PN-ABK-394
ISN 75516

G H A N A

Information Requested
by the
Senate Foreign Relations Committee
Regarding Population Programs in
Pakistan, Bangladesh, Philippines
Nepal, Thailand, Indonesia, Ghana
and Nigeria

1. Total AID population funding for FY 77, 78 and 79 broken out by centrally funded, regionally funded, mission funded and jointly funded projects, for example, with Health.

2. The total number of PVO's and other intermediaries funded by AID listing the organization, the project funding, amounts and location. This is to include all AID funded population related organizations and projects.

3. What are the primary fertility control methods for each country - specific numbers for FY 77, 78 and 79 to include number of sterilizations performed with AID funds; number of condoms purchased, shipped, in-country inventory and anticipated for next fiscal year; number of laparoscopes in use, not in use; number of oral contraceptive cycles; number of IUDs; number of other fertility control methods provided; what storage facilities exist, where and are they adequate?

4. Who is the host country government's coordinating agency?

5. Partial or total USAID funded local institutions and agencies to include any organizations, clinics, hospitals and universities; the amount of funding for each and their location.

6. A copy of the latest mission reports on population efforts.

7. Who is to USAID officer responsible for population in the country? Also include the time in country and experience and qualifications, basically a thumbnail sketch of the pop or pop/health officer.

8. What was the level of acceptor use and new users of contraceptives for FY 77, 78, and 79?

9. What is the level of commodities requested originally by the Missions for FY 80? Include the adjustments that have been made and the number of commodities disbursed in FY 79. Include a listing of any cancellations and the total cost of commodities shipped, stored and disbursed.

10. What is the formula for determining the level of commodities for each country? Demonstrate how the formula has been applied in each country for the last three fiscal years. This may entail basically providing the ABS guidelines that have been issued in the last three fiscal years and responses from the Mission.

11. List for each country consultancies, name of consultant; purpose of consulting; length; dollar cost and DS/POP evaluations for FY 77, 78 and 79.

GHANA DATA

Question 1. See Attachment #1 (1 page).

Question 2. See Attachment #2 (12 pages) for details.

Intermediaries	Number of Projects	Total Funding($000) FY 77	FY 78	FY 79
Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)	3	20	14	84
Population Council	1		35	
Family Planning International Assistance (FPIA)	2	35	45	
International Planned Parenthood Federation (IPPF)	1	228	222	236
Westinghouse	1	236	208	396
International Project-Association for Voluntary Sterilization(IPAVS)	1		1	
American Home Economics Association	2		4	2
University of Chicago	1	11	11	2
George Washington University/ Johns Hopkins University	1	4	2	3
United Nations Fund for Population Activities (UNFPA)	4	28	100	97
DS/POP/Demography	3	6	214	20
DS/POP/Training	4	2	10	26
TOTALS	24	570	868	866

Question 3.

A. Fertility Control Methods/Acceptors

Method	Acceptors: FY 77[3]	FY 78	FY 79
Orals	-	12,988	40,000
Condoms	-	-	30,000
IUDs	-	1,797	11,000
V.S.[2]	160	223	498
Other	-	17,705	16,000

B. Laparoscopes Available

Laparoscopes	FY 77	FY 78	FY 79
--In Use	3	4	3
--Not In Use	0	1	8(6 not yet installed)

Footnote 1/for Question 3-C, page 3

1/ The above figures for contraceptives deliveries do not include UNFPA shipments. Until FY 78 the provision of contraceptives was a relatively insignificant part of UNFPA population programming. To a large extent due to A.I.D.'s encouragement, UNFPA has substantially increased their emphasis in contraceptives. For example, the total world-wide purchases rose from $3.4 million in 1977 to $3.9 million in 1978 and $5.3 million in 1979. However, UNFPA procedures in rapid accounting and response to inquiry on a country specific basis are just now being developed and information for this report was not readily available. On the other hand much of the information reported on inventories does include unidentified UNFPA shipments since at the mission level (and reported on quarterly reports) UNFPA shipments as well as other donors are included as part of the total planning/coordination effort.

2/ JHPIEGO figures only; USAID/Ghana estimates 5,000 voluntary sterilizations performed over 3 year period.

3/ Accurate data unavailable.

H'

C. Contraceptives By Type (Bilateral and PVO's)
See Attachment #3(11 pages) for details. 1/(See Page 2)

Type	SHIPPED FY 77	FY 78	FY 79	Present In-Country Inventory	Anticipated Shipments 1980
Condoms	154,080	2,299,320	507,366	725,238	1,022,000
Orals	287	490,000	66,000	321,078	69,600
IUDs	1,100	540	3,000	-	-

D. Storage Facilities

Westinghouse program commodities are stored in excellent air conditioned commercial warehouse. Governmnet of Ghana commodities stored in less desirable conditions at national program headquarters and in one Ministry of Health warehouse. Space is adequate, but hot and humid, thus shortening shelf life of condoms. Regional and district facilities are less ideal also.

Question 4. The Ghana National Family Planning Programme Secretariat, located in the Ministry of Economic Planning, coordinates and monitors all family planning and population assistance-related activities in Ghana.

Question 5. USAID/Ghana contributions to Ghana-based Institutions.

a. Ghana National Family Planning Programme Secretariat(Nation-wide)

Funding - FY 77 - $ 375,000
78 - 413,000
79 - -0-

b. University of Ghana - Population Dynamics Program

FY 77 - $ 350,000
78 - 250,000
79 - -0-

Question 6. The following USAID/Ghana reports on population assistance are attached (Attachment #4 - 7 pages):

a. October 24, 1978 - Field Trip Report
b. January 23, 1979 - Letter
c. October, 1979 - Consultant Report

Question 7. See Attachment #5.

Question 8. See Question #3-A.

Question 9. See Attachment #6.

Question 10. See Attachment #6.

Question 11. Ghana Consultants and Evaluations*

Consultants	FY	Purpose	Length	Dollar Cost
Frank Wilder	77	IEC Program Design	4 weeks	$7,545
Jack Graves	77	Logistics	2 weeks	2,180
David Lynch	79	Logistics	5 weeks	10,050

Evaluations	FY	Purpose	Length	Dollar Cost
See Attachment #7	78	Commercial Project	1 month	

* A comprehensive evaluation of A.I.D.'s population assistance to the GOG since 1971 has been planned for two years. However, due to political and economic problems/constraints, the evaluation has not been conducted.

Attachment #1

TOTAL A.I.D. FUNDING FOR POPULATION PLANNING ACTIVITIES - By Source

FY 1977 - FY 1979

GHANA

Source of Funding	Obligations ($ thousands)		
	FY 1977	FY 1978	FY 1979
Bilateral 1/	943	790	63
Regional	-	-	-
Central	570	868	866
TOTAL	1,513	1,658	929

1/ Includes the following integrated projects jointly funded from Population Planning and other Development Assistance Accounts:

Danfa Rural Health/FP	1,180	600	-
(of which Health)	(692)	(535)	
(of which Pop Planning)	(218)	(65)	
(of which Health)			-

AID/DS/POP
11-01-79

A) Country GHANA

B) Organization(s) IPPF

(FUNDS OBLIGATED) 3/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of 1/ Activity	e) Location of 2/ Activity	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 1979
Grant to International Planned Parenthoood Federation (932-0838)	IPPF	Planned Parenthood Association of Ghana	Private Sector Promotion of Family Planning	Nationwide	775	867	978
				AID Share	228 (29.4%)	222 (25.6%)	236 (24.1%)

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds [illegible] and value of commodities, contraceptives, and equipment; in [illegible] of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. [illegible] "prorated" costs may be [illegible] under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual [illegible]

Country GHANA

Organization(s) WESTINGHOUSE

(FUNDS OBLIGATED) 3/

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 1979
dm-C-1145	WESTINGHOUSE HEALTH SYSTEMS	Ghana National Family Planning Board (GNFPB)	Subsidized promotion and distribution of contraceptives at prices affordable by the majority poor	Ghana - nationwide	235,686	207,988	396,483

. e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

. e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

. For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. "projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may grouped under miscellaneous with a total for miscellaneous provided.

TABLE (1)

) Country Ghana

) Organization(s) IPAVS

(FUNDS OBLIGATED)[3]

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity [1]	e) Location of Activity [2]	f) FY 1977	g) FY 1978	h) FY 1979
					(In U.S. $000)		
S-217	IPAVS	Korle-Bu Hospital/ Police Hospital	Medical equipment	Accra		$ 1,400	

1. e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.
2. e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -
3. For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

a) Country Ghana

b) Organization(s) American Home Economics Association

(FUNDS OBLIGATED) 3/

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 1979
Project No. 932-0980 (1977-78) Family Planning Through Home Economics Project No. 936-3006 (1978-79) Family Planning Assistance Through Home Economics	American Home Economics Association	Ghanaian Home Science Association Winneba Specialist Training College Ministry of Education Ministry of Agriculture	Professional Training Consultancy Visits Training Materials	Accra	$200.00	$ 3,725.00	$1,850.00

1/ e.g. F.P. Service Delivery, IEAC, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. -- Where actual activity occurs -

3/ For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

17

A) Country Ghana

B) Organization(s) Community and Family Study Center
The University of Chicago

(FUNDS OBLIGATED) 3/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of 1/ Activity	e) Location of 2/ Activity	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 19[illegible]
932-0638 Strengthening International Population Communication and Training	University of Chicago	Various	Information, Education and Communication - Training, Publications and Technical Assistance	Chicago			
				Participant Training	10.	4.2	-
				Ghana			
				Publications	.5	.5	.5
				Ghana			
				Technical Assistance	-	6.5	-

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

a) Country Ghana

b) Organization(s) George Washington University (FYs 1977 and 78)
Johns Hopkins University (FY 1979)

(FUNDS OBLIGATED)

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of 1/ Activity	e) Location of 2/ Activity	f) FY 1977	g) FY 1978	h) FY 19
					(In U.S. $000)		
932-0659							
Population Information Program	George Washington U. (FYs 1977 and 78) Johns Hopkins U. (FY 1979)	------	IE&C Dissemination of scientific and technical information	Ghana-- nationwide	3.9	2.4	3.1

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under [illegible]

Organization(s) UNFPA (This chart is the attribution to AID of UNFPA obligations - 27%) (FUNDS OBLIGATED) 1/

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977	g) FY 1978	h) FY 19
					(In U.S. $000)		
UNFPA	UNFPA-UN TCD		data collection		0	44.7	30.5
"	UNFPA-UN TCD		data collection		28.0	48.1	66.9
"	UNFPA-UNIDO		prod'n of oral contrac.			8.1	0
"	various		miscellaneous		0.4	0	0

1/. e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/. e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/. For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. "projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

TABLE (1)

A) Country GHANA

B) Organization(s) DEMO/DS/POP

(FUNDS OBLIGATED) 3/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978 (In U.S. $000)	h) FY 1979 (In U.S. $000)
932-0547 World Fertility Survey	International Statistical Institute	1)Ghana National FP Secretariat 2)Demographic and Social Statistics Division Central Bureau of Statistics	Fertility/Family Planning Survey	Nationwide	4	200 (188 + 12)	16
Note: Survey budget of $188,000 obligated in FY 1978. The remaining costs are for technical assistance visits by WFS staff (@ $2,000 per visit).							
932-0622 1980 Round of Censuses	Bureau of Census	Economic Commission for Africa	Census Training	Nationwide	-	11	-
932-0649 Compilation and	National Academy of Sciences	University of Ghana	Assessing Levels of fertility and mortality	Nationwide	2	3	5
Note: Ghana is one of the countries included in the Tropical African Panel. The three year costs indicated here are apportioned to the Ghana component of expenses incurred in assessing levels and trends of fertility and mortality in seven tropical African countries.							

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

A) Country Ghana

B) Organization(s) DS/POP/T.

(FUNDS OBLIGATED) 1/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 197
932-0644 PAC Training	a) University of North Carolina	University of Ghana	Training Nurse-Tutors in Curriculum Development	Legon	1,000		
	b) University of North Carolina	N/A	Distribution of Training Materials	Country-wide			5,300
	c) University of North Carolina	N/A	Training for Nurse-Midwives in Curriculum Development	USA	1,000	10,000	10,000
932 0627 Training FP Managers	Center for Population Activities	N/A	Management Training for FP Managers	USA			10,375
					2,000	10,000	25,675

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

GHANA

a) Organization(s) JHPIEGO

Attachment #2

(FUNDS OBLIGATED) 3/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977	g) FY 1978	h) FY 1
					(In U.S. $000)		
	JHPIEGO		Professional Training	U.S. Educational Center	$12,600[a]	$ 8,700[b]	$51,950
			Laparoscopic Equipment	Trainee Institution I/C	6,900	4,500	31,350
			Equipment Maintenance Costs		1,032	63	497
				Total Direct Expend.	$ 20,532	$ 14,263	$ 83,797

a/2 physicians

b/1 physician; follow-up training of 3 physicians in/country

c/9 physicians, includes training at clinical practice centers in Ghana; educational materials and field training by JHPIEGO staff

Summary (11/72-9/30/79)

13 physicians from 9 hospitals, including both medical schools; 2 national clinical practice centers established

3 laparoscopes installed in 3 hospitals

6 laparoscopes pending installation (originally planned for July 1979; postponed due to local civil disturbances)

1/ . e.g. F.P. Service Delivery, IE&C, Policy Research, bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research

2/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. Non-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may be grouped under miscellaneous with a total for miscellaneous provided.

Country Ghana

Organization(s) Pop Council

(FUNDS OBLIGATED) 1/

Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 1979
AID/pha-G-1116	The Population Council	University of Cape Coast	Grant in support of demographic teaching and research in department of Sociology and a longitudinal study of mortality levels and trends in southwest Ghana.	Southwest Ghana	--	35,078	--

/ . e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

/ . e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

/ . For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. n-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may grouped under miscellaneous with a total for miscellaneous provided.

Country Ghana

Organization(s) IPIA

(FUNDS OBLIGATED) 3/

a) Project Number or Name	b) AID Grantee Contractor or Collaborating Agency	c) Host Country Sponsoring Institution	d) Nature of Activity 1/	e) Location of Activity 2/	f) FY 1977 (In U.S. $000)	g) FY 1978	h) FY 19
Ghana-02	IPIA	Christian Council of Ghana	F.P. Service Delivery	Selected rural areas	35.0		
Ghana-03		National YMCA	IEC, F.P. Service Delivery	5 Regions		44.62	

1/ e.g. F.P. Service Delivery, IE&C, Policy Research, Bio-Med. Research, Operation Research, PAC Training, Professional Training, Demographic Research.

2/ e.g. Capital City, rural distribution in X areas, Nationwide, Region, etc. - Where actual activity occurs -

3/ For UNFPA, IPPF provide total figures; we will identify AID support on basis of percent contribution to worldwide program. Other agencies please report only AID funds. Include program funds and value of commodities, contraceptives, and equipment; in some cases this will also include value of technical assistance provided or training in U.S. or third country - please footnote. Also footnote if any obligation is for longer than one year. n-"projectized" costs may be grouped under a generic title as appropriate. Similarly small projects or activities less than $5,000 annual cost may grouped under miscellaneous with a total for miscellaneous provided

COMMODITY: ORALS

Attachment #3

-2-

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979	1980 *
Bangladesh	11,250	11,999	13,012	5,001
Ghana	287	--	--	--
Indonesia	56,475	39,572	27,643	16,532
Malaysia	--	--	--	--
Nepal	750	--	79	79
Nigeria	6	--	--	--
Pakistan	--	--	--	--
Philippines	--	7,436	4,600	--
Thailand	5,701	1,875	3,751	3,163

* Reflects shipments scheduled through June 1980

COMMODITY: CONDOMS
(pieces)

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979	1980 *
Bangladesh	51,840	64,080	78,000	47,238
Ghana	--	720	3,366	--
Indonesia	--	--	--	--
Malaysia	--	--	--	--
Nepal	7,229	1,500	3,504	--
Nigeria	--	--	--	--
Pakistan	134,338	--	--	--
Philippines	28,800	--	--	--
Thailand	--	--	--	--

* Reflects shipments scheduled through June 1980

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979 *	1980 *
Bangladesh	200	--	--	--
Ghana	--	40	--	--
Indonesia	--	220	200	400
Malaysia	--	--	--	--
Nepal	--	8	--	--
Nigeria	--	--	--	--
Pakistan	--	--	--	--
Philippines	--	--	--	--
Thailand	--	--	--	--

* Reflects actual shipments and scheduled shipments.

a) Country _____

b) Organization JHPIEGO

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	Present in-country Inventory of supplies d) provided by Organization Line B	Expected Shipments e) 1980
Numbers of Condoms Shipped	N/A	N/A	N/A	N/A	N/A
Numbers of IUDS Shipped	"	"	"	"	"
Numbers of Oral Cycles Shipped	"	"	"	"	"
Other Contraceptives shipped	"	"	"	"	"
Number of Laparoscopes in use provided by Organization Line B.	1	3	3		
Number of Laparoscopes Not in use provided by Organization Line B	0	0	6 shipped, not yet installed		
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.	160	223	498		
	(Performed by physicians trained and equipped by JHPIEGO)				

Note here any clarification.

7. JHPIEGO does not provide direct support to surgical sterilization service delivery programs and therefore does not systematically collect data specific to numbers of procedures performed by program participants. The figures presented here are ESTIMATES of surgical sterilizations performed by JHPIEGO-trained physicians, based on information collected in two followup surveys. The data was not collected on a fiscal year basis. The estimated number of procedures per f.y. were calculated as follows:- The average number of procedures performed per person month for all trainees responding to the surveys was multiplied by the total number of person months JHPIEGO physicians were assumed to be professionally active during that fiscal year. Variation in total number of procedures over time is due to difference in the number of person months of activity of physicians in the interval. Procedures include pp sterilization, interval minilap, vaginal tubal ligation, laparoscopic sterilization and vasectomy.

What storage facilities exist where in-country and are they adequate? _____

a) Country Ghana

b) Organization FPIA

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	d) Present in-country Inventory of supplies provided by Organization Line B	Expected Shipments e) 1980
. Numbers of Condoms Shipped	2,880	8,600	504,000		
. Numbers of IUDS Shipped	1,100	500	3,000		
. Numbers of Oral Cyclen Shipped			66,600		
. Other Contraceptives shipped Diaphragms Foam Medical Kits	120 8	720	1,080 113,904 8		
. Number of Laparoscopes in use provided by Organization Line B.				Note here any clarification.	
. Number of Laparoscopes Not in use provided by Organization Line B				Project storage facilities are adequate Project inventory sufficient, as per project objectives.	
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.	----	----	----		

What storage facilities exist in the country and are they adequate?

Country Ghana

Organization IPPF

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	Present in-country Inventory of supplies d) provided by Organization Line B	Expected Shipments e) 1980
Numbers of Condoms Shipped	151,200 ea. $5,411	210,000 ea. $6,318			216,000 ea.
Numbers of IUDS Shipped					
Numbers of Oral Cycles Shipped		90,000 cy. $29,151			69,600 cy.
Other Contraceptives shipped					
Number of Laparoscopes in use provided by Organization Line B.				Note here any clarification. AID Funded In-Kind Contraceptives	
Number of Laparoscopes Not in use provided by Organization Line B					
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.					

.) Country GHANA

) Organization WESTINGHOUSE

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	Present in-country Inventory of supplies d) provided by Organization Line B	Expected Shipments e) 1980
Numbers of Condoms Shipped	-0-	2,080,000	-0-	720,000	806,000
Numbers of IUDS Shipped	N/A	----------	------	----------	---------
Numbers of Oral Cycles Shipped	- 0 -	400,500	-0-	320,000	-0-
Other Contraceptives shipped	-------	Vaginal Foaming Tablets 1,500,000	1,000,000	1,800,000	300,000
Number of Laparoscopes in use provided by Organization Line B.	N/A	-------	---------	Note here any clarification.	
Number of Laparoscopes Not in use provided by Organization Line B	N/A	----------	------		
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.	N/A	---------	---------		

What storage facilities exist where in-country and are they adequate? _____

TABLE (2)

A) Country GHANA

B) Organization IPAVS

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	Present in-country Inventory of supplies provided by Organization Line B d)	Expected Shipments e) 1980
Numbers of Condoms Shipped					
Numbers of IUDS Shipped					
Numbers of Oral Cycles Shipped					
Other Contraceptives shipped					
Number of Laparoscopes in use provided by Organization Line B.	0		0		
Number of Laparoscopes Not in use provided by Organization Line B					
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.	0	0	0		

Note here any clarification.

	1977	1978	1979
Culdoscopes	0	0	0
Mini-lap Kits	0	9	0
Laprocators	NA	NA	0

What storage facilities exist where in-country and are they adequate? _____

A) Country GHANA

B) Organization DS/POP/FPSD

TABLE (2)

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	d) Present in-country Inventory of supplies provided by Organization Line B	Expected Shipments e) 1980
Numbers of Condoms Shipped			5,000 gross condoms		
Numbers of IUDS Shipped	2,000 lippes loops	16,400 loops			
Numbers of Oral Cycles Shipped					
Other Contraceptives shipped	3 Pelvic Models 10,000 IUD ins. 1 Gynny Model 3Minilap Kits	32 Pelvic Models 100 IUD inserters 3 Gynny models 14 minilap kits	3 Pelvic models		
Number of Laparoscopes in use provided by Organization Line B.				Note here any clarification.	
Number of Laparoscopes Not in use provided by Organization Line B					
Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.					

What storage facilities exist where in-country and are they adequate? _____

Pathfinder

A) Country GHANA

B) Organization _____

TABLE (2)

Please report AID funded commodity shipments and/or sterilizations if applicable.

	FY a) 1977	FY b) 1978	FY c) 1979	d) Present in-country Inventory of supplies provided by Organization Line B	e) Expected Shipments 1980
1. Numbers of Condoms Shipped					
2. Numbers of IUDS Shipped					
3. Numbers of Oral Cycles Shipped	65,000 cycles oral contraceptives				
4. Other Contraceptives shipped		3 vacuum asp. 2 minilap films.			
5. Number of Laparoscopes in use provided by Organization Line B.				Note here any clarification.	
6. Number of Laparoscopes Not in use provided by Organization Line B					
7. Number of Sterilizations performed in Programs supported with AID funds through Organization Line B.					

8. What storage facilities exist where in-country and are they adequate? _____

GHANA

USAID CONTRACEPTIVE SUPPLY AND REQUIREMENTS ANALYSIS - OCTOBER 17, 1979

	Orals (000 M.Cs)			Condoms (000s)			Foaming Tablets (000s)			Foam (000 cans)
	Clinic	RCS	Combined	Clinic Colored	RCS Colored	RCS Plain	Clinic	RCS	Combined	Clinic
a) Current stock in Central Storage	743	335	1,078	2,748	1,9[illegible]	570	1,500	2,500	4,000	67
b) Additional supplies on order	0	0	0	0	0	0	0	0	0	0
c) Total in country or ordered (line a. plus line b)	743	335	1,078	2,748	1,920	570	1,500	2,500	4,000	67
d) Past monthly usage rate	33	7	40	75	48	65	*	N/A	*	3
e) Estimated future monthly usage rate	36	8	44	75	55	75	150	250	400	2
f) Months stock available (line c divide by line e)	21 (to 7/81)	42 (to 4/83)	25 (to 11/81)	36 (to 10/82)	35 (to 9/82)	8 (to 6/80)	10 (to 8/80)	10 (to 8/80)	10 (to 8/80)	34 (to 8/82)
g) Shipments required thru March 1981 for condoms and foaming tablets and June, 1981 for orals.**	128	0	44	0	0	1,280	1,950	3,250	5,200	0

* Neo-Sampoon tablets obtained through IPPF (2 million in 1977 and 4 million in 1978) were completely issued within several months after importation. It is known to be very popular.

** Calculated to provide six month supply in central warehouse at end of shipping period.

RMartin, USAID/Ghana/HPN

Attachment #4

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO GHANA

Ring Road East Near Osu Cl
P. O. Box 1630
ACCRA-GHANA
TELEPHONE 75346

January 23, 1979

RECEIVED

Mr. Leonard Robinson
DS/POP/AFR
Rosslyn Plaza East
Agency for International Development
Washington, D.C. 20523

Dear Lennie:

Subject: Africa Demographic and Financial Population Data

I commend you and Dave Denman for compiling and circulating the information in your tables. I have some comments, corrections and questions regarding the Ghana data:

1. The 1976 population figure is probably low. The 1976 estimate in the U.S. Bureau of Census Ghana Demographic Profile issued September 1977 is 10,650,000. Bucen's estimate of women from ages 16-44 in 1976 is 2,131,000.

2. The estimate of 1976 new and continuing acceptors under organized family planning programs is mistaken. The figures shown in your chart were picked up from the annual IPPF report which includes only Planned Parenthood Association of Ghana clinics and not the entire national program. The estimate of 1977 acceptors given by the Ghana National Family Planning Program which includes the PPAG are new acceptors:33,400 and continuing acceptors: 93,100 for a total of 126,500 acceptors. This would represent 8.0% of married women of reproductive age or 5.8% of total women of reproductive age. These estimates are probably too high because the information system of the GNFPP is not too reliable. These figures do not include the commercial program which would probably add some 5,000 to 10,000 to the total.

To give a very rough idea of where the program may stand, I would suggest the following as reasonable, probably conservative, estimates for 1977: GOG new acceptors - 30,000; GOG continuing acceptors - 45,000; commercial and private acceptors 5,000; total 80,000. As a percentage of the approximately 1.6 million married women of reproductive age this acceptor total would comprise 5%. I might add, however, that in Ghana not all acceptors and women at risk are <u>married</u> women of reproductive age.

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3. We "modern" family planning people tend to pay attention only to acceptors of pills, condoms, etc. In Ghana as in much of Africa traditional methods of family planning, e.g. post-partum abstinence, are still widely practiced and have an important impact. We should not underrate these customs. It is not inconceivable that combining "modern" family planning acceptors with practicers of traditional methods that as many as one-fifth of the women of reproductive age are practicing various methods of birth spacing. Ghana families still want many children, so most of the family planning is for spacing and not limitation.

4. With regard to the breakdown of centrally funded project assistance to Ghana we appreciate very much your effort to provide figures. Our Mission is trying to get a better handle on the activities of centrally funded projects in Ghana and these figures will help us. We would appreciate your clarification to the following questions:

APHA - I presume the FY 79 of $10,000 is for the population evaluation.

Population Council - What are these figures about? The only Pop Council assistance here that I am aware of is the project at the Cape Coast University which is already completely funded.

IPAVS - The $1,000 in FY 78 is for medical kits, I presume. What is the $50,000 figure for FY 79. I am not aware of any major proposal in voluntary sterilization. We are cautious about any large sterilization initiatives.

FPIA - FY 78 figure of $4,000 is for the Christian Council of Ghana I presume. With two new proposals for FY 79, the CCG and the YMCA, the requirements from FPIA in FY 79 will exceed $5,000.

Pathfinder - We still have outstanding a proposed survey of physician interest in family planning which if undertaken might cost $10,000.

IFRP - What is the $1,000 figure for FY 79?

JHPIEGO - The $24,000 in FY 78 I presume is for the U.S. and in-country training and equipment for Doctors Asamoah and Abrokwah. With 7 physicians programmed for training in FY 79, including in-country follow-up and equipment, the projected $30,000 seems to be much too low.

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The University of Chicago figure of $25,000 in FY 79 must be for the proposed social development communication workshop.

Possible additions to the list for FY 79 would include (1) evaluation, technical assistance and training in logistics and contraceptives distribution (Accra 9964, Para 3); (2) the Ghana Fertility Survey which is being carried out this year; (3) the AHEA support of the Ghana Home Science Association family life education project and (4) some training and materials under the University of North Carolina AHTIP project.

The USAID Program Office has suggested that it would be useful to have the following information on FY 79 centrally funded activities:

A Capsule Summary of:

1. Beginning and ending dates of activity
2. Overall objectives
3. Intended outputs
4. Recipient organization's inputs
5. Copy of project P.P.

Sincerely yours,

Raymond Martin
Population Advisor

cc: N. Olson, Ghana Desk, AID/W
C. Belcher, AFR/DR/POP, AID/W

RAPID

Proposals for Action in Population and Family Planning Arising from Field Trip to Northern Ghana

Ray Martin
Population Officer
HPN, USAID/Ghana

October 24, 1978

Listed below are a number of ideas for USAID consideration in population and family planning over the coming months and yearrs. These ideas came out of my recent field trip to the Northern and Upper Regions. My trip report dated October 2, 1978 gives background information. Some suggestions were offered by various people interviewed on the trip; others are my own ideas based on observations in Northern Ghana. The first five have to do with the broad field of integration of population and development. The remaining eight deal directly with family planning. Comments on these suggestions are welcome.

I. Integration of Population and Development

1. Population and Rural Development

Despite an excellent GOG population policy, more knowledge and public awareness are needed on the part of leaders and the general population about the importance of population to rural development. An intensification of research, data gathering, seminars and other awareness promoting activities on population and its appropriate role in development planning is needed in Ghana. Some leaders are aware of population problems; however, there is little attempt to design development policy and programs that take population into consideration, much less to seek to modify the current desire for large families. USAID/Ghana should seriously attempt to implement Section 104-D of the Foreign Assistance Legislation calling for AID integration of population and development.

2. Regional Implementation Plans

Because of excessive centralization of planning and implementation authority in Ghana, as well as the tremendous variations from region to region, I believe that USAID should take advantage of every opportunity to encourage the GOG to develop implementation plans for population and family planning activities on a regional and local basis. A greater degree of decentralization is necessary if the program is to be made more effective. This will require substantial changes in practice by the GOG. Developing regional and local development strategies and action program that incorporate population will require considerable

Didn't Bill Pang and Brad Pruce increase [illegible] with rec. management seminar

data gathering. There are Ghanaians capable of such work but they have many other demands on them. USAID might explore GOG interest in U.S. contractor assistance to supplement the limited manpower resources presently available to the GOG.

3. Regional Slide Shows

With Research Triangle Institute assistance a slide show explaining the importance of population to development and outlining the work of the GNFPP was prepared for the GNFPP. This same communication medium might be useful for population and family planning education at the regional and local level. RTI assistance might be available for developing prototype regional or project specific presentations on population and development. Such slide shows could be used by the regional coordinators of the GNFPP and other regional and local government officials to educate leaders and the general public about population problems and family planning at the local level. They could be used in Women in Development and Family Life Education programs. Flip-charts and batik prints could also be used.

4. Upper Region Agriculture Development Program (URADEP)

Population issues and family planning are not presently a part of the large URADEP project. The Director is open to such integration, however. USAID should coordinate with the GOG to explore ways to help URADEP integrate population and family planning.

5. Christian Council of Ghana - Christian Service Committee

The CSC is associated with a number of integrated rural development activities in the Northern and Upper regions. The CSC Director, Mr. Addo was open to the possibility of integratin population and family planning into these programs. USAID shoul further explore the possibility with the CCG.

II. Family Planning

1. Regional Implementation Plans

As with the need for regional implementation plans for integration of population and development (Item 2 above) there should be regional implementation plans for the National Family Planning Program. Ghana is too large and diverse and communication too difficult for the centralized program now operating to reach effectively large numbers of rural Ghanaians. USAID shoul encourage the GOG and offer assistance in developing appropriate regional plans for developing needed manpower and services to make family planning available to the entire population. U.S. contractor technical assistance might be useful.

2. Shortage of Contraceptives

There is simply no excuse in a program eight years old to suffer constantly from a shortage of contraceptives. USAID should endeavor to help the GNFPP find ways to develop a logistics system that functions effectively to get contraceptives to regional medical stores and to local institutions where they are needed. More attention to distribution in health facilities and in other ways that go beyond the clinics is needed.

3. Overly Strict Control on Contraceptive Distribution

Although transport problems feature into the contraceptive shortages mentioned in Item 2 above, a second major reason for distribution problems is the excessively conservative control now exercised by the NFPP on stocking, ordering, transferring, distributing and accounting for contraceptive commodities. USAID should offer to the GNFPP technical assistance to refine the logistics system and relax controls where necessary to assure that contraceptives flow to potential users throughout the country. An unfortunate side effect of the tight control and accounting system is that contraceptives are often not available where they are wanted. Another possibility for areas where family planning is not yet well known is provision of small amounts of non-prescription contraceptives for free distribution to appropriate persons. Health personnel, NFPP regional coordinators, etc. could be provided with such supplies to promote interest and awareness of family planning.

4. Support for NFPP Regional Coordinators

USAID might offer support to the NFPP for strengthening the resources available to the regional coordinators and other regional staff involved in the NFPP. This could include written materials, a variety of books and pamphlets on population and family planning, simple hand-outs on family planning and population for mass audiences. It could include a regionally adapted slide show for presentation to regional leaders, schools, and other organizations. Information exchange and training for regional coordinators and other regional staff involved in family planning could provide ideas on how to promote family planning in their regions.

5. Population Communication Materials

There is a dearth of materials to communicate concepts of population and family planning to leaders and the general population around the country. USAID could offer to the GOG assistance in developing such materials, producing them, and distributing them. Some of these might be in local languages. Some tie in with the development of communication materials in the URADEP project might be desirable.

6. Revised Training for Social Welfare Field Workers

USAID might offer training and curriculum development assistance to the NFPP and the Department of Social Welfare to revise and improve the training of Social Welfare field workers in family planning. Many people feel that the present approach of field workers is too direct and that family planning should be integrated into a broader message reaching the population. (World Education is interested in such training for Social Welfare field workers).

7. Management Training

The centralization of authority and decision making at the top of the bureaucracy at the NFPP Secretariat in Accra is a serious obstacle to effective implementation at the local level. The USAID/ODA management training seminar at Akosombo for family planning program leaders was a good effort to introduce effective management techniques. The USAID should continue to seek opportunities to follow up with additional management training.

8. Jirapa Hospital Outreach

The doctors at the Jirapa hospital in the Upper region are interested in an outreach program in primary health care. Conceivably AID/W population operations research funds might support the development and evaluation of such a program. This possibility should be explored with the Jirapa hospital doctor on his next trip to Accra. Such a program could be a model for PVOs.

Okanne
Explore this
nice

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Attachment #5

Name: Raymond S. Martin

Grade: FSR-4

Location: USAID/Ghana

Position: Population Advisor

Time in Country: Since February 1978

Academic Degree(s): BA, Economics

Previous Assignments Held:

9/71 to 1/78 - Program Analyst, AID/W

11/69 to 9/71 - Assistant Program Officer, AID/W

9/67 to 11/69 - Junior Officer Trainee

Response to Questions 9 and 10 of Senate Inquiry

Since the Office of Population initiated a centralized funding and consolidated procurement system six years ago, the Annual Budget Submission (ABS) has included selected demographic and relevant logistics data for centrally procured contraceptive commodities. These data are used both by USAIDs and the Office of Population as the basis for estimating future oral and condom requirements. Other contraceptive commodities are procured on an ad hoc basis in accordance with specific requests made by USAIDs. Attachment A is a copy of the instructions and procurement tables used up through the FY 1980 ABS. Attachment B is a copy of the revised guidance and methodology used during the FY 1981 ABS exercise -- i.e., contraceptive procurement tables submitted in June 1979.

In the Introduction: Population Planning and Contraceptive Commodities, the FY 1981 guidance (see Attachment B) points out "the critical role that contraceptives play in assisting LDC's to reduce excessive population growth," and stresses that "it is essential that they be integrated into family planning programs and made effectively available as quickly as possible if an impact on fertility rates is to be achieved." To provide perspective and an idea of the magnitude of the task confronting the Population Officer and the Office of Population, the quantitative goal of population/family planning programs is also underscored: "Approximately 65 percent of the eligible population must be using some efficient (modern) method of fertility control for a replacement level of population growth to be reached." The guidance further states that the "AID contraceptive supply objective is to ensure that every program has sufficient [contraceptive] supplies to effectively achieve nationwide availability," and that "new supply requirements should not be based solely on prior year usage data." Effective availability through properly implemented programs is emphasized and Missions are reminded that "substantially greater supplies are needed for the development of commercial, village, and household delivery systems." As noted below, however, Missions are urged to take a close look at present contraceptive inventories, expected program performance, and logistics considerations.

The Logistics Analysis of Orals and Condoms of the FY 1981 contraceptive procurement tables (within Attachment B) contains information on beginning-of-year and end-of-year stocks, current and projected contraceptive availability/use levels, non-AID sources of supply and the AID bilateral supply requirement (orals and condoms) for the five year period from 1979 through 1983. The term "contraceptive availability/use level" is used advisedly. It is based on empirical evidence documenting the growth and development of population/family planning programs which shows that increased contraceptive use is a function of effective access to and greater availability of contraceptives. In making yearly estimates of

contraceptive availability/use levels, USAID Missions are advised to consider all the following factors: "contraceptive prevalence data from sample surveys and/or information on usage patterns derived from service statistics and prior year contraceptive distribution data; knowledge of local experience regarding contraceptive methods of choice; the expansion of existing programs; new program initiatives and strategies scheduled for each calendar year; the total country family planning effort, including the host government's stated goals and future plans, and the possibilities for growth in the private sector; and the increased contraceptive use that often accompanies greater contraceptive availability."

As part of the methodology, the guidance also requests that USAIDs establish a desired end-of-year stock level which can be used as part of the rationale for determining future requirements -- taking into account such variables as host country storage capacity, the nature and extent of the contraceptive distribution network, shipment/delivery time, etc. The Office of Population recommends that end-of-year in-country stocks be maintained at a level sufficient to cover at least 100 percent of the expected contraceptive use of the following year; it is recognized that some large programs may require considerably larger quantities to fill the country supply line and to insure continuous contraceptive availability at the outlet level. By establishing the end-of-year stock level as a fixed parameter, estimates of future requirements can be determined more closely with each ABS exercise as recent inventory and drawdown data are brought to bear to assess program development, to correct past projections of yearly contraceptive use, and to refine/adjust commodity requests accordingly -- thereby reducing the possibility of stock deterioration and/or unfavorable supply conditions. As an example of how this works in practice, Table 1 (Exhibit A) provides information on the changing estimates of calendar year requirements as reflected in successive ABS contraceptive procurement tables.

In addition to changing assessments of program needs, the entire central procurement process for orals and condoms is also complicated by a number of other factors relating to the operationally different time frames involved, as well as the establishment of appropriate fiscal year funding levels. As noted, contraceptive requirements are submitted on a calendar year basis; contract shipping periods, on the other hand, run from July through June for orals and from April through March for condoms; and funds are allocated on a fiscal year basis for shipments to be made up to several years in the future. The relationship between fiscal year monies and contract shipping periods (which are occasionally subject to change) is shown in Table 2 (Exhibit B). FY 1980 funds, for example, will be used for the purchase of an additional quantity of orals under the option clause in the basic orals contract let with FY 1979 funds -- shipments to be made from

July 1980 through June 1981; for the transportation costs for all orals purchased for shipment during the above delivery period; and for the purchase of oral contraceptives (basic contract) to be shipped between July 1981 and June 1982. FY 1980 funds will also be used for the purchase (basic contract and option) and transportation of condoms to be shipped from April 1980 through March 1981.

Another constraint to be considered is that manufacturers require that 1/12 of the total contract amounts (basic contract quantity plus any additional quantity purchased under the option) be shipped each month during the twelve-month shipping periods. In this connection, AID must be sensitive to the needs of manufacturers regarding constant production levels in order to retain a very favorable pricing structure -- current price per monthly cycle, for example, is less than $.16. This may mean that commodities for certain programs may be shipped one or two months earlier or later than requested. If USAIDs maintain the recommended in-country stock levels, slight variation in the timing of shipments should not be cause for inconvenience or concern. In all cases the Office of Population attempts to respond to field needs by managing the oral and condom contracts so that quantities shipped during a calendar year correspond as closely as possible to the quantities requested.

Although the Office of Population analyzes the logistics data submitted on the contraceptive procurement tables for internal consistency, and translates the calendar year estimates into the appropriate contract shipping periods, the estimation of requirements and the management of in-country inventories remain the responsibility of the USAIDs. (Table 3 -- Exhibit C -- provides data derived from USAID service statistics quarterly reports on in-country inventories for orals and condoms by fiscal year.) Missions confirm their requirements for a specific delivery period by submitting an unfunded Project Implementation Order/Commodities (PIO/C) and a desired shipping schedule. It should be noted, however, that the central procurement mechanism allows the Office of Population to respond to requests for adjustments in commodity shipments on fairly short notice. Commodities purchased for a particular program that are identified as in excess of actual requirements at the time of shipment (changes may be made up to 90 days before the scheduled shipping date) are provided to programs whose requirements may have increased since the original purchase. In summary, it is understood that changes in requirements may be necessary at different points in time: after reservation of funds, after receipt of unfunded purchase documents, and even shortly prior to shipment of commodities. Such changes are coordinated with the Technical Office of the appropriate Regional Bureau and the particular USAID involved. Table 4 (Exhibit D) shows the relationship between commodities originally

purchased with fiscal year monies for a specific program and the quantity eventually shipped (or scheduled for shipment), as well as the corresponding dollar value of actual (or scheduled) shipments. Table 5 (Exhibit E) presents data on contraceptive commodities (orals, condoms, and IUDs) shipped during the course of each fiscal year (FY 1977 through scheduled shipments for FY 1980).

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I. Instructions for Completing Table 1: Program Analysis of the Oral and Condom Supplies Needed to Achieve Full Availability (see format at Exhibit 3-11A)

Definition and Assumptions

A. "Full Supply" Analysis

The "Full Supply" Analysis is designed to quantify the volume of fertility management commodities that need to be made available if LDCs are to achieve a replacement level fertility in the foreseeable future. It is illustrative and not meant to be a precise form of analysis. For "Full Supply" to be possible, the following assumptions are made:

1. Some form of fertility control will be used effectively by 65 percent of the married couples of reproductive age (MCBA).

   a. Sixty-five percent participation is the theoretical base for achieving the replacement level of fertility.

   b. The eligible population includes the total number of women exposed to sex (married) from 15 to 49 years old. Data will be provided for use by Missions in a separate airgram by DS/POP. Missions, however, may change these figures if more accurate data are currently available. The reasons for the change and the source for the new data must be stated.

2. Approximately 50 percent of the eligible population is assumed to use orals and condoms and 15 percent to use some other form of fertility management (i.e., sterilization, IUD, aerosol foam, diaphragm, abortion, etc.). Missions may revise the assumed proportion with an explanatory note reflecting local experience.

3. Of the approximately 50 percent of women protected by orals and condoms, one-half are assumed to use orals and one-half are assumed to be protected by condoms. Missions may also revise this assumed proportion with appropriate explanatory notes.

B. Annual New Supply from Non-AID Bilateral Sources

To improve programming for contraceptive supplies and to gain a better knowledge of the number of new contraceptive supplies to be made available from other than AID bilateral sources, additional information is required. New contraceptive supplies are defined as the quantity to be imported and/or locally produced each calendar year. Do not include prior year inventory. Specifically, Missions must determine the quantity of new contraceptive supplies expected to be imported and/or produced in LDCs by private commercial manufacturers/distributors, other donors, and host country governments. AID-supplied intermediaries should be included in these sources of supply.

C. Gap to be Filled to Achieve "Full Supply"

The gap is the difference between the total number of orals and condoms required for "Full Supply" less the total number of new orals and condoms to be imported and/or locally produced during the calendar year. The gap to be filled does not include orals and condoms to be supplied under AID bilateral agreement, but will include any AID-financed supply channeled through intermediary organizations.

D. AID Bilateral Supply Objective

The AID bilateral supply objective is to ensure that every program has sufficient supplies to achieve "full supply." But because "full supply" cannot now be achieved, AID and other donor programs may alternatively aim to provide, as a minimum, total in-country commodities large enough to supply at least 10 percent of the married women of reproductive age with orals and at least 10 percent with condoms. If country programs have the capability for absorbing higher levels, or for some reason cannot realistically meet the 10 percent targets, the percentage should be adjusted.

While there is no set formula which can be used to determine what the AID share should be, the Missions should be aware that availability of orals and condoms cannot be limited to clinic-based distribution systems and, therefore, significantly greater quantities of supplies are needed for commercial, village, and household distribution systems. If these latter distribution systems are not now in place, plans should be made to have them in place to ensure effective distribution upon receipt of the supplies.

Oral and Condom commodity data for each calendar year under this section are derived as follows:

1. Calendar year (PY-1) - actual stock deliveries during the year.

2. Calendar year (PY) - expected stock to be delivered this calendar year.

3. Calendar year (CY) - same as calendar year (PY). Projections will be supplied by DS/POP/AID/W.

4. Calendar year (BY) - while this quantity for orals was projected for (CY) procurement and is reflected in the fiscal year Congressional Presentation, USAID should make whatever adjustments judged appropriate based upon current and future program plans. For condoms, insert desirable stock levels based on the AID bilateral supply objective.

5. Calendar year (BY+1) - insert desirable stock levels based on AID bilateral supply objective.

For calendar year (BY+1) and calendar year (BY+2), the AID bilateral supply objective will actually be the "scheduled deliveries" in the Logistic and Financial Analysis Tables (see Tables 2 and 3).

E. Total New Supplies

This represents the total number of new orals and condoms to be imported and/or locally produced by private commercial manufacturers/distributors, other donors (including AID-supported intermediaries) and the host country. Total New Supplies also includes the quantity inserted as the AID bilateral supply objective. The total level for each year represents an achievable intermediate target, recognizing that ultimate program success will require a level which approximates 50 percent coverage with orals and condoms in an "average" country.

F. Remaining Supply Gap

This represents the total number of new orals and condoms remaining to be imported or produced by all sources in order to achieve "Full Supply" in each calendar year.

G. People Gap

This represents the total married women of reproductive age yet remaining who must be supplied with orals and condoms each calendar year if "Full Supply" is to be achieved by the country.

II. INSTRUCTIONS FOR AID BILATERAL LOGISTIC AND FINANCIAL ANALYSIS OF ORALS (See format at Exhibit 3-IIB)

A. AID Inventory Analysis (Calendar Year Basis)

Line 1. Beginning of year stock - Insert the quantity of AID bilaterally provided orals existing in central and regional warehouses at the beginning of calendar year (PY). Calendar year (CY) through (BY+2) will be based on computations derived from the Table. If AID bilateral supplies are comingled with other donor supplies, please indicate such.

Line 2. Add: Scheduled deliveries - For scheduled deliveries of the AID Bilateral Supply objectives through calendar year (BY) please refer to projections provided by DS/POP. As stated in Section I.D of the Instructions above, please revise the 10 percent targets if necessary. Calendar year (BY+1) and (BY+2) scheduled deliveries are actually the Mission's commodity requests financed with fiscal year (BY) and (BY+1) obligations. These scheduled deliveries correspond to the AID bilateral supply objective derived on Table 1.

Line 3. Less Expected Use - Insert the quantity of orals realistically expected to be used and/or distributed to clinics and other distribution outlets during each calendar year. Please take into consideration plans for new initiatives scheduled for each calendar year, and do not rely exclusively on prior year experience to make these projections.

Line 4. End of year stock - For calendar year (BY) through calendar year (BY+2), the end-of-year stock is simply the mathematical calculation arrived at by adding the "Scheduled deliveries" (line 2) to the "Beginning-of-year stock" and subtracting "Expected use."

B. and C. Fiscal Year (CY) and Fiscal Year (BY) Analysis
This section is provided for USAID information only. AID/W will complete this part of the table based on Mission program and logistic analysis, using current cost information.

III. INSTRUCTIONS FOR AID BILATERAL LOGISTICAL AND FINANCIAL ANALYSIS OF CONDOMS
(See format at Exhibit 3-11C)

A. AID Inventory Analysis (Calendar Year Basis)

Line 1. Beginning of year stock - Insert the quantity of AID bilaterally provided condoms existing in central and regional warehouses at the beginning of calendar year (PY). Calendar year (CY) through (BY+2) will be based on computations derived from the Table. If AID bilateral supplies are comingled with other donor supplies, please indicate such.

Line 2. Add: Scheduled deliveries - For scheduled deliveries of the AID Bilateral Supply Objectives through calendar year (CY) please refer to projections supplied by DS/POP. As stated in Section I.D of the Instructions above, please revise the 10 percent targets if necessary. Calendar year (BY), (BY+1), and (BY+2) scheduled deliveries are actually the Missions commodity request financed with fiscal year (BY), fiscal year (BY+1), and fiscal year (BY+2) obligations. These scheduled deliveries correspond to the AID bilateral supply objective derived on Table 1.

Line 3. Less: Expected Use - Insert the quantity of condoms realistically expected to be used and/or distributed to clinics and other distribution outlets during each calendar year. Please take into consideration plans for new initiatives scheduled for each calendar year and do not rely exclusively on prior year experience to make these projections.

Line 4. End of year stock - For calendar year (PY) through calendar year (BY+2) the end of year stock is simply the mathematical calculation arrived at by adding the "Scheduled deliveries" (Line 2) to the "beginning-of-year stock" and subtracting "Expected Use."

B. and C. Fiscal Year (CY) and Fiscal Year (BY) Financial Analysis
This section is provided for USAID information only. AID/W will complete this part of the table based upon Mission program and logistic analysis, using current cost information.

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TABLE 1

Program Analysis for the Oral and Condom Supplies Needed to Achieve Full Availability

	(PY-1)	(PY)	(CY)	(BY)	(BY+1)	(BY+2)
A. Full Supply Analysis						
1. Married women of reproductive age (thousands)						
2. 65% of line A1 (contracepting women required to achieve replacement fertility)						
3. 50% of line A1 (contracepting women utilizing orals and condoms)						
4. Annual stock requirements for "full availability"						
a. Orals ½ of line A3 x 13 monthly cycles						
b. Condoms ½ of line A3 x 100 units						
B. Annual New Supply From Non-AID Bilateral Sources						
1. Private Commercial Sector						
a. Orals						
b. Condoms						
2. Other Donors						
a. Orals						
b. Condoms						
3. Host Country Government Procurement						
a. Orals						
b. Condoms						
4. Total In-Country Stock						
a. Orals						
b. Condoms						
C. Gap to be Filled to Achieve "Full Availability"						
1. Orals (line A4a less line B4a)						
2. Condoms (line A4b less line B4b)						
D. AID Bilateral Supply Objectives						
1. Orals						
2. Condoms						
E. Total New Supply						
1. Orals (line B4a plus line D1)						
2. Condoms (line B4b plus line D2)						
F. Remaining Supply Gap						
1. Orals (line A4a less line E1)						
2. Condoms (line A4b less line E2)						
G. People Gap						
1. Orals (line F1 divided by 13)						
2. Condoms (line F2 divided by 100)						
3. Total (line G1 plus line G2)						

NOTE: PY = Past Year, CY = Current Year, BY = Budget Year
Example: Budget submitted in May 1978 includes data for BY (FY 1980), CY (FY 1979) and PY (FY 1978).

Table 2

AID Bilateral Logistic and Financial Analysis of Orals

(Thousand M/C)

	CALENDAR YEAR				
	PY-1	PY	CY	BY	BY+1
A. AID Inventory Analysis					
1. Beginning of year stock					
2. Add: Scheduled deliveries					
3. Less: Expected Use					
4. End of Year Stock					

To be completed by AID/Washington

B. Financial Analysis (CY)

1. Calendar Year 19CY deliveries (line A2 above)
2. Estimated cost per unit in FY of purchase
3. Estimated total cost for FY 19CY (to be determined by AID/W)

C. Financial Analysis (BY)

1. Calendar year 19BY deliveries (line A2 above)
2. Estimated cost per unit in FY of purchase (to be determined by AID/W)
3. Estimated total cost for FY 19BY (to be determined by AID/W)

Table 3

AID Bilateral Logistic and Financial Analysis of Condoms

(thousand pieces)

	CALENDAR YEAR				
	PY-1	PY	CY	BY	BY+1
A. AID Inventory Analysis					
1. Beginning of year stock					
2. Add: Scheduled deliveries					
3. Less: Expected Use					
4. End of Year Stock					

To be completed by AID/Washington

B. Financial Analysis (CY)

1. Calendar Year 19CY deliveries (Line A2 above)
2. Estimated cost per unit in FY of purchase
3. Estimated total cost for FY 19CY (to be determined by AID/W)

C. Financial Analysis (BY)

1. Calendar Year 19BY deliveries (Line A2 above)
2. Estimated cost per unit in FY of purchase (to be determined by AID/W)
3. Estimated total cost for FY 19BY (to be determined by AID/W)

AIRGRAM

DEPARTMENT OF STATE

MAY 31 1979 UNCLASSIFIED

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ATTACHMENT B

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TO - AIDTO CIRC A- 126

FROM - AID/W

SUBJECT - Guidance for Completing FY 1981 Contraceptive Procurement Tables

REFERENCE - (A) AIDTO CIRC A-53 ABS Guidance, 2/26/78

This message provides background information and guidance for completing the FY 1981 contraceptive procurement tables. These tables should be prepared as part of a collaborative effort between the Mission Population Officer and the Mission Program Officer and should be forwarded to the Regional Bureaus no later than June 20, 1979. One copy of the completed tables, as well as the accompanying oral and condom worksheets, should be sent to DS/POP.

I. Introduction: Population Planning and Contraceptive Commodities

A. Given the critical role that contraceptives play in assisting LDC's to reduce excessive population growth, it is essential that they be integrated into family planning programs and made effectively available as quickly as possible if an impact on fertility rates is to be achieved. Indeed, it is estimated that approximately 65 percent of the eligible population (married women or couples of reproductive age, MWRA or MCRA 15-44) must be using some efficient (modern) method of fertility control for a replacement level of population growth to be reached.

B. To better meet field needs, certain modifications have been introduced into Table 1, Program Analysis of Oral and Condom Supplies (see Exhibit I). It is expected that the changes will enhance the table's usefulness as a planning tool by making it more operational. The "Annual Stock Requirements" analysis, for example, requires that Missions estimate total country contraceptive availability/use levels in terms of the percent of MWRA-MCRA to be provided with orals and condoms during each calendar year, thereby deriving the annual stock requirements for each contraceptive.

Tony Boni	DS/POP/FPS	235-8676	5-3-79	Richard G. Birnberg, PPC/PB

SER/MP:PAllen
AFR/DP:JGovan (draft)
ASIA/DP:CJohnson (draft)

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LAC/DP:JFrancis (draft) PPC/PB:BCase
NE/DP:PAmos (draft)
DS/HRD:SJoseph (draft)

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C. This information, coupled with data estimating the annual levels of oral and condom supplies to be expected from other than AID bilateral sources, will allow AID/W to better coordinate commodity procurement actions with other donors, and will provide a rational basis for quantifying the inputs of orals and condoms that AID may appropriately furnish. To facilitate the process, Table 2, Logistic Analysis of Orals and Condoms (see Exhibit II), has been revised to include non-AID inventories and new supply. Special worksheets for the calculation of oral and condom requirements are included with this guidance (see Exhibits III and IV).

D. The AID contraceptive supply objective is to ensure that every program has sufficient supplies to effectively achieve nationwide availability of orals and condoms consistent with program development and projections of increased contraceptive use. Therefore, the calculation of yearly levels of contraceptive availability/use and new supply requirements should not be based solely on prior year usage data, particularly where expansion of the program from a clinical base is anticipated. Missions should be aware that substantially greater supplies are needed for the development of commercial, village, and household delivery systems.

E. For countries where continuing contraceptive users are not recorded by data systems and where other indicators of contraceptive prevalence are not available, A.I.D.'s initial contraceptive supply objective is to insure that the quantity of supplies available from A.I.D. and other sources is large enough to serve at least 10 percent of MWRA-MCRA with orals and 10 percent of MWRA-MCRA with condoms for one year. After this level of availability is achieved and contraceptive use patterns develop, subsequent commodity orders can be made on the basis of available drawdown data and projected yearly levels of contraceptive use.

F. Likewise, based on availability/use objectives, it is recommended that Missions/host governments maintain sufficient supplies of contraceptives on order (1) to avoid a detrimental hiatus in the provision of program supplies — such as could occur when usage patterns increase; (2) to help overcome the "hoarding" mentality which a short supply situation tends to create; and (3) to ensure the existence of adequate end of year stock levels. The AID bilateral supply objective is to assure that the combined inputs from AID and other sources are adequate to satisfy current contraceptive needs and that the total end of year stock of orals and condoms is sufficient to cover the projected contraceptive use of the following year. The calculations used to arrive at new supply requirements should be geared to meet likely future demand as reflected in the Mission's estimates of current and projected contraceptive prevalence. Missions will have the opportunity to refine their past estimates and adjust their future requirements during each ABS exercise.

G. Missions are urged to ensure that the country supply line is filled with stock reserves sufficient to guarantee an uninterrupted flow of contraceptives to all points in the system. As a general rule, six months' supply should be maintained at capital city or centrally located warehouses and an equivalent amount at regional- or district- level storage points, with a three months' supply at distribution outlets. Experience has shown that warehousing and logistics problems will be

minimized if supplies are stored as close to their intended users as possible. AID/W will provide TDY logistics assistance to LDC organizations to evaluate supply systems and commodity flow data upon request from USAIDs.

H. Annex A contains estimates of the married women of reproductive age, 15-44. Annex B contains shipping data for contraceptive commodities (orals and condoms) provided through AID bilateral programs. It is understood that part of the quantities shipped or scheduled for shipment (1978 and 1979) may not reach their destinations until the beginning of the subsequent calendar year because of transportation time. For 1980, Missions are expected to add their requirements for orals and condoms for the latter part of this calendar year to the quantities appearing in Annex B as confirmed for shipment in order to arrive at an end of year stock equivalent to the expected contraceptive use for 1981.

II. Table 1: Program Analysis of Oral and Condom Supplies (see Exhibit I)

A. Annual Stock Requirements: The Annual Stock Requirement analysis is designed to quantify 1) current and projected contraceptive use in terms of the percent of MWRA-MCRA to be afforded coverage with orals and condoms; and 2) the number of these commodities required to provide a) minimum contraceptive protection, i.e., 20 percent of MWRA-MCRA supplied with orals and condoms combined, or b) coverage consistent with Mission estimates of total country contraceptive prevalence with each of these fertility control methods, for each calendar year (1978 through 1984).

1. The eligible population for contraceptive protection includes the total number of women married or living in consensual unions, 15 to 44 years old. Specific country estimates of MWRA are provided in Annex A. Missions are encouraged to change these figures, however, if more accurate data are currently available. The basis for the change and the source for the new data should be stated and a copy of the supporting materials forwarded to DS/POP.

2. Missions are requested to estimate past, current and future contraceptive use in terms of the percent of MWRA-MCRA provided contraceptive protection with orals and condoms. The recommended minimum country supply objective is 20 percent contraceptive availability (10 percent coverage with orals and 10 percent with condoms). Specifically, Missions are advised to take all the following factors into account when making yearly estimates of contraceptive availability/use: contraceptive prevalence data from sample surveys and/or information on usage patterns derived from service statistics and prior year contraceptive distribution data; knowledge of local experience regarding contraceptive methods of choice; the expansion of existing programs; new program initiatives and strategies scheduled for each calendar year; the total country family planning effort, including the host government's stated goals and future plans, and the possibilities for growth in the private sector; and the increased contraceptive use that often accompanies greater contraceptive availability.

3. The annual stock required to provide coverage for the current and anticipated yearly levels of contraceptive use is calculated on the basis of standard usage rates: 13 monthly cycles of orals and 100 condoms per user per year. The assumed rate for condoms can be changed if actual and supportable consumption differs. In these cases specify the usage rate in a footnote.

B. Annual New Supply from Non-AID Bilateral/Sources

To improve AID programming for contraceptive commodities, information is required regarding the number of new contraceptive supplies (orals and condoms) to be made available from other than AID bilateral sources. New contraceptive supplied are defined as the quantity to be imported and/or locally produced each calendar year in LDCs by private commercial manufacturers/distributors, other donors (including AID-supplied intermediaries), and host country governments.

III. Table 2: Logistic Analysis of Orals and Condoms (see Exhibit II)

A. Once the cells of Table 1 have been filled with the best information and estimates available, the completion of Table 2 is relatively straightforward. Please begin with the 1979 column.

1. Beginning of Year Stock - Insert the quantities of AID bilaterally provided orals and condoms existing in central, regional and district warehouses (or any points whose sole purpose is to receive and store commodities) at the beginning of calendar year 1979 into the appropriate cells of parts A and B of Table 2. Similar estimates should be made for orals and condoms from other sources as defined in IIB above. For subsequent calendar years (1980 through 1983) the beginning of year stock will include both AID and non-AID commodities, and will be based on computations derived from Table 2 and/or the corresponding oral and condom requirement worksheet.

2. New Supply - For scheduled shipments of AID bilaterally supplied contraceptives for 1979, please see Annex B. For other sources of oral and condom supplies, please refer to line B4 of Table 1.

3. Contraceptive Availability/Use Level - Insert the figures from line A3 of Table 1 into the appropriate cells of Table 2. These are the quantities of orals and condoms from all programs that are expected to be used and/or distributed to sales agents, clinics and other distribution outlets during the year.

4. End of Year Stock - Perform the mathematical operations indicated to arrive at end of year stock figures for 1979 for the combined AID and non-AID commodities. The resulting quantities for orals and condoms become the Beginning of Year Stock for 1980.

IV. Worksheets for Calculation of Oral and Condom Requirements 1980-1983 (see Exhibits III and IV)

A. Calculation of requirements for each calendar year should first be carried out on the oral and condom worksheets; the resulting figures should then be transcribed into the appropriate cells for the corresponding year on Table 2. The instructions on the worksheets are largely self-explanatory but it should be stressed that the computations for each year should be completed both on the worksheet and on Table 2 before beginning the same procedure for the following year.

B. Taking into account other sources of supply (line B4 of Table 1), the worksheets are designed to quantify on a calendar year basis the deficits to be filled by AID bilaterally provided commodities (orals and condoms), in order to assure that current consumption needs are satisfied and that desired end of year stock levels are maintained. After performing the necessary calculations for a given year, the resulting figure should be preceded by a minus sign. This is the quantity that constitutes the AID bilateral supply requirement for the year in question. All figures used in the computations should then be transferred to the appropriate cells on Table 2. The mathematical operations indicated on Table 2 should be completed to verify that the calculations made on the worksheet are correct. In these cases, the quantity appearing on line 4 of the worksheet (desired end of year stock) should be the same as that on line 4 of Table 2 (end of year stock). This quantity, which combines both AID and non-AID commodities, becomes the beginning of year stock for the following year both on the worksheet and on Table 2.

C. If the figure that results after performing the necessary calculations on the worksheet is preceded by a plus sign, this may indicate a genuine oversupply situation or an underestimation of expected contraceptive use — or a combination of both factors. Care should be exercised, therefore, in reaching a conclusion because an apparent oversupply situation can easily translate into a supply hiatus or a possible interruption of family planning services. This would occur if stock drawdown exceeds the presumed consumption rate and points in the supply line do not receive adequate stocks on a timely basis. For these practical reasons, it is advisable for Missions to make realistic estimates of likely future demand, and sufficient in-country stocks should be maintained to guarantee a continuing flow of supply. If the determination is made, however, that an oversupply situation does indeed exist, the AID bilateral supply requirement for the year in question is "zero," and a figure reflecting this (-0-) should be entered on line 2a (instead of the worksheet) to arrive at the end of year stock which, as before, becomes the beginning of year stock for the subsequent year. Accordingly, this quantity should be inserted on the worksheet as the beginning of year stock for the next year to be analyzed and the procedure outlined above should be repeated until the worksheets and Table 2 have been filled out.

D. Although it is suggested in this guidance that Missions/host governments have sufficient supplies in country at the end of each calendar year to cover 100 percent of the expected contraceptive use of the following year, the supply system in a given country may dictate that an end of year stock greater or less than the recommended level is desirable because of transportation factors and/or the length of the supply line. It might be preferable, for example, to maintain an end of year stock level equivalent to 150 percent or 75 percent of the expected contraceptive use of the following year. Line 4 of the worksheet can be modified to take this contingency into account. A line has been drawn after the words "equivalent to _____" for Mission use to indicate the basis on which the desired end of year stock should be calculated. For the two cases cited above, "150% of" or "75% of" could be written on the line ("_____") to show that the annual stock requirements for the following year (line A3 of Table 1) will be multiplied by 1.5 and .75, respectively, to obtain the preferred end of year stock figures. All other calculations remain the same. If nothing is written on the line, it will be assumed that the recommended 100% level will be used.

ATTACHMENTS TO BE RUN WITH JOB.

VANCE

1981 ABS
UNTRY: _____

Table I

EXHIBIT I

Program Analysis of Oral and Condom Supplies

	CALENDAR YEAR						
	1978	1979	1980	1981	1982	1983	1984
A. Annual Stock Requirements							
1. Married Women of Reproductive Age - MWRA (See Annex A)							
2. Desired annual country contraceptive availability/use level as a percent of MWRA							
a. Orals (not less than 10 percent)							
b. Condoms (not less than 10 percent)							
3. Annual country stock requirement to satisfy desired contraceptive availability/use level							
a. Orals - line A2a x line A1 x 13 monthly cycles							
b. Condoms - line A2b x line A1 x 100 pieces							
B. Annual New Supply From Non-AID Bilateral Sources							
1. Private Commercial Sector							
a. Orals							
b. Condoms							
2. Other Donors							
a. Orals							
b. Condoms							
3. Host Country Government Procurement							
a. Orals							
b. Condoms							
4. Total New Supply							
a. Orals (B1a + B2a + B3a)							
b. Condoms (B1b + B2b + B3b)							

COUNTRY: _____

EXHIBIT II

Table 2

Logistic Analysis of Orals and Condoms

A. Inventory Analysis - ORALS (thousand M/C)

	Calendar Year				
	1979	1980	1981	1982	1983
1. Beginning of Year Stock					
a. AID Bilateral Supply					
b. Other Sources of Supply					
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+	+	+	+	+
b. Other Sources of Supply (See B4a of Table 1)	+	+	+	+	+
3. Less: Contraceptive Availability/Use Level (See A3a of Table 1)	−	−	−	−	−
4. End of Year Stock					

B. Inventory Analysis - CONDOMS (thousand pieces)

	Calendar Year				
	1979	1980	1981	1982	1983
1. Beginning of Year Stock					
a. AID Bilateral Supply					
b. Other Sources of Supply					
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+	+	+	+	+
b. Other Sources of Supply (See B4b of Table 1)	+	+	+	+	+
3. Less: Contraceptive Availability/Use Level (See A3b of Table 1)	−	−	−	−	−
4. End of Year Stock					

* See Annex B for AID bilateral shipments for 1979. The quantities confirmed for shipment for part of 1980 should be supplemented to assure a total end of year stock which approximates the expected contraceptive availability/use level for 1981.

FY 1981 ABS
COUNTRY: _____

WORKSHEET FOR CALCULATION OF ORAL REQUIREMENTS 1980-1983

EXHIBIT III

1980

1. Beginning of year stock (carried forward from end of year stock of previous year - 1979 - and includes both AID and non-AID commodities: see line A4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4a of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3a of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3a of 1981 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1980 = _____

1981

1. Beginning of year stock (carried forward from end of year stock of previous year - 1980 - and includes both AID and non-AID commodities: see line A4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4a of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3a of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3a of 1982 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1981 = _____

1982

1. Beginning of year stock (carried forward from end of year stock of previous year - 1981 - and includes both AID and non-AID commodities: see line A4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4a of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3a of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3a of 1983 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1982 = _____

1983

1. Beginning of year stock (carried forward from end of year stock of previous year - 1982 - and includes both AID and non-AID commodities: see line A4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4a of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3a of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3a of 1984 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1983 = _____

FY 1981 ABS
COUNTRY: _____

WORKSHEET FOR CALCULATION OF CONDOM REQUIREMENTS 1980-1983

EXHIBIT IV

1980

1. Beginning of year stock (carried forward from end of year stock of previous year - 1979 - and includes both AID and non-AID commodities; see line B4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4b of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3b of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3b of 1981 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1980 = _____

1981

1. Beginning of year stock (carried forward from end of year stock of previous year - 1980 - and includes both AID and non-AID commodities; see line B4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4b of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3b of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3b of 1982 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1981 = _____

1982

1. Beginning of year stock (carried forward from end of year stock of previous year - 1981 - and includes both AID and non-AID commodities; see line B4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4b of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3b of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3b of 1983 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1982 = _____

1983

1. Beginning of year stock (carried forward from end of year stock of previous year - 1982 - and includes both AID and non-AID commodities; see line B4 of Table 2). _____

plus

2. Non-AID new supply for the year (see B4b of Table 1). + _____

minus

3. Total expected use - both bilateral and other programs (see contraceptive availability/use level, line A3b of Table 1). - _____

minus

4. Desired end of year stock (equivalent to contraceptive availability/use level for subsequent year, line A3b of 1984 column of Table 1). - _____

equals

5. Total AID bilateral requirement for 1983 = _____

ANNEX A

Population Projections of Married Women of Reproductive Age 15-44

(in thousands)

COUNTRY	1978	1979	1980	1981	1982	1983	1984
AFRICA							
Botswana	66	68	70	72	74	76	78
Benin	522	538	554	571	588	606	624
Cameroon	880	900	921	942	963	986	1,008
Central Africa Empire	390	400	409	419	429	439	450
Ethiopia	5,794	5,939	6,088	6,240	6,396	6,556	6,720
Ghana	1,654	1,701	1,751	1,802	1,854	1,908	1,963
Ivory Coast	1,125	1,174	1,208	1,242	1,275	1,308	1,342
Kenya	2,068	2,143	2,223	2,303	2,385	2,468	2,553
Lesotho	192	197	201	206	211	215	220
Liberia	331	342	353	364	375	386	397
Mali	969	996	1,023	1,051	1,079	1,108	1,137
Mauritania	236	243	250	257	264	271	279
Niger	770	792	815	839	863	888	914
Nigeria	10,572	10,900	11,238	11,586	11,945	12,316	12,697
Senegal	835	856	877	899	921	944	968
Sierra Leone	506	520	534	548	563	578	594
Swaziland	79	81	84	86	89	91	94
Tanzania	2,838	2,926	3,017	3,111	3,207	3,306	3,409
Zaire	4,442	4,557	4,676	4,797	4,922	5,050	5,181
ASIA							
Bangladesh	13,7[illegible]	14,143	14,545	14,955	15,374	15,801	16,237
India	110,533	112,545	114,548	116,542	118,523	120,490	122,442
Indonesia	21,977	22,385	22,786	23,178	23,560	23,933	24,294
Korea, South	5,294	5,377	5,459	5,539	5,616	5,692	5,765
Malaysia	1,696	1,735	1,774	1,813	1,852	1,891	1,930
Nepal	2,591	2,659	2,728	2,799	2,872	2,946	3,022
Pakistan	10,643	10,955	11,274	11,599	11,929	12,266	12,608
Philippines	5,845	5,999	6,153	6,306	6,457	6,607	6,755
Singapore	271	274	277	279	282	285	287
Sri Lanka	1,646	1,677	1,708	1,739	1,769	1,799	1,829
Taiwan	2,129	2,166	2,201	2,236	2,270	2,304	2,336
Thailand	5,768	5,885	6,001	6,114	6,224	6,331	6,434
NEAR EAST							
Afghanistan	3,117	3,205	3,294	3,387	3,481	3,579	3,679
Egypt	5,824	5,969	6,115	6,261	6,408	6,554	6,701
Jordan	415	429	442	457	471	486	501
Morocco	2,763	2,853	2,945	3,040	3,137	3,237	3,339
Syria	1,030	1,064	1,100	1,136	1,173	1,210	1,249
Tunisia	938	960	982	1,004	1,026	1,048	1,070
LATIN AMERICA							
Bolivia	671	694	715	737	759	782	805
Brazil	14,182	14,528	14,870	15,209	15,544	15,874	16,197
Chile	1,220	1,239	1,256	1,273	1,290	1,306	1,322
Colombia	2,890	2,948	3,005	3,061	3,116	3,171	3,224
Costa Rica	238	244	249	255	261	267	272
Dominican Republic	615	631	647	663	679	695	712
Ecuador	899	929	959	990	1,021	1,054	1,087
El Salvador	534	551	569	588	606	625	644
Guatemala	905	933	963	992	1,022	1,053	1,084
Guyana	99	101	103	105	106	108	110
Haiti	636	654	671	689	708	727	747
Honduras	392	406	420	435	450	466	482
Jamaica	229	234	239	244	248	253	257
Mexico	8,197	8,438	8,679	8,918	9,154	9,387	9,617
Nicaragua	287	297	308	319	330	342	354
Panama	221	226	231	236	241	246	251
Paraguay	299	308	318	328	338	349	359
Peru	2,023	2,079	2,135	2,192	2,251	2,311	2,371
Uruguay	327	331	335	338	342	345	348

Prepared by DS/POP/FPSD

ORAL AND CONDOM SHIPMENTS

	CALENDAR YEAR					
	1978*		1979		1980**	
	Actual Shipments		Scheduled for Shipment		Confirmed for Shipment	
					Thru 6/30	Thru 3/31
	Orals (M/C)	Condoms (Pieces)	Orals (M/C)	Condoms (Pieces)	Orals (M/C)	Condoms (Pieces)
GRANT FUNDED						
Afghanistan	199,800	320,000	200,400	792,000	0	0
Bangladesh	17,003,400	30,000,000	8,008,200	93,000,000	4,000,800	24,732,000
Cameroon	0	0	0	0	0	0
Costa Rica	0	2,004,000	0	2,472,000	0	0
El Salvador	466,800	0	0	0	0	0
Ghana	0	2,082,000	0	4,002,000	0	0
Haiti	1,333,200	9,252,000	586,000	13,967,000	522,000	3,978,000
Honduras	356,400	46,000	0	0	0	0
Indonesia	26,866,800	0	0	0	0	0
Jamaica	379,200	694,000	99,600	306,000	0	0
Kenya	0	230,000	0	0	0	0
Liberia	0	0	0	0	0	0
Morocco	5,000,400	0	2,000,400	0	0	0
Nepal	0	3,000,000	158,400	6,000,000	0	1,998,000
Nicaragua	1,000,200	800,000	600,000	390,000	0	0
Panama	0	0	63,000	0	0	0
Paraguay	420,600	720,000	0	720,000	0	0
Peru	207,600	18,000	0	0	0	0
Philippines	10,601,400	0	0	0	0	0
Senegal	0	0	0	0	0	0
Tanzania	1,844,400	150,000	1,088,400	288,000	462,600	0
Thailand	3,751,200	0	2,275,200	0	2,138,400	0
Tunisia	720,000	0	476,400	0	0	0
LOAN FUNDED						
Indonesia	5,664,600	0	45,618,600	0	7,912,800	0

* These figures are included for illustrative purposes.

** Quantities appearing in this column have been confirmed for shipment through the dates mentioned. Because of the long lead time involved, the procurement process has been initiated for a portion of the Mission requirement for orals and condoms as reflected in the 1980 ABS for the remaining part of 1980 and for part of 1981.

UNCLASSIFIED
~~CLASSIFICATION~~

LIST G AID AIRGRAMS AND TELEGRAMS SEND TO: F

LIST G

5	ABIDJAN
4	ACCRA
5	ADDIS ABABA
6	AMMAN
1	[redacted]
3	ASUNCION
5	BAMAKO
5	BANGKOK
2	BANJUL
2	BEIRUT
2	BISSAU
5	BOGOTA
2	[redacted]
1	BRIDGETOWN
2	BUJUMBURA
4	CAIRO
5	COLOMBO
1	CONAKRY
1	COTONOU
5	DACCA
4	DAKAR
5	DAMASCUS
6	DAR ES SALAAM
2	DJIBOUTI
1	FREETOWN
2	GABORONE
1	GENEVA +
3	GEORGETOWN
5	GUATEMALA
8	ISLAMABAD
8	JAKARTA
5	KABUL
3	[redacted]
4	KATHMANDU
3	KHARTOUM
1	KIGALI
5	KINGSTON
5	KINSHASA
2	LAGOS +
5	LA PAZ
2	LILONGWE
5	LIMA
1	LISBON
1	LOME
2	LUSAKA
5	MANAGUA
5	MANILA
2	MASERU
2	MBABANE
[redacted]	
3	MOGADISCIO
5	MONROVIA
3	MONTEVIDEO
12	NAIROBI
5	NEW DELHI
5	NIAMEY
[redacted]	
2	NOUAKCHOTT
3	NDJAMENA
3	OUAGADOUGOU
5	PANAMA
5	PARIS +
6	PORT AU PRINCE
2	PRAIA
2	QUITO
5	RABAT
3	ROME +
4	SANA
5	SAN JOSE
5	SAN SALVADOR
4	SANTIAGO
5	SANTO DOMINGO
[redacted]	
2	SUVA
6	TEGUCIAGALPA
4	TUNIS
2	[redacted]
4	YAOUNDE

CAPTIONS

5 GUATEMALA FOR USAID AND ROCAP

3 KARACHI FOR AAG AND IIS

2 NAIROBI FOR USAID AND REDSO/EA

5 PARIS FOR UNESCO AND USOECD

3 ROME ALSO FOR AID OFFICE FRIULI

+ INDICATES ADDITIONS TO AWIDE COMPUTERIZED

4/16/79

- POSTS -- 67 & 298 [redacted]

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~~CLASSIFICATION~~

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TABLE 1

COUNTRY GHANA

AID BILATERAL CALENDAR YEAR REQUIREMENTS FOR ORALS AND CONDOMS
AS REFLECTED IN ABS CONTRACEPTIVE PROCUREMENT TABLES

(000)

ANNUAL BUDGET SUBMISSION	1976	1977	1978	1979	1980	1981	1982	1983
ORALS								
FY 1977 - Tables Submitted May 1975								
FY 1978 - Tables Submitted May 1976	301	410	534	652	776			
FY 1979 - Tables Submitted May 1977								
FY 1980 - Tables Submitted May 1978		796	-	500	1,170	1,350	1,450	
FY 1981 - Tables Submitted May 1979				-	596	869	962	1,050
CONDOMS								
FY 1977 - Tables Submitted May 1975								
FY 1978 - Tables Submitted May 1976	1,979	2,569	3,363	4,637	6,110			
FY 1979 - Tables Submitted May 1977								
FY 1980 - Tables Submitted May 1978	98	-	550	1,700	1,750	1,800		
FY 1981 - Tables Submitted May 1979				2,001	2,001	2,533	3,090	3,380

TABLE 2

RELATIONSHIP BETWEEN FISCAL YEAR MONIES AND CONTRACT SHIPPING PERIODS
FOR CENTRALLY PROCURED CONTRACEPTIVE COMMODITIES

Fiscal Year Monies	Contract Shipping Period	
	Orals	Condoms
FY 1976 + TQ	From January 1977 through March 1978	From January 1976 through December 1976
FY 1977	From April 1978 through June 1979	From May 1977 through April 1978
FY 1978	From April 1978 through June 1979	From August 1978 through June 1979
FY 1979	From July 1979 through June 1981	From May 1979 through June 1980
FY 1980	From July 1980 through June 1982	From April 1980 through March 1981

COUNTRY GHANA

TABLE 3

IN-COUNTRY INVENTORY OF ORALS AND CONDOMS BY FISCAL YEAR

(000)

Contraceptive Commodity	FY 1977 (As of 1 October 1976)	FY 1978 (As of 1 October 1977)	FY 1979 (As of 1 October 1978)
Beginning Stock			
Orals (M/Cs)	*	*	*
Condoms (pieces)	*	*	*

* Not reported or not available

(000)

Iscal Years	Bangladesh	Ghana	Indonesia	Malaysia	Nepal	Nigeria	Pakistan	Philippines	Thailand
antity originally rchased with 1976 monies*	11,250	--	42,882	--	1,339	--	7,500	19,094	4,000
antity shipped om purchases made th FY 1976 monies	10,570	--	69,375	--	--	6	--	7,436	2,500
llar value of tual shipments	$ 1,579	--	$ 10,365	--	--	$ 1	--	$ 1,111	$ 374
antity originally rchased with 1977 monies	25,000	--	26,198	--	1,734	--	--	5,355	7,000
antity shipped om purchases made th FY 1977 monies	20,000	--	21,936	--	--	--	--	4,600	2,501
llar value of tual shipments	$ 3,130	--	$ 3,433	--	--	--	--	$ 720	$ 391
antity originally rchased with 1978 monies	25,000	--	--	--	--	--	--	--	--
antity shipped om purchases made th FY 1978 monies	5,011	--	19,386	--	--	--	--	--	2,501
llar value of tual shipments	$ 784	--	$ 3,034	--	--	--	--	--	$ 391
antity originally rchased with 1979 monies	24,949	--	64,634	--	849	--	--	--	3,163
antity shipped scheduled for ipment from rchases made with 1979 monies	24,949	--	64,634	--	849	--	--	--	3,163
llar value of tual and heduled shipments	$ 3,825	--	$ 9,601	--	$ 128	--	--	--	$ 450

[illegible] quarter

(000)

Fiscal Years	Bangladesh	Ghana	Indonesia	Malaysia	Nepal	Nigeria	Pakistan	Philippines	Thailan
uantity originally urchased with Y 1976 monies *	--	--	--	--	10,829	--	212,270	28,800	--
uantity shipped rom purchases made ith FY 1976 monies	--	--	--	--	10,829	--	212,270	28,800	--
ollar value of ctual shipments	--	--	--	--	$ 223	--	$ 4,211	$ 592	--
uantity originally urchased with Y 1977 monies	103,920	--	--	--	--	--	--	--	--
uantity shipped rom purchases made ith FY 1977 monies	103,920	--	--	--	--	--	--	--	--
ollar value of ctual shipments	$ 2,401	--	--	--	--	--	--	--	--
uantity originally urchased with Y 1978 monies	72,000	2,082	--	--	3,000	--	--	--	--
uantity shipped rom purchases made ith FY 1978 monies	72,000	2,082	--	--	3,000	--	--	--	--
ollar value of ctual shipments	$ 2,066	$ 55	--	--	$ 86	--	--	--	--
uantity originally urchased with Y 1979 monies	81,648	4,002	--	--	7,998	--	--	--	--
uantity shipped r scheduled for ipment from urchases made with Y 1979 monies	65,238	2,004	--	--	2,004	--	--	--	--
ollar value of ctual and cheduled shipments	$ 1,983	$ 57	--	--	$ 61	--	--	--	--

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979	1980 *
Bangladesh	11,250	11,999	13,012	5,001
Ghana	287	--	--	--
Indonesia	56,475	39,572	27,643	16,532
Malaysia	--	--	--	--
Nepal	750	--	79	--
Nigeria	6	--	--	--
Pakistan	--	--	--	--
Philippines	--	7,436	4,600	--
Thailand	5,701	1,875	3,751	3,163

* Reflects shipments scheduled through June 1980

(pieces)

TABLE 3

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979	1980 *
Bangladesh	51,840	64,080	78,000	47,238
Ghana	--	720	3,366	--
Indonesia	--	--	--	--
Malaysia	--	--	--	--
Nepal	7,229	1,500	3,504	--
Nigeria	--	--	--	--
Pakistan	134,338	--	--	--
Philippines	28,800	--	--	--
Thailand	--	--	--	--

* Reflects shipments scheduled through June 1980

AID BILATERAL CONTRACEPTIVE COMMODITY SHIPMENTS BY FISCAL YEAR

(000)

Country	1977	1978	1979 *	1980 *
Bangladesh	200	--	--	--
Ghana	--	40	--	--
Indonesia	--	220	200	400
Malaysia	--	--	--	--
Nepal	--	8	--	--
Nigeria	--	--	--	--
Pakistan	--	--	--	--
Philippines	--	--	--	--
Thailand	--	--	--	--

* Reflects actual shipments and scheduled shipments.

Attachment #7

(PD-AAC-109)

AN EVALUATION OF THE RETAIL CONTRACEPTIVE SALES PROGRAM GHANA - AID/pha/C-1145

A Report Prepared By:
DIANA L. ALTMAN, M.S.P.H.
STEVEN J. SAMUEL, J.D.

During The Period:
DECEMBER 1. THROUGH 26, 1978

Under The Auspices Of:
THE AMERICAN PUBLIC HEALTH ASSOCIATION

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF POPULATION, AID/pha/C-1100

AUTHORIZATION:
Ltr. POP/FPS: 3/10/78
Assgn. No.: 1100-090

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II	Previous Conditions and Current Status	6
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	B. Organizational Factors	7
	C. Project Design and Implementation	8
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	B. Product Pricing	21

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AN EVALUATION OF THE RETAIL
CONTRACEPTIVE SALES PROGRAM
GHANA - AID/pha/C-1145

I. SUMMARY OF RECOMMENDATIONS

COMMUNITY SUPPORT

1. Advisory Board

The Westinghouse contract should be modified by an amendment removing the requirement of an Advisory Board to the Project. Practice in Ghana is to pay for the services of such persons, and AID and USAID regulations preclude conforming to this standard. Several knowledgeable persons have expressed an interest in giving free counsel because of concern for the success of the Project. Their advice on an ad hoc basis should be sufficient to insure adequate input from relevant and influential Ghanaian interest groups. The Westinghouse Resident Manager should have the option, however, of forming a group to act in an advisory capacity if this is appropriate at some time during the life of the contract.

SUPPLIES

2. Contraceptive Supplies

AID and USAID donated supplies of contraceptives to the Project will probably be necessary beyond the Westinghouse contract period. While the Project may eventually become completely self-sufficient, a steady flow of products must be assured until the project shows clear evidence of producing enough revenue to cover commodity costs.

3. Unlabeled Condom Commodities

An effort should be made to secure from Akwell an agreement to produce a plain condom wrapper with no identifiable inner pack brand marking. This would eliminate potential consumer confusion and suspicion as well as help differentiate contraceptives supplied by the government for clinics from those supplied for commercial outlets. The same principle should apply to all products marketed by the RCS project whenever possible.

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RESEARCH AND EVALUATION

4. Record Keeping and Controls

The requirment for detailed records of retail sales should be modified. Careful monitoring of sales through the small retailers dominating Ghana's current market system would be prohibitively expensive. Since estimating smuggling traffic is difficult, an effort should be made only to determine whether the volume of smuggled products is substantial or relatively minor.

5. Marketing Research

Sufficient funds should be made available for additional marketing research shortly after sales launch and before transition to GNFPP. This will allow informed decision making on the most effective marketing mix for the ongoing program.

DISTRIBUTION

6. Vending Machines

Vending Machines do not seem appropriate for the Ghanaian market, and it would be preferable not to approve this sub-project. Any funds available for this activity would be more effectively applied to promotion and advertising for the RCS project.

7. Household Distribution

Household distribution would be most useful if implemented as soon as, or shortly after, products become available on the market. About seventy-five people will be needed for wide geographical coverage in this sampling/educational effort. The Director of the GNFPP has generously offered the use of his fieldworkers to complement those which will be recruited by the RCS project. This is an excellent and economical cooperative venture which should be vigorously persued. Household distributors will be maximally effective if they receive brief, special training by RCS staff, can operate full-time for three or four weeks, and are given adequate incentive payment.

PACKAGING AND PRICING

8. Packaging of Foaming Tablets

Informal tests of the utility of single tablets, boxes of six and tubes of 20 is desirable. This would facilitate pricing/packaging decision making and could lead to the conclusion that a broad packaging mix is necessary to satisfy all levels of consumer demand.

9. Pricing Policy

In light of a currently fluctuating economy and the importance of self-sufficiency for project continuation, there should be flexibility in determining the need for price increases during the contract period. If anything, launch prices are low. There should always be, however, a meaningful price differential between the same products sold by GNFPP through clinics and through the RCS project.

ADVERTISING AND PROMOTION

10. Oral Contraceptives

Current promotion is limited to posters in pharmacies and newspaper ads which feature all RCS products together. If enforcement of restrictions on oral contraceptive advertising continues to be applied flexibly, additional promotion is advisable. The experience gained from a large number of RCS projects in many countries demonstrates that advertising is a crucial factor in effectively creating consumer demand for, and in providing information about, contraceptive products.

11. Additional Funds for Advertising

Funds available to the project as a result of devaluation of the Cedi, or from other sources, should be applied to the advertising budget (which is currently low). While the present campaign is well designed, it would benefit from additional promotional methods which are underdeveloped for lack of funds.

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12. Generic Advertising of Family Planning

Generic advertising of family planning by the GNFPP would greatly enhance product advertising by the RCS project. This approach in other countries has demonstrated the synergistic effect of this approach in strengthening the entire family planning program.

13. Retailer Training

An effort should soon be made to develop a product information program for all retailers beyond the booklet already prepared by the project. It is clear, however, that the nature and inaccessability of many retailers will limit the scope of this aspect of the project. Nevertheless, similar efforts elsewhere have shown that special attention to retailers has increased their support and strengthened their role as integral part of a RCS program.

PROGRAM TRANSITION

14. Post Contract Period

The GNFPP is primarily responsible for the RCS project as part of the GOG's overall family planning program. Its demonstrated expertise and function, as a public sector arm, lies in policy making, coordination, and monitoring the programs of a government agency. As such, GNFPP carries the very heavy responsibility of overseeing all family planning activities in Ghana. The operations of functionaries, such as the Planned Parenthood Association of Ghana, are performed within the policy guidelines set by GNFPP, but these functionaries utilize their special talents to carry out activities in which they have experience and special skills. Thus, more can be accomplished and the burden of carrying out day-to-day tasks is shared. It appears that a continued similar division of responsibilities would best further the aims of the GNFPP's RCS Project when the advisory role of Westinghouse comes to an end.

The success of a RCS program strongly depends on the expertise, training and experience of those familiar with the business community-the sector from which the program derives its basic principles and in which it daily operates. The cornerstone and elements most critical to continuing success of a RCS program are distribution and promotion.

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They are, at the same time, the most time consuming and demanding. Consequently, it is recommended that after the contract period the GNFPP continue to act as overseer and policy maker but delegate daily operation to organizations which have the structure, experience and private sector skills necessary for smooth functioning. If they continue to perform satisfactorily, the present contractors, DANAFCO and Lintas, appear to be logical candidates since they will have developed considerable experience with the RCS project during the Westinghouse contract period.

Coordination would be best achieved through liason between the designated GNFPP counterpart and an experienced project manager based at DANAFCO or the chosen distributor. Physical presence at the headquarters of the distributor will enable the product manager to carefully monitor product packaging and movement and will provide a familiar setting for project related business contacts. To ensure a smooth transition, this person should be hired from the private sector well before January, 1980. He will then have the benefit of working closely with the Resident Manager, the staff of GNFPP, and other parties in the RCS Project prior to transition. Funds to cover the project manager's salary beyond the Westinghouse contract may come from price increases to allow a higher margin for the distributor, from present project funds, bi-lateral assistance, or some combination of these.

II. PREVIOUS CONDITIONS AND CURRENT STATUS

A. Environmental Factors and Constraints

Project Delays. The commercial sales project in Ghana has been affected by delays since signature of the contract in July 1976. During the first year, the project was held up because of difficulties related to GOG official approval of the project. Assessment of this matter does not fall within the scope of this evaluation. AID has had similar experiences with commercial sales programs in other countries, and there are indications that AID plans a different approach for future projects which will promote a clearer understanding between AID, USAID, and host governments on the nature, objectives and design of these projects.

During the year and a half since arrival of the Westinghouse Health Systems' Resident Manager, a fluctuating economy has prevailed, and private and public sector services, including distribution systems and communications, have been disrupted. This situation is bound to have an impact on the normal functioning of the Retail Contraceptive Sales (RCS) project. John Hayes, the Resident Manager, accurately and successfully described the present system as aprt of a status report to this evaluation team (see Appendix A).

Specific events have prolonged launch until December, 1978. Delays related to loss of the first condom shipment are known by all parties. Unavailability in Ghana of some supplies basic to the project -- ink, paper printing plates, paint, etc. -- has obliged Westinghouse to import these and other products. Most recently, a local printer's failure to meet a promised deadline caused a delay on final packaging for scheduled mid-November launch. The requirement by GNFPP of their review and/or approval for many decisions, while a recognized prerogative, tends to delay more rapid progress on the project.

Communications, both international and in-country, have been strained. International phone communications are difficult, and local phones experience frequent disruption in service. (The Resident Manager has not had a working business phone for over eight months). Though cable traffic is somewhat better, mail exchange takes several weeks. It is noteable that reports from the field, clearances, and approvals have been expedited as quickly as they have.

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Ghanaian law classifies oral contraceptives as a prescription drug (Class A) and, therefore, prohibits their advertisement or sale outside the traditional medical channels (hospitals, pharmacies). However, efforts are being made to have this varied, and to open other avenues outside medical channels for their advertisement and sale. This move should be persued vigorously as it will aid sales and promotion of oral contraceptives.

Discussions with several persons regarding the reaction to the project of religious, medical, and women's groups led us to conclude no serious threat of backlash exists. There seems to be consensus that the religious climate in Ghana has become more liberal toward family planning over the years. Physicians and pharmacists, too, likely will make fewer objections, especially if the requirement for prescription for orals is not openly or officially challenged. Support from womens' groups can be exptected, provided that project personnel are sensitive to misconceptions and fears about oral contraceptives, specifically those related to future fertility, adverse (and sometimes mythical) side effects, and rumors of the experimental use of drugs on Ghanaian women.

B. Organizational Factors

Home Office Support. Westinghouse/Columbia appears to be doing an acceptable job in backstopping and keeping the Resident Manager informed of contract requirements in which he directly plays a role. Necessary approvals and clearances appear up to date. Overall, we were impressed with the cooperative spirit, good working relationships and support shown by most of the individuals from the agencies necessary to make this project succeed.

While the GNFPP may have had some initial reservations regarding this project, these appear to have been cleared up. This is especially important since GNFPP support and approvals are crucial to the project's implementation and success. Early skepticism over the need for the appropriateness of a full-blown marketing project appear to have given way to interest in the potential of the project as an important contributor to the success of the overall family planning program. While Ghana's current economic and political problems have claimed the attention of many GOG officials in recent months, it is expected that with amelioriation and clarification of the present situation even more support from GNFPP will be evidenced in future months. The friendly, easy relationship between GNFPP personnel and the Westinghouse Resident Manager further strengthened this expectation.

USAID Contractor Sub-Contractors. Support for the project at all levels in USAID personnel was clearly evident. The quality of working relationships between Westinghouse and DANAFCO and Westinghouse and Lintas is attributable to the obvious competence, professionalism, and experience of the management of all three. Since good distribution and advertising are central to success under Westinghouse and after expiration of the contract, the fine reputation and anticipated performance of these two companies should constitute a strong recommendation for the GNFPP to continue using them after termination of the Westinghouse contract.

C. Project Design and Implementation

Marketing. The marketing plan developed by Westinghouse is well conceived. Appropriate programatic revisions reflecting the rapidly changing situation in Ghana have been made. A plan for marketing foaming tablets (a recently added product) is in process and is near completion. During the evaluation, we focused on the following areas of the marketing program: 1) targets and supplies; 2) market research and sales control/evaluation; 3) distribution; 4) parkaging; 5) pricing; and 6) advertising, promotion and training.

Targets and Supplies. Logistics for importation of the three products to be used in the project seem to be well planned. Discussions between the AID Program Monitor and the USAID Population Officer during the team visit clarified remaining commodity needs and scheduling. Sales projections for condoms over the remaining 13 months of the contract remain at those originally targetted for 27 months, namely 55,555 gross, oral contraceptives have been increased from 315,000 cycles to a maximum of up to one-half million. Projections for sales of foaming tablets are being formulated, and AID plans to ship one million tablets to Ghana for the Westinghouse Project by mid-December, 1979. It is also possible that an additional 1,500,000 tablets will be diverted to Ghana from El Salvador.

Market Research and Sales Control Evaluation. Initial market research has been completed satisfactorily. During the set-up period, a small KAP type study, tests for brand names, package preferences, and tests for negative reactions to advertising themes were undertaken. A bank account has been established for holding sales revenue. DANAFCO's inventory control system is excellent, and its system for recording sales is adequate (by individual outlet for orals and total sales for each condom brand). Westinghouse has designed a system of reporting to AID (apparently still unapproved) which seems more than reasonable, given conditions in Ghana.

Distribution. DANAFCO, the subcontractor for distribution of the four products, has an extremely impressive operation. In addition to very competent management personnel, their warehousing and packaging facilities are excellent, and they maintain a distribution network from four major cities (and arrangements with another firm in a fifth) which includes warehousing, personnel, a company and van. At least six trucks are always available for use to these distribution points from the central office

Household Distribution. Plans are in progress for product sampling and the gathering of consumer data through a household distribution component. Household distribution will be underway in early 1979. The present proposal, as suggested by GNFPP, is to use GNFPP fieldworkers in a commendable cooperative venture, with needed additional workers (for a total of up to 75) to be temporarily hired by Westinghouse. After a short training period, these household distribution workers will operate in a test field situation for three to four weeks, and for a similar time period later in the year.

Vending Machines. A test of vending machines as a distribution method is being considered for some time during the contract period, but is considered a low priority adjunct to the main distribution effort.

Packaging. Packaging materials for oral contraceptives and two condom brands have been designed pretested, and produced. All should be in the hands of DANAFCO for final packing the week of December 11. Packaging design for foaming tablets has been completed, will be tested soon, and will go into production in time for arrival of commodities. Adequate consumer input into package and brand names selection appears to have been elicited. All packs will include instruction sheets.

Pricing. Pricing policy for three products has been established and is virtually resolved for the fourth. Launch prices are 5 pesewas each for low-priced Panther condoms; 60 pesewas for a pack of the quality condom, SSS (6 to a box); and ¢1,00 per cycle of Floril, the oral contraceptive product. The tentative price for Coral, the foaming tablet, is 60 pesewa for a box of six. These prices are above those of the GNFPP products distributed by the Ghana National Trading Corporation (10 p. per condom and 20 p. per cycle of O.C.), but GNFPP is also considering raising its prices because of inflation.

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Advertising, Promotion and Training. The advertising campaigns developed for pre-launch and launch are well designed for an initial low-key approach. Lintas, the agency holding the subcontract and one of the larger agencies in Ghana, has wide experience, including past campaigns for the GNFPP. The company is managed by a Ghanaian who is competent to handle full advertising backup for the project. All advertising and promotion has had full approval of GNFPP. The materials produced thus far are well executed although some lack dynamism, a concession to the need for a conservative beginning. For the moment, product specific radio spots, newspaper ads, p-o-p posters and plastic "canopies" will promote both condom brands, and 90 bill-boards are booked for the SSS condom campaign. Legal restrictions limit promotion of Floril to poster which will be placed in pharmacies, hospitals, and clinics and to newspapers ads which combine promotion of Floril, SSS and Panther as family planning products. A campaign similar to that for SSS is planned for Coral, the foaming tablet. These product advertising "packages" are scheduled to run until June or July of 1979.

Several other promotional ideas had been planned (i.e., bumpter stickers, bus painting) but were temporarily shelved due to lack of funds. As with similar projects in other countries, the advertising budget for this project is not large enough to allow for full, creative advertising campaigns. Unanticipated expenses related to advertising (i.e., import of ink, paper, paint, plates) have further diminished the budget. While the project's campaign is among the largest in Ghana today, past consumer product campaigns in better times have spent as much as eight times more money.

Two questions about campaign strategy were raised in the evaluation. First, the Florial advertisement consists of an endorsement by a family planning nurse, whose picture is displayed on posters. While nurses are certainly acceptable authority figures, this choice also unnecessarily calls attention to the association of oral contraceptives with side effects and the prescription requirement. We were satisfied with the judgement made to use a nurse initially in order to establish product acceptability. Given the desire to make oral contraceptives widely available and less subject to fears of side effects, another approach may better serve the project at later stages. Second, only SSS ads will be displayed on bill-boards. Since bill-boards will reach the semi-literate, lower economic target market better than news print (or even radio perhaps), Panther ads might have been a better choice. We were nevertheless satisfied with the judgement of Lintas, based on its experience and market research in choosing SSS, that the attributes of the quality product would perceptually filter down to the less expensive condom.

Retailer Education. Training of retalers is centered around a long booklet still in the development stage. Other than the training planned for household distribution field workers and the informational mailings to doctors, pharmacies, and members of the Womens' Marketing Association (strictly speaking the mailings are not training materials), no specific materials for providing product information to sellers have been developed.

III. OPERATIONAL PHASE: DECEMBER 1978 - END OF CONTRACT PERIOD

A. Environmental Factors

Economy. A variety of economic factors will likely continue to impinge on the project for the foreseeable future. These will affect prices for project supplies, smuggling of products across neighboring borders, product hoarding, and price instability. These factors plus anticipated brakes on program maturation to a full-blown system make long range planning and prognostication difficult and latitude for necessary adjustments imperative. Thus, dysfunctional and erratic behavior in the marketing system will require that the plan for marketing the four products be flexible.

Law. Although we see little likelihood of changes in the laws related to oral contraceptives, the prescription requirement is not always observed in Ghana, and Class A products, including oral contraceptives, are at times sold by non-pharmacy retailers. We anticipate similar leakage of Floril into the distribution network. The principal legal inhibitor is the law prohibiting advertising of Class A drugs. However, current enforcement practices allow some newspaper advertising of Floril. This is extremely encouraging since the demand creating function of promotion is unquestioningly critical to success of the oral contraceptive component of this or any RCS project.

Community Support. Project plans to mail information and letters to medical and pharmaceutical associations and to contact women's organizations and religious groups will help prevent negative community reaction. In fact, some of these groups may be counted on for support. Pharmacies are poorly stocked on all manner of drug products, and a reliable supply of attractive (physically and financially (products should be welcomed. Womens' groups (most are affiliated with the Ghana Assembly of Women) are well organized in Ghana, where women have always enjoyed some economic power and social status (most traders are women and family ties in many areas are matrilineal). Although large families are still the norm, more and more women (and men) from all socioeconomic strata feel the burdens of providing food, clothing and costs related to schooling for children. "Mammy Traders," organized into the Market Womens' Association, are a powerful group whose daily lives revolve around buying and selling. These small traders are likely to be interested in well advertised and predictably supplied products.

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Non-TCS Project Distribution and Sales. The GNFPP clinic program, will continue to offer Blue Lady orals, bulk packed Thiti condoms, Emko foam, and, when they arrive from AID, vaginal foaming tablets. The same products are distributed for the GNFPP retail program by GNTC, the official government distributor/retailer. But their record on movement of product to their own stores and private outlets has not always been good and the results of this retail sales venture should not be taken as any predictor for the current RCS project. Shortly before the end of 1978, for example, GNTC requested 5,000 gross of condoms from GNFPP warehouses, the first since 8,000 gross were taken approximately four years ago. In GNTC's largest retail store in Accra, we observed over 200 gross of condoms, but more were visible in GNTC stores in towns as close as Nsawam and Suhum (35-50 Km from Accra). In fact, it is impossible to determine how much product the GNTC has distributed or is still holding since record keeping is inadequate for evaluation.

All GNFPP supplies, both in clinic and GNTC stores, are sold at prices below the RCS project's products, and none are packaged or branded. The USAID supplied condoms actioned by customs earlier in the year are now appearing on the market in small quantities, but there is some evidence that some were smuggled to Togo, where the going price is 3 per US $1.00. No private companies have import licenses for condoms at present and none, other than AID and PPAG supplies, have come into the country for serveral years. Until recently, no private companies were importing oral contraceptives either, but Schering A. G. now has obtained import licenses for five of its products which will be marketed from ¢ 4.50 to ¢ 7.00; far above the RCS current or future prices. In short, although competing products are on the market, they are not advertised, are poorly distributed or very high priced.

B. Organizational Factors

Increased support for the RCS project evidenced by the GNFPP in past months shows every sign of continuing. Although there was a cautionary concern about not evoking adverse reactions to the project, peronnel of the GNFPP are anxious to have the RCS project successfully complement their present programs through wide coverage to retail outlets. We feel the project can market a significant quantity of products over the next 12 to 15 months and make a very important contribution to the overall family planning effort in Ghana. This should reinforce the GOG's committment to an on-going program under a workable organizational arrangment.

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In part, this bright future results from the support from USAID and AID. The competence and past performance of individuals in these agencies and Westinghouse make us feel confident that most problems which will arise during the year can be resolved expeditiously. Special mention must be made of the outstanding abilities of the Resident Manager, John Hayes, for his patience, diplomacy, persistance and energetic enthusiasm. In spite of his many responsibilities and daily burdens, he has organized his working conditions for efficient management. At the moment, he does not appear to need local hire assistance for routine tasks. Additional USAID assistance with a few minor details would be helpful (i.e., xerox facilities, transport and communication). As more components are added to the project, such as household distribution and vending machines, a local hire may become necessary.

Lintas and DANAFCO are well suited for the growing role their subcontracts play in this project. Years of experience in the Ghananian private sector, and to or so years of working under the present subcontracts, should provide a solid foundation for GNFPP's evaluation of their continuing contribution to maintaining the momentum of the marketing project after Westinghouse leaves.

C. Project Implementation

Supplies. No problems with supplies are foreseen during this period. Even if the targets are exceeded, the GNFPP should have sufficient inventory. It will receive additional supplies in 1979) which can be used in the RCS project (except for non-colored condoms, which are used only in this project).

Market Research and Sales Evaluation. A reasonably good record of sales and outlets can be expected in light of DANAFCO's fine record keeping system and the Resident Manager's experience. A better record of oral contraceptive sales can be expected than for condoms, since the latter will filter down the distribution chain to hawkers, Mammy Traders, and even traditional healers. Outlets can be pinpointed by type; i.e., pharmacies, large retail, and all others, within the approximately 9000 anticipated outlets -- 315 pharmacies, 3000 shops of all sizes, 1000-3000 Mammy Traders, and 3000 traditional healers. Record keeping for sales from these outlets is limited or impossible since this practice is both unknown and suspect among small retailers in Ghana. A modified record keeping system suggested by DANAFCO and John Hayes will provide rough estimates of sales and is more appropriate to market conditions.

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Evaluation and KAP. Another KAP is scheduled for mid-year. This may be superfluous since the World Fertility Survey will be gathering data in 1979. Information specific to better marketing of the four products would be far more valuable than a WFS or KAP oriented study, and, indeed, may be a prerequisite to final modifications in the marketing design prior to transition.

Distribution. DANAFCO is confident that wide distribution will be a reality before too many months. They will truck packaged product to their warehouses at Kumasi, Sekondi, Koforidua, and Hohoe. Wholesalers and retailers will come to these points and to the warehouse in Accra to purchase supplies. Because of the heavy demand for nearly any products by retailers, a large portion will be sold to buyers coming directly to warehouses, who will then divide their purchases and resell to smaller buyers. Initially, heaviest sales will be in the Accra/Tema area, where one out of every two sales occur and where, because of extreme shortages, many retailers regularly come from upcountry by bus to buy supplies. DANAFCO will actively distribute by van (one at each of the four regional warehouses), in spite of the present "scavenger" distribution, in order to assure more even and stable distribution. In the first weeks, and until there is assurance of an even flow of packaged supplied, DANAFCO will sell on an allocation basis. As much as possible, the flow of goods will be scheduled to prevent hoarding and price increases, although this is probably inevitable in the first few months. This means, of course, that initial sales figures will be skewed as merchants attempt to buy up as much product as possible under the present shortage/inflation situation. This should straighten itself out during 1979 as the project matures.

Other Sales Outlets. The Resident Manager has plans for distribution outside the formal chain handled by DANAFCO. The Market Womens' Association will be contacted and support elicited from he local market "Queens" or "Queen Mothers," poweful women who set prices, control the flow of goods, sometimes own trucks, and often contract with farmers and craftsmen for exclusive rights to their products. Individual Mammy Traders belonging to this association are the shrewd, small entepreneurs of Ghana, who daily earn a few Cedi turning over any product they can sell. They should be a vital sales force for the RCS project. Lottery ticket sellers, whose multi-colored stalls are ubiquitous in Ghana, might become retailers of condoms if government controlled management can be persuaded to cooperate. Midwives are another possible selling community, although officially they cannot handle orals. Perhaps the most intriguing of all are the traditional healer who have a formal association, regional chiefs, and are said to number up to 3000.

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These men, native healers trained in the ancient practices and traditions of animism, are consulted and respected by the majority of Ghanians. They counsel on a wide variety of physical and spiritual aliments, including sterility and impotence, and sell elixers, herbs, salves and pills for cures. The promise of sufficient profit should make these herbalists more than happy to add condoms to their product line.

Household Distribution. The household distribution component will start somewhat later than originally planned. The GNFPP has volunteered to supply its fieldworkers, to distribute samples, and to gather consumer information, but details on training, compensation, and scheduling await a decision by the Executive Director. Although we commend this cooperative move, the impact of this component will be attenuated if it is not implemented soon after product launch. In any case more manpower will be needed in addition to the GNFPP fieldworkers, and the Resident Manager is encouraged to hire in this temporary staff as soon as possible.

Vending Machines. The addition of vending machines to the distribution methods is now scheduled for sometime in 1979. Experience with such machines in Ghana is limited to cocoa vend machines set up the Cocoa Marketing Board. These generally are not operating or are torn apart for useable parts and coins. Experience with vandalism of public telephones is the same. This record, plus the complexity and expense of arranging for the set-up, maintenance, coin collection, and resupply of vending machines, leads us to question the advisability of this approach in Ghana. If any vending machine project takes place in Ghana at all, it would be prudent to begin with a test period using a modest number of machines (fifty or fewer) in an urban area where they can be easily monitored. If this sub-project does go forward, the local hire of someone who can handle the many details of daily operation of vending machines is imperative. The Resident Manager simply does not have time to manage this aspect of distribution.

Packaging. We envision no changes in the packaging of Panther, SSS or Floril, although at some time, when prices become more stable, a fixed price may be printed on all products (none is on Floril now). Foaming tablets, branded Coral, will be sold six to a pack in boxes the same size and shape as SSS. Advertising and promotion also will be similar to SSS. Although the decision to begin sales with the six tablet box is a good choice for initially putting the product into the market, there is room for testing different quantities, prices and packs. There is some desire to test market a 20 tablet tube if this can be supplied by AID; and we feel a test of demand for unbranded, low priced, single tablets might prove that single sales may be popular.

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Brand Name. This project may experience problems with consumer suspicion regarding a product with a brand name different from that on the inner wrap or card pack -- and one which is idential to a less expensive item distributed by clinics and the Government trading corporation. The Ghanaian consumer is not an unsophisticated buyer, and this suggestion of duping the consumer could have negative repercussions for the entire project.

Price. In light of the program goal of self-sufficienty, the current prices on the three products (and presumably on Coral, too) will probably have to be raised. Proposals for raising prices are presently under discussion with GNFPP, which will have to approve any increases. Appendix B is an example of the elements which need consideration in arriving at a pricing policy; these figures are not current and are illustrative of the process.

Advertising. The advertising campaigns developed for pre-launch and launch have been discussed in Section II. Revisions of the present product campaigns are planned for June/July following the KAP-type survey. Since advertising and promotion are the heart of this project, we are disappointed that more money was not allocated and that, as a result, Lintas and Westinghouse have been seriously hampered in planning the campaign. The advertising budget has also been affected by the increased cost of importing ink, paper and plates. Even if new promotional ideas cannot be developed now greater, more frequent visibility of what has been designed would be efficacious for increasing sales.

Research specifically geared to determine advertising effectiveness is costly, but some small, more modest tests to gain information on effectiveness of various media, themes, and promotional techniques could be most beneficial.

Devaluation of the Cedi a few months ago has resulted in unexpected monies now available in the budget. AID should resist any temptation to hold back equivalent dollars or see this as a savings to the contract. Most of these funds should go toward raising the budget for advertising. Ghanians are used to seeing advertising for many products, and competition for attention is keen. In the past, companies selling high profit goods spent many fold what Westinghouse has allocated to product advertising. The combination in Ghana of standard heavy advertising, a superb advertising agency, well conceived products, excellent distribution potential, and a sellers market would make penny-pinching on advertising/promotion inappropriate. The RCS products have the potential for becoming the best known products in the country.

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This potential would be even better realized if the GNFPP expanded its present plan for promotion. At present, GNFPP concentrates on promoting family planning during Family Planning Week. A generic advertising campaign on family planning by GNFPP would significantly increase the impact of product advertising by Westinghouse. While no such campaign is planned by GNFPP, money seems to be available within the GNFPP for such promotion.

Retailer Training. Some form of education for retailers is important. Training materials in addition to those already developed would be helpful, especially for salepersons in pharmacies, chemists and small retail outlets. It is, however, important to recognize the difficulty and expense involved in reaching and training the persons who will distribute these products. Although intensive training is limited by wide geographic coverage, transportation problems and lack of funds, provision of information, and promotion to retailers can develop this segment into a large cadre of merchant outreach workers.

Transition Period. It is not too early to begin planning for transition and ongoing operation of the project beyond the Westinghouse contract period. Marketing, with its many complex components, is a relatively new concept to all family planning programs. No one expects those who have developed the skills necessary to function well in the public sector to have the depth of knowledge on market processes which established commercial figures and their personnel pos[illegible] Distribution, advertising and marketing research are [illegible]s critical to successful product sales, and these need cons[illegible]onitoring and responsive adjustment. Experience with similar programs in other countries is building, and it is becoming clear that continued success is best assured when an initial, solid organizational framework is left in tact, and day-to-day management is placed with persons trained and well versed in private sector business operations.

While it certainly is not the role of this or any other assistance projects to determine project organization, it would be a disservice the GNFPP to overlook or dismiss elements crucial to continued advancement of the project

Ideally, through a process of concensus, a project organizational design could be developed which would allow each agent to implement that aspect best suited to its skills. This may mean, for example, allocating daily, routine management to DANAFCO and Lintas, or other like agents chosen by GNFPP, while GNFPP assures overall responsibility for policy making, coordination and administrative oversight. It would be prudent for GNFPP, USAID, and AID to begin discussions about such organizational aspects in the near future.

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APPENDIX A

MARKETING IN GHANA

* * *

Most retailers in Ghana are women. Known as "Market Women" or "Mammy Traders," they handle somewhere in the neighborhood of 85% of Ghana's consumer sales, the remainder being handled through medium size departmental stores and small "supermarkets."

In better times, there was enough of a supply of goods, and enough resultant competition, that prices and wholesaler and retailer margins were fairly standard. There was an almost standard mark-up of 33 1/3% from wholesaler to retailer, and from retailer to consumer. Shortages of goods, inflation, and a complete lack of confidence in the country's currency have changed all this, and pricing all along the line is now more or less "what the traffic will bear."

Most manufacturers and suppliers of consumer goods operate a "wholesale" store right on their premises, and at depots in the barious population centers in Ghana. (Kumasi, Kororidua, Hohoe, Sekondi-Takoradi, Bolgatanga.)

Wholesalers purchase from these points, as well as large and small retailers. Sales are for cash, and must be in "wholesale" quantities.

Retailers who are so located as to be unable to get to these points are serviced by the manufacturer's trucks and salesmen in part, and also by what might be called "independants." Much of Ghana's transportaiton is supplied by "tro-tro's' - small truck chasis fitted with rows of seats, and with roof racks for carrying merchandies. Many of these are driver-owned, and others are "fleets" - the owner having a many as four or five such vehicles and hiring drivers to operate them.

These drivers operate as independent businessmen, purchasing goods in bulk along their routes, and selling the goods at destination. Much of Accra's produce, for example, reaches the market in this way. A driver operating from Koforidua to Accra, for example, passes through villages where fruit and vegetables are grown. He purchases along the way, and on arrival at the "tro-tro" Terminal in Accra is met by Mammy-Traders who buy from him, and then resell at their little stalls, stands, or from the top of their heads.

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Soap, cigarettes, razor blades, candy, biscuits - and our own commodities- are, and will be sold in this manner. In addition, the distributor's wholesale stores are visited daily by any of the market women, who buy whatever they see on whch they belive they can make a profit.

As a closing illustration - DANAFCO (The CRS Project distributor) like everyone else in Ghana is short of raw materials. They have always produced their own plastic bottles, jars, etc. for their proudcts, and recently have developed a sizable business, almost inadvertently, in half-litre plastic bottles. Mammy Traders buy these at the facotry, and then sell them to vendors of palm oil, plam wine, bush gin, etc., as containers for their products!

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APPENDIX B

September 11, 1976

Dr. Augustus A. Armar
Executive Director
Ghana National Family Planning Programme
Accra

Dear Dr. Armar:

Recent major changes in Ghana's economy make it necessary to review commodity pricing for the CBS Project, both at the present time, and as a prognostication for the time when the project is administered and operated solely by the GNFPP.

Retail prices for the commodities included in any CBS Program must be based on two premises:

1. They must be such that the products are available to and affordable by the majority of the population, and

2. the whole structure must be such that the many individuals and entities involved in the marketing process earn a reasonable profit for their efforts. While no such program is designed to become a viable business operation, there must be funds available to the management (whether GNFPP or a contractor working in conjunction with GNFPP) to cover operating costs and provide some additional discretionary funds for use in strengthening the project. We can never assume that outside sources will support the CBS Program (other than with donation of commodities) nor that the government will make funds available, in addition to those already earmarked for non-commercial efforts.

With that in mind, the pricing structure must be reviewed in light of changes brought about by revaluation of the Cedi - changes in local costs such as minimum wage - and changes in the whole retail price structure brought about by the above.

The following costs will always be a part of placing CBS Program commodities on the market, and determining their retail price. As such they are "constants" although their individual content and influence on final price may change from time to time, and so affect retailt price:

1. COST OF THE PRODUCT - This, fortunately, is not applicable, nor should it be in the future. We can safely assume that products for the CBS Program (condoms, oral contraceptives, foaming tablets) will continue to be supplied free of charge.

2. DESIGN AND DEVELOPMENT COSTS - At this point these costs have already been incurred, and need not be taken into consideration for future pricing calculations. For example, the CBS Project and the GNFPP now own four brand names, package designs built around these names, research studies which developed the names and designs, texts for instructional material to be included in the packages, etc. Future costs will only be those involved in reproducing additional copies of these materials.

3. COSTS OF PRINTING AND REPACKAGING MATERIALS - Items such as paperboard for packages, printing plates, cutting dies, inks, etc., none of which is available in Ghana, and all of which must be imported and paid for with hard currency. Changes in the exchange value of the Cedi

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will affect these costs.

4. COSTS FOR PRINTING AND REPACKAGING - All of the work involved here will be performed in Ghana, and costs are thus not directly affected by exchange rate fluctuations. Costs will be affected, however, by changes in minimum wage, wage increases due to cost-of-living increases, etc.

5. DISTRIBUTION COSTS - What the distributor selected expects to earn for handling the products. Includes costs for warehousing finished product, distribution to retailers by truck fleet, over-the-counter sales at factory stores, etc. Commodities for the CRS Project are distributed on a "consignment basis." The distributor receives and holds the products, not paying for them until he has sold them to wholesalers or retailers. The amount he retains of this price is usually, in Ghana, 50%.

6. RETAILING COSTS - Normally, in Ghana, 33 1/3 % of the price to the consumer.

7. ADVERTISING COSTS - The current CRS Project contemplates a heavy advertising campaign just prior to launch of products, and continuing for at least a year thereafter. After this period, some sort of continuing, sustaining advertising campaign must be provided. Costs for this program would have to come out of the project's income. The need for such a program is indicated on the pages that follow, although no figures are given at this time.

8. ADMINISTRATIVE COSTS - The salaries and benefits of those directly involved in operating the program. Again, these are not included as figures, but the need for these costs is indicated on the following pages.

The basis and assumption for each projection that follows is stated at the top of each page. Without too much "star-gazing" they attempt to take into account the changes that could take place in Ghana's economy over the next few years. To simplify the mathematics projections are based on costs and income from sales of 100,000 "units" of each product, i.e.,

100,000 boxes of 6 each SSS Condoms.
100,000 individual PANTHER Condoms.
100,000 cycles of FLORIL Oral Contraceptive.

At this time we have no information about the Foaming Tablet which is to be added to the CRS Program. Figures for this product will be calculated in the same way as the others once we have more facts.

For further simplification, the eight cost categories listed above have been broken down into three groups for future projection. These are:

GROUP I. - Materials which of necessity must be imported and paid for in hard currencies. Devaluations of the Cedi make it necessary to use more Cedis in such transactions, and the retail price is accordingly affected. (Category 3.)

GROUP II.- Materials and services purchased locally, and paid for in Cedis. These costs will increase as wages increase.

GROUP III.- Distribution and retail costs. Paid in Cedis, these costs require no foreign exchange. They are expressed as percentages of the wholesale and retail prices, and while the percentages will remain constant, the amounts they involve will increase as the amounts in Groups I. and II. increase.

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Ultimately, all of these costs must come out of the final retail price, and we are perhaps fortunate that the changes contemplated by the Government of Ghana, and their effects on the economy will cause an increasing rise in retail prices. This the consumer and purchaser of our products will not be shocked at such time as he has to pay more for them, as he will be paying more for everything else.

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SITUATION "A" - Basis: No assumptions. The following are current actual cost figures, and recommended retail prices for product launch. Many of the costs have already been paid, and those unpaid are covered by subcontracts and are not expected to vary. All figures are in Cedis.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Retail sales price - 60 pesewas per box.

✡ Printing and Packaging Materials	2,784
∅ Printing	2,990
∅ Repackaging	4,004
∅ Instructional Insert	1,725
∅ Dispensers	2,795
Cost of packaged goods ready to distribute	14,298
+ Distribution Cost	20,000
+ Retailer Profit	20,000
Total cost of goods sold	54,298
Gross income to program (100,000 @ ¢.60)	60,000
Net profit to program	5,702

PANTHER CONDOMS - 1,000 boxes of 100 each. 100,000 condoms @ 5 pesewas each.

✡ Printing and Packaging Materials	176
∅ Printing	34
∅ Packaging	46
∅ Instructional Insert	432
Cost of packaged goods ready to distribute	688
+ Distribution Costs	1,650
+ Retailer Profit	1,650
Total cost of goods sold	3,988
Gross income to program (100,000 @ ¢.05)	5,000
Net Profit to Program	1,012

FLORIL ORAL CONTRACEPTIVE - 100,000 cycles, individually packaged, at ¢.60 per cyc

✡ Printing and packaging materials	2,865
∅ Printing	3,001
∅ Repackaging	4,485
∅ Instructional Leaflet	2,185
∅ Dispensers	1,955
Cost of packaged goods ready to distribute	14,491
+ Distribution Cost	20,000
+ Retailer Profit	20,000
Total cost of goods sold	54,491
Gross income to program (100,000 @ ¢.60)	60,000
Net Profit to Program	5,509

✡ GROUP I. COSTS. Payable in hard currency
∅ GROUP II. COSTS. Payable in Cedis.
+ GROUP III. COSTS. Payable in Cedis.

SITUATION "A" - RECAPITULATION

Neither this hypothesis nor the others given are to be construed as sales projections for any period. The 100,000 unit figure for each product was selected for mathematical simplicity. Thus the "Net Profit to the Program" figure would vary directly with the number of units sold. For example:

On sales of 100,000 units -

SSS CONDOMS	¢ 5,702
PANTHER	1,012
FLORIL	5,509
PROGRAM INCOME	¢ 12,223

On sales of 200,000 units - ¢ 24,446 - etc.

Thus the funds to cover program administrative and management costs, and to pay for an advertising program would increase as sales increased. The costs of administration, management and advertising would not increase at the same ratio, that is, the individual managing the program would need no additional help or funds for sales of 200,000 units (or more) than he would need for the 100,000 unit sales figure.

The advertising campaign might be increased somewhat, but it would not have to be doubled.

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SITUATION "B" - Basis: Codi valued at ¢ 2.75= $1.00 (139% codi cost increase.)
General wage increase or cost-of-living increase of 15%.
General rise in retail prices of 35%.

Assumptions: Suppliers of local services would raise prices at least 15% to cover their increased wage costs.
Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS: - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price 75 pesewas per box.

GROUP I. COSTS (Imported materials)	6,653
GROUP II. COSTS (Local services)	13,241
Net cost of goods ready for distribution	19,894
GROUP III. COSTS (Distribution & Retailing)	46,000
Total cost of goods sold	65,894
Income to CRS Program	9,106
Retail sales of 100,000 boxes @ ¢.75	75,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 25 pesewas per strip of four.

GROUP I. COSTS (Imported materials)	420
GROUP II. COSTS (Local services)	1,223
Net cost of goods ready for distribution	1,643
GROUP III. COSTS (Distribution & Retailing)	3,795
Total cost of goods sold	5,438
Income to CRS Program	812
Retail sales of 100,000 condoms @ ¢.0625 ea.	6,250

FLORIL ORAL CONTRACEPTIVE - 100,000 cycles, individually packaged, at ¢.75 per cy

GROUP I. COSTS (Imported materials)	6,847
GROUP II. COSTS (Local services)	13,370
Net cost of goods ready for distribution	20,217
GROUP III. COSTS (Distribution & Retailing)	46,000
Total cost of goods sold	66,217
Income to CRS Program	8,783
Retail sales of 100,000 cycles @ ¢.75 ea.	75,000

SITUATION "B" - RECAPITULATION

Under the conditions, actual and hypothicated, in this situation, CRS Program income would be:

On sales of 100,000 units -

SSS CONDOMS	9,106
PANTHER	812
FLORIL	8,783
TOTAL	18,701

This is an increase in income over Situation "A" of $ 6,478, an increase of 53%.

This increase would enable the CRS Program to meet its additional administrative and management costs which would be affected by the expected wage increase. It would also provide funds for increased costs in overhead, transportation, etc.

With a general increase in retail prices, advertising costs would increase correspondingly, and a portion of this additional CRS Program income could go into maintaining an adequate advertising campaign.

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SITUATION "C" - Basis: Cedi valued at ¢4.00 = $1.00. (285% cedi cost increase over Situation "A".)
General rise in retail prices of 50%.
General wage or cost-of-living increase of 25%.
Assumptions: Suppliers of local services would raise prices at least 30% to cover their increased wage costs.
Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price 80 pesewas per box.

GROUP I. COSTS (Imported Materials)	9,683
GROUP II. COSTS (Local Services)	14,968
Net cost of goods ready for distribution	24,651
GROUP III. COSTS (Distribution & Retailing)	52,000
Total cost of goods sold	76,651
Income to CRS Program	3,349
Retail sales of 100,000 boxes @ ¢.80 ea.	80,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 10 pesewas each.

GROUP I. COSTS (Imported materials)	612
GROUP II. COSTS (Local Services)	665
Net cost of goods ready for distribution	1,277
GROUP III. COSTS (Distribution & Retailing)	4,290
Total cost of goods sold	5,567
Income to CRS Program	4,433
Retail sales of 100,000 condoms @ ¢ .10 ea.	10,000

FLORIL - 100,000 cycles, individually packaged, at 80 pesewas per cycle.

GROUP I. COSTS (Imported materials)	9,964
GROUP II. COSTS (Local services)	15,113
Net cost of goods ready for distribution	25,077
GROUP III. COSTS (Distribution & Retailing)	52,000
Total cost of goods sold	77,077
Income to CRS Program	2,923
Retail sales of 100,000 cycles @ ¢ .80 ea.	80,000

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SITUATION "C" - RECAPITULATION:

Under the conditions described in this situation, CRS Program income would b

On sales of 100,000 units -

SSS CONDOMS	3,349
PANTHER	4,433
FLORIL	2,923
TOTAL	10,705

This is less than the income projected for Situation "A" and would oblige the CRS Program to operate at a loss. If the conditions projected for Situation "C" become reality, the only solution is a rise in retail price of CRS Program products. As we have assumed a 50% in consumer prices in general, we can apply that to our prices and have the following:

SSS CONDOMS -	100,000 boxes retailed at ¢ .90	90,000	
	Less cost of goods packaged	24,652	
		63, 349	
	Less distribution & Retailing, based on new price	52,000 +	(*)
	Income to CRS Program	11,349	
PANTHER	100,000 units retailed @ ¢.075	7,500	
	Less cost of goods packaged	1,277	
		6,223	
	Less distribution & Retailing, based on new prices	4,290+	(*)
	Income to CRS Program	1,933	
FLORIL	100,000 cycles retailed at ¢ .90	90,000	
	Less cost of goods packaged	25,077	
		64,923	
	Less distribution & retailing, based on new price	52,000 +	(*)
	Income to CRS Program	12,923	

Total income to CRS Program on retail sales of 100,000 units: (*)

SSS	11,349
PANTH.	1,933
FLORIL	12,923
TOTAL	26,205 (*)

(*) Distribution and retail figures would probably be slightly higher, as distributers and retailers would expect normal percentages. These amounts would have to be negotiated. Total income to the CRS Program would thus be reduced, depending on the negotiations, and would probably fall somewhere nearer ¢ 21,500 to ¢ 22,000, still adequate to make the program self-sufficient.

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SITUATION "D" - Basis: Cedi valued at ¢ 5.00 = $ 1.00. (433% cedi cost increase over situation "A".)
General rise in retail prices of 60%.
General wage or cost-of-living increase of 35%.

Assumptions: Suppliers of local services would raise prices at least 35% to cover their increased costs.
Distributor and retailers would require a corresponding increase to meet their increased costs.

SSS CONDOMS - 100,000 boxes of 6 condoms each, in dispensers containing 12 boxes. Suggested retail sales price ¢ 1.00 per box.

GROUP I. (Imported Materials)	12,100
GROUP II. (Local Services)	15,544
Net cost of goods ready for distribution	27,644
GROUP III. COSTS (Distribution & Retailing)	54,000
Total cost of goods sold	81,643
Income to CRS Program	18,357
Retail sales of 100,000 boxes at ¢ 1.00	100,000

PANTHER CONDOMS - 1,000 boxes of 100 each. Suggested retail sales price of 30 pesewas per strip of four.

GROUP I. COSTS (Imported Materials)	765
GROUP II. COSTS (Local Services)	691
Net cost of goods ready for distribution	1,456
GROUP III. COSTS (Distribution & Retailing)	4.455
Total cost of goods sold	5,911
Income to CRS Program	1,589
Retail sales of 100,000 condoms @ ¢ .075 ea.	7,500

FLORIL - 100,000 cycles, individually packaged, at ¢ 1.00 per cycle.

GROUP I. COSTS (Imported materials)	12,455
GROUP II. COSTS (Local Services)	15,695
Net cost of goods ready for distribution	28,150
GROUP III. COSTS (Distribution & Retailing)	54,000
Total cost of goods sold	82,150
Income to CRS Program	17,850
Retail sales of 100,000 cycles @ ¢ 1.00 ea	100,000

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