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CONSUMER DEMAND, MARKETING, AND COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN PAKISTAN

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CONSUMER DEMAND AND THE MARKETING AND COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES IN PAKISTAN

I. SUMMARY OF FINDINGS AND RECOMMENDATIONS

Introduction

Since 1973 the Government of Pakistan has been attempting to achieve a program geared at making contraceptives widely and inexpensively available at every level of society. This program, sometimes referred to as "contraceptive inundation", has not been progressing as rapidly as had been hoped by the Government of Pakistan. It therefore requested technical assistance "to advise it on a program for achieving more effective marketing of contraceptives, which relates not only to the area of commercial sales, but to the broader concept of moving contraceptives to the potential consumer through all available channels using techniques commonly employed in the commercial field for creating consumer demand."

This study comes at an opportune time since a new Secretary for the Population Planning Division has been recently appointed. This report will provide him with advice which could truly open up the flow of contraceptives to the market place, but more importantly, the study also addresses a problem of vital significance; i.e. the creation of demand. Without demand the best distribution system will fail, especially when it operates in a climate so poisoned by negative attitudes and misinformation that an honest idea or honest educational effort is not given a fair chance.

This study seeks to identify the development of parameters for an assessment of the shopkeeper-agent contraceptive sales program. Through use of the available materials and indepth interviews, the assessment has been completed. Marketing measures necessary to maximize availability of orals and condoms have been developed.

The most significant short-coming of the program at this time is the lack of an effective strategy and action plan geared to creating consumer demand. This too has been addressed with appropriate recommendations offered. If we are to succeed with inundation, a commercial demand creation, marketing and contraceptive distribution program must be developed, tested and implemented with deliberate speed. We cannot afford to wait for either a condom factory to be built or an additional evaluation of the program to be carried out.

In undertaking this task, the Consultant interviewed and spoke with more than 200 people in three provinces of Pakistan containing 95 percent of its population. Certainly a highlight of this study was the hour-long meeting with Begum Bhutto, wife of the Prime Minister. This open and frank discussion with a leader of this country, who is so totally dedicated to the success of this program, portends well for the future.

Prime Minister Zulfikar Ali Bhutto, expressed it best when he said during a speech: "The shadow of overpopulation looms large over our country. It darkens the prospects of our economic advance. It nullifies our efforts towards social progress. No objective is therefore more vital than that of population planning."

A. SUMMARY OF FINDINGS

1. Widespread rumors and propaganda are poorly combatted, posing a severe obstacle to getting consumer acceptance of birth contron throughout Pakistan.

2. Demand for birth control services, especially oral contraceptives, has stabilized at a very low level. Contraceptive acceptance rates are the same as they were in 1968.

3. Despite the recruitment of 8,000 motivators, and the establishment of an elaborate field structure, less than 15 percent of all available retail outlets stock birth control pills or condoms.

4. The problem is not an inadequate supply of contraceptives in the country. All available warehouse space and all distribution channels are filled to capacity. More outlets at the retail level are needed to absorb this supply.

5. The present system does utilize minimal commercial marketing techniques. Managerial skills usually associated with an effective distribution system are not employed.

6. Present marketing efforts in support of the inundation program are devoid of strategy, improperly utilize the media channels, lack appropriate point of sales materials, and do not stimulate consumer demand.

7. Present contraceptive pricing policies are a hindrance to the program. The profit incentive for the private sector is non-existent because of the extremely low level of consumer demand.

8. There exists a wide body of knowledge and expertise within Pakistan that is capable of effectively and efficiently carrying out a commercial distribution program, probably at a cost less than that presently involved in the government operation (though that need not necessarily be a factor).

9. The private commercial sector in Pakistan has succeeded in creating a market for a number of difficult and initially non-acceptable products.

10. Within Pakistan there are at least five high-caliber advertising firms who are capable of devising and implementing an effective demand creating communication strategy.

11. Government information agencies now charged with supporting government programs provide minimal support to the family planning effort.

12. There is presently underway a highly effective study of commercial distribution of contraceptives through the commercial sector, employing such familiar tactics as attitudinal assessment, packaging, and marketing techniques designed to get shopkeepers to become sales agents. As part of this program, point-of-sale and educational materials are also being tested.

13. Government family planning efforts are almost exclusively the concern of the Population Planning Council. Other government agencies are seldom involved and show little interest.

14. The present family planning program is being carried out through four Provincial Boards, over whom little effective authority can be exercised. This often results in different program objectives, and contributes to the almost paralytic condition that exists in the field.

15. The national office does not have a person charged with the responsibility for overseeing the marketing effort. Present information and communication efforts are ineffective. The supervision required to assure compliance with program objectives is weak.

16. The entire field motivator force lacks the motivation to do their job. Records are sometimes forged, quota fulfillment is often fabricated, and program objectives are not complied with.

17. Additional marketing studies are not needed, except for the related public opinion survey dealing with demand creation, and would be duplicate of similar efforts already completed or in process.

B. MAJOR RECOMMENDATIONS

1. That a public opinion research project be undertaken to identify blocks to creating demand for contraceptives and, that on the basis of those findings an effective communication strategy be developed and implemented to overcome present handicaps.

2. That a commercially-run contraceptive distribution and marketing system be tested, modified as needed, and implemented.

3. That pricing and packaging be determined through market tests for optimum consumer results.

4. That an advertising campaign supporting, in a positive manner, all facets of the use of contraceptives be developed and launched through the private sector.

5. That the family planning effort be nationalized to assure compliance and implementation at all levels of Pakistan life. At a minimum this should include communications, marketing, planning, research, budgeting, evaluation, coordination, observance of national policies and targets.

6. That every leadership means available be employed to obtain vigorous program support from the Ministry of Information and Broadcasting.

7. That all governmental agencies be informed that family planning is a vital part of all governmental considerations and should be dealt with by all agencies in a manner befitting this priority.

8. That all new governmental proposals requiring decisions from the Executive Committee of the National Economic Council submit their proposals with a population impact statement. This statement should identify what impact the proposal has on the country's population objectives as defined in the current five year plan.

9. That a marketing director, charged with responsibility for implementing, demand creation, commercial distribution and program marketing be appointed in the Office of the Secretary of the Population Planning Division.

10. That stringent new hiring, retraining and upgrading policies be implemented to identify the motivators role in the governmental process designed to assure contraceptive usage and family planning.

11. That appropriate performance measurement standard be developed and supervisory training in the application be given. Program compliance should then be vigorously enforced.

II. CURRENT CONSUMER ATTITUDES

There appears to be a universal mind-set among potential acceptors against method-specific reputation. Over the years there has been an unintentional, but highly destructive, campaign which greatly exaggerates the side-effects of contraceptives and the possible damage caused by them. Efforts by the Government and the private sector to combat this misinformation have been minimal and to a large extent ineffective. Repeatedly we were confronted by people who attributed aversion to family planning to such factors as religion, irrational fears, illiteracy, economic considerations, and exaggeration of unfortunate experiences. These were reinforced by an inadequate service system.

It should be noted that we found overwhelming support for the family planning concept, especially among females interviewed. Attitudes toward workers and contraceptives seem to have a direct influence on an overall assessment of the program and a consequent acceptanceor rejection of it.

Large numbers of people with a negative opinion attributed that either to lack of credibility, due to the young age and marital status of the female motivators or a strong dislike of the male motivators.

Fears based on religious beliefs arose from a staunch belief in predestination and in God's wrath for those who attempted to interfere with His plans. Such beliefs received reinforcements from cases where attempts at family planning failed due to inefficiency of personnel or irregular use of contraceptive. This was especially true in cases where the couple suffered due to incompetence or negligence on the part of motivators. Even in cases where adoption of a family planning method was closely followed by some unhappy incident in the family, the two events were linked together in a cause-effect relationship: the latter was perceived as a consequence of the former, as a sort of punishment from God for an act of impertinence by the couple concerned.

In this way all side-effects, diseases, cases of insanity, deaths and the birth of twins or triplets were seen as punishment from God and a warning for the people to refrain from entering into such confrontations with Him. One person we talked to went to so far as to connect, the fall of Ayub Khan to family planning. He made a statement to the effect that Ayub Khan was thrown out and his regime ended in utter humiliation for the simple reason that he was the person who started this disgusting program of family planning.

Fears expressed based on contraception itself arose from misconceptions regarding the nature and side effects of contraceptives and a generalization of unpleasant experiences, personal and others. Statements expressing such fears ranged from "vasectomy means impotency, an attack on masculinity," to "all women die or, at best, become invalid for life and susceptible to many diseases," to "contraception, instead of preventing conception, leads to the birth of twins or triplets." A very frequent query in this regard was "why should we pay to become ill."

A number of people feared that all forms of contraception were irreversible. They thought that women required extra physical strength to endure IUD's. They said they had not seen a single successful case of birth control. They reasoned that the government had made claims promising improved health for the mother and the child and a better standard of living, but asked what experience has shown. The health of the mother has deteriorated in almost all cases, a lot of money was spent nursing her back to health, and children were neglected because of her illness. They had therefore lost faith in the government's family planning program, and that in itself amounted to nothing more than a "murderous venture aimed at eradicating women and children."

In double checking our own findings with not yet released research data we found that irrational fears were expressed by 74.34 percent of the more than 1,118 people surveyed. The fears most often expressed were contraceptive fears. This can be directly traced to the fact that there has not been a public opinion poll identifying the population's outlook on contraception nor a coordinated demand-creating advertising campaign. Education campaigns are in many cases restricted to billboards and signs, have been shown to be largely useless in this kind of context. Before we can even put the best contraceptive distribution system into effect we need to generate demand. This can be a nearly simultaneous process since as later pages will show both systems are woefully inadequate.

III. COMMERCIAL DELIVERY SYSTEM

A. PRESENT CONTRACEPTIVE INUNDATION PROGRAM

1. Supply levels.

The system is absolutely saturated with both condoms and oral contraceptives. The central warehouse in Karachi is overflowing, a factor that should not be too alarming since the facility is woefully inadequate to handle the flow of contraceptives anticipated to be flowing once a successful program is in place. The supplies are then shipped on to district storage facilities where, again, there are insufficient storage facilities, all the way down to the circle level.

a. Condoms: The best we can ascertain is that current condom user figures provided by the PPC are grossly inflated. Indeed, our findings indicate that the current family planning program has made very little impact in creating a demand for condoms. In nine towns and surrounding areas with a population of over 5 million males, the condom purchase figure, as substantiated by a reliable independent research firm, in one recent month totalled only 155,579 pieces.

Evidence exists, both through our own interviews and other data, that some condoms sold through existing commercial outlets are subsequently used as balloons. We observed on several occasions balloon sellers and hawkers who were peddling condoms from one residential area to another, making sales to children. One such hawker told us he bought the condoms from PPC staff. It was not ascertainable how extensive this phenomenon is.

In stores visited we found that condoms were mainly supplied by the family planning boards. One of the serious marketing problems that we identified in the present distribution system is that a large number of different types of condoms are being supplied to the trade by the Population Planning Board. Brands supplied in a particular town are not always the same. Different brands are supplied to the market depending on which brands are made available to the local office of the Population Planning Board. Brands observed included Sultan, Trojan-Enz, Tahiti, Coronet, Contour, Prime, Durex, and a Thai brand. There is no brand image among potential consumers of condoms, an overwhelming number of whom are illiterate. To some extent Sultan has been an exception to this, and brand image is perhaps the reason why some customers of condoms prefer to buy Sultan at higher prices.

b. Oral Contraceptives: The demand for pills appears to be highly discouraging. The same nine towns surveyed showd a monthly use of 3,906 cycles (through sales). The retailing or orals, except for two places we visited, takes place through chemists. The proportion of pills sold through chemist shops was in the neighborhood of 95 percent. Of the pills sold in the towns under study 52 percent were supplied to the trade by the pharmaceutical companies.

2. Sales Agents.

One of the prime reasons that there is such a hugh amount of stock-piling is that at best estimates the program, after two years of operation, has only been able to reach approximately 15 percent of the market in the commercial sector. Out of 3,213 outlets checked recently by an independent research effort, only 481 were found to be selling contraceptives. Our check of stores in three provinces indicates that of the traditional contraceptives condoms are the most widely distributed, followed by orals, foams and jellies. Judging from all of our contacts, orals are the most under-utilized contraceptive device in all three provinces. In most cases we found them only in chemist shops. These chemists were normally located in the main shopping centers. Consequently, even if women wanted to obtain pills (with 71 percent of the country's population still in rural areas) there is a strong likelihood that they would not have convenient access to them.

Distribution of contraceptives has made very few inroads in the provision stores which are the largest in number and are located in every residential area.

3. Reasons For Non-Distribution.

We asked merchants why they were not selling contraceptives and the answers given in descending order were: insufficient demand (mentioned most prominently), faulty supply, religious implications, and moral aspects. The latter two categories represent a small proportion of merchants interviewed, approximately 30 percent. Lack of sufficient demand emerges, however, as one of the main reasons for not selling condoms and pills, indicating that one of the real problems for the commercial distribution program is the creation of demand. Acceptability of safe and reliable methods of family planning will have to be created among the consumer before people will be motivated to practice family planning.

Lack of accessibility of birth control products emerges as another reason why outlets are presently not selling contraceptives ("Oh, I saw a fellow from the family planning program about a year ago, he gave me some supplies, but he hasn't been back"). This reinforces our belief that the present distribution system is grossly faulty.

4. Channels of Distribution.

We found that sales of contraceptives are nowhere near exhausting the existing channels of distribution. Of the stores contacted and currently not selling, a large number exhibited willingness to sell in the future, indicating that there is a scope for broadening the existing distribution system. Feedback from dealers suggested that they would be willing to sell contraceptives. They gave this assurance on the condition that the product would be supplied regularly and that the demand would rise.

One particularly vital segment of influence in the community that appears to be overlooked are the hakims. They have to be licensed and it is estimated that there are about 34,000 of them. Most of them are located in the target areas where they serve as respected members of their communities.

5. Program Personnel as Motivators/Distributors.

We found repeated indications that a combination of factors are at work which hinder the present inundation program: lack of training and familiarity with product; lack of knowledge of marketing; lack of sales materials and educational materials geared to their audiences. In addition to these factors is the existence of a quota system through which to judge performance. The system is based on numbers of contraceptives moved and, coupled with the low price of contraceptives, many motivators find it easier to just buy the quota of supplies that they are supposed to be getting to acceptors and then sit on their hands for the rest of the month. How widespread this practice is not known to us. However, we were either told by motivators themselves or by program officials of this practice in half of the areas we visited. The male motivators proved to be a very ineffective part of this particular element of inundation, seldom making contact with male clients.

B. MARKETING EFFORT SUPPORTING PRESENT SYSTEM

1. Impact.

All available information indicates to us that the current family planning programs have made very little impact in creating a demand for contraceptives. They have achieved a recognition of the term "family planning" and, to a degree, even the need for it, but they lack the ability to generate consumer action. Past promotional efforts by the government have been ineffective and fragmentary, with each province initiating its own programs and directions. Messages are conflicting and ineffective.

2. Objectives.

Communication campaigns appear to have been conducted with almost no quantified, predefined objectives. If you ask people how many children they think a couple should have you get diverse answers. Very few respondents say two, almost half said four, and the next largest number of people answering said "as many as Allah desires us to have". Most people said they wanted the program to continue, and had positive perceptions about family planning.

3. Knowledge of Where to Get FP.

Almost half of the males questioned knew at least one place where they could get contraceptives. It is interesting to note that when we asked merchants about who bought the contraceptives they almost universally said men as purchasers of both pills and condoms. Very few rural women

knew where to get contraceptives. Campaigns to tell them where to purchase have been so poor in design that very few people questioned remember the advertisement or the place it said to go.

4. Couples Motivation.

Despite the knowledge of the program we found very few people willing to acknowledge that they are practicing birth control. This corresponds with the latest data on size of completed families which is still the same as it was in 1968. The same survey only indicates an increase of about 8 percent in users of contraceptives over the same eight year period.

5. Lack of Planning.

The population planning program has no clear-cut strategy. Rational, enunciated objectives and tactics to achieve them are non-existent. Practically no public opinion measurement has been undertaken. Formal media messages appear not to have been adequately tested. Subjective assessments ruled the publicity campaign, and decisions were mostly made by people who have absolutely no understanding or experience in mass media, communications or interpersonal communications designed to achieve results.

6. Media Planning.

It is non-existent, mostly based on the novelty of media or on ideas that may haveworked in some other part of the world. An example of apparent lack of direction was found when the Punjab Board spent the majority of its media money on television; inquiries showed that 66% of the Punjab population listened to radio and only 9% to television. The program officials claimed they deliberately did this because they wanted to reach public opinion leaders and television owners predominate in this field.

7. Method Specific Publicity.

An extensive campaign was undertaken in 1975 aimed at pushing oral contraceptives. Separate programs of oral contraceptive advertising were launched in each province. The accent turned out to be on spacing. Very little recall could be achieved by viewers and listeners. The messages contained in many cases five messages in one and they were not pretested. The result is predictable. Above all, the creative advice of the advertising agency retained to do the campaign was ignored by the national office and they decided to write their own copy.

C. PRICES AND MARGINS.

1. Problem.

One of the most serious problems in the program is the pricing of contraceptives and the profit margins. Because of the extremely low price set by the Government of Pakistan, the population in general is suspicious of the product. This is evidenced by the higher sales in

pharmaceutical company-distributed orals and in the higher amount received for Sultan which enjoys a prestige reputation. This whole matter of pricing is further complicated by the imposition of a goals system upon the 8,000 motivators scattered throughout the country. At current low prices, the motivators are able to buy their quota of contraceptives, report them as being accepted, and then be on "pension" for the rest of the month. The supplies they purchased they mostly dispose of in the wholesale markets where they recover most of their investment.

2. Margins of Profit.

a. Condoms: Current wholesale and retail prices of condoms indicate that retailers get very little gross margin on brands supplied by the population planning program. This problem is also prevalent on brands which retailers procure at the market. Those retailers who sell Sultan condoms, whether they are procured from the population planning program or from the market, get a much higher gross margin. Retailers' gross margin, when correlated with quantities, show that on condoms other than Sultans, an average retailer gets a nominal margin of 10 paisa for 12 condoms, or 8 per unit. The retailers who procure their supplies of condoms excluding Sultan from the local market, or from the nearest big city, also get a nominal margin of 10 paisa for 12 condoms. Retailers gross margin on Sultan by quantities sold show that an average retailer gets 25 paisa per sale of a dozen condoms. Those who purchase commercially make in the neighborhood of 94 paisas per dozen Sultans.

b. Orals: The price of pills distributed by the population planning boards is 25 paisa per cycle or 75 paisa per pack of three. The profit margin on these government provided orals is 40 percent to the retailer. Recently the motivators or distributors, in order to build up incentives, were allowed to also keep 40 percent. Prices for pharmaceutical company distributed orals were found to range from Rs. 3.85 to Rs. 12.00 per cycle. Despite this wide price differential sales of pills distributed by pharmaceutical companies are higher than the sales of pills distributed by the population planning program. We were given four reasons by retailers for this phenomenon: 1) people purchase the more expensive brands because they have faith in the product (marketing); 2) doctors prescribe pills manufactured by pharmaceutical companies (even though prescription requirements were eliminated in 1973) because they claim to have more faith in these companies; 3) the present pill consumer is more likely to come from the affluent and educated stratum of the population; and, 4) because of higher margins of profit, retailers push pharmaceutical companies' oral contraceptives. The margins enjoyed by retailers on pills purchased from the companies were: Anovlar, Rs. 1.53; Lyndol, Rs. .93; Ovral, Rs. .65; Minovlar, Rs. .58; and Ovulen, Rs. .42 per cycle.

3. Consumer Demands.

All the profit guarantees in the world at the 10 paisa margin will not motivate the retailer to push orals unless there is a tremendous demand created for them.

4. Pricing Structure.

The pricing structure, brand name, packaging and demand creation program should be in harmony and carefully tested on the consumer.

D. NEW APPROACH TO MARKETING.

The poor performance record of the present inundation program and the lack of commercial marketing and distribution experience in the Population Planning Council dictates that bold new initiatives in commercial marketing be undertaken. Insufficient supply outlets and inadequate technical and administrative competence both at the federal level and at the provincial level have made us look at the commercial sector. In recommending the implementation of a commercial distribution system we feel that the primary aim should be to make condoms and pills a normal household staple. Distribution through all legitimate merchandising channels should be encouraged.

Distribution through provision stores is extremely important, because it is from these shops that the typical families purchase the bulk of their monthly necessities in smaller towns and even villages. The owner of the provision stores knows the parents. He, in most cases, knows how many children they have and the income level of the family. He also knows how best to communicate with each regular customer. He is therefore in an excellent position to add one more item -- a strip of condoms or a cycle of pills for the monthly purchase of his normal customers in a natural and friendly manner.

We recommend that the government select a prime contractor from among the present distributors of consumer goods in Pakistan, choosing the company with the greatest penetration ofmarket, both rural and urban, and having the necessary sales and distribution machinery in place. They should be allowed to sub-contract to as many as three sub-contractors in order to increase market penetration, and the government should clearly indicate that the Contractor, has "most favored commercial status," within Pakistan and will be extended all courtesies associated therewith. The contractor would be reimbursed for operating expenses involved, including a fixed profit percentage. Cost of demand creation, promotion and point of sales and consumer educational materials would be borne by the national advertising firm through a contract with PPC.

E. INDUSTRY RESPONSE.

1. Scope of Inquiry.

The ten largest distributors of commercial consumer products in the small goods sector were identified and appointments were arranged with the Chief Executive Officer, or their immediate representatives designated by them. The Companies so identified and visited were:

Aspro-Nicholas	Mueller-Phipps
Brooke-Bond	Pakistan Tobacco Co.
Glaxo	Reckitt & Colman
Lever Bros (Pakistan) Ltd	Spensor Distributing Co.
Lipton	United Distributors

Earlier inquiries into the commercial distribution system were limited to pharmaceutical companies carrying contraceptives. Only one of the companies interviewed this time was reluctant to become the government's national distribution agent. All when asked cited the tea companies as the one distribution system that most effectively penetrated the market, and had the business capability to administer and progressively pursue such an undertaking.

2. Problems To Be On Alert For.

The greatest fear expressed by a number of companies is the slowness of governmental payments. Many said that if they had to depend on treasury checks they could not undertake this project. One suggestion would be to establish a commercial distribution trust fund against which bills, that have been approved for payment would be drawn. Another problem encountered was the need for consumer demand creation, uniformity of identifiable, Pakistan acceptable product. Marketing and packing testing would be essential to establish firm basis for success.

F. CREATING CONSUMER DEMANDS

1. General Background.

The PPC has been attempting for sometime to consolidate its information program. The current ProAg requires that a communication strategy be presented no later than June 30. A very extensive communication strategy was prepared for the Government by the Sweden-Pakistan Family Welfare Project in March of 1970. Review of communication materials demonstrates a lack of professional competence in this area. We have addressed this problem extensively in III B above. Our comments here will be limited to professional assistance available, priority consideration, and steps for implementation.

2. Professional Assistance Available.

We again surveyed the trade and identified Pakistan's top five advertising agencies, looking at their volume of billing, in-house professional capacity, and client attitudes. We found these firms to be:

Asiatic Advertising Ltd.
Lintas
MNJ Advertising
Paragon Advertising Ltd.
SASA

3. Priority Consideration.

No effective marketing or saturation campaign can take place until we have the necessary information to realize what it is that we are up against. Assumptions are invalid when it comes to trying to overcome ten years of steadily increasing prejudice against birth control devices. An advertising firm should be commissioned to undertake the formulation of a communication strategy. Before they begin work they must undertake the commissioning of a qualified organization in the field of public

opinion research and analysis. An impartial study, built on data that is in no way tied to the family planning program and does not reveal its purpose, must be undertaken. The sample must take into consideration the make-up of Pakistan and its diversified cultural and regional problems. Out of this survey, will come the genesis of an effective communication strategy. This strategy and necessary support advertising should be tested in the test towns of the FPAP contract. I highly recommend that the intended packaging, color and appeal design, and pricing also be tested in this manner.

In Pakistan, where 75 percent of the population is illiterate and in rural areas, the sale of contraceptives on a commercial basis becomes essential. Population planning programs are in operation and have introduced some degree of awareness, as evidenced in the recent fertility survey where 45 percent of the respondents identified the pill as a birth control device. They know or are aware of the disadvantages of having a larger family than they can afford. But before people, particularly in the rural areas, can be persuaded to buy contraceptives as they do any other widely used consumerproduct, they have to be won over. This requires among other things an approach that will combat their ignorance, their religious opposition, and that will provide proper indoctrination about methods available. The "contraceptive inundation" plan envisaged for Pakistan to slow down population growth is intended tomake contraceptives available to every man and woman who want them at a highly subsidized price.

For a project of this magnitude, a coordinated national advertising plan is essential. Family planning is a national service. To make it effective, superb marketing principles should be employed. The concept of social marketing, which has been defined as "the sale of a product not for the profit of the producer, but for the benefit of the entire community", is important in this context.

4. Steps for Implementation.

Instead of going through still another marketing study the Government of Pakistan should be asked to combine its marketing and communications strategy program, and as a combined effort undertake the location of an appropriate contractor to carry out the public opinion research necessary. This can be accomplished in less than two months. Furthermore, the public opinion research effort should be carefully monitored and entered into as part of the letting of a national advertising contract as explained earlier. They must be certain that the data are gathered accurately and reflect the thinking of the people and what will motivate them, since they ultimately must develop the theme and materials that will create the demand for contraceptives. The ad firm and the opinion research firm should be in close contact with the government's designated representative and the FPAP to assure that all parties are progressing in a harmonious and compatible manner. The materials developed as a result of this phase of the advertising/marketing effort would be tested in the four urban and rural areas designated as test sites. Materials to be prepared should not be limited to any specific sector but should include all popularly employed market creation techniques.

After evaluating the results and the impact generated as a result of the test sites effort, modifications can be made if necessary and the program is then ready for full-scale implementation.

One carefully orchestrated side campaign that must be conducted is a personnel upgrading effort to present the motivators in a new and helpful light to the people of Pakistan who they are supposed to help. This would increase personnel morale, gain greater acceptability for them, and increase program effectiveness.

In our review of technical capability to undertake this kind of public opinion research we found that two companies, within Pakistan, had both the expertise and the manpower to produce professionally sound results. These were Akhlaq & Owais, Shah Chiragh Chambers, Near High Court, in Lahore and Naseeruddin & Associates Ltd., Management and Marketing Consultants, Rock Court, Abdullah Haroon Road, Karachi.

G. NON-GOVERNMENTAL ORGANIZATIONAL ACTIVITIES

For the better part of a year now the Family Planning Association of Pakistan, with Naseeruddin Associates, Ltd., has been involved in preparing a test marketing approach, designed to gain shopkeeper acceptability of contraceptives. They are doing this work in nine cities and their surroundings -- in Sind, Punjab and Baluchistan (Quetta, only) under a grant from the International Planned Parenthood Federation. Their effort should not be duplicated. It would be extremely wasteful and counterproductive. Instead the government should seek to become a partner in this venture. Since the grant restricts itself to the marketing aspects, including packaging and point of sale materials, a logical entry for the government is the one area of greatest need that is not covered by this grant -- demand creation. Working as a team in this fashion, since both government and the FPAP have the same objectives, would bring them both to satisfactory solutions.

The sub-contractors working for Naseeruddin Associates under this contract are MNJ Communication, Ltd., and Muller-Phipps. One has the marketing and packaging contract, the latter the distribution contract.

We were greatly impressed by the work of the All Pakistan Women's Association and feel their involvement of the private sector in a campaign to create consumer demand would be beneficial. Their membership should certainly be given an opportunity to participate in Motivator training programs on a voluntary basis.

H. OTHER GOVERNMENT AGENCY PARTICIPATION

1. Pakistan Government

Sorely lacking in the presently constituted program is widespread support within the other governmental agencies, and within the provincial governments. A classic example is the steady flow of anti-program propaganda material in the daily press and radio. No matter how insignificant the person alleging some damaging facts on contraceptives, they are printed and broadcasted. Yet, in recent coverage of all of the

Prime Minister's speeches, or in the coverage of Begum Bhutto's speeches, seldom does there appear a quote on population efforts. At the same time Begum Bhutto assures me that she never makes a speech without at least once stressing the importance of family planning. Cooperation is essential. The Prime Minister tells his cabinet that family planning is second in importance only to defense, and comes ahead of law and order. Yet somehow the message is seldom reported. Passages on population by the Prime Minister's wife appear to be equally ignored in the press or on the audio media.

Family planning has to become a part of every government employee's job if the concentrated advertising/marketing/demand creation campaign is to succeed.

Positive steps need to be taken at every governmental level. As a beginning suggestion I would require that no new government project or program be approved without the agency requesting the action having prepared a "population impact" statement. A cabinet level committee should review present governmental practices that are pronatalist and should seek corrective action.

In the field of education a number of monographs, written in an easily understood style, simple and direct, including copies for illiterates should be produced to counteract unfavorable program publicity. One such example would be "Islam and Family Planning."

Health workers, extension workers, military personnel, teachers in all sectors of this Government should know that family planning education, motivation, and practice is a part of their job.

An additional untapped area discovered during our visit is the lack of penetration of family planning in the institutional and government-subsidized commercial sector as well as the labor movement.

There is a very real lack of involvement of the provincial governments in the family planning program. This must be corrected. In an effort to give this program the kind of focus and direction it needs I would recommend the complete nationalization of the family planning effort. There is no clearer message than that to show everyone in Pakistan that this government is determined to provide family planning as a means of improving the lot of the poor and the illiterate masses. Furthermore, prime funders of this program are foreign donors who hold the national government accountable for program effectiveness and expenditures.

Finally, as a show of determination, Begum Bhutto should be again asked to lead the Population Planning Council. Her acceptance of that leadership would make this government's commitment clearer than any other action.

2. Foreign Donors

The findings of this study have been presented to the representatives of the three major other foreign donors in Pakistan. Great Britain, Federal Republic of Germany and the United Nation's Fund for Population Activities. All evidenced enthusiasm for a commercial, demand creation, distribution and marketing effort. Especially important in this effort is the Federal Republic of Germany which has committed itself to building a condom factory here that when at capacity will be producing 1.5 million gross a year. Since most of the donations from these countries are in commodities they certainly don't want to see them stored, -- but used.

IV. NEW PROGRAM MANAGEMENT NEEDS

A. NATIONAL OFFICE

There needs to be designated within the national office a director of marketing and advertising who will be charged with the over-all responsibility for implementing an effective program of demand creation, marketing and commercial distribution through the private sector. To insure that he has the diversified expertise required, one man-year of appropriate Pakastanian consultant time should be authorized for this office. This would provide the Population Planning Division with expertise required to implement this crucial effort.

Restraining and upgrading of the quality of personnel at all levels seems to be essential during period of transition to a commercial contraceptive delivery system. Since a tremendous number of man-hours are now devoted to managing the distribution of contraceptives, use of the commercial sector for this purpose should free these personnel to engage in other activities, thereby increasing the performance of the entire family planning delivery system. It will offer increased opportunity for supervision and will assure that motivators really do their jobs. This is something that is not happening today.

B. FIELD

1. Problem

Since rumors are a way of life with many people, the proposed change-over to a commercial distribution system could have a very traumatic effect on much of the field staff. Program personnel are already dissatisfied because of lack of a commitment from the government regarding future employment. They are not presently permanent employees of the Pakistan Civil Service. This change-over may be perceived by them as a way of eliminating their jobs. The opposite is the case. These changes should provide them with an excellent opportunity to increase the contribution that they can make in this vital government effort to provide a better life for the people.

2. Functions

Under the new system, the motivators will perform the following functions. They will be the essential contact between the family and the family planning program. They will explain all methods of contraception and sterilization and counsel on methods most appropriate to peoples life-style. During their visits they will provide prospective contraceptors with an introductory contraceptive package which they will obtain from the village retailer living closest to the couple visited. The back of the package will clearly have marked on it where resupplies can be obtained. This would serve the purpose of stimulating sales in what will initially be a marginal business, while acquainting the user with a source of continuous supply and advice.

3. Personnel

When the inundation program was initiated in 1973, the following criteria for selection and deployment of the motivators were set up:

> For each operational unit covering 10-12,000 people or 1,000 to 1,200 fertile couples two field-workers (Population Planning Workers)--a man and a woman--are assigned. It is prescribed that the two, as far as possible, should be married or otherwise closely related because in some communities in Pakistan it is not considered proper for a woman to travel with a non-related male. The couple should be literate, with good handwriting, be residents of the community in which they are to work and be 25 years or above in age (possibly less in case of married women). A very high educational level or a social status much higher or much lower than the average for the area are considered to be disqualifying since these factors would inhibit communications between the motivation-worker and the client. It is prescribed also that team members must be able to speak persuasively, must have a good emotional balance, a mature outlook, and an active interest in other people.

Because matriculation was added to the hiring criteria, very few of the kind of motivators envisioned were hired. Many of the present group of 8,000 are unmarried, many do not practice contraception themselves, and a majority of those interviewed do not believe in their products, especially oral contraceptives. If the sales person does not believe in the product, how can they sell it to anyone else. Male motivators were especially reticent in discussing contraception. High turn-over rates and constant disruption resulting from the assignment of other or additional duties has created confusion. The acceptors quotas for the motivators were expressed in terms of the number of contraceptives sold. In many cases, the motivators were able to achieve their quota by buying the contraceptives themselves. This is especially true because of the very low price charged.

One change that should be considered in addition to the improvement of supervision of performance and training is the elimination of the quota system as presently constituted. Quotas are a useful tool only if performance can be verified. Motivator vacancies should be filled with personnel meeting the qualifications as outlined in the FY 74-78 plan which was cited above. Wherever possible, male motivators should be phased out, except in areas where labor unions and other industrial (male employment) centers are dominant in the life of that community. Every effort should be made to stabilize the motivator work force. In one District, we found that the entire work force had changed over in one year, from the DPPO (District Population Planning Officer) down to and including the entire motivator force.

Of greatest concern is the method of hiring, transfer and dismissal. These actions are influenced largely by family relationships, personal friendships and political considerations. Competence and performance is given little consideration. Staffing patterns are sometimes ignored in placing people, and funds earmarked for such items as medicines and rent are sometimes diverted in order to meet payrolls. This is perhaps the overriding reason why the vital supply and distribution program must be shifted to competent commercial channels where performance is either rewarded or results in dismissal if we are to succeed with the inundation program.

V. SUGGESTED TIME TABLE

July 31, 1976	Parameters of marketing/commercial distribution program delivered to PPC.
August 2, 1976	Discussion with PPC relating to strategy to be pursued in developing acceptable parameters. Begin integration of comprehensive communication strategy, covering both mass media and inter-personal communication techniques with demand creation/marketing/commercial distribution program.
August 10, 1976	Designate Director of Marketing, Demand Creation and Commercial Distribution.
August 15, 1976	Develop commercial distribution contractor requirement. Arrange meeting with FPAP, and its contractors in the marketing program now in progress with appropriate PPC personnel.
	Develop scope, content, measurements of performance and begin recruitment of prime contractor for advertising effort.
September 1, 1976	Negotiate for commercial prime distribution contract.
September 15, 1976	Select advertising agency.
September 30, 1976	Advertising agency selects sub-contractor to do public opinion research.
October 15, 1976	Circulate sample public opinion poll for appropriate input.
November 1, 1976	Begin public opinion poll.
November 15, 1976	Complete public opinion poll.
	Develop media strategy and campaign materials.
December 15, 1976	Review media strategy and campaign materials, marketing strategy, point of sales materials and educational support effort.
January 1, 1977	Launch test cities program. Continuous monitoring be all concerned.
August 1, 1977	Develop Field Motivator, public service campaign, designed to sell them to the public and upgrade their image.

October 1, 1977	Launch Field Motivator public image improvement campaign.
October 31, 1977	One month review and evaluation, and modification where necessary.
November, 1977	Review modified program. Negotiate contract renewals and extension as appropriate.
December 1, 1977	Launch pre-sales nationwide publicity campaign, distribute products and materials, hold retail merchants incentive meetings and distribute stock
January 1, 1978	Launch nationwide commercial sales program.

PEOPLE INTERVIEWED

ABDULLA, Rashid	Director, United Distributors Ltd., Karachi
AFSAR, Mohammad	Male Motivator, Union Council Langra, Abbottabad
AGHA, M. Afzal	Director Admin., Punjab Pop. Planning Board
AHMAD, Khwaja S.	O/PHN, USAID Karachi
AHMAD, Malik Nazir	Secretary/Administrator, Punjab Pop. Planning Board
ALLAUDDIN, M.	Joint Secretary, Population Planning Division
ALAVI, Zain A.	Managing Director, Muller & Phipps, Karachi
ALI, Iftikhar	Director, TREC/Lahore
ASIF, Malik	Section Officer, Supplies & Marketing, Punjab Population Planning Board
BEGUM, Shahnaz	Female Motivator, Union Council Langra, Abbottabad
BENSLEY, D. C.	Managing Director, Brooke Bond (Pakistan) Ltd. Karachi
BHUTTA, Salahuddin	Director, Sales & Marketing Brooke Bond (Pak) Ltd., KHI
BHUTTO, Begum Nusrat	President, Pakistan Red Cross Society and wife of Prime Minister of Pakistan
BRUENNING, Dietrich	German Embassy, Islamabad
BYROADE, Henry A.	U.S. Ambassador to Pakistan
CATOIR, Friedrich	Second Secretary, German Embassy, Islamabad
CHATA, M. Ashraf	Association for Voluntary Sterilization, Lahore
CUNNINGHAM, P.	Second Secretary (Aid), British Embassy, Islamabad
DAD, Allah	Male Motivator, Bagnator Circle, Hazara District (at Nathiagali)
DOBEL, Dennis	First Secretary, British Embassy, Islamabad
EFFENDI, H. N.	Managing Director, Paragon Advertising Co. Ltd., Karachi
GIBNEY, John M.	Principal Officer, US Consulate, Lahore
HAMID, Najmus Saqib	Sales Manager, Pakistan Tobacco Co. Ltd., Karachi
HAMID, Begum Masooda	Chairman, All Pakistan Women's Association, Lahore
HAMID, Shahida	Lady Motivator, Cantt. Hospital, Abbottabad
HAMID, Shamim (Mrs.)	Asst. Director Publicity, Punjab Pop. Pl. Board
HASHMI (Mrs.)	Copy Director, Paragon Advertising Co., Karachi
HUSSAIN, Begum Akhlaq	Dy. Director Publicity, Punjab Pop. Pl. Board
HUSSAIN, Qazi Anwar	Creative Director, SASA Advertising Co., Lahore
HUSSAIN, Fida	Male Motivator, Union Council 1, Abbottabad
HAYNAL, Andrew P.	Chief, Population Planning Division, USAID/Islamabad
INGLIS, G. U.	Marketing Director, Glaxo Lab. (Pak) Ltd., Karachi
ISMAIL, Inayat	Director, Marketing Services, United Distributors Ltd., Karachi

JABBAR, Javed	Managing Director, MNJ Advertising Co., Karachi
JABEEN, Surayya (Mrs.)	Director Liaison with Govt. & International Agencies Family Planning Association of Pakistan
JAN, Fazielat	Female Motivator, Union Council, Sh. Bardi, Abbottabad
JUMMANI, M. S.	District Population Planning Officer, Karachi South
KHAN, Wali Ahmad	Deputy Director, Training, TREC/Lahore
KHAN, Navaid	Cultural Advisor, Paragon Advertising Co. Ltd., Karachi
KHAN, Sardar A. Rashid	District Population Planning Officer, Hazara
KHAN, Shamim	Senior Population Planning Officer, Karachi South
LEWIS, Gary L.	Advisor from U.S. Bureau of Census, USAID/Islamabad
MAHMUD, Asad	Deputy Director, Marketing, PPC/Islamabad
MAHONEY, Thomas R.	Population Planning Division, USAID/Islamabad
McINTYRE, William R.	Asst. Director/PHN, USAID/Islamabad
MOHAMMAD, Fida	Male Motivator, Union Council 2, Abbottabad
MOHAMMAD, Niaz	Senior Population Planning Officer, Abbottabad
NASEER, Pir	District Population Planning Officer, Peshawar
NEWLING, J. P.	Director, Lipton (Pakistan) Ltd., Karachi
NIAZI, Khalid M.	Manager, Public Relations & Marketing, SASA Advertising Co., Lahore
NOREEN, Rukhsana	Female Motivator, Union Council 2, Abbottabad
NORMAN, Lee	University of Utah (in Pakistan)
OOT, David A.	Project Development Officer, USAID/Islamabad
OWAIS, S. M.	Director of Research, M/s Akhlaque & Owais, Lahore
PHILLIPS, Ian	Assistant Tech. Director, Reckitt & Colman, Karachi
PUNTHAKEY, F. H.	Senior Vice President, Asiatic Advertising Co., Karachi
PURINTON, Jack	Counsellor Officer, U.S. Consulate General, Karachi
QADIR, Begum Manzoor	President Family Planning Assoc. of Pakistan, Lahore
QURESHI, Naeem Mahmud	Deputy Manager Production, TREC/Lahore
RAHMAN, H.	Marketing Director, Lever Brothers (Pak) Ltd., Karachi
RAHMAN, Maqbool-ur	Male Motivator, Union Council Sh. Bandi, Abbottabad
RAMMAL, Anwar H.	President, Asiatic Advertising Co. Ltd., Karachi
RASHID, M.A.	Asst. Director, Films & Outdoor Publicity, Punjab Population Planning Board
RAUF, C. A.	Managing Director, Lintas Limited, Karachi
RAZA, Syed Hashim	Managing Director, Spencer (Pak) Ltd., Karachi
RAZAK, Abdul Khaliq A.	Chairman, United Distributors Ltd., Karachi
ROSSELOT, Robert E.	Dy. ConGen, Karachi

SCHWARTZ, Marvin A.	DEA, USAID Mission, Islamabad
SHAFIQ, Mohammad	PPO/Cantonment Circle, Abbottabad
SHAMSI, M. S.	Director, Marketing Research and Distribution, Naseeruddin Associates, Karachi
SHAMSI, Q. A.	Technical Director, Reckitt & Colman, Karachi
SIDDIQUI, Lutfi	Deputy Director Supplies, PPC Central Warehouse, Karachi
SULTANA, Razia	Female Motivator, Union Council 1, Abbottabad
SINDING, Steven W.	Chief, Population Policy & Res. Division, USAID/Isl.
WASEY, M.A.	Advisor (Logistics) Pop. Planning Divn. USAID/Isl.
WHEELER, Joseph C.	Director, USAID Mission to Pakistan, Islamabad
WOLFFER, William A.	Deputy Director, USAID/Islamabad
ZAHIDI, Badruddin	Secretary, Population Planning Division
ZAIDI, Asghar A.	General Manager, SASA Advertising Co., Lahore
ZAIDI, R. H.	Sales Manager, Aspro Nicholos, Karachi

LOCATIONS USED FOR GETTING INFORMATION

A. PRINCIPAL SITES

HAZARA

Abbottabad
Nathiagali
Muree

KARACHI

Drigh Colony

LAHORE

B. SECONDARY SITES

District	Tehsil	Village
Campbellpur	Campbellpur	Glora Mari Kanju Shinbagh
	Fatehjang	Bal Syeddan Gari HSU Khan Mahija
	Pindigheb	Akhlas Dandee Naushera
	Talagang	Akwal Jhatta Naka Kahut
Gujrat		
Jhang		
Jhelum		
Kohat		
Lahore	Chunia	Changa Manga Gillanwala Harchoki
	Kasur	Burj Khurd Lakhneke Maan

	Lahore	Kahna Kachha Manawan Minhala
Mardan		
Mirpurkhas		
Muzaffargarh	Alipur	Jatoi Khairpur Sadat Shehr Suttan
	Kot Adu	Chauk Munda Ehsanpur Sanawan
	Leiah	Chauk Azam Fatehpur Karor
	Muzaffargarh	Basira Kamalpur Khanpur
Nawabshah		
Rahimyar Khan	Khanpur	Nwankot Sehja Zahirpur
	Liaquatpur	Chanjani Janpur Lanwari
	Rahimyar Khan	Kot Samaba Mianwali Qureshian Wah Faqiran
	Sadiqabad	Dao Wala Kot Sabzal Piran Bhutta
Sahiwal		
Sargodha	Khoshab	Dhuk Mitha Tiwana Teenveen
	Sahiwal	Alipur Khan Mohammadwala Mela

District	Tehsil	Village
	Sargodha	Chak 46
		Chak 80
		Luk
	Shahpur	Chohal
		Gujranwala
		Katra

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