

PNIAA-624

51073

DETERMINING PRICING POLICIES
IN
CONTRACEPTIVE SOCIAL MARKETING

PREPARED BY

International Contraceptive Social Marketing Project

The Futures Group
1029 Vermont Avenue N.W.
Washington, D.C. 20005

TABLE OF CONTENTS

Determining Pricing Policies
in Contraceptive Social Marketing. 1

Display and Analysis of Available Data on Product
Pricing in Contraceptive Social Marketing
Projects 13

Comparison of Two Hypothetical CSM Pricing Strategies:
A Demonstration of Decisions Management. 26

Conclusions and Suggestions. 29

TABLES

APPENDICES

DETERMINING PRICING POLICIES IN CONTRACEPTIVE SOCIAL MARKETING

Determining the prices to charge for contraceptive products is one of the most important tasks that must be performed in planning a contraceptive social marketing (CSM) project. The price placed on a product can frequently influence the behavior of consumers, distributors, and retailers to a much greater extent than the communications, packaging, labeling, or other features of a CSM program. Moreover, prices are extremely visible, allowing them to be monitored readily by government officials, competing contraceptive marketers, and others. Changes in price can be reacted to quickly and strongly by these other parties, leading to actions that may be detrimental to a CSM project.

The determination of prices for contraceptive products is a very complex and difficult task. Considerable self-reflection and analysis are required to select prices that best serve the needs and interests of the CSM project. Choosing prices that are neither too high, too low, nor too variable requires adherence to a disciplined price-setting process. Such a process should consist of the following basic steps:

1. Evaluate the price sensitivity of relevant publics.
2. Determine pricing objectives.
3. Evaluate the price sensitivity of target markets.
4. Select a pricing strategy.
5. Choose pricing tactics.
6. Implement the pricing policy.

These steps are basically sequential. However, some steps may have to be repeated after subsequent steps identify a need for modifications. Furthermore, the whole process should be regularly repeated to ensure that pricing policies do not lose their effectiveness.

The following sections examine each of the steps in the price-setting process.

I. EVALUATE PRICE SENSITIVITY OF RELEVANT PUBLICS

The first consideration in setting prices in a CSM project is evaluating the price sensitivity of relevant publics--the organizations and institutions that oversee or are significantly affected by the project's actions (but do not distribute or buy the project's products). In other words, primary attention should be given to how different CSM pricing policies will be reacted to by government officials, community-based distributors, competing commercial firms, the media, and other key publics. These publics determine the constraints that exist around pricing policies. If they perceive certain pricing policies as presenting a threat to interests they would like to protect, they may be able to create very little leeway for CSM price-setting.

Various publics may institute restrictions on a CSM project--or create political pressures for such restrictions--if they perceive CSM pricing policies as threatening the competitive strength of community-based distributors, commercial firms, or other organizations in the contraceptive market. Restrictions might also arise because of concern about the effects that CSM pricing could have on inflationary pressures or on the general health of a country's economy. Many countries already have government price-approval mechanisms which create lengthy delays for price changes. For example, it took several years to have a major price increase for CSM contraceptives approved in Jamaica. Similarly, problems with government approval mechanisms for prices of old contraceptive products were apparently instrumental in encouraging the CSM project in Bangladesh to introduce the totally-new and higher-priced "Panther" condom.

The CSM planner should devote considerable effort toward gaining an understanding of issues such as: What role is the CSM project expected to play in the country's family planning effort? Do government officials want it to be only a secondary program or would a very large-scale CSM program be welcomed? How do officials feel about private-sector initiatives? What types of anti-inflation programs exist? Will occasional small price changes produce less political repercussions than infrequent large price changes? In general,

countries that have high hopes for private-sector initiatives and the CSM project, and also can tolerate large price changes, will be places where aggressive pricing policies designed to increase sales can be used. More passive pricing policies will be necessary in countries with opposite characteristics.

II. DETERMINE PRICING OBJECTIVES

Once the "boundaries" of acceptable CSM pricing policies have been identified, the CSM planner can proceed to set pricing objectives. Certain pricing objectives may have been ruled out because of sensitivities of relevant publics. For example, a pricing objective of "sales maximization" could not be adopted in a country where aggressive pricing would be seen as an attempt by the CSM project to control more of the market than the government wants it to control. In such a situation, more modest pricing objectives will have to be employed.

Pricing objectives set the tone for all pricing policies and actions. Aggressive pricing strategies and tactics will follow ambitious pricing objectives, while more cautious strategies and tactics will follow more modest objectives. Some possible pricing objectives for a CSM program include:

- o Profit maximization -- where prices are set with the intent of generating as much profits or surpluses as possible.
- o Sales maximization -- where prices are set with the intent of generating as much sales as possible.
- o Market penetration -- where prices are set with the intent of obtaining a particular share of a market (especially for new products).
- o Self-sufficiency -- where prices are set with the intent of generating enough funds to cover all costs and remove the need for subsidies.
- o Breaking even -- where prices are set with the intent of generating the funds needed to cover the costs that subsidies will not cover.

In choosing among these objectives, the CSM planner will want to weigh several factors. As already stressed, the price sensitivity of relevant publics is an important consideration. Other factors to consider include the compatibility

of the different pricing objectives with the project's overall objectives, resources, and information systems. For instance, a CSM planner who does not face several constraints from relevant publics might want to consider a profit or sales maximization objective. But such objectives would only make sense if the project had (1) the commitment from all affiliated agencies, organizations, and personnel to strive for profit or sales maximization, (2) the resource capability to provide large numbers of contraceptives to consumers, and (3) the information needed to estimate what prices will tend to maximize profits or sales (see below). If these requisites are absent, a more modest pricing objective such as "breaking even" may be in order.

III. EVALUATE PRICE SENSITIVITY OF TARGET MARKETS

Regardless of which pricing objectives are selected, information is needed on how target markets react to contraceptive prices. Although more extensive information about the price sensitivity of markets is needed to attain profit or sales maximization objectives, information on this subject is needed even when breaking even is the objective. Without this information, prices could be set much higher or much lower than they should be.

Gaining an understanding of the price sensitivity of target markets requires analysis of both the consumers in those markets and the channels of distribution (i.e., distributors, retailers, etc.) that serve them. The CSM planner should seek to understand (1) how consumer demand for contraceptive products varies at different price levels and (2) how the willingness of channel members to stock and promote contraceptive products varies at different margin levels and retail price levels.

The CSM planner needs answers to questions such as:

- o What is the ability to pay of consumers in the target market?
- o Within the limits of what consumers can afford to pay, do high prices generate more sales than low prices?
- o Do consumers perceive higher-priced contraceptives to be higher in quality?
- o Are consumers willing to pay higher prices for contraceptives that can be purchased in a less time-consuming or less embarrassing manner?

- o How do consumers react to changes in prices?
- o Are consumer buying patterns more influenced by changes in price than by changes in communications, packaging, or other marketing tools?
- o Do channel members provide better support for high-margin, high-priced contraceptives?
- o How do channel members react to changes in margins and prices?

Answers to questions such as these can be obtained by (1) examining previous research and writing on pricing in general and pricing of contraceptives in particular, (2) analyzing historical data, (3) conducting surveys of consumers and channel members, and (4) conducting pricing experiments. Each of these approaches is discussed separately below.

Examining Previous Research

The marketing literature contains a body of studies which have examined how consumers, in general, react to various pricing strategies and tactics.¹ Although many of these studies could be helpful to the CSM planner, the work that has been done on consumer perceptions of price-quality relationships should be of particular interest to them. While it is difficult to summarize the results of this research, one consistent finding is that consumers frequently do perceive price-quality relationships. Such a perception seems to be particularly likely when the consumer has only limited amounts of information available about product alternatives and when the consumer views the purchase as being very risky.² Since for many consumers the purchase of contraceptives is probably seen as a high-risk purchase that must be done with limited information -- because much important information about contraceptives cannot really be obtained without actually using them -- one would tend to expect many consumer to perceive higher-priced contraceptives as having higher quality.

Indeed, a few studies that have been done on pricing of contraceptives have suggested that price-quality relationships are, in fact, perceived among

1. See Kent B. Monroe, Pricing: Making Profitable Decisions (New York, McGraw Hill, 1979).

2. Ibid.

consumers. Evidence of such a perception has been found in Egypt³ and in India⁴. However, the CSM planner will want to probe the previous research on this subject carefully to see if the findings would tend to apply to the unique circumstances of his or her project.

Another area of pricing research that could have relevance for the CSM planner is the work that has examined how retailers react to margins.⁵ For example, one finding in this literature is that grocery retailers are willing to take smaller margins for products when manufacturers provide heavy advertising support. This apparently happens because retailers often find it profitable to use heavily-advertised products as lower-priced, "traffic builders."⁶

Although it is unclear whether this finding would hold for contraceptive retailers in developing nations, it is a finding worthy of careful consideration because it points to how interactions can occur between prices or margins and other marketing tools. In other words, the effectiveness of different price or margin levels can be influenced by what is being done with communications, packaging, distribution, and other marketing tools. Thus, low margins may work for getting adequate support from channel members if a strong communications program is in place. And low prices may work for getting consumer trial of a contraceptive product -- even when consumers perceive a price-quality relationship -- if strong support is provided by popular and trusted retailers.

Analyzing Historical Data

A search of previous research can rarely give a CSM planner more than a partial picture of the price sensitivity of target markets. A more complete picture can be obtained by looking at what has happened previously to the

3. Betty Butler Howell and William D. Novelli, Technical Assistance Report on the "Family of the Future Contraceptive Sales Program," USAID (ADSS) AID/DSBE-C-0053, November 23, through December 4, 1980.

4. T.R.L. Black and John Farley, "Retailers in Social Programs Strategy: The Case of Family Planning," Columbia Journal of World Business, Winter 1977, pp.33-43.

5. Robert L. Steiner, "A Dual Stage Approach to the Effects of Brand Advertising on Competition and Price," in John Cady, ed., Marketing and the Public Interest, Report No. 78-105, Marketing Science Institute, Cambridge, MA, 1978, pp. 127-150.

6. Mark S. Albion, Manufacturer's Advertising and Retailer Margins (Cambridge, MA; Auburn House Publishers, 1983).

relationship between prices, margins, and sales in the target markets and in similar markets. Analysis of historical data can reveal what price and margin levels were associated with various levels of sales. This type of analysis can also reveal what tended to happen to sales when changes in prices or margins were made.

The data needed for evaluating the past price sensitivity of target markets should be readily accessible from a CSM information system.⁷ The association between prices and sales over a set of time periods for various brands should be able to be assessed by formulating simple contingency tables or calculating simple correlations. For example, a data base providing information on prices and sales for a broad cross-section of CSM projects was recently used to generate the finding that oral contraceptives with higher prices seem to have higher sales figures. In addition, the effect on sales of significant price changes for certain brands should be able to be assessed by plotting before and after a major price increase for a CSM contraceptive in Jamaica suggested that the increase had a negligible impact on sales.

If historical data is to be analyzed, the CSM planner should be cautious not to read too much into any findings obtained from relatively elementary statistical analyses. A finding of a strong positive or negative historical association between prices and sales for a group of products -- or a finding that a price change was followed (or not followed) by a sales change -- should not be interpreted as providing conclusive proof that certain prices (or price changes) have caused certain effects. When analyzing historical data, it is usually difficult to rule out the possibility that some variable or factor other than price may have caused the observed effects. More sophisticated statistical techniques can sometimes help one control for the effects of variables other than price, but this often is insufficient.

Conducting Surveys

Historical data can only suggest what might happen in the future if underlying conditions remain unchanged. But if basic social and economic conditions in a country are shifting rapidly, what happened in the past could be

7. Margaret S. Boone, et. al., "Contraceptive Social Marketing Information System: Description and User's Guide," Technical Report prepared by The Futures Group, Washington, D.C., 1983.

extremely misleading. Furthermore, historical data could have limited value if major shifts in the CSM program are anticipated, such as the introduction of a new product. One way of obtaining a clearer picture of the future price sensitivity of target markets is by conducting consumer and channel-member surveys.

Surveys can be conducted to gather information about the attitudes and intentions consumers and channel members have toward contraceptives possessing varying prices and margins. Surveys can also reveal information about consumers' ability to pay for contraceptives and their willingness to pay higher prices for contraceptives that can be purchased in a less time-consuming and/or less embarrassing manner. A series of questions can be designed to see how people feel about the fairness of different prices and about their likelihood of purchasing at different prices. For instance, the following pricing questions were asked of Egyptian consumers during a CSM survey of condoms:⁸

- o TOPS cost 5 piastres for 2 condoms. In your opinion, is this price expensive, fair, or inexpensive?
- o TOPS could be sold in packages of 2, 6, or 12. If each condom still costs the same, no matter how many were in the package, what size package would you prefer to buy?
- o If TOPS were packaged in boxes of 6, would you be willing to pay 15 piastres for a box of 6?
- o If TOPS were packaged in boxes of 12, would you be willing to pay 25 piastres for a box of 12?

Caution should be exercised in using questions such as these. Respondents to surveys sometimes provide interviewers with socially desirable or self-enhancing answers to questions, which may poorly reflect how they really feel or how they will actually behave. Careful wording of questions, including the use of several questions which seek the same information in different ways, can help improve the validity of responses. More valid information can also be obtained by using well-trained, responsible interviewers.

8. Rachel Greenberg, William D. Novelli, and Leslie Curtin, "A Model for Market Research in Contraceptive Social Marketing," Technical Report prepared for The Futures Group, Washington, D.C., 1983.

Conducting Experiments

A final approach for evaluating the price sensitivity of target markets is to conduct experiments where different price levels are tested in carefully controlled laboratory or real-market situations. Multiple experimental groups or geographic regions are designated, and different prices for a given product are charged within each group or region. If the groups or regions are basically similar, then any differences that occur in sales figures, attitudes, or other measures can be unambiguously attributed to the differences in the prices being charged. Therefore, a properly designed experiment allows one to isolate the presence of cause and effect relationships more effectively than other research approaches. One can have more confidence in concluding that, for example, higher prices for a particular contraceptive do in fact cause higher sales.

Pricing experiments are relatively inexpensive and easy to set up in a laboratory (or fixed-location) setting and can provide provocative results. However, people often behave differently in laboratory settings than they would normally. More "normal" behavior can be elicited from experiments in real-market or field settings. But control over events that could confound an experiment is more difficult to achieve in these settings, and efforts to obtain such control can be extremely expensive.

IV SELECT A PRICING STRATEGY

Once sufficient information has been obtained about the price sensitivity of target markets, the CSM planner can turn to the task of selecting a pricing strategy that will allow achievement of the pricing objectives. The pricing strategy can be viewed as the major "route" or pathway that the CSM project will follow in the pricing area. It can be distinguished from the project's pricing tactics, which can be viewed as the smaller actions or "steps" that are taken in the pricing area to help move the project along its selected strategic route.

Pricing strategy for a CSM product can be defined by three basic elements:

1. The "positioning" on the retail price attribute that is sought for the CSM product relative to competing products. The CSM product can seek to be a "cheap" alternative, an "in-between" alternative, a "premium-priced" alternative, the "most expensive" alternative, and so forth.

2. The "positioning" on the middleman margin attribute that is sought for the CSM product relative to competing products. The CSM product can seek to be a "slim margin" item, an "average margin" item, a "high margin" item, and so forth.
3. The "reaction stance" the CSM planner adopts in preparation for pricing changes by competitors. The CSM planner can adopt an "inert" stance (where no counteractions will be taken), a "follower" stance (where pricing changes by competitors will be matched), a "fighter" stance (where price changes by competitors will be countered quickly with aggressive actions), a "leader" stance (where the CSM planner will always try to anticipate and beat any price changes by competitors), and so forth.

The best alternatives to adopt for each of these strategy elements will depend on (1) which pricing objectives have been selected, (2) the price sensitivity of target markets, (3) the other marketing tools being used in the CSM project, (4) the forecasted actions of competitors, and (5) several other factors. For example, a project that has set a pricing objective of self-sufficiency, and has determined that high retail prices and high margins tend to be preferred by consumers and channel members, might find it advisable to adopt a strategy of being in-between priced, high-margined, and relatively inert in terms of competitive reactions. Such a strategy would allow it to take some advantage of consumer desires for higher-priced products without creating a situation where they were becoming too aggressive or too big to avoid political repercussions. However, such a strategy might not prove sound if competitors were considerably more aggressive.

V. CHOOSE PRICING TACTICS

Pricing tactics can be used to enhance the performance of the basic pricing strategy. Various short-term and/or small actions can be taken in the pricing area which can help to stimulate awareness, interest, desire, trial, or adoption of a CSM contraceptive. A listing of some possible tactics follows:

- o Odd pricing -- where odd numbers are used for the final digits of a price (such as 99 cents).

- o Special-event pricing - where sales or special occasions are used as a vehicle for lowering prices, at least for a short time period.
- o Quality discounts -- where price reductions are provided to those who buy in larger volumes.
- o Trade allowances -- where special deals are provided to middlemen in the form of extra amounts of product or lower wholesale prices if certain volumes are bought or other services (e.g., the use of special displays) are performed.

Tactics such as these have been known to have success in various family planning programs. This has especially been the case for incentives designed to encourage more support activities from channel members. However, any pricing tactics that are used should be compatible with the project's pricing objectives and strategies, as well as the tastes and desires of target market members and relevant publics.

VI. IMPLEMENTATION

The pricing strategy and tactics have to be implemented in a timely and conscientious manner for them to achieve their desired objectives. The first implementation task is the determination of the exact price and margins to assign to the product. One useful exercise to perform in completing this task is the determination of all direct and indirect costs associated with producing, distributing, and marketing the product. These data can be valuable for assuring that the selected prices and margins are not too low to allow achievement of pricing objectives.

Another implementation task is the communicating of all necessary price and margin information to channel members, salespersons, communications specialists, and so on. Still another implementation task is the monitoring of reactions to prices from relevant publics, competitors, and target markets. This monitoring allows either small corrective actions to be instituted or, if necessary, the whole price-setting process to begin anew.

DISPLAY AND ANALYSIS OF AVAILABLE DATA ON PRODUCT PRICING IN CONTRACEPTIVE SOCIAL MARKETING PROJECTS

To date, over 25 CSM projects have been undertaken by AID and other international donors in developing countries throughout the world. It appears that a generally consistent ad hoc procedure may have evolved for considering CSM product pricing in feasibility studies. In general feasibility studies have operated with a "rule of thumb" that assumes that CSM products must be priced at least 50% below current commercial products and that the monthly consumer cost of subsidized contraceptives should not exceed some fraction of 1% (usually $\frac{1}{2}$) of total monthly household income. However, while these studies usually recommend a pricing strategy in order to determine the target market, the recommendations are not intended to be definitive and in most cases actual pricing studies have been recommended and are usually undertaken prior to determining the final consumer price.

As can be anticipated, in actual implementation CSM product pricing varies considerably across countries. For example, in Egypt CSM price-subsidized products are not the lowest-priced contraceptives available through commercial channels, and it appears that higher-priced products have greater commercial appeal.⁹ On the other hand, in Jamaica, past CSM product pricing has forced distributors to take losses on some sales.¹⁰ Because such pricing variations exist across CSM projects there is a need to examine pricing policy vis-a-vis product competition in both the private and public sectors, consumer demand, distributor and retailer incentives, and the adequacy of pricing levels to support or otherwise justify the CSM system. Therefore, this study attempts to investigate the major factors which enter into CSM pricing strategy and to suggest procedures that could be used by project managers, and their advisors, to help determine proposed CSM product pricing levels and evaluate existing practices.

9. Betty Butler Howell, William D. Novelli, Technical Assistance Report on the "Family of the Future Contraceptive Sales Program," USAID (ADSS) AID/DSBE-C-0053, November 23 through December 4, 1980.

10. Betty Butler Howell, Trip Report, Kingston Jamaica, March 23-30, 1981, AID/Office of Population, Family Planning Service Division.

This work is based on (1) a review and sampling of existing pricing policies and practices in ten CSM project countries; (2) comparative analysis of in-country and cross-country pricing policy determinants; (3) analysis of price impact on the level of purchase, on volume of purchase, on reduction in fertility, on competition with existing products and on distributor/retailer incentives; and (4) the cost effectiveness in the couple year protection (CYP) delivered in CSM projects.

Study Limitations

This study can at best be considered suggestive. Data as critical as those related to pricing have not been gathered in a systematic fashion from the start of the first project and kept in organized files. This makes it very difficult for the management of new projects to learn from the experience of their forerunners in other countries. In order to help solve these difficulties in the future we have developed a format (Exhibit 1) which suggests a form in which CSM data might be acquired and retained in the future. A comparison of data from different countries would enable management of any individual CSM project to see how its specific pricing problems are similar to those of other countries or are unique to that particular nation.

In addition, the data used for this study are subject to the following limitations: (1) they came from a variety of sources some of which could not be verified; (2) they were not available in a common format; (3) they are spread out across different time frames for each country; (4) some pricing data are in local currency, some in U.S. dollars; (5) inflation has differed from country to country so even when local currency prices have not been formally changed, the real price of the products has changed, and even more significantly, has changed from place to place; (6) there is not a single common year for which a complete data set is available for all countries because programs are often at different stages in their project life cycles in any given calendar year. For example, it would be inappropriate to compare sales of a project in its launch year to annual sales of a project that is mature. That is why Exhibit 1 suggests collecting data on an annual basis. A particular year in the cycle of any program could then be compared to the analogous year in another; (7) commercial data are difficult to obtain. Producers and distributors are not often forthcoming with important information. Consequently, the data compiled in this study cannot and should not be viewed with thorough confidence. Persons intimately connected with any

Exhibit 1

SAMPLE PRICE DATA SHEET FOR CSM PRODUCTS
(Updated Annually)

Country	CSM Product Name & Type	Annual Date	Product Launch Date	Local Current Price	Exchange Rate	Dollar Price	Commercial Product Name & Type	Local Current Price	CPI			# CSM Outlets for Product	CSM Sales for Product	CSM Revenue for Product	CSM Commodity Cost	CSM Markup to Distributor	CSM Markup to Retailer	
									Year At Which CPI=100	At Launch	At Launch -1							At Present
Zambezi	Panther (Condom)	1982	1980	2 rials	20R = \$1	10¢	Lion (Condom)	3 rials	1977	157	131	181	135	100,000	200,000R	50,000R	32%	25%

of these projects may find erroneous or inadvertently misleading material in the Tables. However, by displaying all data that do exist in a single place and in a common format for the first time, it is hoped that the data will be reviewed, corrected and updated by those who receive this paper.

Methodology

Given these difficulties, this effort should be seen as preliminary. While a great deal of time has been expended in data collection, it is clear that the data will remain incomplete until collected in a systematic way such as that suggested above. Thus, detailed statistical analysis is not presently possible. Rather than obscure issues by statistical manipulation, or inadequate data points, it was decided to present the data for largely qualitative analysis. Data tables have been constructed and are summarized in the text and, as noted above, the complete tables are attached.

After data presentation, a series of relationships or indicators are discussed. These help provide answers to critical individual pricing questions confronting CSM project staff.

Data Presentation

The data summarized here is fully displayed in the Tables. The intent here is only to introduce the discussion of the pricing indicators which is presented in a later section.

The information in the tables is derived from the computerized database that the ICSMP of The Futures Group has developed on a microcomputer. This database is organized so that as more and better data becomes available, it can be analyzed statistically in some detail. In addition, it should be noted that the tables lack many data points. It is hoped that CSM managers will help in the near future to fill them.

The first table displays social and economic data for Jamaica, Mexico, Colombia, El Salvador, Egypt, Ghana, Bangladesh, Nepal, Sri Lanka and India. It includes the total population of women of reproductive age (15-44, inclusive, in 1982), total fertility rate (1975-1980), GNP per capita, inflation rate, adult literacy rate, the percent of the population that is urban and female enrollment in primary education. A number of indices are also included. These are an income distribution index, a land distribution index, the Mauldin-Berelsen social setting index, the Mauldin-Berelsen family planning program effort index, and an

index of ethnic and linguistic fractionalization. In addition, this table presents family planning awareness, the number of contraceptive users, male and female life expectancy, population density and the religious breakdown of populations.

Table 2 provides some country commercial data. Included here are the number of retail outlets for contraceptives (both pharmacies and other retail establishments), commercial regulations affecting the marketing and sales of contraceptive products, total national advertising billings (1981), indices of freedom of the press and of the concentration of export commodities, commercial contraceptive brands and commercial contraceptive prices.

Table 3 is the listing of CSM program data for condoms and oral contraceptives (OC). It includes contract or start and end dates, the number of contract extensions, the names of the contractor and local sponsor, the total project and advertising budgets, commodity costs, launch dates for the various products, major product brand names, retail prices, revenues, sales, price increases and CSM outlets.

Table 4 lists sales and revenue for products other than the originally introduced condoms and OCs. Included here are the launch date, brand name and retail price of the products as well as information on revenues, sales and price increases.

Table 5 displays calculated CSM variables. This table is particularly useful for working with the computerized database. The order and names of the files, variables and countries listed all correspond to those on the diskettes.¹¹ It should also be noted that this table includes some data listed in other tables. However, the table is made complete by including these data, and this enables it to be used more easily.

Table 5.1 includes a summary of CSM variables. These are average monthly sales of condoms and OCs per woman of reproductive age; total CSM budget per WRA; CSM advertising budget per WRA; the ratio of the advertising budget to the total budget; the length of the CSM program; the average monthly sales of condoms and OCs; the total program and advertising budgets in U.S. dollars; the number of CSM retail, CSM pharmacy, total retail and total pharmacy outlets; cost per couple year of protection of condoms and OCs; total advertising billings in the country; and two measures of CSM advertising effort.

11. For further discussion of this computerized system, see

Table 5.2 displays summary variables of development including gross national product per capita, the Mauldin-Berelsen social setting index, the percent of the population that is urban, female enrollment in primary education, the total fertility rate, and indices of income and land distribution. In addition, selected ethnic and religious variables are listed. These are the percentage of the population that is Islamic, Catholic and Protestant as well as a linguistic fractionalization measure. Two dependent variables are also presented for comparative purposes. These are average monthly sales of condoms and OCs per woman of reproductive age.

Finally, Table 5.3 presents the total population of women of reproductive age (1980), the Mauldin-Berelsen Family Planning Program Effort Index, the amount (dollars) of U.S. economic aid, advertising billings per WRA, newspaper circulation per thousand, a measure of freedom of the press, the number of radio and television receivers per thousand people, and indices of the concentration of both export commodities and export receivers. Again, the average monthly sales of condoms and OCs per WRA are included for comparative purposes.

CSM Pricing Indicators

Early attempts at statistical analysis confirmed concerns about the current status of the database which was thought to be incomplete. Relationships (i.e. correlation matrices) were determined for all CSM program, social and commercial variables. As far as pricing policy is concerned, however, the most important possible relationships are those between two specific dependent variables and all other variables in the database. These are average monthly sales of oral contraceptives and average monthly sales of condoms per woman of reproductive age. Tests were then conducted to ensure that these relationships were significant.¹²

It is noteworthy that the two variables for price--i.e., the cost to the consumer of a couple year protection (120 condoms or 13 cycles of pills) for condoms and that for orals--appear statistically related ($\alpha = .05$) to the average monthly sales of orals, but not to those of condoms. In addition, the two

12. T-tests were run to determine whether the relevant correlation coefficients over .5 were statistically significant. That is, these tests measured whether the apparently strong relationships between the sets of two variables were still significant when the small number of observations were taken into consideration.

advertising indices appear related to the average monthly sales of condoms, but not to those of oral contraceptives. Thus, the analysis here seems to suggest that condom sales are highly correlated with advertising, while sales of OCs are highly correlated with price. The first point is obvious, that advertising spurs sales of a product and generates income far in excess of its costs has always been the rationale for advertising comparisons and, since condoms are much more of a consumer item than are OCs, it is to be expected that sales will respond to increased advertising. The second point, that orals may be underpriced, is a real possibility for some countries even if not as immediately apparent. In one case where the price of orals was raised (Jamaica - August 31, 1981), the prior trend in monthly sales was steadily, if unspectacularly, upward (see Exhibit 2). And, when prices were raised by 47 percent, there was no appreciable change in the trend. The inference is that the price was low enough to allow the change. In fact, since we do not know the price elasticity of CSM commodities it may be possible to raise the price even further. A comparison of complete and much better historical data both within and among all CSM countries would help validate these points.

The question of when and by how much to raise product prices remains an important one. In few of the CSM programs discussed here have any price rises occurred -- for example, Jamaica, where the prices of condoms and OCs were raised fully six and a half years after their launch date and El Salvador where they were raised four years after launch. Not many commercial products are sold for this length of time without a price increase. Thus, it is no wonder that retailer enthusiasm for CSM products sometimes declines. Again, in Jamaica, the allowed retail margin (25 percent) is the same for CSM and commercial products. However, the cheapest commercial condom, Shields (\$J 2 for 3) provides almost seven times the profit to the retailer that the CSM product, Panther (\$J .30) provides while the most popular imported condom provides five times the profit per item sold. Clearly, then, if periodic reevaluation does not occur, inflation and changing currency exchange rates will inevitably lower the real prices of CSM products (Exhibit 3). The Jamaican experience indicates that even with a price increase the actual price in real terms did not increase at the inflation rate and the increase did not result in a decrease in sales. Obviously, however, it improved the financial health of the project.

Exhibit 2

MONTHLY SALES OF OC's IN UNITS - JAMAICA

Date		CYP
1/75	Product Launch Date	
8/80		21,096
9/80		19,620
10/80		13,608
11/80		20,644
12/80		31,896
1/81		24,624
2/81		18,444
3/81		26,784
4/81		24,156
5/81		21,600
6/81		32,292
7/81		26,568
8/81		27,420

9/81	47% Price Rise	24,516
10/81		19,584
11/81		26,136
12/81		15,768
1/82		23,500

The important point is that pricing policy cannot merely be set at product launch and kept constant. It must be evaluated periodically in the context of CSM program objectives with attention focused on the relationship of the CSM pricing structure to that of commercial contraceptives and on the trend of the country's consumer price index.

In most cases, CSM product prices have remained constant while inflation has changed from a low of 130% in Egypt to a high of 320% in Colombia during the life of the CSM projects. Allowing even for possible errors in the pricing data displayed in the table, the implications of prices of one set of products falling in real terms, with those of other consumer goods rising, raise a series of questions, such as consumer perceptions of product quality, ability of project revenues to cover project costs, and the like.

The attached Exhibit 4, CSM Pricing Summary, presents a review of what has happened to CSM product prices during a period of high inflation in selected countries. The addition of similar data about commercial prices would allow comparisons of initial price levels and analysis of CSM price response versus that of commercial contraceptive products over the same period. If commercial prices have not similarly stagnated, the finding would lend weight to consideration of raising CSM prices, increasing dealer incentives or both. However, such historical commercial data is at present difficult to obtain.

Furthermore, for most normally competitive markets, decline in product price results in increased consumer demand. (CSM product prices have declined relative to both money income and the costs of other goods and services.) There are, however, indications that at the existing low price levels of CSM products the demand is relatively unresponsive to price changes. At the same time, the retailer's incentive to increase CSM product sales is diminishing. (See attached Exhibit 3, Format for Review of Retailer Profit.) The amount the retailer can make per CSM sale (his margin) appears to have declined because of the effect of inflation on unchanged product prices to one-third or one-half its initial value since CSM project inception in most countries. Relative to commercially priced contraceptives, CSM product revenues have fallen, on average, from 1/5 the profit of commercial products per unit sold to 1/15 the profit per unit sold.

Exhibit 5 is instructive here. Commercial items range in relative price from only 1.1 times the CSM price for some products in Colombia to 20 times as much for some goods in Bangladesh. Clearly, the response of the market at these extremes will be different. In the Indian state of West Bengal, a

Exhibit 3

FORMAT FOR REVIEW OF RETAILER PROFIT

Country	Product	CSM			COMMERCIAL				Units of CSM Product Sold Required to Equal Profit to Retailer From Sale of One Commercial Product Unit
		Retailers Margin (CSM)	CSM Product Price /Unit	\$ To Retailer /CSM Product Unit Sold	Product	Retailers % Margin (Commercial)	Commercial Product Price/Unit	\$ to Retailer/ Commercial Product Unit Sold	
JAMAICA	Panther (C)	25%	J\$.10	J\$.025	Durex Eugynon	25% 30%	J\$.92 J\$ 5.30	J\$.23 J\$ 1.59	9 10
	Perle (OC)	30%	J\$.50	J\$.15					
MEXICO	Profam (C) Profam (OC)								
COLOMBIA	Tahiti (C) Schering (OC)								
EL SALVADOR	Condor (C) Perla (OC)								
EGYPT	Tops (C)								
GHANA	Panther (C) Floril (OC)								
BANGLADESH	Raja (C) Panther (C) Maya (OC) Ovacon (OC)								
NEPAL	Dhaal (C) Gulaf (OC)								
SRI LANKA	Prethi (C) Mithuri (OC)								
INDIA	Nirodh (C)								

NOTE: Data from Jamaica demonstrate the useful management information to be gained from this exercise.

EXHIBIT 4 CSM PRICING SUMMARY

Country	Product	Local Currency	CSM Product Price		Consumer Price Index			Actual Change in Local Currency Paid by Consumer	Local Price Currency Product Required to Keep Up With Inflation	Local Currency Price Rise Necessary to Keep Up With Inflation	% Price Rise Necessary to Keep Up With Inflation
			Initial Price Per Unit (Yr)	Current Price Per Unit (Yr)	Initial CPI	Current CPI	Price Inflator				
Jamaica	Panther (Condom)	Jamaican Dollar	.05 (75)	.10 (81)	109.8	304.8	2.8	.05	.14	.04	180%
	Perle (Oral Contraceptive)		.30	.50				.20	.84	.34	
Mexico	Profam (C)	Peso			207.4	335.2	1.6		(Data not in hand)		60%
	Profam (OC)										
Colombia	Condom	Peso	2.6 (76)	2.6	120.2	379.0	3.2	0	8.32	5.72	220%
	OC (various)		13.9-2.3	13.9-24.3				0	44.50-77.76	30.60-53.50	
El Salvador	Condor (C)	Colon	.10 (79)	.10 (83)	135.5	240.0	1.8	0	.18	.08	80%
	Perla (OC)		1.00	1.00				0	1.80	.80	
Egypt	Tops (C)	Piaster	.67-1.67 (79)	.67-1.67	151.8	202.3	1.3	0	.87- 2.17	.20- .50	30%
Ghana*	Panther (C)	Cedi	.05 (79)	.05 (81)	903.0	2934.3	3.2	0	.11	.06	22%
	SSS		.10	.10				0	.22	.12	
	Floril (OC)		1.00	1.00				0	2.20	1.00	
Bangladesh	Raja (C) (Three Pack)	Taka	.133 (75)	.166 (83)	90.4	178.2	2.0	.033	.266	.10	100%
	Maya (OC)		.70	1.00				.30	1.40	.40	
Nepal	Dhaal (C)	Rupee	.166 (78)	.166 (83)	112.5	173.4	1.5	0	.249	.083	50%
	Gulaf (OC)		1.50	1.50				0	2.25	.75	
Sri Lanka	Preethi (CP)	Rupee	.133 (73)	.333 (82)	83.4	189.3	2.3	.20	.306	not necessary	130%
	Mithuri (OC)		1.45 (74)	3.50				2.05	3.335	not necessary	
India	Nirodh (C)	Paise ³	7.5 (68)	25.0 (81)	54.2	137.3	2.5	17.5	18.75	not necessary	150%

* Products not available - program suspended 1981

See Reverse for "Sources of Information."

SOURCES OF INFORMATION

1. Jamaica - ICSMP Files
2. Mexico - Unavailable
3. Columbia - ICSMP Files
4. El Salvador - Mike De Lucca, Development Associates
5. Egypt - ICSMP Files
6. Ghana - ICSMP Files & Ronald Dery
7. Bangladesh - Maxine Adler-Pou, PSI
8. Nepal - ICSMP Files & Ronald Dery
9. Sri Lanka - ICSMP Files (1982 Consultant Trip Report)
10. India - ICSMP Files

commercial brand of condom selling for twice the price far outsells a competing CSM condom at individual outlets. It is hard to accept, however, that this would occur if the price ratio were ten to one. Unfortunately, the data base is insufficient to determine the point at which the purchasing decision becomes more responsive to price. The historical data on both sales and prices are too limited.

COMPARISON OF TWO HYPOTHETICAL CSM PRICING STRATEGIES: A
DEMONSTRATION OF DECISIONS MANAGEMENT

	<u>Project I</u>	<u>Project II</u>
Objective	Maximize sales to C&D income groups	Expand sales within framework of project financial self-sufficiency.
Target Market	C&D income groups	<u>Sharply defined niche within, or at the edges of C&D income groups</u>
Ability to Pay	Price determined by ability to pay	Ability to pay determined by price
Product Specification	Broadly defined	Narrowly defined
Sales Targets	High	Initially low, but rising
Knowledge of Commercial Market	Required in general	Required in detail
Annual Pricing Reviews	Required in general	Required in detail
Product Image	Broad appeal	Specific appeal
Keep Government Informed on Pricing	Required	Required
Reliance on Sales Force	Important	Very important
Sales Outlets	Ubiquitous in C&D locations	Targeted to market segment
Distribution	Self distribution or use of low margin/high volume distributor	Use of selective high margin distributor with compatible product line and market visibility

Pricing strategy varies from project to project due to the management style of its principals as well as the country environment in which the CSM project is operated. Nevertheless, a policy framework can be established for building a system of prices within any given CSM project context.

The chart above illustrates how two pricing strategies might differ by contrary extreme examples. Project I has as its objective expanding sales as much as possible to C and D income groups, while Project II has as its primary

objective the expansion of sales only to the extent that can be accomplished within the framework of a totally self sufficient project. These contrasting objectives cause other choices to be quite different.

The target market, for example, for Project I is C and D income groups, while that of Project II has no SES focus and therefore may be much larger. That is, in order to guarantee financial self-sufficiency, the appeal of the project could and probably must extend beyond C and D income groups. Yet Project II's managers are likely to do just the opposite and attempt to focus on a particular market segment within, or at the edges of, C and D income groups through a highly concentrated sales campaign. This might be very cost effective, but product appeal might remain very limited. Of course, in successive years, new market niches may receive attention and sales gradually expanded by introducing new products. The management staff of Project I, however, may decide that it wants a product with immediate broad appeal. With the control of advertising expenditures not a serious problem, a widely ranging advertising campaign could be undertaken.

The ability to pay would also be considered very differently in the two projects. In Project I, a product price would be set according to the ability of C and D income groups to purchase it. In Project II, on the other hand, it is possible that a product price will be determined according to budgetary considerations and then a market niche selected within which this product could be afforded.

Product specification would also vary considerably between the two projects. Packaging and product characteristics for Project I must have mass appeal, while those for Project II attract a most selective population segment. For instance, the product of the former project would probably have to be sold to both urban and rural people of various literacy levels, while a product for the latter might be designed specifically for the young, literate urban working class. Thus naming, packaging and advertising the product for Project I could be the more difficult task, and Project II's more conservative approach initially more successful. Of course, if Project II's small market segment did not respond, the effort could be a total failure.

Again, in defining sales targets, Project I would initially be the more likely to aim high. Sales, after all, are its measure of success. Nevertheless, over the long run, Project II, by adding new products periodically, could eventually attain similar total sales.

Costs would be quite different for these two projects. Project I, for instance, would need a large sales force and a substantial advertising budget to maximize sales. Initially, Project II would be a smaller scale operation in all respects. Its budget constraints, smaller sales force and a more modest advertising budget. Of course, over time with the introduction of new products for additional market niches, project costs are likely to approach those of Project I.

Clearly, the management teams of both projects would like to know as much as possible about the commercial market for contraceptives to help determine appropriate prices. Project II, however, probably should have more detailed information in order to define better the small market segments they hope to attract, and to be more confident that their products will not compete directly with commercial items. Annual pricing reviews are likely to be somewhat more important to Project II for the same reason. Its sales are likely to be somewhat more sensitive to price and market segment conflicts with the commercial sector.

Product image is also likely to be treated differently by the two projects. Project II must spend more effort in distinguishing its various products from each other and from commercial items, while Project I must ensure that the image of product is equally appealing to the various types of consumers within the broad group it has targeted.

Finally, reliance on the sales force is likely to be a more important consideration of Project II which needs more frequent feedback on its products and their price and image relationships to commercial products. Its smaller sales force may therefore need to be more sophisticated and better paid than that of Project I.

CONCLUSION AND SUGGESTIONS

Although this work is a suggestive and preliminary discussion, it nonetheless raises issues critical to developing successful CSM pricing strategies.

1. Price relevant data should be collected on a specified schedule according to a common format, and the results and conclusions disseminated to the projects. Furthermore, it is recommended that the format and collection of data be contractual requirements for CSM contractors and projects receiving AID and USAID funds.
2. Appropriate pricing questions should be included in all market acceptance surveys.
3. Periodic surveying of wholesalers, distributors and retailers should be undertaken by CSM projects and reported.
4. Pricing information gathered from CSM project countries should be organized, analyzed, and methodically stored in a central location where it will be available to all CSM practitioners.
5. The adoption of the pricing process described in the first section of this paper should help CSM projects make better pricing decisions than they have made in the past, especially in regard to development of overall pricing and the achievement of project objectives, price positioning, use of incentives and/or price increases, and the like.

While this process has not had sufficient trial in real settings to demonstrate what its major strengths and weaknesses may be, it is hoped that a continuing dialogue about pricing problems will develop among CSM planners to allow for the improvement and fine-tuning of this process.

TABLE 1
SOCIAL AND ECONOMIC DATA

<u>Country</u>	<u>Total Population (1982) (x000's)</u>	<u>1982 WRA</u>	<u>1975-80 Total Fertility Rate⁴</u>	<u>1975 GNP Per Capita⁴</u>
BANGLADESH	93,264	18,659	6.69	9.5
NEPAL	14,509	3,964	6.46	105
SRI LANKA	15,210	3,511	3.56	1.86
INDIA	713,828	154,894	5.25	138

Social and Economic Data (continued)

<u>Country</u>	<u>Inflation Rate</u>	<u>(YR)</u>	<u>1975 Adult Literacy Rate</u> ⁴	<u>1975 Percent Urban</u> ⁴	<u>Female En-Rollment In Primary Ed.</u> ⁴
BANGLADESH	17.4	(70-77)	202	9.3	60.0
NEPAL			19	4.4	25.0
SRI LANKA			78	24.0	73.0
INDIA			36	20.7	63.0

Social and Economic Data (continued)

<u>Country</u>	<u>Income Distribution Index</u> ³	<u>Land Distribution Index</u> ³	<u>Index Maudlin/Berelson Social Setting Index</u> ⁵	<u>Maudlin/Berelson F.P. Program Effort</u> ⁵
BANGLADESH	21.2	65.0	24	3
NEPAL	NA	NA	14	6
SRI LANKA	NA	NA	67	12
INDIA	22.5	52.2	44	19

Social and Economic Data (continued)

<u>Country</u>	<u>Percent Family Planning Awareness</u> ⁴	<u>(YR)</u>	<u>Annual Contin. Users</u> ⁶ <u>(YR)</u>		<u>Life Expectancy</u> ⁴		<u>(Per Sq. Mi.) Population Density</u> ¹	<u>(YR)</u>
			<u>(000's)</u>		<u>Male</u>	<u>Female</u>		
BANGLADESH	82	(75-80)	2,547	(81)	47.5	47.0	1,283	
NEPAL	15	(78)	187	(81)	44.0	42.5	97	
SRI LANKA	91	(75)	104.6	(81)	62.0	65.0	580	(80)
INDIA			172.6	(81)	52.0	51.0	549	(80)

Social and Economic Data (continued)

<u>Country</u>	<u>Percent Catholic</u> ³	<u>Percent Islamic</u> ³	<u>Percent Protestant</u> ³	<u>Index Ethnic/Linguistic Fractionization</u> ³
BANGLADESH	0	87	1	.64
NEPAL	0	0	0	.70
SRI LANKA	7	5	1	.47
INDIA	1	10	1	.89

SOCIAL AND ECONOMIC DATA

<u>Country</u>	<u>Total Population (1982) (x000's)</u>	<u>1982 WRA⁶</u>	<u>1975-80 Total Fertility Rate⁴</u>	<u>1975 GNP Per Capita⁴</u>
JAMAICA	2,239	471	4.07	1,111
MEXICO	71,265	14,687	6.28	1,067
COLOMBIA	25,598	5,682	4.42	571
EL SALVADOR	5,002	1,024	6.01	441
EGYPT	44,796	9,811	5.25	258
GHANA	12,431	2,541	6.71	586

* WRA = 1000's of women (15-44 years old)

Social and Economic Data (continued)

<u>Country</u>	<u>Inflation Rate (YR)¹</u>	<u>1975 Adult Literacy Rate (%)⁴</u>	<u>1975 Percent Urban⁴</u>	<u>Female Enrollment in Primary Educ⁴</u>
JAMAICA	20 (76)	86	45.7	98.0
MEXICO	18 (78)	76	63.0	114.0
COLOMBIA		81	65.5	109.0
EL SALVADOR	35 (81)	62	39.9	75.0
EGYPT		44	43.5	56.0
GHANA	150 (81)	30	32.3	38.0

Social and Economic Data (continued)

<u>Country</u>	<u>Income Distribution Index³</u>	<u>Land Distribution Index³</u>	<u>Mauldin/ Berelson Soc. Setting Index⁵</u>	<u>Index Mauldin/ Berelson F.P. Program Effort⁵</u>
JAMAICA	48.7	77.0	87	23
MEXICO	45.7	69.4	83	4
COLOMBIA	NA	86.4	77	16
EL SALVADOR	37.4	82.7	60	13
EGYPT	30.9	67.4	58	8
GHANA	NA	NA	50	3

Social and Economic Data (continued)

<u>Country</u>	<u>Percent Family Planning Awareness (YR)</u>		<u>Annual Continous Users¹(YR)</u> <u>(x000's)</u>		<u>Life Expectancy⁴</u>	
					<u>Male</u>	<u>Female</u>
JAMAICA	87	(72)	116	1981	67.8	72.5
MEXICO	53	(81)	3,000	1981	63.6	67.4
COLOMBIA	94		1,650	1981	60.7	63.7
EL SALVADOR			31	1981	60.0	64.5
EGYPT	96	(81)	334.5	1981	53.6	56.1
GHANA			61	1981	46.7	50.0

Social and Economic Data (continued)

<u>Country</u>	<u>Per Sq. Mi. Population</u>	<u>(YR)</u>	<u>Percent Catholic</u>	<u>Percent Islamic³</u>	<u>Percent Protestant</u>
JAMAICA	445		8	0	43
MEXICO	88	(79)	85	0	2
COLOMBIA	23	(79)	86	0	1
EL SALVADOR	605	(80)	97	0	3
EGYPT	763	(80)	1	85	.1
GHANA	114	(77)	11	10	9

Social and Economic Data (continued)

<u>Country</u>	<u>Index Ethnic/ Linguistic Fractionalization</u>	<u>Percent Catholic³</u>	<u>Percent Islamic³</u>	<u>Percent Protestant³</u>	<u>Index Ethnic/ Linguistic Fractionalization³</u>
JAMAICA	.05	8	0	43	.05
MEXICO	.30	85	0	2	.30
COLOMBIA	.06	86	0	1	.06
EL SALVADOR	.17	97	0	3	.17
EGYPT	.04	1	85	1	.04
GHANA	.71	11	10	9	.71

<u>Country</u>	<u>Total Budget*</u> (\$000's)	<u>Total Advertising Budget**</u> (\$000's)	<u>Product Launch Date</u>	<u>Original Products' Brand Names</u>	<u>Current Retail Price Per Unit</u>
JAMAICA	1,181.0	486.5	6/75	PANTHER (Condom)	\$.059 (J R.10)
			6/75	PERLE (OC)	\$.296 (J \$.50)
MEXICO	6,371.7		4/79	PROFAM (Condom)	\$.11 (P _S 2.6)
			4/79	PROFAM (OC)	\$.50 (P _S 90 Est.)
COLOMBIA			1973	TAHITI (condom)	
				SCHERING (OC)	
EL SALVADOR			5/78	CONDOR (Condom)	\$.045 (¢.10)
			11/79	PERLA (OC)	\$.40 (¢1)
EGYPT			6/79	TOFS (Condom)	(.67 - 1.67 piaster)
GHANA	981.3		1/79	PANTHER (Condom)	.018 (Pesawars 5)
			1/79	FLORIL (OC)	.36 (Cedi ¢1)
			1/79	SSS (Condom)	.036 (Pesawars 10)

* Amount of technical assistance contract.
Excludes Commodity Costs.
All figures in U.S. \$ except where noted
Check whole column for unit prices and currency

Footnotes

1. Country Reports
2. Advertising Age
3. Taylor & Hudson
4. Globescan
5. Mauldin * Berelson

Table 2

COUNTRY COMMERCIAL DATA

Country	All-Outlets ¹ Retail/Pharmacy		Advertising Commercial Regulations ¹	National Advertising Billings (1981) ² (US \$000's)	Radios Per 1000 Population ³ (Yr)	
JAMAICA	5,000	230	Prescription requirement for OC's ignored. No advertising of ethical pharmaceuticals - ignored for Perle. Tax on contraceptives - ignored	9,471	196	('65)
MEXICO	108,000	12,000	Prescription required for OC's - ignored. No advertising of OC's "For family planning only" on product packages	458,857	193	('65)
COLOMBIA		6,000	Sales tax on contraceptives. No advertising of ethical pharmaceuticals including OC's - okeyed	70,296.1	118	('66)
EL SALVADOR	33,000	842	Prescription for OC's - ignored	3,406	135	('65)
EGYPT		2,000	OCs, vaginal tablets only in pharmacies. No advertising of ethical pharmaceuticals	38,911.6	55	('65)
GHANA		108	OCs sold only in pharmacies. No advertising of ethical pharmaceuticals.	2,682.7	74	('64)

Country reports: AID, ICSMP files
 Advertising Age
 Taylor & Hudson

<u>Country</u>	<u>T.V. Per 1000 Population</u> ¹	<u>(YR)</u>	<u>Newspapers Per 1000 Population</u> ¹	<u>(YR)</u>	<u>Freedom of The Press Index</u> ¹	<u>Index of Concentration Of Export Commodities</u> ¹
JAMAICA	14	('65)	69	('65)	2.16	.29
MEXICO	42	('65)	116	('65)	1.46	.09
COLOMBIA	19	('65)	52	('63)	2.21	.44
EL SALVADOR	12	('65)	47	('63)	2.26	.31
EGYPT	11	('65)	15	('63)	-2.31	.37
GHANA	0	('65)	29	('65)	.34	.54

<u>Country</u>	<u>Commercial Contraceptives Brands/Products</u> ¹	<u>Commercial Contra- ceptives Prices (Local Currency)</u>
JAMAICA	Durex (C) (OC)	
MEXICO	Natural Lamb (C) Kon-Do (C) (OC's - (28 brands)	
COLOMBIA	Schering (OC) Wyeth (OC)	
EL SALVADOR	Sampoon (C) "0.03" (C) (OCs - 14 brands) (Foam tabs) (Depo-provera)	(4 pk)
EGYPT	Durex (C) Lorophin (Foam tabs) (OCs - 8 brands) CU-T (IUD) Other IUDs (Condoms)	(3 pk) (20 pk)
GHANA	(Condoms) (OCs)	(6 pk)

1. Country reports: AID, ICSMP files.

<u>Country</u>	<u>All Outlets Retail/ Pharmacy</u> ¹		<u>Advertising/ Commercial Regulations</u> ²	<u>National Advertising Billings (1981)</u> ³ (U.S. 000's)	<u>Radios Per 1000 Population</u> (YR)		<u>TVs Per 1000 Population</u> (YR)	
BANGLADESH			Censor board for advertising. No laws against Contraceptive ads. Duty free import of CSM products.		5	('64)	0	('65)
NEPAL	20,000		No laws against contraceptive ads. Some media imposed constraints on ads.		4	('65)	0	('65)
SRI LANKA	6,500	558	Newspaper ads of OC's allowed.	1,000	39	('65)	0	('65)
INDIA	1,105,000	96,483			11	('65)	0	('65)

1. Country reports: AID, ICSMP files

2. Advertising Age

3. Taylor & Hudson

<u>Country</u>	<u>Newspapers Per 1,000 Population</u> ¹	<u>(YR)</u>	<u>Freedom of The Press Index</u> ¹	<u>Index of Concentration of Export Commodities</u> ¹
BANGLADESH	18	('65)	-.01	.34
NEPAL	3	('65)	-.59	NA
SRI LANKA	39	('65)	1.14	.46
INDIA	13	('65)	.98	.17

1. Taylor & Hudson

107

<u>Country</u>	<u>Commercial Contraceptives Brands/Products</u> ¹	<u>Commercial Contraceptives Prices (Local Currency)</u>
Bangladesh	Metro (C) Sultan (C) Durex (C) (OCs)	
NEPAL	(Condom) (OC's)	
SRI LANKA		
INDIA		

1. Country reports: AID, ICSMP files.

Table 3

CSM PROGRAM DATA

<u>Country</u>	<u>Contract Start Date</u>	<u>Contract End Date</u>	<u>Number of Extensions</u>	<u>Contractor</u>	<u>Local Sponsor</u>
JAMAICA ¹	7/74	9/77	1	Westinghouse	JNFPB = Jamaican National Family Planning Board
MEXICO	9/78	9/81		PSI	PROFAM
COLOMBIA	No technical assistance contractor				PROFAMILIA
EL SALVADOR	9/76	11/80		Development Associates	ADS = Asociacion Demografic Salvadorena
EGYPT	11/78	9/84		TRITON	FOF = Family of the Future
GHANA	6/76	4/80	1	Westinghouse	GNFPP = Ghanaian National Family Planning Program

<u>Country</u>	<u>Total Budget*</u> (\$000's)	<u>Total Advertising Budget**</u> (\$000's)	<u>Product Launch Date</u>	<u>Original Products' Brand Names</u>	<u>Current Retail Price Per Unit</u>
JAMAICA	1,181.0	486.5	6/75	PANTHER (Condom)	\$.059 (J R.10)
			6/75	PERLE (OC)	\$.296 (J \$.50)
MEXICO	6,371.7		4/79	PROFAM (Condom)	\$.11 (P _S 2.6)
			4/79	PROFAM (OC)	\$.50 (P _S 90 Est.)
COLOMBIA			1973	TAHITI (condom)	
				SCHERING (OC)	
EL SALVADOR			5/78	CONDOR (Condom)	\$.045 (¢.10)
			11/79	PERLA (OC)	\$.40 (¢1)
EGYPT			6/79	TOPS (Condom)	(.67 - 1.67 piaster)
GHANA	981.3		1/79	PANTHER (Condom)	.018 (Pesawars 5)
			1/79	FLORIL (OC)	.36 (Cedi ¢1)
			1/79	SSS (Condom)	.036 (Pesawars 10)

* Amount of technical assistance contract.
Excludes Commodity Costs.
All figures in U.S. \$ except where noted
Check whole column for unit prices and currency

U.S. \$ PRICE INCREASES
PER UNIT

<u>Country</u>	<u>Product</u>	<u>Month/Year</u>	<u>From</u>	<u>To</u>
JAMAICA ¹	Panther	9/1981	.17 (J \$.05)	.30 (J \$.10)
	Perle	9/1981	(J \$.30) U.S. current	(J \$.50) J
MEXICO	None			
COLOMBIA	N/A			
EL SALVADOR	None			
EGYPT	None			
GHANA	None			

<u>Country</u>	CSM Outlets At Project Start			Current CSM Outlets		
	<u>Retail Pharmacist</u>			<u>Retail Pharmacist</u>		
JAMAICA	212	110	(1975)	1,600	160	(1983)
MEXICO	Unavailable (1979)			2,000	11,000 (1981)	
COLOMBIA	Unavailable (1973)			4,030	4,500 (1981)	
EL SALVADOR	Unavailable (1978)			2,000	800	(1980)
EGYPT	Unavailable (1979)			Unavailable		(1981)
GHANA	Unavailable (1979)			NA		

52

FOOTNOTES

1. Jamaica - Don Terry & Futures Files
2. Bangladesh - Dave Edelman Trip File & PSI Maxine Poe
3. Nepal - Dave Edelman Trip File
4. Sri Lanka - PSI Maxine Poe & Futures Files
5. India - Futures Files
6. Mexico - Futures Files
7. Columbia - Futures Files & Steve Samuels Trip Report
8. Egypt - Futures Files
9. Ghana - Futures Files
10. El Salvador - Mike DeLucas & Futures Files

<u>Country</u>	<u>Contract Start Date</u>	<u>Contract End Date</u>	<u>Number of Extensions</u>	<u>Contractor</u>
BANGLADESH	6/74	11/83	Multiple (Three Contracts Issued)	PSI
NEPAL	7/76 12/80*	12/80 7/83*	3 1	Westinghouse
SRI LANKA	2/73	5/75	1	PSI
INDIA	No technical assistance contractor			

* Second contract signed on December 31, 1980.

<u>Country</u>	<u>Local Sponsor</u>	<u>Total TA Budget (\$000's)*</u>	<u>Total Advertising Budget (\$000's)**</u>
BANGLADESH	Gov't. of Bangladesh	9,400.0 Includes Mission as well as AID/W funded TA contract)	2,883.3
NEPAL	Gov't. of Nepal FP/MCH		
SRI LANKA	FPA (IPPF affiliate)	270.0	56.0
INDIA	Gov't. of India		

* Total \$ amount of AID/W funded TA contract

** Total \$ amount allocated to advertising in TA contract

All figures in U.S. \$ except where noted

67

<u>Country</u>	<u>Product Launch Date</u>	<u>Original Products' Brand Names</u>	<u>Retail Price Per Unit</u>
BANGLADESH	10/75	RAJA (Condom)	\$.008 (16.6 P)
	10/75	MAYA (OC)	\$.05 (TK 1.00)
NEPAL	6/78	DHAAL	\$.013 (16.7 P)
	6/78	GULAF (OC)	\$.126 (Rs 1.50)
SRI LANKA	10/73	PREETHI (Condom)	\$.0133 (.1334)
	12/74	MITHURI (OC)	\$.145 (Rs 1.45)
INDIA	1968	NIRODH (Condom)	.01

All figures in U.S. \$ except where noted

Table 3 (continued)

Country	Product	Price Increases in Local Currency			CSM Outlets			
		From	To	Year	Product Retailers	Launch Pharm	Current Retailers	Pharm
BANGLADESH	Raja Maya	Tk .133 Tk .70	Tk .166 Tk 1.00		710	-	61,400	31,600
NEPAL	None				55	29 (1978)	5,297	858 (1983)
SRI LANKA	Preethi	40¢ (3 pack)	Rs 1.00 (3 pack)		3,177	- (1973)	4,000	437 (1976)
	Mithuri	Rs 1.45	Rs 3.50 (Eugyman)					
INDIA	Nirodh (Condom)	15 to 26 ⁷	(0.3%)	(1973-74)		170,000	1970	450,000 (1979)

TABLE 4
SALES AND REVENUE

(Products Other Than Original Condoms and OC's)

<u>Country</u>	<u>Product Launch Date</u>	<u>Product Brand Name</u>	<u>Retail Price Per Unit Unit Currency (5/83) (Unit Price in 1983 US\$)</u>
JAMAICA			
MEXICO	3/1979	(Suppository)	
	3/1979	(Creme appl)	(x10 appl's)x
	3/1979	(Foam can)	(x35 appl's)
	1/1980	Alazan (Condom) Supermacho (Condom)	
COLOMBIA	1/1979	Neo-Sampoo (Foam tab)	(x20)
	1/1979	Norforms (Suppos.)	(x12)
EL SALVADOR	1/1981	Suave (Foam tab)	
EGYPT	6/1979	Amaan (Neo Sampoo) (x 20 tube)	
	4/1981	CU-7 (IUD)	
	6/1979	CU-T (IUD)	
GHANA	11/79	CORAL (Foam tab)	

Sales and Revenue (continued)

<u>Country</u>	<u>REVENUE</u>		
	<u>To Program Per Unit</u>	<u>To Distributor Per Unit</u>	<u>To Retainer Per Unit</u>

Sales and Revenue (continued)

Country	Product Type	Total Sales/Year Product			Total Revenue Prod/Year To Program	
		(U.S.\$ Unless Otherwise Noted)				
JAMAICA						
MEXICO	Suppository	1,342,152	1979	Mar-Dec	668,000 ³	
		2,390,790	1980		NA	1980
	Creme appl	1,918,636	1981	Jan-Oct	NA	1980
		423,903	1979	Mar-Dec	727,000 ³	1979
		815,950	1980		NA	1980
		402,680	1981	Jan-Oct	NA	1981
	Foam tablets	1,879,674	1979	Mar-Dec	977,000 ³	1979
		1,397,935	1980		NA	1980
		1,237,985	1981	Jan-Oct	NA	1981
	COLOMBIA					
EL SALVADOR						
EGYPT						
EGYPT	Foam tablet	40,716	1981	Jan-Oct	5,853 ⁴	1981
		427,540	1979	June-Dec	NA	1980
		549,792	1980			
		2,127,492	1981			
	1,994,496	1982	Sept-Dec	45,582 ²	1981	
	21,808	1981		NA	1982	
	48,375	1982		NA	1980	
	CU-7(IUD)	17,052	1979	June-Dec	NA	1980
	CU-7(IUD)	36,293	1980		NA	1980
		72,888	1981		86,701 ²	1981
	73,315	1982		NA	1982	
GHANA						

Sales and Revenue (continued)

Country

Price Increases

Footnotes

1. Piasters
2. Pounds Egyptian
3. Pesos
4. Colones

Table 5.1

Calculated Variables: CSM

<u>Country</u>	<u>RSBW Avg. Monthly Sales Condoms Per WRA*</u>	<u>SOBW Avg. Monthly Sales OCs Per WRA (x 100)</u>	<u>RBBW Total CSM Budget Budget Per WRA (x 100)</u>	<u>ABBW CSM Advertising Budget Per WRA (x 100)</u>
JAMAICA	108.1	19.8	2.4021	.9472
MEXICO	27.4	2.85	.4077	.2047
COLOMBIA	60.7	203	.4103	.0404
EL SALVADOR	56.1	386	.799	.1947
EGYPT	12.7	no OCs sold	.1153	.0315
GHANA	44.9	3.95	.3784	.1307
BANGLADESH	99.4	3.23	.2128	.0797
NEPAL	50	1.95	.3711	.0599
SRI LANKA	133.6	8.37	.2528	.0506
INDIA	40.4	no OCs sold	.0974	.0731

* WRA: Women of Reproductive Age = Thousands of women between 15 and 44 years.

Calculated Variables: CSM

<u>Country</u>	<u>CRSBP Percent: Ad.Budget Total Budget (x 100)</u>	<u>LENG Nos. Months: Length of CSM Program</u>	<u>RSALES Number: Avg. Monthly Sales Condoms</u>	<u>RSOC Number: Avg. Monthly Sales OCs</u>
JAMAICA	.39	39	55,520	10,178
MEXICO	.5	32	428,824	44,616
COLOMBIA	.1	84	407,564	136,274
EL SALVADOR	.24	31	60,636	4,173
EGYPT	.27	41	127,572	No OCs sold
GHANA	.35	15	116,384	10,259
BANGLADESH	.37	65	1,914,464	62,185
NEPAL	.16	49	159,970	6,243
SRI LANKA	.2	95	500,083	31,321
INDIA	.75	156	6,572,917	No OCs sold

Calculated Variables: CSM

<u>Country</u>	<u>RBUD U.S. Dollars: CSM Total Budget (x 1000)</u>	<u>RADB U.S. Dollars CSM Total Ad. Budget (x 1000)</u>
JAMAICA	1,233.7	486.5
MEXICO	6,371.7	3,200
COLOMBIA	2,752.6	271.3
EL SALVADOR	864.1	210.6
EGYPT	1,157.6	316.1
GHANA	981.3	338.9
BANGLADESH	4,100.	135.5
NEPAL	1,187.3	191.8
SRI LANKA	946.3	189.3
INDIA	1,189.0	1,189.0

Calculated Variables: CSM

<u>Country</u>	<u>CRTOUT Number: CSM Retail Outlets</u>	<u>CPHOUT Number: CSM Pharmacy Outlets</u>	<u>RTOUT Number: Retail Outlets</u>	<u>PHOUT Number: Pharmacy Outlets</u>
JAMAICA	1,145	147	5,000	230
MEXICO	2,000	11,000	108,000	12,000
COLOMBIA	NA	4,500	NA	6,000
EL SALVADOR	2,000	758	33,000	842
EGYPT	NA	1,600	NA	2,000
GHANA	613	NA	NA	108
BANGLADESH	25,503	19,538	NA	NA
NEPAL	5,102	712	20,000	NA
SRI LANKA	4,835	435	6,500	558
INDIA	221,000	NA	1,105,000	NA

66

Calculated Variables: CSM

<u>Country</u>	<u>CCYPCM Cost CYP Condoms (US\$)</u>	<u>CCYROC Cost CYP OCs (US\$)</u>	<u>CCYPCG Condoms Per GNP Index</u>	<u>CCYPOG OCs Per GNP Index</u>
JAMAICA	6.78	4.47	.61	.004
MEXICO	7.15	4.28	.67	.0039
COLOMBIA	7.48	5.99	1.31	.0102
EL SALVADOR	4.81	5.40	1.09	.0118
EGYPT	2.81	No OCs sold	1.09	No OCs sold
GHANA	2.17	4.87	.37	.008
BANGLADESH	1.20	.66	1.26	.0068
NEPAL	1.60	1.79	1.52	.0156
SRI LANKA	1.60	1.89	.86	.0102
INDIA	1.20	No OCs sold	.87	No OCs sold

Calculated Variables: CSM

<u>Country</u>	<u>TOTAB Advertising Billings in Country (x \$1000)</u>	<u>ADEF CSM Ad. Effort Index ABBW/TOTAB</u>	<u>ADEF2 CSM Ad. Effort Index CRSBP/TOTAB</u>
JAMAICA	9,471	100	41.2
MEXICO	458,857	.446	1.09
COLOMBIA	7,0296.1	.575	1.42
EL SALVADOR	3406	57.2	70.5
EGYPT	38,911.6	.81	6.94
GHANA	2,682.7	48.7	130.5
BANGLADESH	NA	NA	NA
NEPAL	NA	NA	NA
SRI LANKA	1,000	50.6	200
INDIA	96,483	.757	7.77

63

Table 5.2

Calculated Variables: Development

<u>Country</u>	<u>Gross National Product PER CAPITA (US\$)</u>	<u>Mauldin/Berelson Social Setting Index</u>	<u>Percent Urban Population</u>	<u>Percent Female Enrollment in Primary Ed.</u>	<u>Total Fertility Rate</u>
JAMAICA	1111	87	45.7	98	4.07
MEXICO	1067	83	63	114	6.28
COLOMBIA	571	77	65.5	109	4.42
EL SALVADOR	441	60	39.9	75	6.01
EGYPT	258	58	43.5	56	5.25
GHANA	586	50	32.3	38	6.17
BANGLADESH	95	24	9.3	60	6.69
NEPAL	105	14	4.4	25	6.46
SRI LANKA	186	67	24	73	3.56
INDIA	138	44	20.7	63	5.25

Calculated Variables: Development

<u>Country</u>	<u>Income Distribution Index</u>	<u>Land Distribution Index</u>
JAMAICA	48.7	77
MEXICO	45.7	69.4
COLOMBIA	NA	86.4
EL SALVADOR	37.4	82.7
EGYPT	30.9	67.4
GHANA	NA	NA
BANGLADESH	21.2	65
NEPAL	NA	NA
SRI LANKA	NA	NA
INDIA	22.5	522

Calculated Variables: Development

<u>Country</u>	<u>Percent Islamic</u>	<u>Percent Catholic</u>	<u>Percent Islamic & Catholic</u>	<u>Percent Protestant</u>	<u>Linguistic Fractionalization¹</u>
JAMAICA	0	8	8	43	.05
MEXICO	0	85	85	2	.3
COLOMBIA	0	86	86	1	.06
EL SALVADOR	0	97	97	3	.17
EGYPT	85	1	86	1	.04
GHANA	10	11	21	9	.71
BANGLADESH	87	0	87	1	.64
NEPAL	0	0	0	0	.7
SRI LANKA	5	7	12	1	.47
INDIA	10	1	11	1	.89

1. Higher, more fractionalization.

Calculated Variables: Development

<u>Country</u>	<u>Avg. Monthly Sales Condoms Per WRA²</u>	<u>Avg. Monthly Sales OCs₂ Per WRA²</u>
JAMAICA	108.1	19.8
MEXICO	27.4	2.85
COLOMBIA	60.7	20.3
EL SALVADOR	56.1	3.86
EGYPT	12.7	no OCs sold
GHANA	44.9	3.95
BANGLADESH	99.4	3.23
NEPAL	50	1.95
SRI LANKA	133.6	8.37
INDIA	4.04	no OCs sold

2. WRA = Thousands of women 15-49 years.

Table 5.3
Calculated Variables

<u>Country</u>	<u>Total Population 1975 (x 1000)</u>	<u>WRA 1980*</u>	<u>Mauldin/Berel- son F.P. Program Effort Index</u>	<u>Dollars: U.S. Economic Aid (x 10⁶)</u>	<u>'58 - '65</u>
JAMAICA	2,403	513.6	23	19	
MEXICO	59,229	15,629.6	4	15.3	
COLOMBIA	23,867	6,709.5	16	32.1	
EL SALVADOR	4,142	1,081.5	13	30	
EGYPT	36,917	10,035.8	8	31.9	
GHANA	9,990	2,593.4	3	21.2	
BANGLADESH	76,537	19,262.6	3	22.9	
NEPAL	12,702	3,199.5	6	7.52	
SRI LANKA	13,603	3,742.6	12	6.62	
INDIA	618,831	162,709	19	10.1	

* WRA = Women of Reproductive age = Thousands of women between 15 and 44 years.

Calculated Variables (continued)

<u>Country</u>	<u>Freedom of Advertising Billings Per WRA</u>	<u>Newspaper Circulation Per 1,000 Index</u>	<u>the Press Index (-4 to +4)</u>
JAMAICA	18.4	69	2.16
MEXICO	29.4	116	1.46
COLOMBIA	10.5	52	2.21
EL SALVADOR	3.15	47	2.26
EGYPT	3.88	15	-2.31
GHANA	1.03	29	.34
BANGLADESH	NA	18	-0.01
NEPAL	NA	3	-.59
SRI LANKA	.27	39	1.14
INDIA	.59	13	.98

Calculated Variables (continued)

<u>Country</u>	<u>Radio Receivers Per 1,000 (Index)</u>	<u>Television Receivers Per 1,000</u>	<u>Index (In- cluding Near Zero</u>	<u>Concentration of Export Commodities</u>	<u>Concentration of Export Receivables</u>
JAMAICA	196	14	.29	.25	
MEXICO	193	42	.09	.31	
COLOMBIA	118	19	.44	.25	
EL SALVADOR	135	12	.31	.17	
EGYPT	55	11	.37	.08	
GHANA	74	0	.54	.11	
BANGLADESH	5	0	.34	.06	
NEPAL	4	0	NA	NA	
SRI LANKA	39	0	.46	.10	
INDIA	11	0	.17	.10	

Calculated Variables (continued)

<u>Country</u>	<u>Avg. Monthly Sales Condoms Per WRA</u>	<u>Avg. Monthly Sales OCs Per WRA</u>
JAMAICA	108.1	19.8
MEXICO	27.4	2.85
COLOMBIA	60.7	20.3
EL SALVADOR	56.1	3.86
EGYPT	12.7	No OCs sold
GHANA	44.9	3.95
BANGLADESH	99.4	3.23
NEPAL	150	1.95
SRI LANKA	133.6	8.37
INDIA	4.04	no OCs sold

TITLE	PAGES	LOCATIONS
experi	1	68
CSM Data	58	82 84 80 73 69 55 52 51 53 45 42 43 40 37 30 28 22 24 26 29 36 34 38

DISC SPACE LEFT 120

Table 6

SALES DATA *

% Change From Preceding Year

<u>Country</u>	<u>Year</u>	<u>Unit Sales Condoms</u>	<u>% Change Condoms</u>	<u>Unit Sales Orals</u>	<u>% Change Orals</u>
BANGLADESH	1975 ¹	636,546		111,280	
	1976	9,711,713	+1425.69	480,672	+331.95
	1977	17,339,404	+78.54	1,021,380	+112.49
	1978	21,707,630	+25.19	1,098,567	+7.56
	1979	31,554,619	+45.36	702,330	-36.07
	1980 ²	35,750,122	+13.30	540,958	-22.98
	1981	50,358,645	+40.86	616,443	+13.95
	1982	66,638,167	+32.33	746,071	+20.99
NEPAL	1978 ³	422,557		23,770	
	1979	1,974,076	+367.17	40,724	+71.33
	1980	1,731,467	-12.29	56,991	+39.94
	1981	2,002,968	+15.68	144,131	+152.90
SRI LANKA	1973	1,071,400		6,000	
	1974	3,730,829	+248.22	5,528	-7.87
	1975	4,118,699	+10.40	73,370	+1,227.24
	1976	5,191,000	+26.03	160,648	+118.96
	1977	6,199,278	+19.42	160,648	0
	1978	7,913,454	+27.65	281,143	+75.01
	1979 ⁴	6,660,852	-15.83	307,820	+9.49
	1980	7,670,859	+15.16	608,068	+97.54
INDIA	1968				
	1969				
	1970				
	1971				
	1972				
	1973				
	1974				
	1975				
	1976				
	1977				
	1978				
1979					
1980					

* Based on "Contraceptive Social Marketing Sales Data by Country and Products:
As Reported to the ICSMP"

16

SALES DATA*

% Change From Preceding Year

<u>Country</u>	<u>Year</u>	<u>Unit Sales Condoms</u>	<u>% Change Condoms</u>	<u>Unit Sales Orals</u>	<u>% Change Orals</u>
JAMAICA	1975 ⁵	433,848		51,146	
	1976	539,409	+24.33	111,106	+117.2
	1977	744,353	+37.99	164,191	+47.7
	1978	812,656	+09.18	175,326	+6.7
	1979	817,344	+00.58	202,548	+15.5
	1980	902,160	+10.38	252,052	+24.4
	1981	934,848	+3.62	287,892	+14.2
	1982	1,053,504	+12.69	280,357	-2.6
MEXICO	1979 ⁶	1,708,108		372,769	
	1980	4,551,054	+166.44	778,366	+108.8
COLOMBIA	1975				
	1976				
	1977				
	1978				
	1979				
	1980				
EL SALVADOR	1978	619,166			
	1979 ⁸	751,013	+21.29	8,352	
	1980	547,565	-27.09	51,058	+511.33
	1981	771,925	+40.97	82,861	+62.29
EGYPT	1979 ⁹	753,468			
	1980	1,026,407	+36.22		
	1981	1,742,020	+69.72		
	1982	3,496,009	+100.69		
GHANA	1979 ¹⁰	1,904,680		104,016	

* Based on "Contraceptive Social Marketing Sales Data by Country and Products:
As Reported to the ICSMP"

Footnotes

1. Based on Oct. - Dec.
2. A low dose oral contraceptive was introduced in June 1980. From this point on, oral sales also include this item.
3. Based on June - Dec.
4. A low dose oral contraceptive was introduced in November 1979 and hereafter included in oral sales figures.
5. Based on June - Dec.
6. Based on Mar. - Dec.
7. Based on May - Dec.
8. Oral contraceptive was introduced in November, 1979.
9. Based on June - Dec.
10. Based on Feb. - Dec. This condom sales figure includes two brands which were introduced simultaneously.

APPENDICES

inter-americas marketing group

RESEARCH & MARKETING CONSULTING SERVICES

PRELIMINARY PILOT QUESTIONNAIRE FOR ADS - SAL
DISTRIBUTION STUDY (CONTRACEPTIVE PROJECT)

Job No. _____

Quest. No. _____

<u>THE RESPONDENT</u>	<u>THE OUTLET</u>	<u>LOCATION/AREA</u>	
_____	_____	URBAN	1
NAME	NAME	SUB URBAN	2
_____	_____	RURAL	3
_____	_____	MUNICIPALITY _____	
SITATION IN OUTLET	TYPE	TROUBLE AREA	1
_____	_____	NON-TROUBLE AREA	2
AGE	ADDRESS	PHONE	NORTH 1
_____	_____	_____	SOUTH 2
EDUCATIONAL BACKGROUND	SIZE	_____	EAST 3
_____	_____	_____	WEST 4

INTRODUCTION

CERTIFICATION

SIGNATURE OF INTERVIEWERS

SUPERVISOR

1. What is the sales trend for this outlet? Have your sales increased, decreased, or remained the same during the present year? (circle one:)

Increased

Decreased

Remained the same

2. Is there any product line, in particular, that has:

No Yes

Increased its sales

If yes, which one? _____

Decreased its sales

If yes, which one? _____

3. Regarding the increase or decrease of sales, what would you say is the trend in your store for the following product lines:

Increased

Decreased

No Change

Cosmetics

Popular pharmaceutical products

Ethical pharmaceutical products

Contraceptives

Deodorants

Shampoos

4. Speaking of contraceptive products sold in your outlet, which categories are available in your store?

Pills: standard dose _____

low dose _____

Condoms _____

Foaming tablets _____

Others _____
(specify)

5. Regarding contraceptive products for women, which category has the greatest demand?

Pills: standard dose _____

low dose _____

Foaming tablets _____

Others (specify) _____

6. What brands of _____ are available in your store? At what price?
How long have you been selling them?

Pills price since when?

Perla

Flor

Luz

Ella

Condoms price since when?

Condor

Macho

Toro

Dn. Pedro

Foaming tablets price since when?

Suave

7. What brand of _____ has the greatest demand (share) in your store?
(category)

Which is the least requested?

	<u>Pills</u>	<u>Condoms</u>	<u>Foaming tablets</u>
Greatest demand	_____	_____	_____
Least requested	_____	_____	_____

8. In your opinion, what is the principal reason the _____ pills are the ones with the greatest demand in your store?

8a. In your opinion, what is the principal reason the _____ pills are the ones with the least demand in your store?

9. In your opinion, what is the principal reason _____ condoms are the ones with the greatest demand in your store?

9a. In your opinion, what is the principal reason _____ condoms are the ones with the least demand in your store?

10. In your opinion, what is the principle reason _____ foaming tablets are the ones with the greatest demand in your store?

10a. In your opinion, what is the principle reason _____ foaming tablets are the ones with the least demand in your store?

11. What distribution companies of contraceptives do you receive product from?

Company

Product

12. Of these distribution companies, which one:

Servises you the best? _____

Has the most professional sales staff? _____

Offers the most advantages (promotions, prices, etc.) _____

Has the best and most flexible credit system? _____

12a. What types of promotions are used most often for contraceptives?

13. If you had to sever relations with just one distribution company, which one would be the first one you would cut relations with?

13a. Why?

14. If you had to choose just one distribution company which one would you choose?

14a. Why?

15. If you had to sell only one contraceptive product (category) for women, which one would you sell?

15a Why?

16. If you had to sell only one brand of condoms, which one would you sell?

16a. Why?

17. What brands of _____ do you have at the present moment in your store?

Pills

Condoms

Foaming tablets

18. May I take an inventory of these categories and brands?

(Interviewer list every brand)

Pills # of units

Condoms # of units

Foaming tablets # of units

OTHER QUESTIONS WHICH SHOULD BE ADDED TO THE SURVEY INSTRUMENT

Generally who buys contraceptives: Men, women, or both sexes?

Is the price of contraceptives important to your clients in making their purchase?

What brand of pill/condom/foaming tablet do you suggest to your customers if they ask about an economical and effective contraceptive?

How many condoms do customers purchase at one time?

" " packets of pills do customers purchase at one time?

" " packets of foaming tablets do customers purchase at one time?

Do customers ask your advice about:

- types of contraceptives? sometimes/often/never

- brands of contraceptives? sometimes/often/never

Who usually provides advice to customers regarding type or brand of contraceptives?

pharmacist?

Proprietor?

Sales person?

Is this person ever/generally asked how to use contraceptives?

Is the person who usually advises customers about contraceptives well informed about family planning products in your opinion?

What complaints do you hear people mention about pills/condoms/foaming tablets?

SUGGESTED OBSERVATIONS THAT INTERVIEWERS SHOULD MAKE IN EACH STORE:

1. Whether any point-of-purchase materials about contraceptive products are visible from the outside of the store. If so, for what brands of products? What kinds of materials?
2. Whether any point-of-purchase materials about contraceptive products are visible inside the store. If so, for what brands of products? What kinds of materials?
3. Whether contraceptive products are visible on the shelf or whether one has to ask the sales person/pharmacists for contraceptives.
4. Describe the neighborhood in which the outlet is located.
5. Describe the "milieu" of the store, e.g., clean/dirty; well-stocked/somewhat bare shelves; busy/not particularly busy; type of clients.

PRICING QUESTIONS FOR QUANTITATIVE SURVEY
 ASOCIACION DEMOGRAPHICA SALVADORENA

1. Household income range (will be asked at the beginning of the questionnaire with other demographics).

2. As far as you know, what does a 3-pack of Condor cost?
 cycle of Perla
 3-pack of Suave

Perla _____
 Condor _____
 Suave _____

3. What would you be willing to pay for a month's supply of:

Condoms _____
 Orals _____
 Foaming Tablets _____

4. Do you think a 3-pack of condoms costing _____ cents is:
 cycle of orals _____ cents
 3-pack of foaming tablets _____ cents

	Orals	Condoms	Foaming Tablets
-too expensive	_____	_____	_____
-reasonable	_____	_____	_____
-too cheap	_____	_____	_____

5. Do you think a 3-pack of condoms costing _____ cents would be:
 cycle of orals _____ cents
 3-pack of foaming tablets _____ cents

	Orals	Condoms	Foaming Tablets
- of high quality	_____	_____	_____
- of average quality	_____	_____	_____
- of low quality	_____	_____	_____

A Study on
CONSUMER MARKET RESEARCH

A Report Based on
19 Group Discussions in Nepal

Prepared for
THE HILL-CRAIG-BESTHOUSE-NEPAL CBS PROJECT

By
NATIONAL RESEARCH ASSOCIATES
1111 Market, Richmond
NEPAL

P.N. 11

JUNE, 1981

NATIONAL RESEARCH ASSOCIATES

BILL BARON, Kathmandu

CONSUMER MARKET RESEARCH STUDY

DRAFT DISCUSSION GUIDE

Introduction: 5 - 10 Namaste. We are from NRA ...

Warm-up

STANDARD PROBES

Can you tell me more about that ?

Can you give me an example of that ?

Do you know anyone that has happened to ?

Communication Channels and Information Patterns

1. What are the ways that people in this village/town/area obtain news/information about new things/what is going on ?

Current Events/News ?

In this village ?

In neighbouring village ?

In District ?

Caste ?

In Kathmandu ?

Outside Nepal ?

Products to buy ?

Government programmes, rules, regulations ?

APPENDIX 1.6

Why do you think they do it ? Why do they take the time and trouble and spend the money for these ads ?

5. Have you seen Gulaf and Dhaal in sale anywhere around here ? Any place else ? What kind of place (shop) was that ? Is that the kind of shop where you normally buy things ? What kinds of things ? Is that a good place or a bad place to sell Gulaf and Dhaal ? Why ?

6. What is the price of Gulaf ? How long does it last ? What is the price of Dhaal ? How long does it last ?

Do these prices seem expensive or not ?

Can people around here afford to buy these products each month ?

All year around ?

F. Concept Materials

Display 4 or 5 concept boards, preferably with art-work, covering themes of masculinity (2 treatments) beauty, health of mother, economy, etc.

Check for comprehension and believability

(relevance) as above.

QUESTIONNAIRE

CLASSIFICATION DATA: (To be completed at end of interview)

Name:.....Address.....

Phone.....

Occupation H/H:.....
(Detailed)

Own Occupation:.....
(Detailed)

Sex: M	1	Age: 16 - 19	1	Area: K	1	Class: ABC	1
F	2	20 - 24	2				
		25 - 34	3	BB	2	C2	2
		35 - 44	4	LT	3	DE	3

Introduction: (BOTH MALE AND FEMALE RESPONDENTS)

We are conducting a market research study on advertising, and I would like to show you some advertisements and ask your opinion about them.

EXPLAIN - I'm going to show you some printed cards with words on them. Please tell me the first thing each word makes you think of. (VERBATIM)

Q.1(a) SHOW NAME CARDS (ROTATE)

'Liberator'.....	(a)	(b)
'Panther'.....		
'Perle'.....		
'Prologue'.....		
'Cheetah'.....		

Q.1(b) PROBE: Is there anything else this word makes you think of?

Q.2 EXPLAIN: I'm going to read the beginning of a sentence to you. Please tell me how you would like it to end. (READ)

"If you care about life.....
.....
.....
.....

Do you personally feel that condoms should be advertised in this way? Yes 1
No. 2
DK 3

Q.8b) Why do you say that.....1 2 3 4 5 6
.....7 8 9 0 X Y

Q.9a) SHOW PANTHER PACK:

How much would you expect to have to pay for this pack of three (3) condoms?.....1 2 3 4 5 6
.....7 8 9 0 X Y

Q.9b) How much would you be willing to pay for it?
.....1 2 3 4 5 6
.....7 8 9 0 X Y

Q.10a) Please listen to these radio commercials (PLAY TAPE)
What do you remember hearing? (VERBATIM).....

.....1 2 3 4

b) PROBE: Can you remember anything else?.....5 6 7 8
.....9 0 X Y

c) Was there anything you particularly disliked about them?
.....1 2 3 4 5 6
.....7 8 9 0 X Y

d) How would you describe the mood of the music?
.....1 2 3 4 5 6
.....7 8 9 0 X Y

Q.11 Do you have any general comments you would like to make about these advertisements?
.....1 2 3 4 5 6
.....7 8 9 0 X Y

Q.12 SHOW ITEM B

a) This is an advertisement for the contraceptive pill. What is your opinion of it? (VERBATIM).....1 2 3 4 5 6
.....7 8 9 0 X Y

b) REPEAT FBR ITEM E
.....1 2 3 4 5 6
.....7 8 9 0 X Y

- b) How does it make you feel about taking the contraceptive Pill?
1 2 3 4
- c) What does this symbol mean to you?.....5 6 7 8
9 0 X Y

Q.18

- a) Do you personally feel that contraceptive pills should be advertised in this way? Yes 1 No. 2 DK 3
- b) Why do you say that? (VERBATIM).....1 2 3 4
5 6 7 8
9 0 X Y

Q.19 SHOW PERLE PACK This is a rough example of the package of the contraceptive pills. Please tell me if there is anything you don't like about it.....
1 2 3 4 5 6

Q.20 What kind of information and instructions would you expect to find inside? (VERBATIM)
1 2 3 4
5 6 7 8
9 0 X Y

Q.21 How much would you expect to have to pay for this pack of one-month's supply of pills?.....
 b) How much would you personally be prepared to pay for it?
1 2 3 4 5 6
7 8 9 0 X Y

Q.22 Please listen to these radio commercials, (PLAY TAPE)
 a) What do you remember hearing (VERBATIM).....
1 2 3 4
 b) PROBE Can you remember anything else?.....5 6 7 8
 c) Was there anything you particularly disliked about them?.....1 2 3 4 5 6
7 8 9 0 X Y
 d) How would you describe the mood of the music?
1 2 3 4 5 6
7 8 9 0 X Y