programme Secretariat, charged with planning and coordinating all family planning activities in Ghana. The GNFP is funded by the Ministry of Economic Planning, and works with the Ministries of Health, Information, Labor and Agriculture.

The GNFP set up and operates a network of family planning clinics. It conducts training programs for field workers from the various ministries; operates a small commercial dis-

tribution program through the government-owned Ghana National Trading Corporation stores; and has from time to time engaged in modest and sporadic advertising activities. It could be inferred that such a model operation would not require the addition of a CRS Program, but this was not the case. While the interministerial nature of the GNFP provided certain advantages, it also imposed certain bureaucratic delays and restraints, and in 1976 discussions with the USAID Mission to Ghana, and later with the Population Office of the U.S. Agency for International Development led to the addition of an AID-funded CRS Program to the GNFP activities.

A contract for the conduct of this program was awarded to Westinghouse Health Systems on June 30, 1976 (AID/pha-C-1145.) Due to some intergovernmental misunderstandings, implementation of this contract was delayed almost one year, and the Westinghouse Project Manager did not arrive in Ghana until June 12, 1977. The original contract, scheduled for completion on June 30, 1979, was later extended through April 30, 1980. The following pages detail the activities and accomplishments of the Ghana CRS Program. The prerequisites for success were there—and in spite of some unforeseen happenings during the program's life, Westinghouse Health Systems feels that the program was, and is, a success.

II THE COUNTRY

Geography and Climate

Ghana lies entirely in the Tropic Zone, bounded on the north by the Upper Volta River, on the east by the Togo River, on the south by the Gulf of Guinea, and on the west by the Ivory Coast.

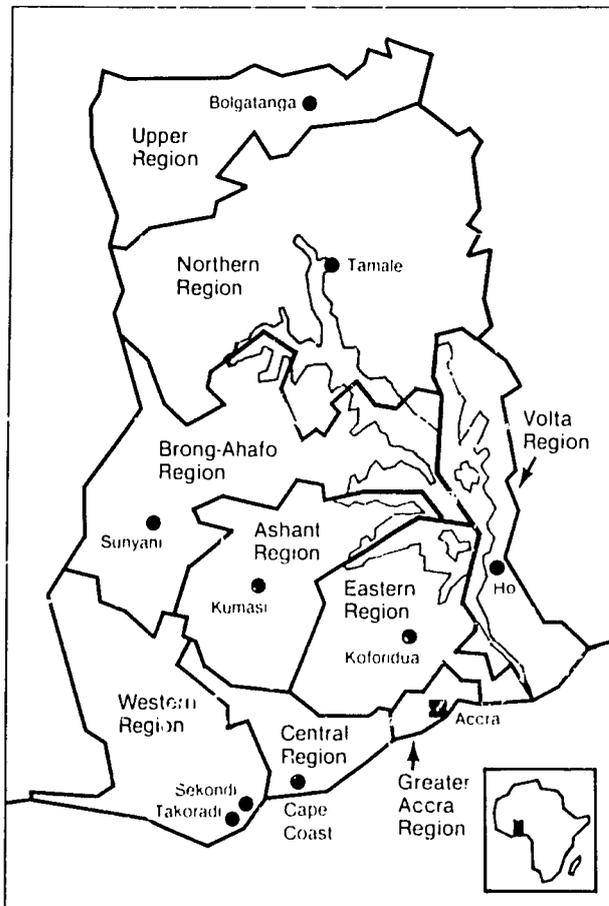
With an area of 92,000 square miles, the country is roughly rectangular in shape, averaging some 280 miles wide by 440 miles long. Two deep-water seaports are situated on the

Gulf of Guinea coastline, at Takoradi and at Tema.

Plains and scrubland along the coast change to a sizable rain forest belt as one goes north. Further to the north the land rises from 300 to 1300 feet, and becomes savanna—low bush and grassy plains.

The climate is hot and humid in the south, hot and less humid in the north. Two rainy seasons—May to July and September to November—have some effect on trade, as many of the unpaved roads inland are impassable for motor vehicles during parts of these periods.

Figure 1. The Republic of Ghana



Government

First of the sub-Saharan African countries to gain independence from Great Britain, Ghana became a republic in March, 1957. Between that date and January 1972, the country's government was successively a dictatorship (under Kwame Nkrumah)—an elected parliamentary government (under Dr. Busia)—and a military dictatorship under the National Redemption Council, and later the Supreme Military Council. On June 4, 1979, a group of junior and noncommissioned military officers overthrew the Supreme Military Council, promising and conducting free elections in September 1979. Ghana is at present a democracy, ruled by Dr. Hillel Liman as president, and by an elected parliament.

Since the promulgation of the aforementioned population planning policy, and the creation of the GNFP Secretariat, no government has interfered with nor hindered population control efforts. Each has been supportive of these activities, and funding for the GNFP has always been forthcoming.

Economy

Ghana's major sources of income and foreign exchange are cacao and a few other agricultural products, gold, industrial diamonds and timber. An appallingly high inflation rate, petroleum shortages and general world economic conditions have contributed in recent years to putting the nation in its present economic condition. While the newly-elected government is making efforts to remedy the situation, best estimates are that the country will continue in a state of near bankruptcy for some years to come.

Population and The People

Ghana's first census was taken in 1960 and registered a population of 6,726,000, with a density of 73 persons per square mile. The 1970 census registered 8,560,000 persons with a density of 93 per square mile. 1980 census figures are expected to show a popu-

lation of nearly 12,000,000 with a density of 120 per square mile.

The Ghanaian population is almost 100% black. There are a small number of Asians and Europeans resident in the country at any time. English is the official language of Ghana, and is probably understood by about 40% of the people. Some 70 tribes or tribal groups exist, many with their own language or dialect.

Religion

There is complete religious freedom in Ghana. The table below shows professed religious affiliations of the population, as gathered in the national census. It should be pointed out that the CRS Program has never come under attack from any of the religious groups in spite of sizable advertising campaigns and public display of contraceptive products.

Table 1. Professed Religious Affiliations

Professed Religious Affiliation	1960	1970
Christian	28%	45%
Animist/Traditional	38.2	43
Muslim	12.0	12
No Affiliation	7.9	—
TOTAL	100.0%	100%

NOTE: Roman Catholics make up the largest single Christian denomination and comprise 13.4% of the population. All Protestant groups total 28.4% with Methodists and Presbyterians at 10.3% and 9.9% respectively. Being the largest groups.

Mortality

Improved medical facilities and health care delivery services have brought about a decline in Ghana's mortality rate in all age groups. The latest statistics indicate that considerable work still needs to be done. Infant mortality can be estimated at 133 per 1,000 live births (Table 2), the pre-school (1-5 years) mortality rate of 25 per 1,000 and the maternal mortality rate at between 5 and 10 per 1,000 live births. The major causes of death in women of the fertile span (15-45 years) are related to the complications of pregnancy and childbirth. These causes are frequency of pregnancies, poor nutritional status and poor midwifery, coupled with the poor level of health of the general population.

Table 2. Infant Mortality Rates: 1977
(Per 1,000 Births)

Group	Male	Female	Both Sexes
Urban	107	89	98
Rural	161	135	148
Total	145	124	133

SOURCE: Births and Deaths Registry Bulletin, Accra, Ghana, July 1977.

Fertility

All sources of information report a high fertility rate in Ghana. The country's crude birth rate, estimated between 46 and 52 per thousand, shows few signs of decline, while the death rate has declined steadily at $\frac{3}{4}$ of a percent per year—from 23 per 1,000 in 1960 to 17 per 1,000 in 1970.

The result has been a rapid acceleration of the rate of population growth. In addition, high birth rates contribute to young populations: half of all Ghanaians are under 18. There is also a high dependency ratio in Ghana, with the average family size at 6.7. Ghana's age specific fertility rates are shown in Table 3. Table 4 details the marital status of women by age.

Table 3. Age Specific Fertility Rates: 1970
(Births per 1,000 Women)

Age Group	1970 Census
10-14	—
15-19	108
20-24	330
25-29	227
30-34	178
35-39	135
40-44	94
45-49	25

SOURCE: 1970 Census, Library of Africa Studies, University of Ghana, Legon, Ghana.

Table 4. Percent Distribution of Women Ages 15 to 49 Years, by Marital Status: 1970

<i>Age</i>	<i>Total</i>	<i>Single</i>	<i>Married</i>	<i>Widowed</i>	<i>Divorced or Separated</i>
All women, 15 to 49 years	100.0	17.4	72.0	2.9	7.7
15 to 19 years	100.0	68.3	29.4	0.1	2.2
20 to 24 years	100.0	16.0	76.1	0.6	7.3
25 to 29 years	100.0	3.5	87.7	1.3	7.5
30 to 34 years	100.0	1.4	87.4	2.4	8.9
35 to 39 years	100.0	0.9	85.9	4.0	9.2
40 to 44 years	100.0	0.6	80.0	7.2	12.2
45 to 49 years	100.0	0.5	72.1	13.5	13.9

NOTE: The base of the percentages is the number of women of known marital status in each age group.
 SOURCE: 1970 Population Census of Ghana. The 1971 Supplementary Enquiry. Unpublished.

III PROGRAM DEVELOPMENT

The Westinghouse Health Systems contract for the Ghana program was originally scheduled for implementation over a three year period. Due to the delays mentioned previously, only two years of contract time remained as of the date of arrival of the Project Manager. Thus certain tasks and time periods in the contract had to be shortened or "telescoped" and a contract extension of seven months was granted, putting the contract termination date at January 31, 1980.

Westinghouse produced a marketing design by late August, 1977, based on a locally conducted research study, and inputs from importers, distributors, retailers, advertisers and the Ghana National Family Planning Programme Secretariat. The marketing design detailed activities in six areas:

- Research
- Packaging
- Pricing
- Advertising and Promotion
- Distribution
- Program Evaluation and Monitoring

The investigation involved in the production of this plan uncovered local factors and conditions which were to have an effect on the program—some favorable and some unfavorable.

There were excellent advertising agencies and printing and production facilities in Ghana, but there was a constant shortage of paper, inks, printing plate metal, etc. All such materials had to be imported by the program.

An early research study indicated a very high awareness of family planning as a concept, but little knowledge and acceptance of contraceptive methods or contraceptive prod-

ucts. While there were a number of excellent consumer product distribution organizations in the country, most were not able to function effectively due to constant gasoline shortages, absence of spare parts for trucks and delivery vehicles, and the continuing deterioration of Ghana's road network. The man assigned and trained by the Ghana National Family Planning Programme as in-country counterpart for the CRS Project had lost patience with project delays, resigned his position and accepted another. A new man was assigned, but had no prior training nor preparation for the position.

None of the above presented insuperable obstacles to the CRS Program's success, although some did cause delays and difficulties. With the support and assistance of AID/W, the USAID Mission to Ghana and the GNFFP, problems were solved as they presented themselves, and the program was able to meet most deadlines.

IV THE PRODUCTS

Initial planning for the Ghana CRS Program included distribution of three products—the Akwell TAHITI 52 mm. colored condom; the Akwell CONTURE 52 mm. plain condom; and the Norinyl + 50 oral contraceptive, manufactured by Syntex Industries.

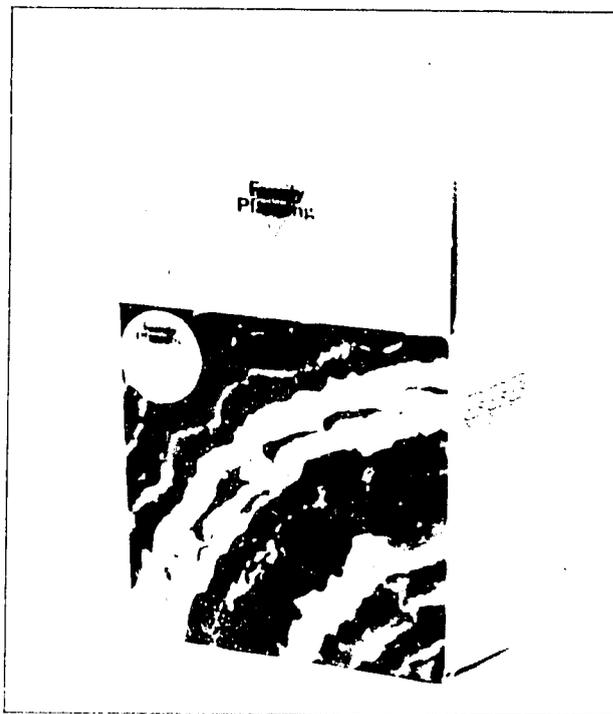
An initial shipment of 7,450 gross of TAHITI condoms and 7,000 gross of CONTURE condoms reached Ghana some months before the arrival of the WHS Project Manager. As these commodities were not claimed nor cleared through customs, they were sold at public auction. Purchased by a local trading and distribution firm, they entered the market in early 1978 and did not sell well, possibly because they were never advertised or promoted by their distributor or by retailers.

To resolve the problem of the missing condoms, the Project Manager borrowed stocks of TAHITI colored condoms from GNFPP supplies, replacing them from later shipments. As the GNFPP did not stock or supply plain condoms, air shipments were scheduled to replace those already sold.

A shipment of 400,000 cycles of Norinyl oral contraceptives reached Ghana in late 1977, and was stored in air-conditioned space at DANAFSCO, LTD., the selected packer/distributor.

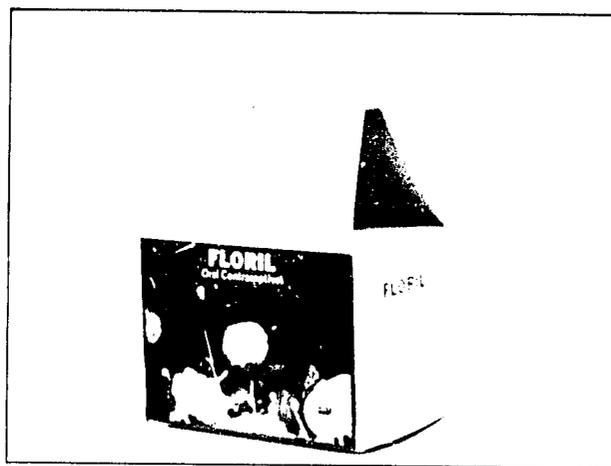
Thus the Ghana CRS Program products, at time of sales launch in January, 1979, were:

- The TAHITI colored condom, marketed under the trade name of SSS COLORED CONDOMS in an attractive box of 6 units selling at retail for 60 pesewas (U.S.\$.22).
- The CONTURE plain condom, marketed under the trade name of PANTHER PLAIN CONDOMS in the original shipping box of 100 units, with a paste-on label. Sold at retail individually or in strips of four for a unit price of 5 pesewas (U.S.\$.018) each.
- The NORINYL oral contraceptive, marketed under the trade name of FLORIL ORAL CONTRACEPTIVE in a box containing a single 28-day cycle, selling at retail for 1 cedi (U.S.\$.36) each.

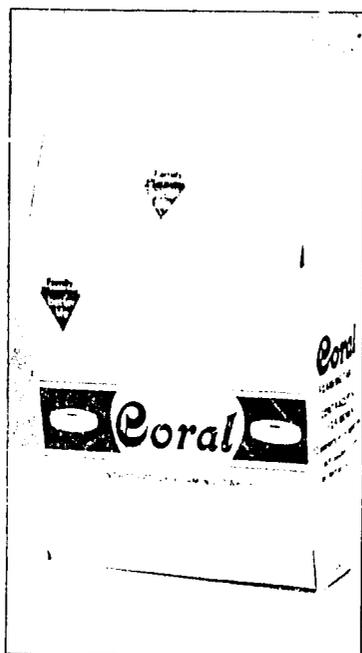


SSS Dispenser

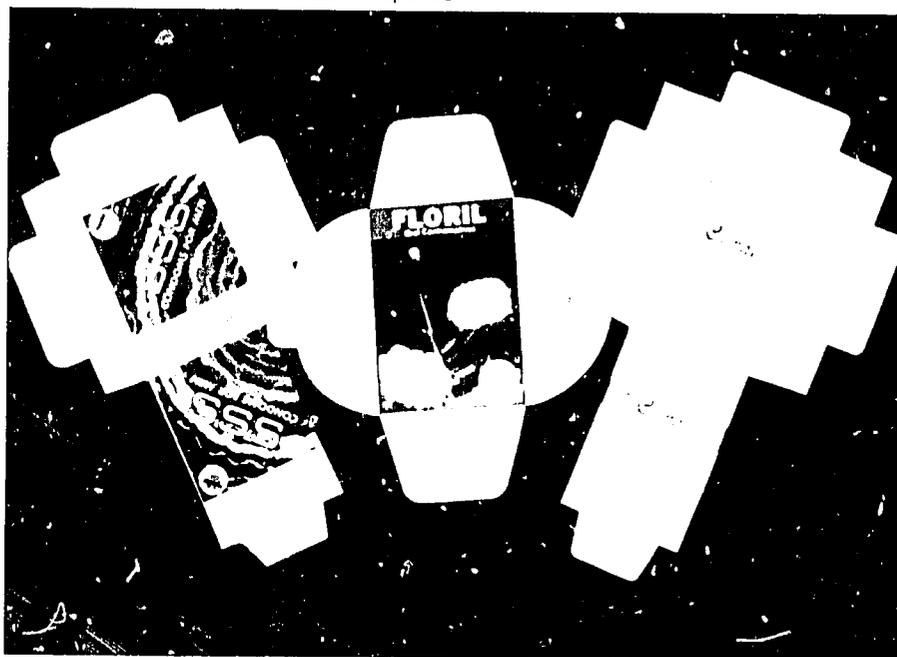
As a result of an Agency for International Development evaluation team visit to Ghana in December, 1978, the Neo-Sampoon foaming contraceptive tablet was added to the product line. The first shipment of these tablets reached Ghana in October, 1979, and was packaged and placed on the market by mid-December of that year. They were sold as CORAL FOAMING CONTRACEPTIVE TABLET, in a box containing six tablets and an instruction sheet, retailing for 1 cedi (U.S.\$36) each.



Floril Dispenser



Coral Dispenser



Commodity Unit Packs

V THE WORK TEAM

Westinghouse Health Systems

The Westinghouse Resident Manager arrived in Ghana in early June, 1977, and assisted by visits from Westinghouse marketing and contract staff, was able to submit a complete marketing design for the Ghana CRS program by August 30 of that year. During this same period, a local advertising agency was selected and placed under subcontract, as was a packer/distributor for program commodities.

The Advertising Agency

Five Ghanaian agencies were visited and evaluated, and LINTAS: GHANA, LTD. was ultimately selected. This agency had been the initial advertising agency for the Ghana National Family Planning Programme, and thus could offer staff in many departments with experience in contraceptive advertising. It had formerly been a part of the SSC&B: LINTAS worldwide network of advertising agencies, and still was an affiliate of that group—an association which later proved invaluable when it became necessary to secure printing supplies from outside Ghana.

The Distributor/Packer

The four leading Ghanaian manufacturers/distributors of drugs, toiletries, cosmetics, etc., were contacted and evaluated. Distributors in other fields (tobacco, beer, household cleaners, etc.) were not contacted in view of the Government of Ghana's restriction on sale of oral contraceptives outside of pharmacies. It was necessary to select a distributing organization that had access to all of Ghana's 115 pharmacies, as well as other types of outlets.

DANAFCO, LTD. was selected as the CRS Program distributor. This company, partially Danish-owned, had been established in Ghana for over 20 years. A sizable facility in Accra manufactured and distributed such products as an anti-malarial, vitamins, vermifuges, vaseline, and a line of Cheeseboro-Ponds cosmetics and toiletries. Products were sold throughout Ghana via four in-country warehouse/distribution points located at Kumasi, Koforidua, Takoradi and Hohoe, as well as through the main warehouse in Accra.

In addition to offering this nationwide distribution system, DANAFCO had other advantages not offered by the other possible distributors contacted. A complete in-house printing facility existed for the production of CRS Program packages, instruction leaflets, etc. All warehouse space for product storage was air-conditioned. A well-maintained fleet of large and small trucks assured prompt and continuing supply to all areas of Ghana. It was thus possible for Program commodities and packaging supplies to move from dock or airport to DANAFCO, where they emerged at the other end of the facility as printed, packaged products ready for distribution and sale.

VI RESEARCH

Initial research efforts, carried out by the Research Department of LINTAS: GHANA during the last two months of 1977 and the first months of 1978 were designed to measure Ghanaian awareness of and attitude toward family planning, and to test product names and product package designs.

A mini Knowledge-Aptitude-Practices (KAP) Survey in October, 1977, developed information which was a testimonial to the prior promotional efforts of the GNFP—98.5% of respondents had heard of family planning, and 87% were in favor of it, or at least “not against it.” However, only a little more than one-third of the respondents knew of more than one method of contraception (usually abstinence) or where to get contraceptive supplies.

A similar research study, carried out at program end, indicated that while awareness and attitude had not changed greatly, knowledge of method and sources of supply had. Fifty-seven percent of respondents knew of two or more methods, and the acceptors among this group regularly purchased supplies at chemist's shops, market stalls, pharmacies, small shops and other outlets.

Introducing...
THREE GREAT CONTRACEPTIVES
for those who want
to plan their families



The advertisement features three product packages arranged in a semi-circle. The top left package is for 'SSS COLOURED CONDOMS FOR MEN'. The top right package is for 'Panther plain Condoms for men'. The bottom center package is for 'FLORIL' contraceptive pills. Each product is accompanied by a short description of its availability and price.

SSS coloured condoms for men, to be available at 60p. per pack

Panther plain Condoms for men, to be available everywhere at 5p. each.

Floril Contraceptive pills to be available on prescription from all pharmacies at C1.00 per cycle.

Family Planning
better life

UNTIL YOU WANT A BABY,
THREE SAFE, SIMPLE,
SENSIBLE WAYS TO HELP
YOU HAVE CHILDREN
BY CHOICE NOT BY CHANCE.

DISTRIBUTED IN GHANA BY DANAFCO LTD.

Introductory Commodity Advertisement

VII BRAND NAME SELECTION AND PACKAGING

Testing of brand names was limited to three products only—the colored condom; the plain condom; and the oral contraceptive. The foaming tablet was not a part of the program at the time of the initial research. When introduced (in December, 1978) the name CORAL was used, this having been the second choice for the name of a “female contraceptive product.”

SSS—selected as the brand name for the colored condom, these letters appear in white against a rainbow design package containing six units and an instruction sheet. For some years the GNFPP had used the slogan “Safe, Simple, Sensible” for the condoms distributed through its clinic program, and the package with “SSS” on it was perceived by most male respondents as being a contraceptive product. In addition, Ghana's high illiteracy rate and multiplicity of language led to the selection of a simple symbol, easily recognized and understood.

PANTHER—the name selected for the plain condom scored very high in testing in spite of the fact that the Panther is not indigenous to Ghana. Respondents perceived the panther as “masculine, virile, strong.” This acceptance was gratifying in view of the economies inherent in using artwork and other materials previously prepared for the Jamaica CRS Program.

PANTHER was initially sold in one-gross boxes as supplied, with a paste-on two-color Panther affixed to the top of the box. As later supplies arrived in the 100-unit box, the label size was changed accordingly.

FLORIL—selected as the name for the oral contraceptive—was the name that tested best for all the wrong reasons. The package design, as well as the name, seemed hardly appropriate for a contraceptive product. However, female respondents felt that the name was “feminine” and with a package de-

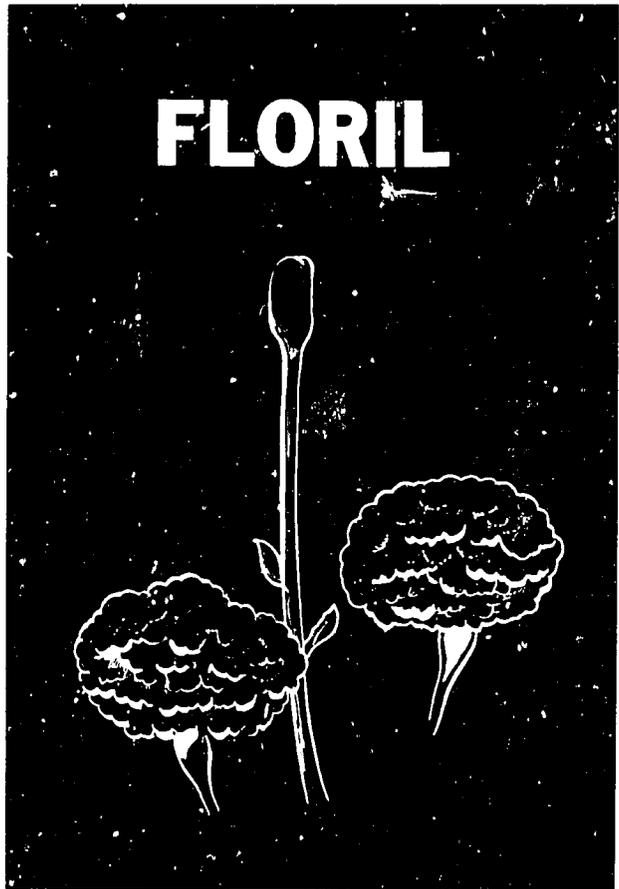


Promotional Banners

sign featuring flowers, would not be identified as a contraceptive product by other customers seeing a woman buying it.

As oral contraceptives may not be advertised in Ghana, this selection was a valid one. The woman purchasing or carrying a package of FLORIL was unlikely to be identified by neighbors or other observers as someone using an oral contraceptive.

CORAL—the foaming tablet introduced in the last few months of the Westinghouse CRS Program contract, was the second choice for the name for the female contraceptive. As neither time nor funds were available for specific testing of the CORAL name, it was selected on the basis of its success in earlier testing. Sales results indicated that the choice was a proper one.



Floril Promotional Shopping Bag

HOW TO USE A CONDOM

1. Unroll Condom over the erect penis drawing the ring close up to your body. You will notice that the small nipple at the end hangs free.
2. This will collect the sperm. Condoms must be put on before intercourse begins.
3. Withdraw soon after ejaculation, holding the ring firmly against your body to prevent the condom from slipping off.
4. You should use a condom only once. When having intercourse again, use a new condom.
5. Used condoms are unsanitary. Dispose of them by flushing down the toilet; dropping in garbage or burying.

Condoms — safe, simple, sensible.

Condom Package Insert

VIII PRODUCT PRICING

Prices for the first three products sold—the colored condom, the plain condom, and the oral contraceptive—were arrived at arbitrarily, with little regard to future CRS Program self-sufficiency. When the Ghana National Family Planning Programme had first begun to sell through clinics in 1971, colored condoms were sold at 10 pesewas (U.S.\$0.036) each, and the “Blue Lady” oral contraceptive sold for 20 pesewas (U.S.\$0.072) per cycle. In spite of inflation and several devaluations of the Ghanaian currency, these prices were never changed.

Thus at time of product launch, the SSS colored condom was sold at retail at 60 pesewas (U.S.\$0.22) per box of six. The PANTHER plain condom sold at 5 pesewas (U.S.\$0.018) per unit. And the FLORIL oral contraceptive was priced at 1 cedi (\$.36) per cycle.

These prices were, and are, too low. Rises in the prices of most small consumer products have averaged 350% to 400% since sales of the CRS commodities began, and it is believed that the Ghanaian acceptor would be willing to pay more for contraceptives. In addition, the low prices may lead to an impression of inferior quality. During the first months of CRS Program sales, the oral contraceptive Anovlar appeared on the market in small quantities, having been imported through normal commercial channels. Displayed and priced at 12 cedis (\$4.36) per cycle, it made the cycle of FLORIL displayed next to it at 1 cedi appear to be of possible inferior make-up.



panther
CONDOMS
CONTRACEPTIVES FOR MEN
safe simple sensible

better
life

5p.

Available Everywhere

The advertisement features a large, stylized black silhouette of a panther in a pouncing pose on the right side. The text is arranged on the left side, with 'panther' in a large, bold, lowercase font, followed by 'CONDOMS' and 'CONTRACEPTIVES FOR MEN' in smaller, uppercase fonts. Below this is the slogan 'safe simple sensible'. At the bottom left, there is a small inverted triangle containing the words 'better life'. At the bottom right, the price '5p.' is enclosed in a circle, and the phrase 'Available Everywhere' is written in a bold, italicized font.

Panther Newspaper Advertisement

IX ADVERTISING MESSAGE

As the initial research indicated a high awareness of family planning as a concept plus an acceptance of family planning as being desirable without, however, much knowledge of methods nor where to secure family planning products, the advertising messages used addressed themselves to:

- Announcing availability of the products at retail throughout Ghana.
- Identifying the products as being “for men” or “for women.”

Product retail prices were mentioned in all media, and product availability was stressed.

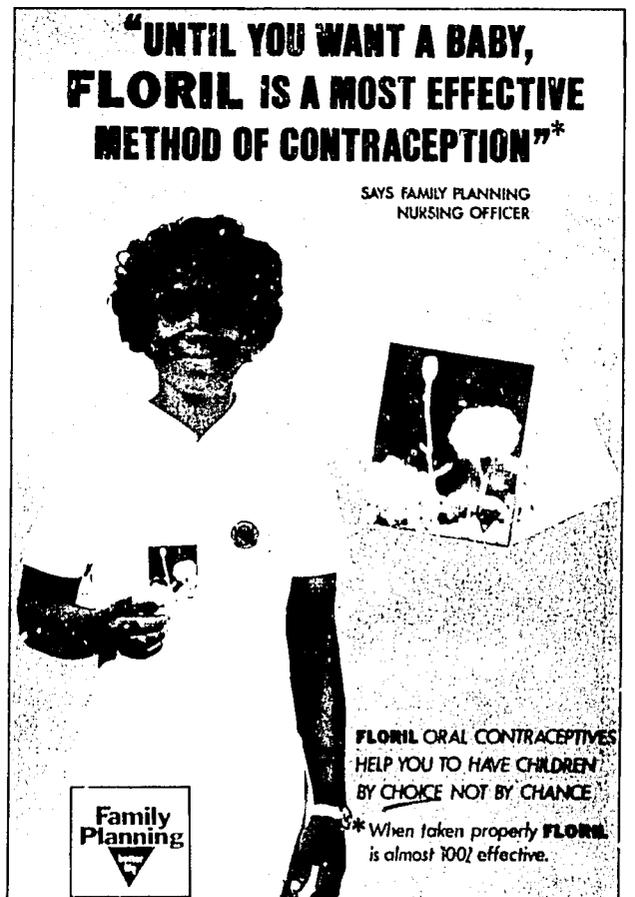
This strategy created a “pull” effect, as customers seeking the products approached retailers, who then came to the distributor/wholesaler seeking stocks.

Advertising of the oral contraceptive is prohibited in Ghana. The CRS Program was able to mention the product in initial pre-launch radio advertising, and to place posters advertising FLORIL in many of Ghana’s pharmacies, but no consistent product advertising was possible during the life of the program.

Due to its late inclusion in the CRS Program, no advertising was placed for CORAL—the foaming contraceptive tablet. Sales figures indicated, however, that retailers were “pushing” CORAL to their customers, perhaps motivated by the success of the other three CRS Program offerings.



SSS Promotional Poster



Floril Promotional Poster

X ADVERTISING MEDIA

While most conventional advertising media are available in Ghana, the country's high illiteracy rate and multiplicity of languages often dictate the media plan for any given product.

Radio was an obvious first choice, as Ghana's national radio network reaches all areas of the country, and radio ownership is high. Thirty-second spots were utilized for the two condoms, and were broadcast equally in English and in Akan, a language understood by approximately 40% of all Ghanaians. While no measurement was possible, it is estimated that between 65% and 70% of Ghanaians were reached by the advertising messages, and were able to understand them.

Newspapers and magazines were used to a lesser degree, with the expectation that the literates reached through these media would pass the messages along to those unable to read.

Heavy use was made of billboards (90 placements throughout Ghana), shelf and door strips for retail outlets, and posters, offered to purchasers of products at wholesale distribution points, or placed in retail outlets by distributor sales personnel.

A breakdown of the percentages of advertising funds placed in each of these media is below.

Radio	34%
Press	32%
Posters	15%
Shelf and door strips	10%
Billboards	9%

Panther Shipping Label



XI DISTRIBUTION AND RETAIL OUTLETS

The mechanisms for the distribution of small, frequently-purchased consumer goods in Ghana have much in common with those of other developing African countries. While they appear disorganized and haphazard at first glance, they actually operate with considerable efficiency with the exception of those periods of the year when rain renders roads impassable.

Most producers of such goods maintain four or five "warehouse/store" installations in different areas of Ghana. Goods are trucked from the factory, or import point to these warehouses. Local small distributors and many retailers visit the warehouse/store frequently and purchase goods in wholesale lots, paying a wholesale price.

With few exceptions no deliveries are made from the warehouse. Customers arrive with their own transportation—pay cash—and carry the goods off, either to be sold at retail in their own establishments, or distributed for a small mark-up to other retailers.

A further subordinate distribution system exists which merits some explanation. Much of Ghana's transportation is furnished by small bus-like vehicles which are usually wooden bodies installed on a light truck chassis. Known as "tro-tros" these mini-buses carry as many as 16 or 20 passengers at a time, and are fitted with roof racks for luggage or merchandise. Many are driver-owned, and others are parts of fleets; a single owner operating five or six such buses, and hiring drivers for them.

Many of the drivers operate as independent businessmen, purchasing goods in bulk along their routes, and selling the goods, at a

profit, at final destination. Much of Accra's produce, for example, reaches the market in this fashion. A driver operating from 40 or 50 miles out passes through villages where fruits and vegetables are available. He purchases along the way, and on arrival at the terminal in Accra is met by market traders who buy from him and then resell in market stalls. On his return trip he purchases small consumer goods at wholesale (including the CRS Program products) and sells them to shops and market stalls in the villages he passes.

This disorganized, but surprisingly effective system makes it difficult to identify or even count the number and type of ultimate retailers of any product. DANAFCO operates warehouse/stores in five places in Ghana—Accra, Kumasi, Koforidua, Ho, and Takoradi. Each of these outlets maintained card files of their customers with name, type of outlet, date and size of purchase and cost. At the end of 12 months of sales, an audit of these records produced the following breakdown of orders and re-orders from the five warehouse/stores:

Product	Wholesalers	Retailers
SSS Colored Condoms	24	179
PANTHER Plain Condoms	52	187
FLORIL Oral Contraceptive	30	107
CORAL Foaming Tablets	16	140

Even with this type of record-keeping it is impossible to arrive at exact figures, particularly in the case of small retailers. The wholesalers listed kept few records, and were unable to identify their retailer customers for the most part. Some of the larger retailers also functioned as part-time wholesalers. A visit to one of Accra's larger pharmacies which was a consistent and sizable purchaser disclosed that the shop was supplying a number of smaller retailers in the vicinity, among them a gasoline filling station, a barber shop, two "discos" and a number of market traders who purchased from the pharmacy and then re-sold at their stalls.

The sales records did indicate, however, that all but two of Ghana's 115 registered retail pharmacies stocked two or more of the CRS Program products.

A visit to a small chemist stall in northern Ghana, just three miles from the border with Upper Volta provided an interesting measure of the efficiency of the distribution system described earlier, and also the ingenuity of the Ghanaian retailer. The proprietor had a display of SSS condoms in the stall, and stated that they carried them because there was an SSS billboard on the road which ran through the village. He had bought his stock "off a truck"—whose, he did not know. He also advised our interviewer that his customers bought for the day only, and that he didn't sell the box of six at 60 pesewas, but rather sold two at a time from the opened box, for 25 pesewas, thus making himself an additional 15 pesewas on the sale of the box!

Due to its restriction as a prescription drug, FLORIL was only sold by DANAFCO warehouse/stores to registered pharmacists,

registered drug wholesalers, and to physicians and maternity clinics. Once the sale was made, of course, DANAFCO had no further control of the movement of the product. During the first twelve months of sales, two instances were reported where FLORIL was observed on sale at open air market stalls—one in Accra, and one in Atebubu, in north-central Ghana. In neither case were interviewers able to discover where the market women had secured the product in quantity.

This often multi-layered distribution system also had an effect on product prices at retail. It was the desire and intention of the Ghana National Family Planning Board, and the CRS Program management that the products be available throughout Ghana at the same prices everywhere. Initial packaging had the price of the product printed on it, and all advertising with the exception of billboards mentioned the retail price.

However, in reaching up-country shops and market stalls, condoms and foaming tablets often passed through three or four hands before arriving at the ultimate retailer, and these multiple add-ons resulted in product being sold at higher than advertised prices, in spite of Ghana's price control system, and the advertising. While there were probably numerous instances of such price increases, only one was officially recorded, in the form of a Letter to the Editor of THE DAILY GRAPHIC. The writer mentioned that in his town retailers charged exactly double the advertised price for SSS and PANTHER condoms.

XII SOME PROGRAM AIDS AND CONSTRAINTS

The sales figures (Table 5) on the following page provide, in a way, a capsulated history of Ghana's economic and political situation during the CRS Program's life. It is regrettable that there was at no time a period of stability lengthy enough to permit a realistic appraisal of the Program's long term effect.

The graph presentation (Figure 2) of monthly combined product sales relates sales to significant events in the Program's history. It also presents what is almost a textbook case for the efficacy of advertising, as the peaks invariably coincide with the periods of greatest advertising activity.

The Program was affected by Ghana's desperate economic plight from its inception. The country was nearly bankrupt—inflation during the first year of the project was calculated at 148%—and rises in petroleum prices were making transportation and distribution for all commodities very difficult. This bleak picture had two results, as far as the program was concerned:

1. The average Ghanaian was appalled at the thought of adding to his family. Another child to feed, clothe and educate was a frightening prospect. There was considerable interest in family planning, and the spacing of children.
2. Ghanaian retailers, wholesalers and distributors had quantities of cash which lost in value every day due to inflation, and there was little in the market to buy.

Thus the Program's sell-in period (January, February and March, 1979) was very successful. Pre-sales launch advertising, begun in November, 1978, and clearly stating that

these new contraceptive products "would soon be available in Ghana" produced inquiries by the public in pharmacies and shops. The distributor's phone began to ring at 7:30 A.M. on the day the first advertising appeared, with wholesalers and retailers calling to place orders. During the first three months of sales, products were sold as fast as they could be packaged, and DANAFCO was obliged to limit the size of individual orders to avoid offending some customers, and to discourage hoarding.

A predictable second phase began in early March. The pipeline was filled, and orders dropped off as the market waited for a reaction from the public. Unfortunately, this reaction was impossible to measure. Political unrest between May and June, culminating in a change of government on June 4, 1979, disrupted the normal business environment. DANAFCO closed its doors for the month of June, and had a 40% to 50% force on duty through July, largely to maintain factory machinery.

Table 5. Ghana Commercial Retails Sales (CRS) Product Distribution

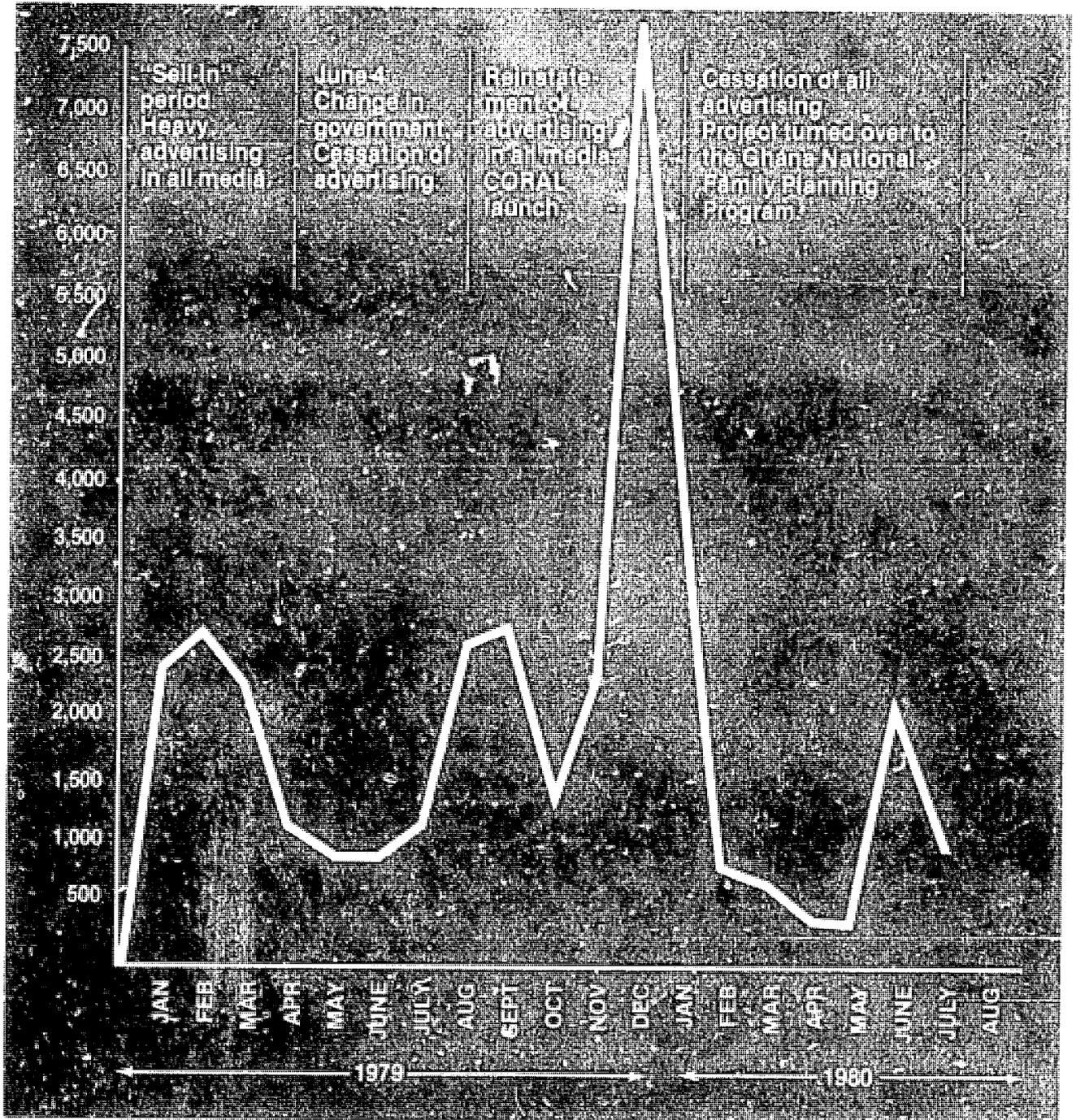
<i>Product</i>	<i>Distribution by Months—1979</i>					
	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
PANTHER (Units)	159,550	159,550	217,600	33,200	21,400	28,300
SSS (Units)	43,530	43,530	0	0	0	28,260
FLORIL (Cycles)	8,550	8,550	0	10,728	7,296	3,168
CORAL (Units)	0	0	0	0	0	0
CYP's (All prods.)	2,689	2,689	2,176	1,157	775	810

<i>Product</i>	<i>Distribution by Months—1979</i>					
	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>
PANTHER (Units)	35,800	166,300	90,100	0	45,000	438,800
SSS (Units)	61,560	55,620	51,420	69,300	118,560	48,300
FLORIL (Cycles)	1,824	4,440	15,456	8,112	10,344	25,548
CORAL (Units)	0	0	0	0	101,580	192,240
CYP's (All Prods.)	1,114	2,561	2,604	1,317	3,448	8,759

<i>Product</i>	<i>Distribution by Months—1980</i>					
	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
PANTHER (Units)	102,400	1,800	0*	0*	0*	209,000
SSS (Units)	63,180	2,700	53,460	4,860	4,920	5,880
FLORIL (Cycles)	3,792	0*	0*	0*	0*	0*
CORAL (Units)	179,820	61,020	0*	0*	0*	7,200
CYP's (All Prods.)	3,746	655	535	49	49	2,221

*No packaging materials available.
 Note: One couple year protection (CYP) is 100 condoms, 100 foaming tablets or 13 cycles of oral pills.

Figure 2. Combined Product Sales Expressed in Couple-Year Protection (CYP)



By early May, the CRS Program had become Ghana's leading advertiser. Billboards, a heavy newspaper and magazine schedule, and a 12 spot-a-day radio schedule made it impossible for the Ghanaian who could see and hear to be unaware of PANTHER and SSS condoms, and their concurrent messages extolling the benefits of planning one's family.

But the change in government brought with it numerous difficulties. There were long periods of electricity supply outages—the water supply failed—and many Ghanaian businesses, including those printers who were to supply additional packaging and promotional materials, closed their doors, or were unable to operate and function normally.

The CRS Program Director, and the Executive Secretary of the GNFPP decided that advertising at this time would only call attention to what could possibly be a controversial product line, and all advertising was suspended. Product sales dropped off, although retail sales in the few shops that remained open during this disturbed period picked up.

In early August, resolution of the country's political problems, and the promise of free elections to install a civilian government brought about some degree of stabilization. Businesses reopened—the country's distribution system began to function (in spite of petroleum shortages)—and the CRS Program Director reinstated advertising in all media. This resulted in an increase in sales of all products, and the launch of the CORAL Foaming Tablet in December brought about the sale of an incredible 6,836 Couple-Years Protection (CYP) in this month alone. Some 149,820 units of CORAL were sold (1,498

CYP's) in spite of the fact that no CORAL advertising had yet appeared, and promotion of the product was limited to the efforts of the DANAFCO sales force, and "word-of-mouth."

At year end, preparations were begun for the turnover of the CRS Program to the Ghana National Family Planning Program. All advertising ceased as of January 1, 1980, with the exception of 90 billboards throughout Ghana, already in place and contracted for through March 31, 1980. Funds remaining in the contract from the aborted Household Distribution Program and the Vending Machine Program, as well as unexpended advertising funds were utilized for the purchase of a one year's supply of paper, inks, printing plates and other packaging materials. Sales in the first five months of 1980 dropped, due largely to packaging outages, and by May, it was only possible to offer SSS and CORAL, while DANAFCO awaited orders from the Ghana National Family Planning Program for the production of additional packaging for all products. While the cessation of all advertising effort doubtless contributed to this sales decrease during this period, the primary problem lay in the distributor not having stocks available for sale.

XIII PROGRAM MANAGEMENT TRANSITION

The Westinghouse Health Systems contract for the Ghana CRS Program was not specific in providing for transfer of operational control of the project to an indigenous entity at contract termination. During the last six months of 1979, the Program Director and the Ghana National Family Planning Secretariat investigated various alternative approaches to eventual project transition. Among the structures discussed were:

- Transfer of project operations to an existing non-profit Ghanaian entity.
- Operating control of the project to be placed with the distributing organization (DANAFCO) or with the project's advertising agency (LINTAS:GHANA, LTD.).
- Employment of a project manager from the commercial sector, to become a staff member of the GNFPP Secretariat, with sole and specific duties to be operator of the program.
- Employment of a program manager from the commercial sector, with shelter and office facilities to be supplied by the program's distributor or advertising agency, and compensation to come from program-generated funds.
- Designation of one or more senior staff of the Ghana National Family Planning Secretariat to have program operating control and responsibility.

Basic to any decision was the need for an organizational structure and chain of command which permitted the GNFPP to maintain a constant supervision of all program activities, whether or not it exercised day-to-day operational control. The GNFPP is charged

with coordination and control of all family planning activities in Ghana, and any unfavorable action on the part of CRS Project management would reflect on the GNFPP.

In March, 1980, the GNFPP Secretariat decided to designate two staff members as CRS program management, and the Westinghouse Health Systems Program Director spent some time with them in indoctrination and familiarization activities, although both had been associated to some degree with the project since its inception.

Simultaneously Westinghouse sub-contracts with the CRS Project distributor and advertising agency were terminated, and new contracts signed with the GNFPP by both of these suppliers. The USAID Mission Population Officer agreed to maintain contact with the new program management, and to assist in planning, particularly in the area of commodity supply.

XIV RECOMMENDATIONS

Program Transition

One of the primary objectives of CRS Programs as currently provided by the U.S. Agency for International Development is the development of an indigenous organizational structure, which will continue to operate the program after termination of the prime contract.

While contract AID/pha - C - 1145 contained no specific directive for the prime contractor as to requirements for program transition, it is obvious the prime contractor's responsibility to identify and train an in-country counterpart who will replace the contractor's in-country manager at contract termination. A specific prior agreement and understanding of this objective on the part of the host government or other family planning entity would save a lot of time and effort in arriving at a smooth and effective transition. Early and continuing involvement of the program's future management would leave in place an organization which could replace the prime contractor in every sense of the word.

Market Research

Studies should be continued which address CRS Program consumer behavior in order to provide evaluational data which could be of great use in planning and revising advertising and distribution approaches. Additional research could focus on market share phenomena and provide data to assist in pricing. Elasticity of demand studies would also be useful to effect CRS program management and forecasting.

Long Term Evaluation

While sales reports and consumer studies are useful, longitudinal studies should be designed to focus on what effects the CRS program has (if any) on fertility. Since contraceptive availability is increased and attitudes and behavior are influenced by the media, attempts should be made to determine what this means in terms of changes in the country's birth rate.

Credits

WESTINGHOUSE HEALTH SYSTEMS

Mr. Gary L. Damkoehler, Co-Project Director
Dr. Larry Smith, Jr., Co-Project Director
Mr. John Hayes, Resident Manager 1977-1980
Mr. Ron Dery, Program Manager 1976-1979
Mr. Tim Whittier, Program Manager 1979-1980

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington

Dr. Harald Pedersen, Chief, Family Planning Services Division
Mr. Arthur Danart, Project Manager, Family Planning Services Division

ACCRA, GHANA

Mr. Irving D. Coker, Mission Director
Mr. Raymond Martin, Population Officer
Mr. John Wiles, Administrative Officer, H.P.N. Unit

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