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EVALUATION
of the
SOCIAL MARKETING PROJECT
"Family Planning II", Bangladesh #388-COSO

Office of Population and Health
USAID Mission to Bangladesh
1983

October 20, 1983

E R R A T A

- Page 1 - "12% of C protection" in the first paragraph of the Impact section should read "21% of OC Protection."
- Page 1 - "The entire increase in protection" in the first paragraph of the Impact Section should read. "The entire increase in non-clinical protection."
- Page 14 - In the last paragraph "12% of oral contraceptive (OC) Protection" should read "21% of Oral Contraceptive (OC) Protection"
- Page 33 - In first paragraph, "67%, 12% and 70% should read "67%, 21%, and 70%"
- Page 34 - Total Condoms distributed per capita in Chittagong Hill Tracts should read "1.012.
- Page 100- Paragraph 2, line 16: "evidentially" should read "evidently".

EVALUATION
of the
SOCIAL MARKETING PROJECT

Prepared by:

JOHN DAVIES, CONSULTANT

During the Period:

SEPTEMBER 2 THROUGH OCT 8, 1983.

On behalf of:

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT,
MISSION TO BANGLADESH,
OFFICE OF POPULATION AND HEALTH.

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F O R E W O R D

Evaluations are usually imposed. This evaluation was no exception. It made people nervous, as by its nature, it must. And, while employees of most organizations are accustomed to day-to-day evaluation by their supervisors, the additional burden of being evaluated (however the word may be interpreted) by outsiders is bothersome, nerve-racking and perhaps a blow to one's dignity. I wish to take this opportunity, which is the only official one I have, of thanking the many SMP subjects of this ordeal for their understanding, compliance, patience, and above all, for their help. The fact that they could provide the large amounts of information requested, most often as a matter of course, says almost as much for their competence as the report which follows. I do regret that their participation in the evaluation removed them from their work: perhaps the trade-off will operate to their advantage in the long run.

I am very grateful to the officers of the Government of Bangladesh who gave of their valuable time, and to the officers of USAID, particularly Suzanne Olds and John Thomas, who provided guidance. I am particularly indebted to Bapu Deolalikar for his help with the preliminary draft of this report. His keen insights into management issues and his ability to perceive and conceptualize broader perspectives laid the groundwork for many of the more far-reaching recommendations in the report.

John Davies
Dhaka

October 7, 1983

I. EXECUTIVE SUMMARY

The Social Marketing Project (SMP) is a part of the National Population Program. It exists through an agreement between the Government of Bangladesh (BDG) and Population Services International, (PSI) and has been funded totally by USAID through a contract with PSI since 1974. It has developed its own system for distributing two brands of condoms, two brands of oral contraceptives (OCs) and one brand of vaginal spermicide tablets.

Impact.

By June, 1983 the SMP was providing contraception at an annual rate of 931,000 couple-years of protection (CYP), contributing 67% of the national program's condom protection 12% of OC protection and 70% of spermicide protection. The SMP accounted for 50% of all non-clinical protection provided by the national program. The entire increase in protection provided by the national program since 1975 has been the result of the SMP's sales. Based upon BDG information the prevalence of use of modern contraceptives in Bangladesh was approximately 18% including an SMP contribution of slightly less than 5%: thus, more than one out of every four users is protected by SMP products. The SMP trend is sharply up over 1982. Condoms are now selling at an annualized rate of 82 million: OCs at 1.75 million cycles; and spermicide tablets at 5.5 million. While condoms continue to contribute the lion's share of the SMP's output, the growth rate for OCs is higher than the growth rate for condoms. Current vigor in the OC sales resulted from a new strategy which emphasized the role of doctors and a large, new category of providers; rural medical practitioners or village "doctors" who have face-to-face contact with OC users. This new strategy, plus the second brand of OCs with a better image, is largely responsible for the surge in OC sales. Since its inception the SMP has used available mass

media, but recently added mobile film units which provide about 80 outdoor showings each month to crowds of 3000-5000 in semi-urban and rural areas. The combination of village doctors and rural film shows should succeed in expanding SMP successes in rural Bangladesh. Added to this are the selling and educating activities of about 85,000 shopkeepers who handle SMP products. An estimated 57-60,000,000 of the 67,000,000 condoms sold by the SMP in 1982 were probably used for family planning in Bangladesh. The remainder were smuggled to India and Burma. Recent research indicates that women have probably under-reported condom use in the past and that the true level may be more than 5% in Bangladesh, thus making the condom about equal in popularity to tubal ligation. The average condom purchaser is a man, aged 25-34, married seven years or less, with three children or less. He probably works as a laborer for about \$25.00 per month and is either illiterate or has primary school education. Less is known about usage patterns of OCs and spermicides. New outreach into rural areas through village "doctors" will probably result in greatly increased sales of OCs but usage patterns should be evaluated. The impact of SMP's advertising has made "Raja" and "Maya" generic words for condoms and OCs, respectively. Quantified estimates of brand-name awareness should result from the 1983 Contraceptive Prevalence Survey which will sample women, men, and couples. The BDG program, NGOs and commercial marketers have benefited from the SMP, particularly from the advertising and education activities.

The SMP has demonstrated that a large impact can be made in a low-income, largely rural, developing country by harnessing a large existing marketing sector at very low cost per unit of output. While providing credibility to the social marketing model it has broadened awareness and legitimized discussion of family planning in this large, conservative Muslim nation.

Cost-effectiveness

Unit costs of output are low. The SMP's cost of protection one couple for one year is lower than most other family planning activities in Bangladesh: about \$1.66, excluding the cost of the donated contraceptives.

Management, and Marketing

The SMP employs almost 300 people. A management development system should be instituted for middle and senior level management. Market planning and development require greater emphasis. Two Zonal Sales Managers are needed to manage expected intensification of sales development. A computerized management information system is needed to integrate the flow of information at several levels. A systematic classification of sales outlets is needed to assist sales area development planning.

SMP should continue to do what it does best: market branded products aimed at increasing contraceptive use. Management should consider adding several more brands of condoms and OCs over a broad range of prices aimed at increasing total prevalence. Other contraceptive methods, particularly injectables, could be test-marketed to graduate doctors. The SMP should also enlarge its "family" of products to include oral rehydration salts, nutritionals for pregnant and lactating women and useful household medicines. These additional projects will probably enhance the sales of contraceptives and are, themselves, beneficial and necessary. Marketing more products should not require large increases in staff or advertising budgets but will require additional packaging budgets, much of which should be offset by increased sales revenues. Project sales revenue, which is close to \$500,000 per year will probably increase rapidly. While revenues can continue to be used to offset operating cost,

USAID should clarify its position regarding other uses, including local capital expenditures and the purchase of non-USAID contraceptives.

Institutional Relationships

Technically, the SMP does not exist as an independent legal entity. It exists as a result of an agreement between the BDG and PSI. All of its funding comes from USAID via relatively short-term contracts with PSI. The short-term, time bound, project-oriented atmosphere was acceptable in the earlier years but is becoming detrimental, particularly when top-level managers are being recruited: it is difficult to attract and hire top-quality commercial sector people when the future of the organization is unclear. The BDG perceives the SMP as an important part of its national family planning program and USAID should take the lead in institutionalizing it and providing it with long-term funding. By 1986 the SMP may need \$10,000,000 annually, mostly in the form of contraceptives and family health products.

Additional Activities

The USAID Mission to Bangladesh is considering expanding its private sector activities to further the goals of the national family planning program. It is considering activities such as social advertising aimed at creating more awareness and practice of family planning in general; delivering contraceptive supplies to BDG outlets; and additional clinical activities such as voluntary sterilization. The BDG also acknowledges the possibility of a broader application of social marketing in its agreement with PSI. All of the above activities are worthwhile but should probably not be undertaken by the SMP, itself. The SMP should intensify its brand-name product marketing and strive to double present outputs within three years. The other activities could be undertaken through a broader structure formulated by the BDG, USAID and PSI. Thus, the SMP would be seen as one "Division" of the new venture while the other activities could be undertaken by other Divisions.

II. BACKGROUND

A. THE EVALUATION

This report is the result of an evaluation of the Bangladesh Family Planning Social Marketing Project (SMP). The evaluation had the following characteristics and orientations: (1) external -- it was undertaken by evaluators who were independent of the SMP, PSI and USAID, (2) performance -- it emphasized analysis of inputs, outputs and effects resulting from activities of the SMP, PSI, USAID and the BDG, (3) comprehensive -- it covered a wide range of topics including management, institutional and organizational issues, and (4) judgemental -- it made qualitative and quantitative assessments resulting in specific recommendations.

The evaluation had two major purposes: (1) to provide a description and an analysis of the SMP, and (2) to assist USAID management in making decisions with respect to the future of the SMP. Specific aims of the work were to :

1. identify specific topics for evaluation;
2. examine and analyse the chosen topics;
3. report findings and recommendations to USAID and SMP management;
4. discuss findings and recommendations with USAID and SMP management.

The evaluation planning stage included preliminary discussions with key individuals in USAID and the SMP; gathering and perusing background documents, project documents and reports; drafting a list of topics and activities; scheduling, formulating evaluators' job descriptions, and recruiting the two evaluators.

USAID/Dhaka Health and Population Officers discussed the draft list of evaluation topics with the team, set priorities and provided the following list of questions to be answered through the evaluation process :

1. Whether to continue funding of the SMP and if so, for how long and at what level of financial support? Are any major organizational or staffing changes necessary in the present program?
2. Will SMP need continued technical assistance? If so, what types and at what level, for example, continued PSI or other organizational assistance, long term resident advisor, or other short term assistance?
3. What is the advisability of adding new contraceptive methods and/or products to the present product line, based on financial, staff and distribution constraints?
4. Given the constraints noted in (3) above, what is the advisability of the SMP becoming the focal point for non-marketing activities such as non-product specific advertising ("demand creation") or innovative CBD types of activities?
5. What is the advisability of adding health-related products such as ORS to the product line, and if so, what are the implications for additional staff and financial resources?

6. How could the use of project revenue be better utilised ?

7. Could the SMP handle the distribution of contraceptive supplies (including sterilization supplies) to BDG outlets? What are staffing, organizational and financial considerations?

In answering these questions an attempt is made to be as specific as possible, but it must be admitted that this would not be possible in all cases as some situations would call for detailed studies. Some of our suggestions, observations and recommendations may indicate that parties concerned could undertake new program initiatives or responsibilities and could develop institutional capacity to undertake these. However, it is quite possible that the parties concerned may not be interested in pursuing these recommendations for reasons of their own.

For the purposes of this evaluation exercise, we are viewing USAID not merely in its conventional role as a donor, or as a contracting and thus a regulatory agency, but also as an agency promoting development, institution building, encouraging private sector involvement in development-related activities, and enabling US private sector to work with similar agencies in the developing countries. USAID has made significant investments since 1974 in the SMP project amounting approximately to US \$ 20 million through 1982. Thus, it is not enough to evaluate the SMP activities alone. It is essential to assess the roles of USAID, the Government of Bangladesh and its Ministry of Health and Population Control as well as that of Population Services International vis-a-vis the SMP and the larger objectives mentioned above. We are aware that we are extending the

scope of our mandate in referring to these aspects of the evaluation and within the time available we may not be able to do full justice to all possible issues.

Field work, including final planning, interviewing, examining and analysing reports and records, observation visits, substantive discussions with key individuals and drafting the final report, was completed during September. The final report was then presented to USAID and offered to the SMP executive managers for comment.

Although all of the data collection, examination and analysis contributed to the findings and subsequent recommendations, this report concentrates less on description and more on analysis and judgements because of the nature of the evaluation and because of time constraints.

B. PROJECT ENVIRONMENT

1. The Demographic and Cultural Setting.¹

In mid-1983 the estimated total population of Bangladesh was 95.1 million of whom 18.1 million were eligible couples for family planning. The crude birth rate is estimated at 41 per 1000 population. This is lower than the 46.9 reported for 1976 and may represent a combination of changes in the population age structure; decreases in marriage rates, particularly among teenage females; and increased use of family planning. The total fertility rate has fluctuated considerably since

independence, probably because of the War of Liberation and serious famine; but if present patterns continue women can expect to have an average of between six and seven live births by the end of their fertile period. The crude death rate has declined during recent years and is estimated at about 17 per thousand population. The population growth rate is 2.4% which indicates that the population is increasing by more than two million per year.

Fertility patterns vary according to education, religion, husbands' occupation, landholding, and urban vs. rural residence. However, differentials are not as clear-cut in Bangladesh as they are in many other countries. For example, urban fertility is virtually the same as rural fertility. Only religion illustrates a clear-cut effect: Muslim women show significantly higher fertility than non-Muslim women. Breast-feeding is virtually universal. It is also prolonged.

More than 85% of the people are Muslims. Another 13% are Hindus while Buddhists and Christians make up the remaining 2%. More than 90% of the population are rural while the remainder live in cities and municipal towns. As estimated 80% of the population are engaged in the agricultural sector. Literacy for males over five years of age is 30%; for females 14%. Most females are married during their teens while 99% are married by age 30. Annual per capita income is low at an estimated equivalent of \$120.

2. National Family Planning Activities.

Prior to December 1971, when Bangladesh emerged as an independent republic, there were national family planning activities which continued after independence. In 1976 the government declared rapid population growth as the most serious problem for the country. Throughout the twelve years of its existence the BDG has expanded the family planning delivery system with the assistance of several external agencies. Contraceptives are now imported by the BDG and distributed through the government system and through non-governmental organizations. In addition, the commercial sector imports and sells small quantities of condoms and moderate quantities of oral contraceptives (OCs). Brand-name advertising of contraceptives is allowed, although censorship boards are used to screen mass media advertisements before use.

3. Historical Outline of the Project.

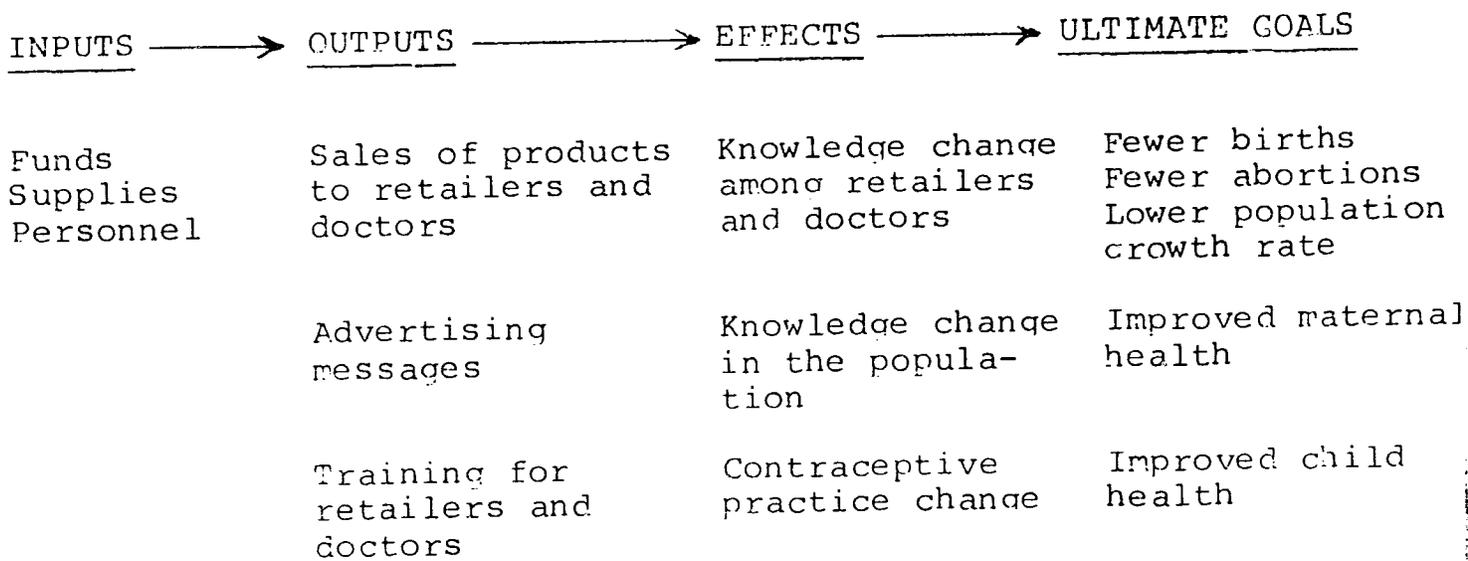
This Project was proposed to the BDG by PSI in 1973 and a formal agreement was signed later the same year. In 1974, USAID/Washington provided funding and PSI provided an expatriate manager who organized the Project. In late 1975 the first two products, "Raja" condoms and "Maya" oral contraceptives (OCs) were introduced. Their distribution was contracted out to a local distributor. This form of distribution proved insufficient and the Project developed its own system in 1977. In 1979 "Joy" vaginal spermicide tablets were added, followed in 1980 by "Ovacon" low-dose OCs, and in 1983 by a second brand of condoms-- "Panther." In 1980 the funding source was shifted to the USAID Mission and a Bangladeshi national became Project Manager while PSI continued as contractor. In 1982 the agreement between the BDG and PSI was renewed (See Appendix "A" for the SMP objectives as stated in the agreement).

III. PROJECT IMPACT

A. METHOD

1. Framework

The framework for this part of the evaluation uses a process by which project inputs are converted into a flow of outputs, effects and ultimate goals as shown below. The basic input is funding, some of which is shown as supplies and management personnel. The inputs are converted, under managerial control, into outputs such as training for retailers and doctors,



advertising messages, and sales of products to retailers and doctors. In the next step, where management control is less, the managed outputs are assumed to be converted into effects such as knowledge changes among retailers, doctors and the population plus changes in contraceptive practice. In the last step, which is largely beyond control of management and requires many assumptions, project effects are converted into the ultimate goals such as demographic improvements and health improvements.

This framework is used because it has the following advantages:

- It is generally accepted in the family planning discipline, ²
- It has been used in previous evaluations of social marketing activities, ³
- It provides relatively firm cut-off points for assessing activities which are under managerial control,
- It is useful for economic analysis, such as relating costs to outputs,
- It is applicable to the logical framework analysis system used by USAID.

2. Criteria and Standards

Objective criteria and standards for judging the impact of social marketing activities are still being developed as experience grows. Conversion of contraceptive distribution data into couple-years of protection (CYP) has often been used as an output indicator for various family planning programs, including contraceptive social marketing projects, and that practice will be followed here. The CYP system is useful for standardizing outputs and can be compared to CYPs from other activities in the same country, to similar activities in other countries and to costs. These comparisons are of some value, and will be used here, even though no real standards exist. It should also be recognized that it is not always equitable to use a specified output measure (such as a CYP) to make comparisons between family planning activities which can be dissimilar in focus, type, culture or time.

3. Evaluation Topics.

This chapter examines the results of the SMP with emphasis on the following topics :

Project Outputs

1. SMP Share of the National Program
2. SMP Products
3. Advertising and Training.

Social and Demographic Effects

1. Consumer Profiles
2. Condom Usage
3. Product Knowledge
4. Births Averted

Economic Effects

1. Cost-effectiveness

Effects on Other Family Planning Activities

1. Government and Non-Government Programs and Projects.
2. Commercial Sector.

B. PROJECT OUTPUTS

1. SMP Share of the National Program

The SMP is part of the national family planning activity implemented by the Ministry of Health and Population Control. The annual output of the SMP, since its inception, is shown in Figure 1 as a part of the non-clinical national family planning activity. Figure 1 uses CYP units and includes the three non-clinical methods (condoms, oral contraceptives and vaginal spermicides) distributed by the national program and the SMP.⁴ In fiscal year 75-76 the national program provided a total of 1,005,000 CYPs, of which the SMP provided 80,000 : a share of 8%. For the twelve month period ending June, 1983 the national program output had increased to 1,864,000 CYPs, of which the SMP contributed 931,000: a share of 50%. Thus the SMP has provided a steadily increasing proportion of the national non-clinical output to the point where it is currently contributing as much as the government program and the other non-governmental projects combined. Viewed another way, the entire increase of 859,000 CYPs over the seven-year period has been contributed by the SMP.

When clinical methods, including IUDs, and particularly female sterilizations, are added to the picture the total output of the national program increases sharply, resulting in a smaller proportion contributed by the SMP. The SMP does not provide clinical methods.

The share contributed by each of the three SMP methods is shown in Figure 2 in terms of CYPs.

By 1983 the SMP was contributing 67% of national condom protection, 12% of oral contraceptive (OC) protection and 70% of the spermicide protection.

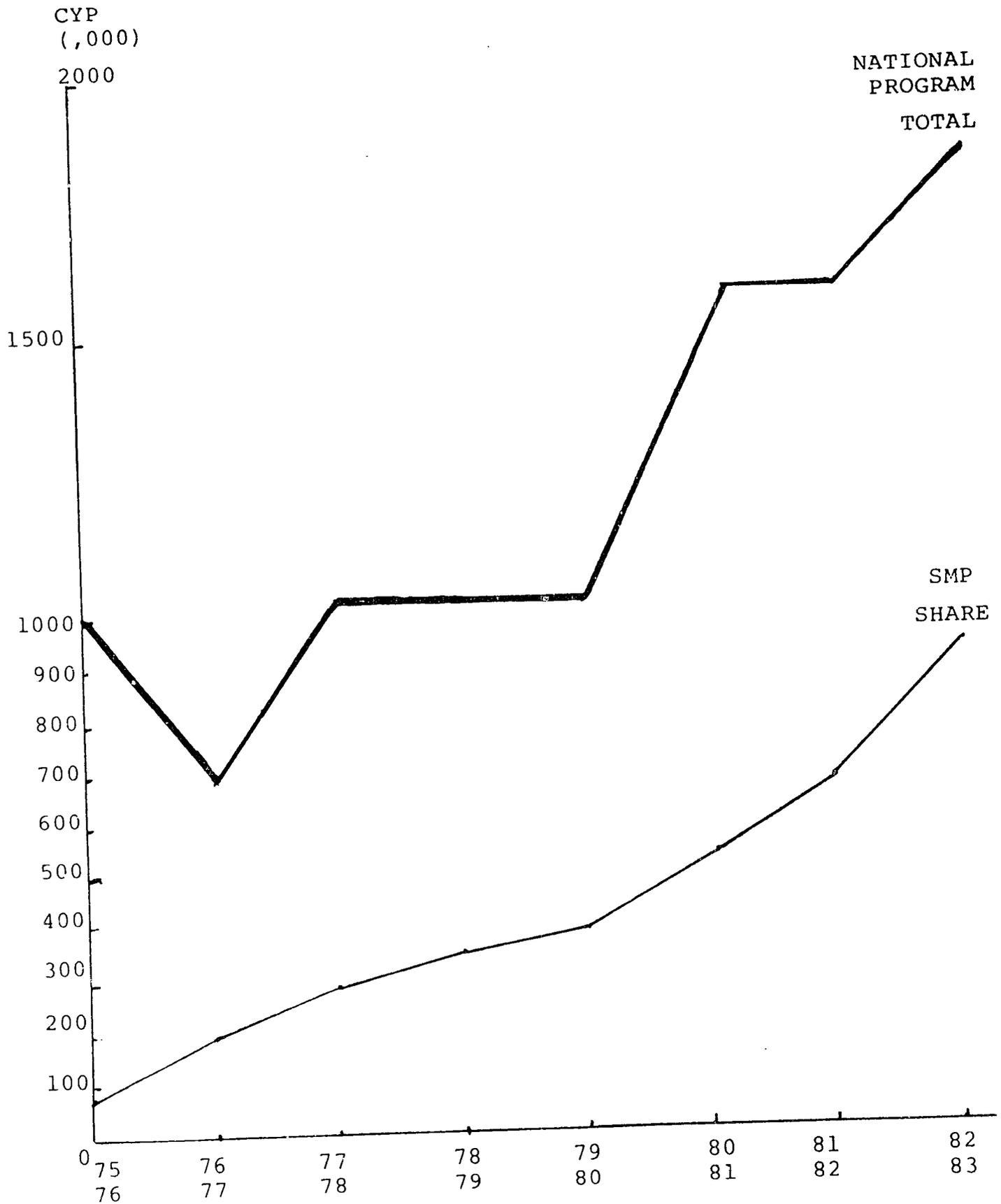


Fig. 1. Couple-Years of protection for non-clinical contraceptives provided by the National Program, including the SMP Share, 1975/76-1982/83.
Source : MIS Unit, Ministry of Health and Population Control.

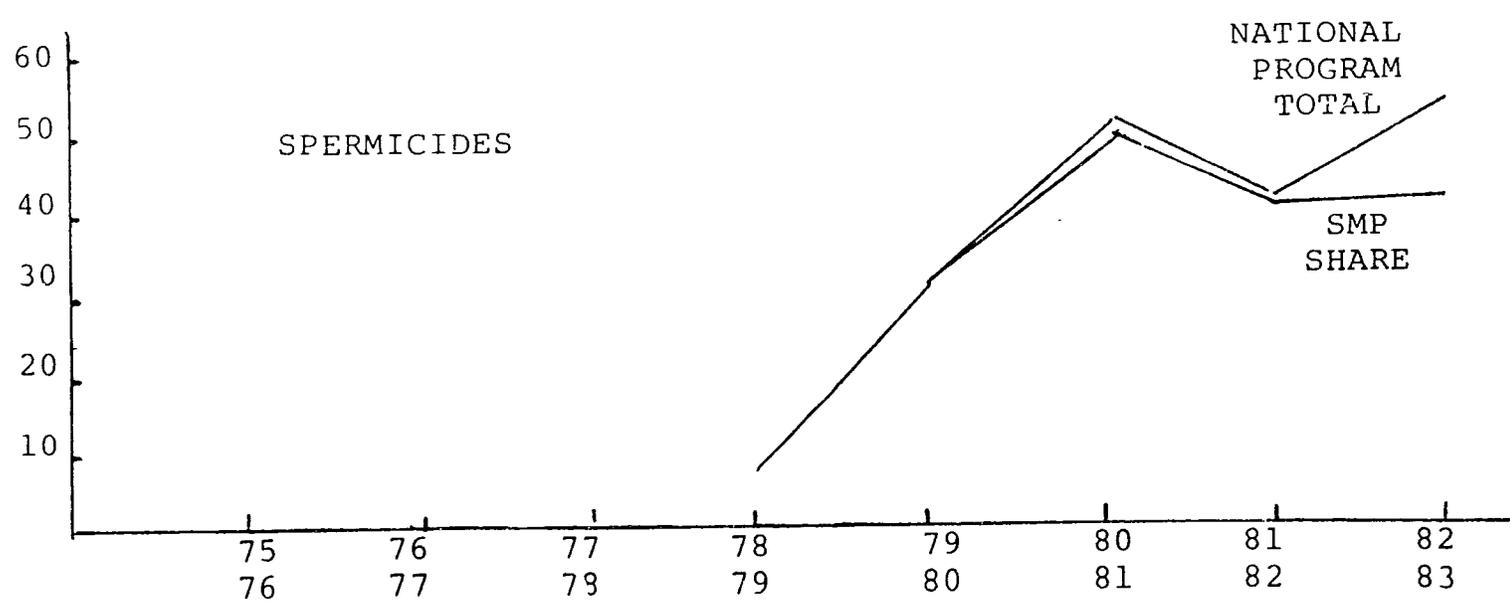
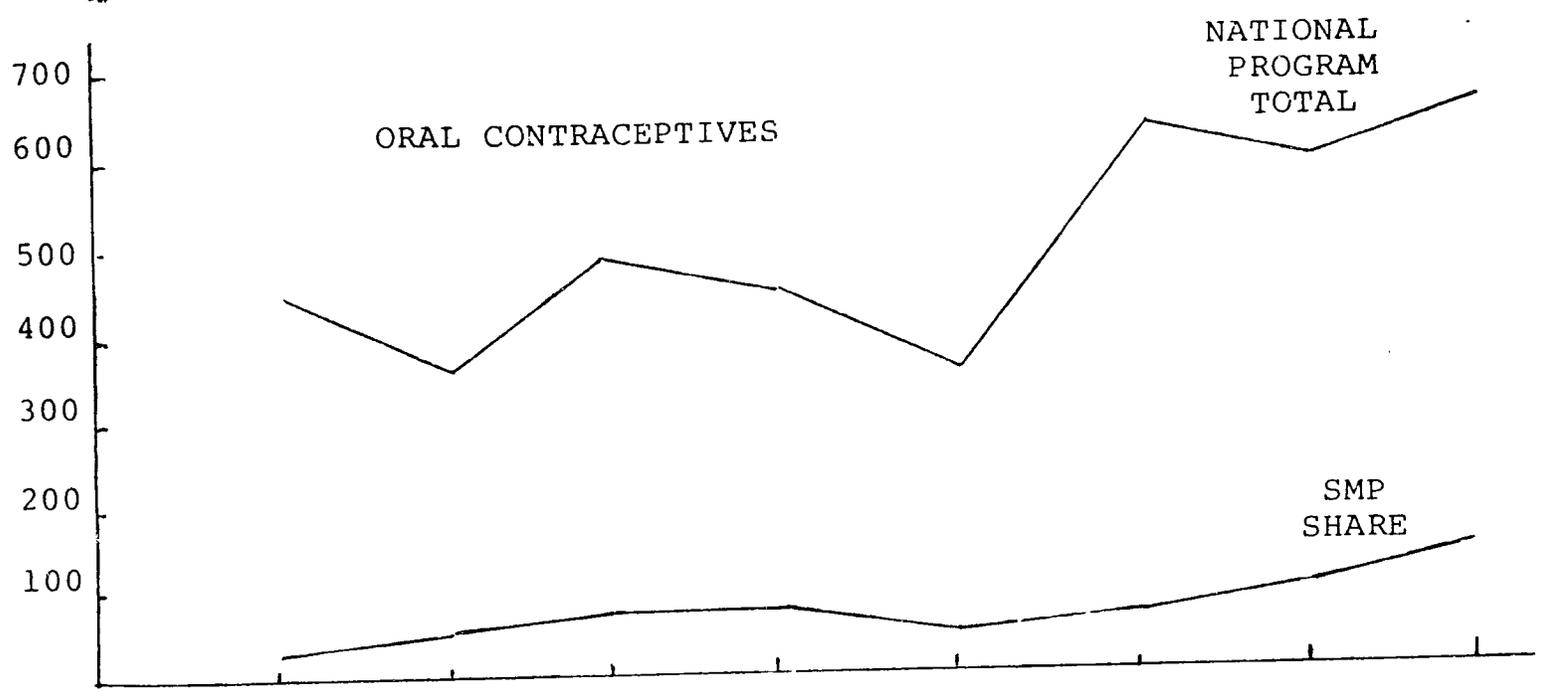
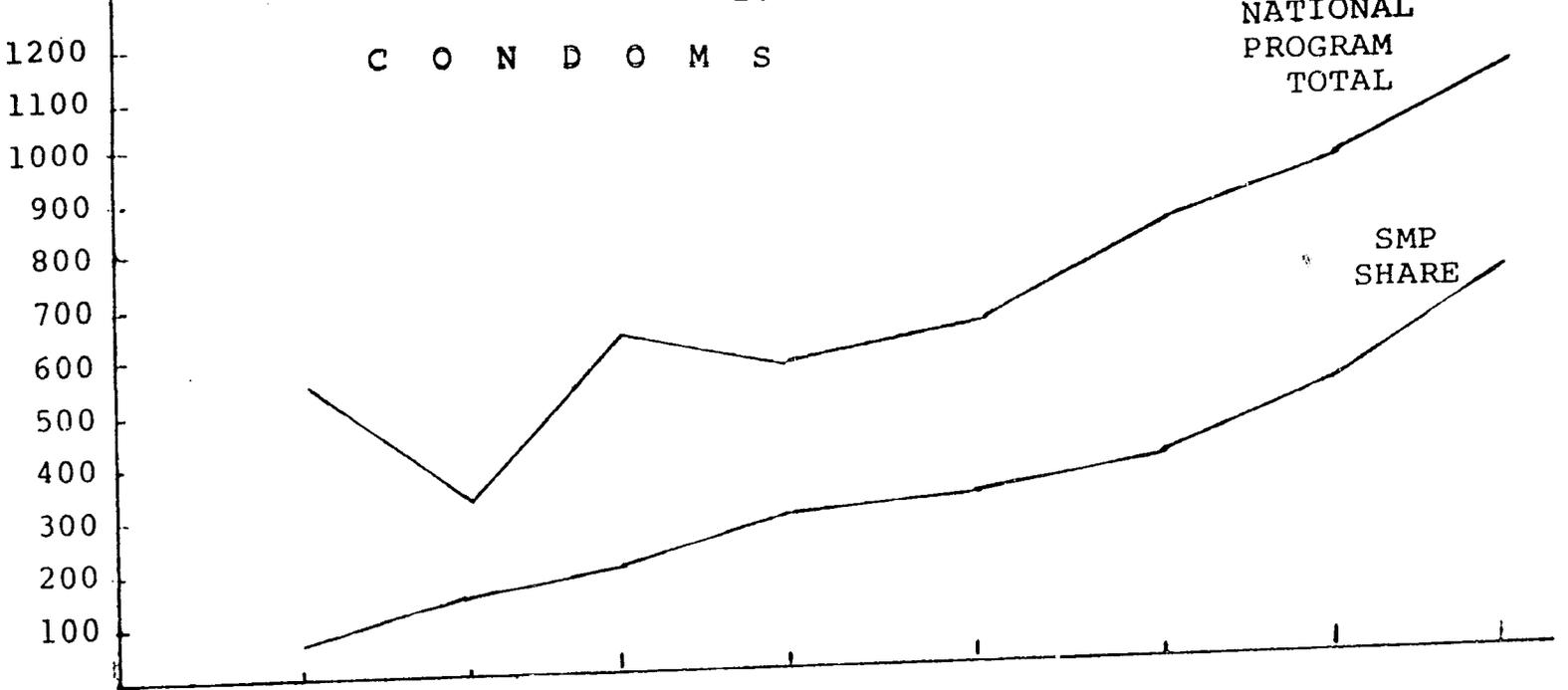


Fig. 2. CYPs Provided by the National Program (Showing the SMP Share), for condoms, OCs and Spermicides, 1975/76-1982/83.

In addition to the national program the commercial sector provides non-clinical contraception, mostly through the sale of OCs via private doctors and pharmacies. The commercial sector will provide an estimated 154,000 CYPs in 1983 through the sale of two million monthly cycles. Commercial sales of condoms and vaginal spermicides are negligible.

2. SMP Products

Looking only at the SMP contribution, it is clear that condoms have provided the majority of contraception every year as shown in Figure 3. The number of CYPs for each method and its relative contribution for each of the last three calendar years are given in Table 1. As shown in Table 1 condoms provided an increasing proportion of the total number of CYPs each year partly because of their continuing high rate of increase and partly because spermicides provided a smaller number in 1982. However, the current growth rate for OCs exceeds the current growth rate for condoms.

Table 1. Couple-Years of Protection, SMP, 1980-1982

	<u>1980</u>		<u>1981</u>		<u>1982</u>	
	No. (,000)	(%)	No. (,000)	(%)	No. (,000)	(%)
CONDOM	372	(79)	525	(82)	694	(85)
OCs	51	(11)	65	(10)	88	(11)
SPERMICIDES	48	(10)	50	(8)	34	(4)
TOTAL	<u>471</u>	<u>(100)</u>	<u>640</u>	<u>(100)</u>	<u>816</u>	<u>(100)</u>

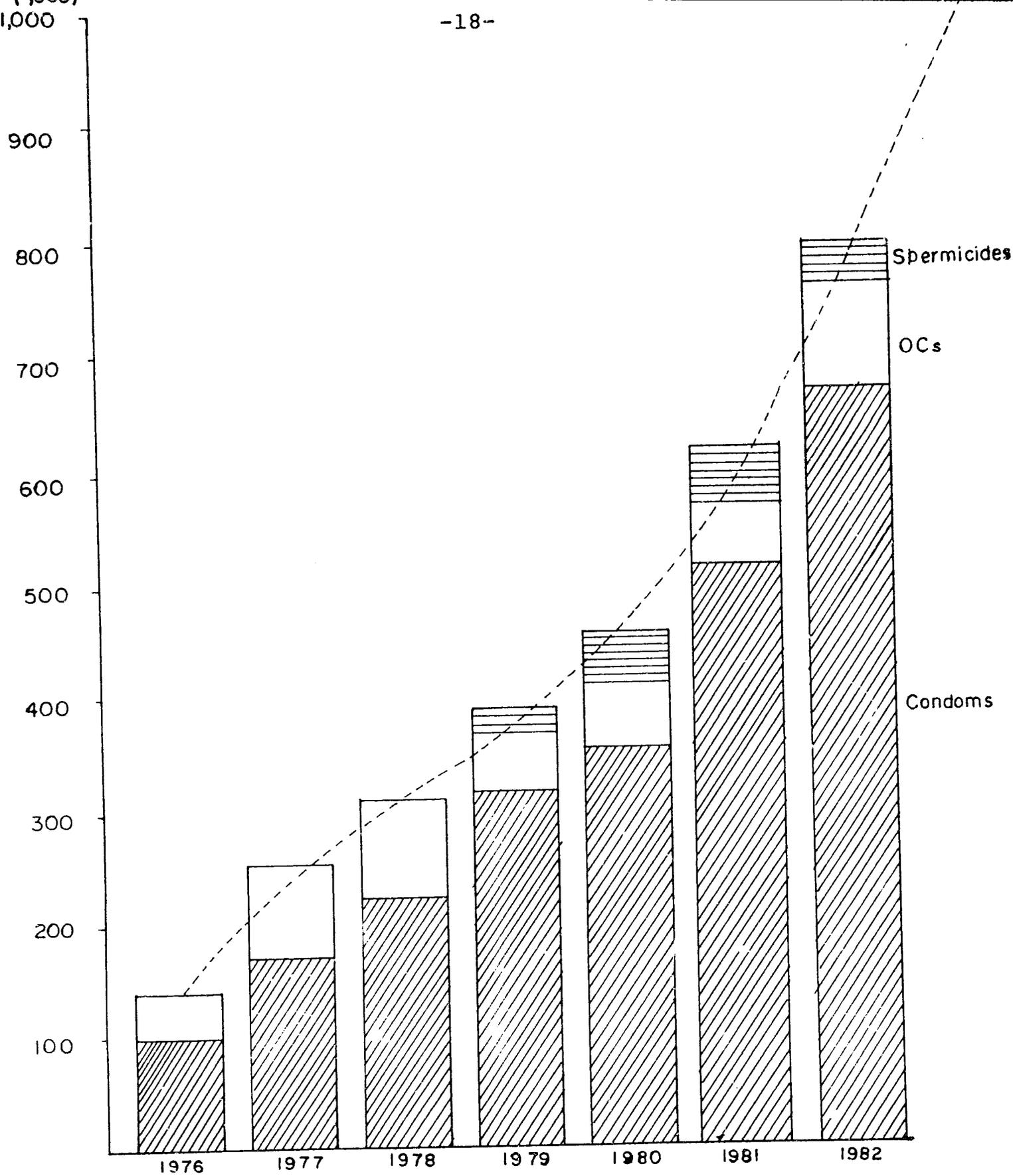


Fig. 3. Couple-Years of Protection provided by condoms, Oral contraceptives and spermicides, SMP, 1976-1982.

Another important aspect of Figure 3 is the annual trend for total CYPs. The dotted trend line suggests steady growth for the future. The steeper trend after 1980 coincides with changes in management and marketing strategies.

The trend line projection beyond 1982 appears to be justified for 1983. Sales of all three methods during the first eight months of 1983 were well ahead of the sales for the same period of 1982. One interesting factor in the 1983 pattern is the result of adding the second condom product, "Panther" early in 1983, in the urban areas. While it is too early to show clearly, the introduction of "Panther" does not seem to have hurt "Raja" sales. "Raja" continues to grow quickly. "Panther" is essentially the same condom but has a better image than "Raja", partly because of its higher price. It probably appeals to a different population than does "Raja", thereby increasing the total number of eligible couples served by the Project. Future market profile studies should answer some questions about the roles of the two products, and will probably point the way to market positions for additional brands of condoms. Expansion of distribution of "Panther" beyond the urban sector is planned for late 1983.

The output pattern for OCs is more complex than for condoms. As shown in Figure 4 OC sales increased thru 1978 then fell back in 1979-80, to begin climbing again in 1981 and 1982. The upward trend in the first three years was based partly on demand in Bangladesh and partly from India and Burma where low-priced OCs were not readily available.

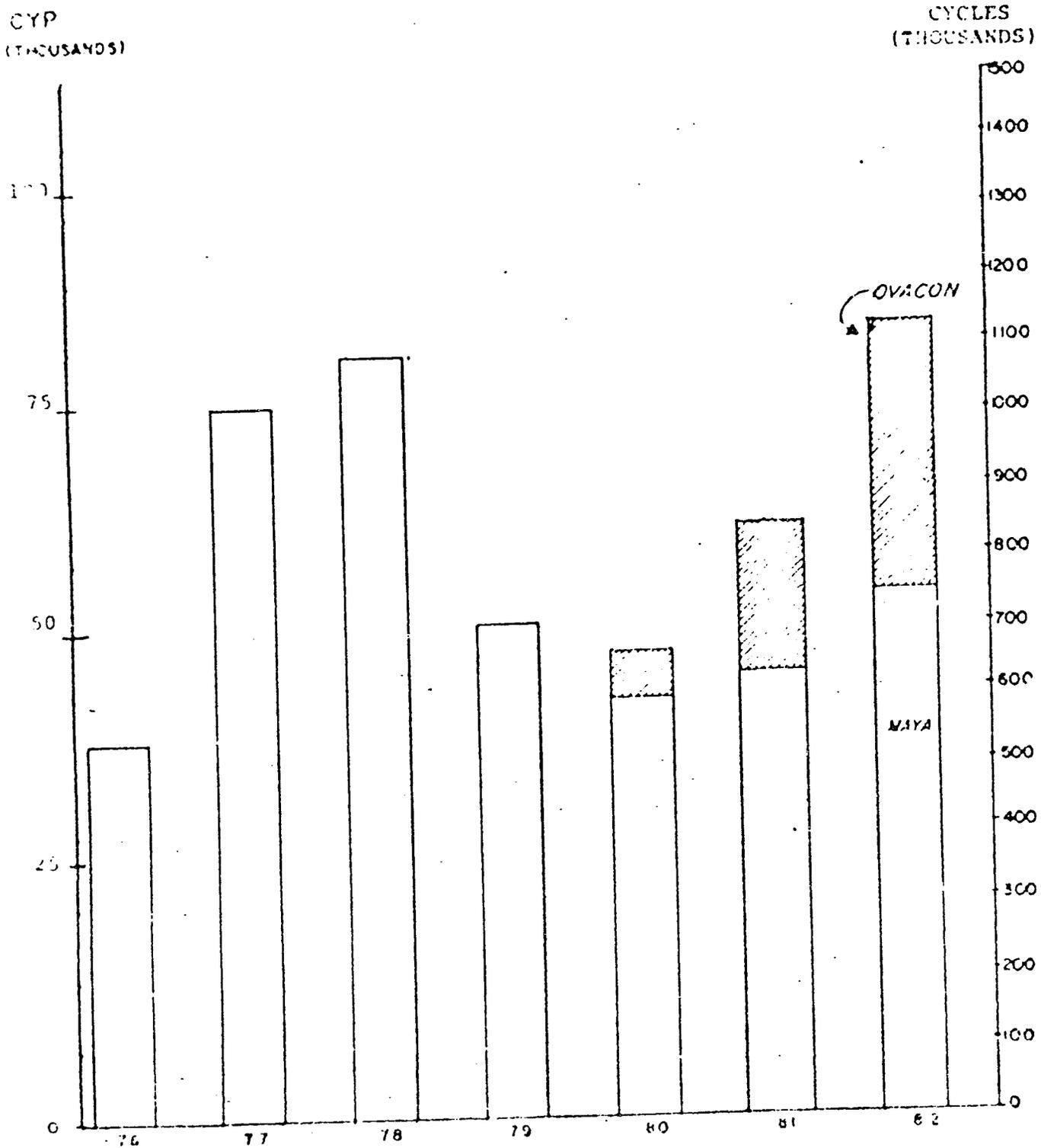


Figure 4. Oral Contraceptive Sales, by Brand, SMP, 1976-1982.

SMP management stopped selling "Maya" close to the Burma border in 1979 and furthermore, withdrew the product from retail shops other than pharmacies, resulting in decreased sales. Then "Ovacon", a new low-dose brand at a higher price was introduced in June 1980, and the marketing strategy for OCs was completely reformulated. This new strategy involves concentrating distribution efforts on graduate doctors (MBBS) and on rural medical practitioners--mostly men with high-school education plus some training in Western medicine who live in villages and who quite commonly dispense medications themselves. In fact, the rural medical practitioners (RMPs) were probably partly responsible for earlier slow sales of OCs, since they reportedly told OC user/patients that symptoms (whatever may have been the real cause) were caused by "Maya." The new strategy is important for two reasons: /it^{first} has provided a channel for increasing outputs (and probably the effectiveness) of OCs and second, the new channel can probably be used for introducing and expanding the use of additional contraceptive products and health-related products. The new strategy evolved from research that showed poor sales of "Maya" in the general retail shops and inadequate support from graduate doctors and RMPs. This led to the development of the new product "Ovacon", which has a better image than "Maya", probably because it has a higher price and because of the addition of Medical Representatives (MRs) to the distribution/sales force of SMP. The MRs are the equivalent of "detail men" employed by manufacturers of pharmaceuticals in North America who provide information and sell products to doctors and pharmacists.

Perhaps the most far-reaching aspect of this new strategy is the inclusion of rural medical practitioners who far outnumber graduate doctors in Bangladesh and who have a rural base compared to the graduate doctors who are mostly urban-based. In 1981 MRs employed by the SMP reported that graduate doctors sometimes assisted RMPs much as specialists assist general practitioners with difficult cases in North America. Furthermore, graduate doctors felt that the RMPs could be trained to provide OCs to couples in their villages and, equally importantly, to provide follow-up for women who reported side-effects. The MRs then began "detailing" RMPs and in mid-1982 RMP Conferences were inaugurated in villages throughout the country. A conference is a more efficient use of time for a busy MR. The MR often enlists the help of a graduate doctor at the Conference, particularly for providing information on human reproduction and the mode of action of OCs. The MR explains that the products are subsidized and made available as part of a national program with social goals, and sells "Maya" and "Ovacon" plus "Joy" vaginal spermicide tablets. Since October, 1981 an estimated 30,000 RMPs have been detailed, 15,000 have attended Conferences, and 6,600 have purchased OCs, adding an extensive family planning outreach to the SMP system. At the output level the potential is tremendous: there are perhaps 70,000 - 100,000 RMPs in the country and they are well known and respected "doctors" in their villages. Importantly, they have more direct contact with mothers than shop-keepers do. Both "Maya" and "Ovacon" are responding well to the new strategy.

The sales record of "Joy" vaginal tablets illustrates that it plays a minor role. Unfortunately, a shortage of supply in 1982 reduced sales outputs. This trend was reversed in 1983: sales for the first eight months were higher than for all of 1982 indicating that the year end total will be at least as high as 1981.

The impressive record of the SMP in marketing non-clinical contraceptives indicates that it might successfully market other methods; diversify into clinical activities such as IUDs or sterilizations; market health products and/or assist with the logistics/distribution of family planning commodities to other programs and projects in Bangladesh. These are probably worthwhile endeavors but each must be considered from several perspectives before policy decisions can be made. One important perspective is the nature of the SMP. It is a marketing organization which sells products aimed at increasing contraceptive prevalence. If it were to diversify into some of the activities listed above it would have to broaden its focus beyond brand marketing. At this stage of its development it should probably continue to focus on marketing products which are related to furthering its prime aim. To the extent that marketing health products can assist in attaining this goal, they could be added without changing the nature of the organization. For example, oral rehydration salts (ORS) for children and safe delivery kits for improved birthing, as well as nutritional products for pregnant and lactating mothers fit in with contraceptive products to make a "family" of products aimed at reducing fertility and improving the health of mothers and children. From a marketing perspective these products are mutually reinforcing: they are sold to the same people (families with young children); they are sold through the same outlets (shops, pharmacies, graduate doctors and RMPs) and by the same SMP representatives. Adding these related products to existing brands should provide additional motivation to the sales force, the outlets, and to the users. For example, when a village "doctor" can save a baby's life by providing ORS, he stands a much better chance of introducing contraceptives to the baby's mother. From the salesman's perspective, he can sell "families" of products more often than one-of-a-kind products. The SMP salesmen can easily handle several more products.

Given its present nature and strengths the SMP could also add injectable contraceptives to its activities. The SMP sales force, for example, has reported an increasing demand by graduate doctors for injectables. The SMP could design and implement a system for distributing injectables through graduate doctors. Careful planning and the use of small scale test-marketing through graduate doctors should lead to a good, well-controlled large-scale activity in time. Much has been learned in Matlab about providing injectables and these lessons could be adapted to a campaign aimed at graduate doctors.^{F5} Because of the potential demand for the injectables there should be few problems in promoting use of the method. It may also be possible to use RMPs to refer potential users to graduate doctors, and to provide follow-up care to users.

Sterilization, particularly for females, is also very popular in Bangladesh and the talents of the SMP could be used to motivate more couples to accept this method. However, the SMP does not operate clinics at present and to do so would require a major planning and implementation activity requiring many additional resources, which would also draw it away from its product marketing activities. One possibility would be to organize a parallel institution which would undertake clinical activities leaving the SMP to continue specializing in product marketing. This possibility is described in Chapter VI.

Recommendation 1 : The SMP should continue to add additional brands of non-clinical contraceptives over a broad price range. Rationale: more brands with different product images attract additional population segments resulting in higher prevalence of use.

Recommendation 2. The SMP should evaluate the activities and the further potential of RMPs. Rationale: These "village doctors" appear to be an important key for rural outreach but little is known of their effectiveness to date. Furthermore, an understanding of their capabilities would be very useful for market planning for additional products and services.

Recommendation 3. The SMP should market a broader range of contraceptives and health-related products for mothers and children. Rationale: The strengths of the SMP lie in distributing and promoting the sale of consumer products aimed at increasing contraceptive prevalence. This aim can be furthered by adding injectables and health products all of which should be viewed as a "family" of synergistic products.

3. Advertising and Training Outputs

As indicated in Table 2 the SMP uses all available media including print, radio, television, outdoor media and point-of-purchase materials. These media reach throughout city and town areas and to a lesser degree to rural areas. Of great interest are the newer, additional activities which have rural outreach potential, particularly the training of RMPs discussed earlier and the use of mobile film units. Each Mobile Film Unit consists of a van, a 16 mm film projector and screen, managed by a promoter who organizes outdoor showings at night after promoting the event through loudspeakers during the day. Several short films are shown, nearly all having a family planning theme, and SMP products are advertised. Products are also sold from the van during and after the showing. The output of messages is enormous :

TABLE 2. Examples of mass-media outputs, 1982.

A. TOTAL AIR-TIME PURCHASED DURING 1982

Raja	25	Hours
Maya	24	"
Ovacon	27	"
Joy	25	"
	<u>101</u>	<u>Hours</u>
	=====	

B. TOTAL TIME PURCHASED IN TV DURING JAN-MARCH '82 (SPOTS)

Ovacon	1	Hour
Maya	45	Minutes
Joy	1	Hour
	<u>2</u>	<u>Hours 45 minutes</u>
	=====	

C. TOTAL SPACE PURCHASED IN PRINT MEDIA DURING 1982.

Raja	6,578	Column inches
Maya	4,220	" "
Joy	4,681	" "
Ovacon	4,192	" "
	<u>19,671</u>	<u>" "</u>
	=====	

most showings have audiences of 3,000 to 5,000. There are about 80 shows per month (weather permitting) implying an annual exposure to perhaps 4,000,000 people, most of whom reside in semi-urban or rural areas. Combining the MFU educational and promotional outputs with increased product distribution through RMPs should result in higher sales, particularly outside of cities. For example, an RMP attending his first SMP conference explained that he had noticed increased discussion about family planning and additional interest in contraceptives following an MFU show in his area. He purchased a supply of SMP products at the Conference but insisted that the MFU should return soon to stimulate further demand which he could now satisfy.

Recommendation: The value of various media, particularly the MFU system, should be qualitatively measured.
Rationale: the MFU system may be extremely useful but may require modifications and improvements to maximize its impact.

C. SOCIAL AND DEMOGRAPHIC EFFECTS

This section examines effects of the SMP outputs from four perspectives: the nature of SMP consumers, condom usage, product knowledge and births averted.

1. SMP Consumer Profiles.

The USAID Mission is currently sponsoring a contraceptive prevalence survey (CPS) which should provide social and

demographic profiles of SMP product users because it is a national probability sample of married men and women and because it will collect information on brands for the first time, as well as on source of supply. Because the results of the CPS should soon provide more definitive answers consumer profiles are described here only briefly, based on the results of SMP market research.⁶ For condoms, the majority of purchasers are men between the ages of 25 and 34, married seven years or less and having three children or less. About four out of ten are illiterate and another three out of ten have primary education. Average income was estimated at about \$25.00 per month. While the majority of sales are in cities, municipal towns, and semi-urban areas, farm laborers (many of whom purchase in towns) are the largest (21%) occupational group. For OCs, consumer profiles have not been undertaken since the new strategy was implemented. The trend is expected to be toward rural users, however.

Recommendation: The SMP management should use the 1983 CPS results to build consumer profiles for its products and to plan positions for additional products. Rationale: The 1983 CPS should provide useful information from both men and women on a broad range of topics including the social and demographic characteristics of users of different brands and types of contraceptives.

2. Condom Usage

Two questions have been raised concerning condom usage patterns: (1) are they used for family planning in Bangladesh? and (2) why are sales higher in some Districts than in others? Answering the first question requires reconciliation between nationwide sales records and Contraceptive Prevalence Survey Report. The second question requires an examination of supply and demand factors in different parts of the nation.

The reconciliation problem was described well in the Evaluation Needs report.⁷ Briefly put, there is a large "gap" between the prevalence of condom use imputed from national program records and the prevalence measured by the 1981 CPS. Imputed prevalence is between 4% and 5% while the CPS measured only 1.6%. The gap was large enough to warrant consideration of very large numbers of condoms being used for non-contraceptive purposes, smuggling, large-scale overstocking by the distribution pipeline, inaccurate sales-reporting, incorrect assumptions about the number of condoms used per couple or perhaps under-reporting by CPS respondents all of whom were women, in 1981.

The non-contraceptive use of condoms was noted during the early days of the SMP, particularly through anecdotal reports about "balloons." These reports decreased over the years, probably as adults learned more about the real nature of the "balloons" some children were playing with, and, given the conservative nature of the population with respect to avert discussion of sex, then prevented children from using condoms as toys. In any event, the "balloon factor" could not explain much of the huge gap unless many millions were floating in the air. Other uses, such as melting the condoms down for other products, can also be discounted for two reasons: (a) it would be very expensive to buy condoms for the tiny amount of latex they contain and (2) latex cannot be melted down and still retain its useful physical properties. These kinds of stories abound in developing countries when condoms are introduced at subsidized prices.

Smuggling is an issue in Bangladesh partly because it shares borders with Burma and India. Smuggling is, almost by definition, impossible to quantify. It is also difficult to control if a significant demand exists for a foreign product.

Certain control activities can be undertaken, however, and measurements attempted. SMP management did detect smuggling of their products in the 1970s and took steps to reduce it by withdrawing sales efforts from the Burma border area. Recent small-scale research activities in Burma and in India have reported availability of "Raja" branded condoms as well as some "Tahiti" brand evidently coming from the BDG program. Based upon apparent quantities available and their apparent rate of sales, at fairly high prices, the SMP management estimate that perhaps 4 - 5 million SMP condoms find their way into Burma each year, and perhaps three million into India. Even if the total number were doubled it would not come close to explaining the condom prevalence gap. Two expected developments should help keep smuggling of SMP products to its present level or below, namely increased distribution control and greater availability of condoms in India from Indian sources. Contraceptive social marketing activity in India is expected to increase, thereby probably reducing demand for foreign condoms. It is more difficult to measure quantities of BDG condoms smuggled out of Bangladesh because they are distributed free-of-charge through family planning workers whereas all SMP products must be paid for at each step of the distribution system. It seems probable that smugglers would be more attracted to free supplies rather than pay for supplies of a product which is virtually identical except for the outer "Raja" pack. The small-scale research in Burma also noticed OCs for sale in Burma which were not SMP products. They appeared to be the "Noriday" and "Combination 5" brand distributed through the BDG system.

Large-scale overstocking of condoms by the SMP distribution pipeline is difficult to imagine given that stockists and retailers pay for their condoms. If stocks don't sell, further purchases don't occur. Thus, any over-stocking would be of a temporary nature. A better hypothesis would be that expansion of the number of sales outlets would add to the stocks which are not used by consumers. This is undoubtedly the case with SMP condoms since the number of retailers is increasing. At an estimated expansion rate of about 10,000 additional retailers per year (see Appendix B) this would amount to perhaps two million condoms being added to the pipeline but being sold to consumers later. However, even discounting SMP sales by this amount does not provide a substantive answer to the condom gap problem.

The number of condoms used per couple each year is assumed to average 100. This is based upon small amounts of research and may be too low but there is little firm evidence available. One study of 400 women in Bangladesh indicated sexual frequency of 2.2 to 2.5 times per week in the 25-40 year age group.⁸ Allowing for abstinence during menstruation, this rate extrapolates to very close to the annual figure of 100 used by the SMP. Another study indicated that women may over-report sexual frequency in Bangladesh.⁹ Even though the actual condom usage rate could be higher than 100, perhaps up to 150 per year, adjusting this factor would not explain the three-fold condom gap problem.

Inaccurate reporting by female CPS respondents does appear now to be the case and may provide a large part of the solution. Under-reporting of contraceptive use by Bangladeshi females has been suggested over the years.¹⁰ Preliminary findings from one recent study commissioned by PSI/SMP

in 1983 which surveyed males, females and couples indicated that females do report less use than men.¹¹ One study sampled approximately 500 women and 500 men. The other study sampled approximately 1300 women, 1300 men and 1300 couples (husbands and wives were interviewed simultaneously but separately). Results have not yet been fully analysed but indicate that the women report substantially lower ever-use and current use of contraceptives, including condoms. The sample of men indicated a noticeably higher prevalence. But the highest prevalence was recorded when couples were interviewed. Four tentative results of these studies are of interest: (1) women report lower use than men, (2) samples of men and samples of women both report lower use than couples, (3) the reporting differences are greater in rural populations, and (4) the reporting differences are most noticeable for condoms but appear to apply to other methods, as well.

In summary, the best answer to the first question appears to be that the vast majority of SMP condoms are in fact used in Bangladesh for family planning purposes. Sales volume reports are accurate because wholesalers, stockists, retailers and consumers must pay for the products. Because money is exchanged at each level products will not be discarded in large quantities and distribution figures cannot be spuriously inflated. Approximately ten million condoms per year should be subtracted from annual sales reports for smuggling and distribution pipeline expansion, combined. The most important factor in explaining the condom gap appears to be under-reporting by women when asked about ever-use and current use of contraceptives.

Based upon this analysis plus BDG reports, some rough

calculations of contraceptive prevalence in Bangladesh can be made. Total condom prevalence may be approximately 5.4% - 6.2%; OCs 3.6% and spermicides 0.4%. All other modern methods (vasectomy, IUD, tubal ligation and injectables) may total about 8.1%, and the total prevalence for the national program would therefore be between 17.5% and 18.3%. Applying the SMP shares of 67%, 12%, and 70% reported earlier for condoms, OCs and spermicides, respectively, the SMP would thus be providing contraceptive prevalence between 4.3% and 4.9%. Based upon these rough calculations, one out of every four users of modern, effective methods in Bangladesh is being served by the SMP.

The second issue, that of regional variation in condom sales has been raised with respect to reputed "unusual popularity" of SMP condoms in some Districts, notably Sylhet, Chittagong and Chittagong Hill Tracts. A complete analysis of regional differences would require quantified estimates of many demand factors as well as supply factors and these data are not available for condom users (one study of contraceptive prevalence variation based on the Bangladesh Fertility Survey of 1975-76 estimated the explanatory power of some thirty variables).¹² In the present case it would be more useful to undertake an areal analysis based upon smaller units than Districts, but those data are not readily available. An analysis of per capita condom distribution by District is provided in Table 3 showing 1982 distribution for the BDG and for the SMP. Comparing ranges and variations for each program the smaller variation is for the SMP: 0.290 condoms per capita in Dinajpur to 0.976 in Khulna. The SMP

Table 3. Per capita Distribution of Condoms and Oral Contraceptives, by Provider and by District, 1982.

<u>DISTRICT</u>	<u>C O N D O M S</u>			<u>ORAL CONTRACEPTIVES</u>		
	<u>BDG</u>	<u>SMP</u>	<u>TOTAL</u>	<u>BDG</u>	<u>SMP</u>	<u>TOTAL</u>
Dhaka	0.399	0.891	1.290	0.092	0.025	0.117
Tangail	0.747	0.746	1.493	0.096	0.017	0.113
Mymensingh	0.375	0.627	1.002	0.073	0.009	0.082
Jamalpur	0.528	0.490	1.018	0.109	0.011	0.120
Sylhet	0.149	0.891	1.040	0.041	0.013	0.054
Chittagong	0.304	0.923	1.227	0.056	0.022	0.078
Chittagong Hill Tracts.	0.451	0.561	1.012	0.124	0.020	0.144
Noakhali	0.248	0.843	1.091	0.056	0.009	0.065
Comilla	0.182	0.676	0.858	0.051	0.010	0.061
Khulna	0.507	0.974	1.481	0.075	0.016	0.091
Jessore	0.845	0.420	1.265	0.093	0.011	0.104
Kushtia	0.783	0.636	1.419	0.121	0.012	0.133
Faridpur	0.245	0.631	0.876	0.064	0.006	0.070
Barisal	0.371	0.393	0.764	0.074	0.009	0.083
Patuakhali	0.580	0.443	1.023	0.093	0.008	0.101
Bogra	0.721	0.446	1.167	0.151	0.018	0.169
Rangpur	0.344	0.336	0.680	0.074	0.015	0.089
Dinajpur	0.550	0.290	0.840	0.084	0.011	0.095
Rajshahi	0.418	0.353	0.771	0.077	0.008	0.085
Pabna	0.388	0.479	0.867	0.053	0.010	0.063

distribution in Khulna is therefore 235% higher than in Dinajpur. The greater variation is for the BDG condoms: from 0.149 in Sylhet to 0.845 in Jessore. The BDG distribution in Jessore is therefore 467% higher than in Dinajpur. While both the BDG and the SMP have considerable variation, explanations are difficult to provide. One possibility for the Sylhet pattern is the renowned entrepreneurship and willingness of the Sylhet population to accept innovations. This cultural factor could explain the high levels of SMP sales in Sylhet. Another explanatory factor for Sylhet is the balance between BDG distribution and SMP distribution: Sylhet is one of the very lowest for the BDG and one of the highest for the SMP. But the total per capita distribution for Sylhet is 1.04 which is in the middle range. Thus the total "popularity" of condoms in Sylhet is not "unusual." Chittagong, shows a similar pattern: one of the lowest for the BDG and one of the highest for the SMP. Chittagong is Bangladesh's second largest urban area and would be expected to have high per capita sales for a marketing project because, along with Dhaka and Khulna, it has a high concentration of sales outlets. Again, the total per capita distribution in Chittagong is not much above the national average. Chittagong Hill Tracts is in about the middle range for both the BDG and the SMP. A scattergram (not included here) based upon the data in Table 4 showed no discernible relationships between the two programs. A scattergram of OCs also showed no discernible relationships between the two programs but did suggest that the BDG program in Bogra was exceptionally strong, having per capita distribution figures which were much higher than the second and third highest BDG Districts, namely Chittagong Hill Tracts and Kushtia, respectively. Many

factors other than those mentioned above could be important. One of the most important may be the different ways different programs are operated in different parts of the country. However, these factors operate most critically within smaller units than Districts, for example, Sub-Division and Thana levels. The SMP currently monitors its sales by Sub-Division level and plans to record at the Thana level within one year. Computerization should also be completed within one year and more elaborate analyses of SMP records will then be available. Sub-division and Thana level distribution data for the BDG program are not yet readily available from the MIS Unit. When data from both programs are computerized and readily available, more complete analyses will be possible. This analysis, based upon currently available data, proves nothing: indeed, given the availability of data it is difficult to conclude that regional variation warrants serious concern.

Recommendation 1 : Contraceptive prevalence surveys should interview samples of men, samples of women and samples of couples. Rationale: there appear to be wide differences in reporting between the three groups. NB. The 1983 CPS will sample all three groups and should therefore provide additional information of this topic.

Recommendation 2: Both the SMP and the MIS Unit should be encouraged to report outputs on a routine and timely basis down to the sub-division and thana levels with the objective of improving local management and control. Rationale: Data aggregated at the district level is too far removed from operations to be helpful in managerial control; analysis of the outputs of one system without cognizance of the other ignores the probability of their interaction.

3. Product Knowledge

It is often said in Bangladesh that "Raja means condom and condom means Raja." Similarly, "Maya" is often used as a generic word for OCs. This widespread awareness of SMP brands is clearly the result of the use of many advertising media over the years by the SMP. An estimated 88% of urban women, and even 66% of rural women report awareness of condoms, representing a large increase over the levels reported in the 1976 Bangladesh Fertility Survey. The respective rates for men are 96% and 82%. Reported awareness of OCs by women is also high, while reported awareness of spermicides is relatively high only among urban men and women. The degree to which the SMP is responsible for these high levels of awareness has not been quantified exactly, but the 1983 CPS will be collecting data on brand awareness as well as on sources of supplies and the results should lead to a more definitive picture. Based on existing information, however, it can be said that SMP advertising, promotion, training and education activities have probably generated most of the increased awareness of these three methods since 1976.

The successful use of media by the SMP has led to the suggestion that the SMP could also undertake advertising which is not aimed directly at promoting the sale of SMP contraceptive brands but, instead, aims to create a **demand** for family planning, in general. This could be a useful activity in Bangladesh although the effectiveness of specific themes and messages which might motivate more people toward family planning have not been measured. Since the themes are not oriented towards promoting SMPs

products their effects upon the SMP's costs and sales volumes should be carefully considered before the SMP becomes involved. From the SMP managers perspective, planning and implementation resources siphoned into this new area might decrease the amount of those resources available for marketing the SMP family of products. A possible answer to this issue is discussed in Chapter VI, Future Directions.

A second issue is that of "effective knowledge" of contraceptives. It is a more important issue than "awareness" with respect to effective use and subsequent levels of fertility reduction generated from the sale of contraceptives. This is not a ^{/big} **problem** with a simple product like a condom but can be with OCs and with spermicides. There is evidence in Bangladesh that effective knowledge and use of OCs may be low, as measured by compliance with correct dosage regimens. ¹³ There is also evidence that continuation rates are low unless good follow-up advice is available. ¹⁴ Furthermore, use of OCs for short periods during postpartum amenorrhea in Bangladesh has been associated with increased fertility. ¹⁵ These are serious issues for all family planners in Bangladesh including the SMP. When "Maya" and "Ovacon" were new products, and the problems noted above had not been fully recognized, increasing sales might have been assumed to be directly associated with increasing fertility control but this assumption has now been questioned. SMP management has taken the very useful step of restricting the sale of OCs to pharmacies, graduate doctors and RMPs who are being trained with the help of SMP staff. It could be inferred from this switch in strategy from general retailers to more educated providers, including large numbers of RMPs, that women are now obtaining better instructions on OC use

and better follow-up. But the real level of RMP knowledge and the dynamics of knowledge transfer between the RMPs and the couples they serve should be examined, particularly since there is a great potential for further development of many thousands of RMPs as SMP family planners. Such an evaluation should provide some useful intimation about the use-effectiveness of OCs sold through SMP channels.

Recommendation 1 : The 1983 CPS results should be analysed with a view to evaluating the role of the SMP in generating awareness and knowledge of specific family planning methods. Rationale: this information would assist planners in allocating advertising and training resources.

Recommendation 2 : The SMP should not undertake social advertising aimed at generating interest or demand for general family planning. Rationale: the SMP should continue to focus its advertising resources on promoting the sale of its own "family" of products through well-established principles of brand marketing.

Recommendation 3 : The SMP should evaluate the level of effective knowledge of RMPs, particularly with respect to OCs. Rationale: The real level of knowledge and the dynamics of the transfer of that knowledge to users (and husbands of users) is an important aspect of use-effectiveness. Information gained from such an evaluation could be used to improve training, and to increase sales volumes, continuation rates and fertility control.

4. Births Averted

Connected to the preceding discussion is the issue of converting contraceptive use into fertility change. But any estimates of fertility change, such as numbers of births averted, is clouded by two complex issues: use-effectiveness of the method, and substitution. Calculations of births averted from CYP data therefore require modification of the "protection" offered by each CYP taking into consideration such factors as pregnancies during use of the contraceptive and overlap of use with postpartum amenorrhea. In the absence of such information, assumptions are sometimes used to convert CYPs into estimates of births averted. The Government of Pakistan, for example, discounts CYPs provided by non-clinical methods by 40% to estimate "effective users." Then, based on fertility rates in Pakistan, it is suggested that 2.86 years of effective use will avert one birth.¹⁶ While this system depends heavily upon several assumptions it can be used as a very rough guide. If it is also assumed that user effectiveness and fertility rates are similar between the two countries then in 1982 SMP contraceptive outputs may have resulted in roughly:

$$(816,000 \text{ CYPs}) \times (0.6) \times \frac{1}{2.86} = 171,000 \text{ Births averted.}$$

Similarly, from Project start-up in 1975 until December 1982, approximately 640,000 births would have been averted. More sophisticated methods exist for calculating numbers of births averted and other measures of fertility change as a result of contraceptive use but they cannot be applied until more is known about contraceptive usage patterns and fertility levels of SMP customers.

Recommendation: The use-effectiveness and the demographic implications of using non-clinical methods, including SMP brands, should be measured in Bangladesh. Rationale: the results of this type of research would assist planners to improve their activities while providing demographers with a better picture of the demographic impact of various methods in this culture.

D. ECONOMIC EFFECTS

Economic analysis of family planning activities can be viewed from several perspectives including cost-effectiveness and value of births averted. This evaluation concentrates on measurements of cost-effectiveness. The value of births averted is also addressed.

Cost-effectiveness analysis is now applied to family planning programs in several ways; most commonly measured in cost-per-CYP. The SMP costs reported by the USAID Mission for 1982 were as follows :

1.	Local expenses (operating costs)	\$ 1,343,514
2.	PSI	\$ 417,228
3.	Contraceptives distributed (C.I.F)	<u>\$ 3,805,842</u>
4.	Total expenses	\$ 5,566,584
5.	Less : Sales revenue	\$ 423,556
6.	Net Cost	<u>\$ 5,143,028</u> =====

Because costs have been calculated differently for different social marketing projects in other countries, cost per CYP for the Bangladesh SMP is shown below in three different ways for 1982 :

	<u>COST PER CYP</u>
a. Local operating costs only.	\$ 1.67
b. Net costs (total expenses less revenue)	\$ 6.39
c. Excluding Contraceptives	\$ 1.66

One way of illustrating efficiency is to examine cost per CYP between family planning activities in the same country. Using line (c) above (excluding cost of contraceptives) the SMP figure of \$1.66 is substantially lower than those of other agencies except the Bangladesh Association for Voluntary Sterilization, which operates at a similarly low level. Most others, including the BDG program, operate in a range of \$3-\$18. There are several reasons for this high level of SMP effectiveness, as measured by low cost per CYP, including :

1. payment to tens of thousands of distributors and retailers through trade margins,
2. nationwide operation offering economies of scale,
3. strong incentives for employees to produce,
4. concentration upon distributing contraceptives,
5. generation of revenue.

There is, of course, overlap and referral between agencies in Bangladesh in the sense that the resources of one, may in effect, be measured against CYPs credited to another. For example, a small NGO, specializing in motivating clients may not always have contraceptives to give or sell to the client and may refer the client to a shop to purchase SMP contraceptives. On the other hand, the very large quantities of contraceptive awareness generated at considerable cost by the SMP has probably motivated many couples to obtain contraceptives from other agencies or from the BDG outlets free of charge. There is no way of accounting for all types of overlap or "referral" but it probably occurs between the SMP and most other agencies, in both directions.

Another useful form of analysis is to examine trends over time for the SMP costs per CYP. As shown in Table 3 they have decreased from \$2.86 in 1976 to \$1.66 in 1982. The costs in Table 3 would be more useful if adjusted for economic factors but such an analysis is beyond the scope of this evaluation since it would require application of different adjustment factors for local inflation, U.S. inflation and foreign exchange rates. Such an analysis would probably show a greater downward trend than Table 3 indicates because the Bangladesh Consumer Price Index almost doubled between 1976 and 1982. Lastly, international comparisons could be useful if comparable data were available for other programs although comparisons would always be difficult because of different economic conditions and different programmatic emphases and problems in different countries.

TABLE 4. Annual Cost per CYP, 1976-1982

<u>YEAR</u>	<u>COST PER CYP</u>
1976	\$ 2.86
1977	1.95
1978	1.83
1979	1.55
1980	1.95
1981	1.87
1982	1.66

In summary, the SMP has demonstrated that it can concentrate its efforts on expanding the use of contraceptives at relatively low unit costs. Decreasing costs per CYP over time probably represent a combination of rapid increases in sales of "Raja", addition of new brands and increased revenue. This combination of factors has more than compensated for costs associated with institutional growth and continuing inflation.

Calculating costs and values of births averted is another useful indicator of effectiveness because it addresses the ultimate goal of family planning, namely, the benefits of decreased fertility. However, any estimates of the value of births averted can provide only very tenuous answers and should be used very cautiously, because we do not have adequate data for calculating the economic "savings" such as less demand for social infrastructure, transport, energy, education, etc. or the economic value of better health for mothers and children derived from averting births. However, if data were available, cost per birth averted could be compared to the value per birth averted to illustrate economic "benefits" and "savings" to the nation. Given the present data for the SMP, the cost of averting a birth in 1982 was roughly \$8.00. The value of averting a birth in Bangladesh in 1982/1983 has not been established but, based on the type of calculations used in neighboring countries it may be in the range of \$ 100 - \$ 200. ¹⁷

Recommendation: A systematic and standardized cost-per CYP evaluation system, which incorporates all types of costs, should be instituted for SMP and other family planning activities on an international basis. Rationale: such a system would provide another tool for evaluating similar types of activities between countries. The model recently designed by USAID/Dhaka and used in this evaluation could serve as a basis for developing such a system. N.B. USAID/Dhaka requested detailed cost information on several contraceptive social marketing projects in other countries on behalf of the evaluation team but the information did not arrive in Dhaka in time to be used during this evaluation.

E. IMPACT OF THE SMP ON OTHER FAMILY PLANNING ACTIVITIES

1. Government and Non-Government Programs and Projects.

The value of the SMP to the non-clinical contraceptive activities of the national program was described in earlier sections of this Chapter. Discussions with Government officials also confirmed that the Project had contributed in other ways, notably by legitimizing and increasing discussion of family planning throughout the nation and in making the population aware of specific contraceptive methods. In fact, the SMP is viewed as an integral and continuing part of the national program, undertaking activities which are complementary to the activities of the Government and other NGOs.

The relationship of the SMP to other NGOs was discussed from one perspective in the preceding section, namely, "overlap" and "referral." This is an important complementary relationship, inasmuch as the SMP creates awareness of contraception nationwide, leading to more opportunities for discussion between NGO personnel and their clients. Reports of this beneficial effect of SMP activities were offered by officers of several NGOs during the evaluation field work. Another benefit often mentioned was the increased availability of contraceptives through SMP sales outlets to NGO clients. Some NGOs have problems keeping a continuing supply of contraceptives and therefore refer clients to SMP sales outlets. Some NGOs purchase bulk quantities of SMP products and this practice could be expanded where necessary. Small NGOs have very little available cash and would therefore have to be supplied on a consignment basis by the SMP distribution system where feasible. NGO representatives repeatedly supported the social marketing concept of offering quality contraceptives at subsidized prices because an affordable price increases acceptance and use. The concept of "value for money", ie, the view that people value what they pay for and will use what they pay for, was frequently emphasized. Furthermore, the social marketing model was seen as "dignifying" to clients because they participate in a mutual exchange with their neighborhood shopkeepers and village doctors, just as they do for many of their other daily needs. However, in a country like Bangladesh, which has a low per capita income by world standards and where many people are below the absolute poverty line there is also a need for contraceptives free-of-charge as reflected by the BDG program and some NGO activities. Thus, a combination of pricing policies ranging from free-of-charge to subsidized, low-priced products, to the high prices charged in the commercial sector exist side-by-side to serve the various economic levels within Bangladesh.

It became clear during the evaluation that there was not very much information flowing between the SMP and other NGOs. For example, the SMP has commissioned and used many studies of its own activities, which could also be of value to other agencies, as "lessons learned." Similarly, other agencies, such as the ICDDR,B and many NGOs have learned many lessons that could be of considerable value to SMP management. The addition of a full-time Research Officer in a staff position at the SMP will help to collect, organize and disseminate all of these research results to better effect by the entire family planning community in Bangladesh. SMP management is currently recruiting their Research Officer.

Recommendation : NGO's should be informed that they can purchase SMP products from SMP wholesalers.

Rationale : SMP wholesalers can assist NGOs in keeping a continuous supply of contraceptives available for their clients.

2. The Commercial Sector

International development planners have sometimes expressed concern that subsidized products, such as contraceptives, may have a negative impact upon local commercial activities. This possibility was explored during the evaluation with respect to the impact of SMP on: (1) the sales of higher-priced OCs in the commercial sector and (2) general retailers and pharmacies.

As noted earlier, an estimated two million cycles of OCs, other than SMP brands, will be sold through commercial channels

this year. The prices are roughly twice the price of SMP's highest priced OC, and are sold mainly through urban doctors and pharmacies. "Ovostat" has the lion's share of this market. The representative for the manufacturer of "Ovostat" in Bangladesh reported that his sales had increased rapidly since 1976, when SMP began advertising and selling "Maya". He attributed a part of the increasing sales to the increased awareness of OCs brought about by SMP advertising. Another factor in "Ovostat's" success is probably its higher price, which gives it a good image and a better profit margin to doctors and pharmacists who tend, therefore, to promote it. Part of this better image is that "Ovostat" reportedly has fewer side-effects than other lower-priced brands. The representative suggested that the rate of sales in urban markets will increase more slowly in the future as the market becomes saturated and indicated that the commercial sector has great difficulty developing rural markets for OCs (because of the dearth of graduate doctors and pharmacies) leaving the way open for non-profit, subsidized programs, such as the SMP, to improve rural prevalence.

The SMP has benefitted about 80,000 - 90,000 retailers of all sizes by supplying them with an additional product (condoms) from which they obtain some revenue. Most importantly, these 80,000 - 90,000 retailers are potentially important "change agents" in the Bangladesh culture. Clearly, the display and sale of contraceptives in their shops and dispensaries increases public awareness of family planning. Whether these men pass on correct effective knowledge and follow-up advice to users who perceive side effects from SMP products is another question. The true value of these men as effective family planners should be studied and their roles improved and increased, as required.

There may be a small negative impact on the sale of high-priced condoms in a few urban pharmacies as a result of SMP activities and this could be of some small concern to importers. However, the quantities are trivial and probably represent insignificant impact on total sales of the importers and retailers because condoms account for a very small proportion of their total sales.

Recommendation: The value of retailers as family planning educators should be evaluated systematically.

Rationale: SMP has built a large potential for educating the public about the use of contraceptives. The advice given to customers about all methods, but particularly about OCs, can be critical to the use-effectiveness of the products.

F. CONCLUSION

The impact of the SMP is a family planning success story for Bangladesh. The Project has demonstrated that a substantial impact could be made in a developing country by harnessing and developing an enormous, existing retail system without employing large numbers of staff. All of this was accomplished at a relatively low unit cost, demonstrating the efficiency of the social marketing concept. In addition to providing large numbers of contraceptives to couples in need it has legitimized and broadened awareness and discussion of contraception in a country which has often been described as too conservative to accept overt promotion of contraceptives. While the need for such a program was perceived by far-sighted planners in 1973 it is doubtful that the degree of success could have been predicted.

In looking ahead, short-term projections indicate that the present mix of products will continue to have an increasing impact. For the longer-term, however, management can produce a much larger impact by adding additional brands of existing non-clinical contraceptives, and branching out into injectable contraceptives, plus useful household medicines such as ORS, and nutritional products for mothers and children. Marketing this "family" of products should be beneficial to the consumers, their families, the retailers and doctors who handle the products, and to the SMP salesmen. The impact on fertility should also be enhanced by continuing to develop urban and semi-urban sales areas while developing rural sales through the many thousands of RMPs in Bangladesh. The increased use of mobile film units in rural areas combined with the activities of many thousands of RMPs could result in a greatly increased demographic impact for the SMP during the next 5-10 years.

Recommendation: USAID should continue to fund the SMP.

Rationale: The SMP has demonstrated continued growth and effectiveness at low unit cost, and it has become an important part of the national program.

Many of the findings and recommendations in this chapter serve as partial rationale for recommendations made in the remainder of this report.

IV. MANAGEMENT, MARKETING & INSTITUTIONAL ISSUES

This chapter examines the structure and processes of the SMP, concentrating on the following topics :

Structure and Personnel

Management Information System

Marketing and Sales Administration

Relationships Between SMP and Other Institutions

The Role of PSI

A. STRUCTURE AND PERSONNEL

The SMP, like other business enterprises, has evolved a well-defined and delineated organizational system to suit its specific needs. The organizational systems chart in Figure 5 outlines the following four levels of management:

a) Legislative and Policy Level consisting of:

Ministry of Health & Population Control
U.S.A.I.D. and
P.S.I., New York.

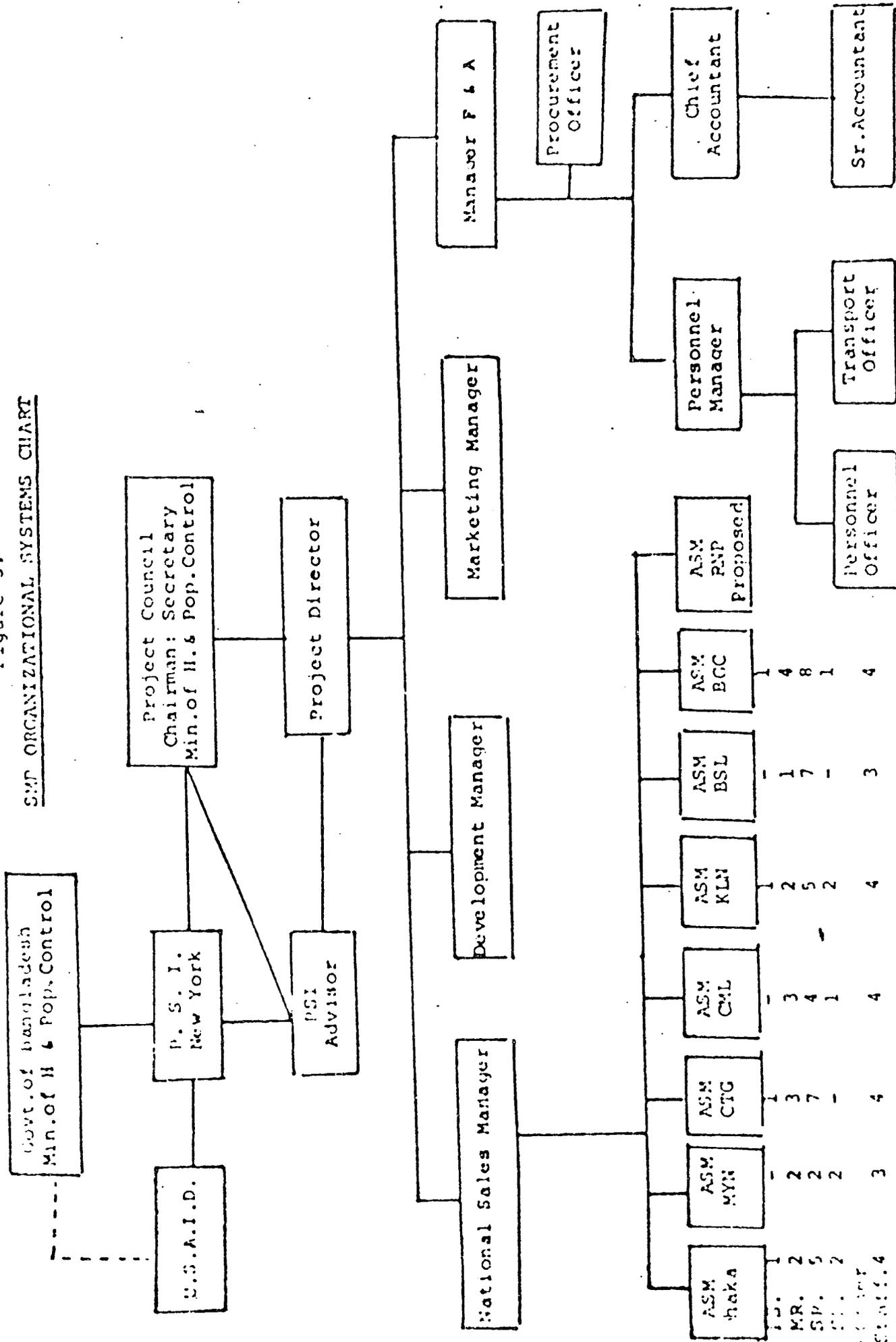
b) Enterprise level consisting of:

P.S.I. Advisor and
Project Council.

c) Management level consisting of:

P.S.I. Advisor and
Project Director.

Figure 5.
SMP ORGANIZATIONAL SYSTEMS CHART



NOTE: This is a systems chart and does not show position levels.

d) Operating level consisting of:

Project Director and
4 functional managers responsible for
Sales, Development, Marketing and F.&A.

The purpose of this section is not to discuss conventional personnel department activities but to look at the SMP organization from the personnel perspective which aims to provide leadership and morale to achieve organizational goals and tasks.

The parties involved at level (a) of the management have laid the foundation of SMP enterprise in Bangladesh and provided it an important niche in the national program. We were particularly impressed with the discussions with the Joint Secretary and Deputy Secretary of the Ministry of Health and Population Control and their interest in providing a rightful place for SMP as an enterprise. There seems to be excellent rapport between PSI and the Ministry and between SMP and the Ministry.

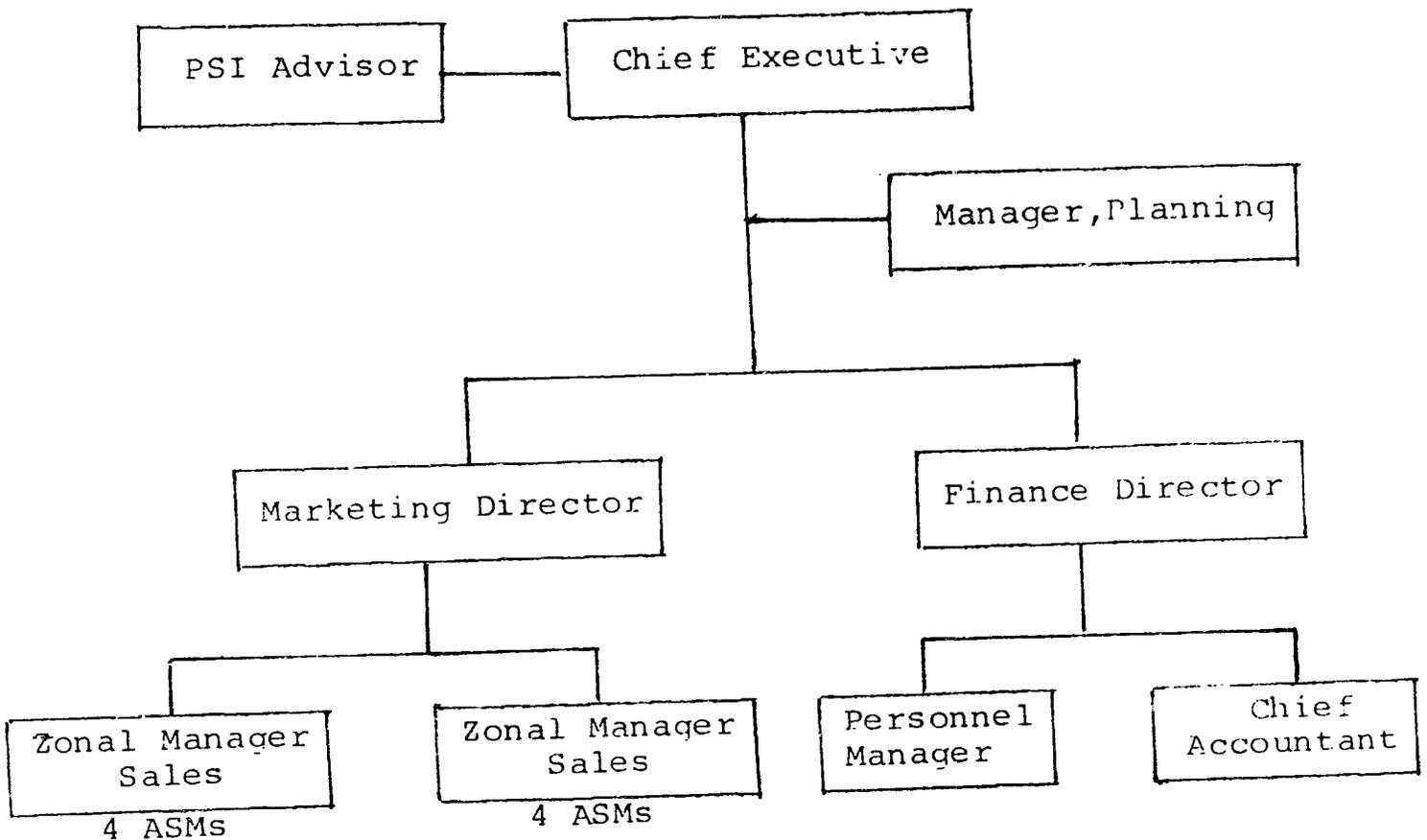
The tasks and responsibilities at management levels (b), (c), and (d) are very well-defined and understood and there does not seem to be any conflict as to the roles and responsibilities at management level between the PSI Advisor and the Project Director. The Project Director is fully responsible for the day-to-day operating management. He is the operating chief executive. The leadership provided by the Project Director is reflected in the morale within SMP and its image in the outside community. SMP works in a very sensitive and delicate social and political environment and the leadership is always on test and continually tight-rope walking. The PSI Advisor is actively involved in relating SMP to the outside community, the BDG and USAID.

SMP has a staff complement of 282 persons and has a well-defined personnel policy and record-keeping system for recruitment, selection, job description and classification. The personnel department manager reports to the Manager of Finance and Administration.

One problem at the operating level is the non-availability of duly qualified and experienced professional, technical and managerial staff in sales, marketing, market research and other fields. This problem could be ameliorated by implementing a systematic staff-training and management development program. For middle-level personnel the training resources of Bangladesh and neighboring countries could be utilized. For senior staff training and development opportunities could be found in the U.S.A. and other countries. Consultants with practical experience in the field of marketing, physical distribution, sales force development and market research could be invited from outside to conduct special training programs. The need for more trained staff will probably increase as the SMP expands its activities.

The present organization reporting to the Project Director seems to be adequate to meet the current needs. While the evaluation did not involve a detailed organizational review, some overlapping of roles and responsibilities and work-loads between the National Sales Manager, Marketing Manager and the Development Manager were noticed.

In view of the future growth and emphasis on sales and distribution, it is worth reviewing the future organizational design. The following design is proposed for discussion to the PSI Advisor and the Project Director :



The Project Director needs to be viewed as the chief executive to be assisted by two directors. The planning function reporting to the CE could include market planning, advertising and promotion and market research. Increased emphasis on sales

and distribution will require organizational strengthening, including two Zonal Sales Managers, probably to be located in Dhaka and Chittagong. Each will have a manageable number (four) of Area Sales Managers to supervise. A highly experienced, senior level Marketing Director will be required to coordinate and supervise the increased sales activities and introduction of additional products.

As the scope of the SMP activities broadens and its size and complexity increase, the question of technical assistance arises. In addition to organizing the Project in 1974 the present contractor, PSI, has provided continuing technical assistance. The need for technical assistance will increase, for example, if injectable contraceptives and nutritional products are added to the SMP product lines. The need will also increase if a management training program is instituted. The contractor's role in technical assistance is discussed again in Chapter V. In Chapter V an even larger role is envisioned for a contractor, such as PSI, to provide extensive technical assistance.

Recommendation 1: The SMP should undertake a systematic staff-training and management development program for senior and middle-level managers. Rationale: present difficulties could be ameliorated by additional training of specific personnel. Training will become even more important as the organization expands.

Recommendation 2: the organizational structure should be modified to include a Planning Manager, Marketing Director and two Zonal Sales Managers. Rationale: these changes should facilitate expansion of the SMP operations.

Recommendation 3: Additional technical assistance will be required if the recommendations to increase product lines and management training, are implemented. Rationale: addition of a clinical product, such as an injectable contraceptive, and nutritional products, will require specialized consultancy. Management training, particularly outside of Bangladesh, will also require technical assistance.

B. MANAGEMENT INFORMATION SYSTEM

An integrated and uniform system for information and data generation, tabulation and interpretation and its dissemination to various levels of management for planning and decision-making will greatly rationalise the existing reports and statements prepared by various departments. The major reports which are prepared by the F. & A. and the Sales departments include the following :

1. Monthly Income and Expenditure Statement
2. Wholesale Sales Statement
3. Retail Sales Statement
4. Distribution Report
5. Outstandings Statement

SMP activities have important implications for demographic and program development purposes besides sales, distribution and related statistics. During the course of developing sales and marketing efforts, it would be useful to build the following data bases :

- (1) Sub-division level retail sales per month, fertile couple

population, number of estimated outlets, classification of outlets by turnover, (sales per outlet record to be maintained), number of towns, bazars, hats and nucleated settlements with population over 5000.

(2) Lists of urban centers, towns, major nucleated settlements, bazars, hats by union levels.

(3) Lists of doctors, para-medical professionals, at union/thana level.

(4) Lists of registered chemists, pharmacists at union level/thana level.

(5) Periodical retail store audits to record sales and stocks of SMP and competitors' products.

(6) Sample check report on distribution through government and NGO outlets at a few union levels (through a statistical sample).

SMP has a centralised and well-organized finance and accounting department responsible for F&A, inventory control, procurement, imports and clearance and personnel. While there is no separate internal audit cell, there is a system of internal checks and control. The F & A department has prepared an accounts manual in consultation with a firm of Chartered Accountants.

There are plans to decentralise some aspects of the accounting functions and delegate these to sub-office level and also to appoint internal auditors at head-quarters level. This will facilitate better control at sub-office level with respect to stocks, cash transactions, outstanding accounts and credit control. Collection of outstanding accounts and control of credit appears adequate in the Bangladesh context. In Bangladesh, it is common practice for wholesalers to extend credit, operating almost like a bank; thus, credit sales are common. There is a conscious attempt by the SMP to clear all outstanding accounts before the end of the financial year.

There is a fairly systematic budget-preparation process in SMP. The functional departments have a system of preparing their departmental budgets. The SMP budget is prepared by the Manager, Finance & Administration in consultation with the Project Director and the Project Advisor. The annual budget is reviewed and approved by the Project Council. The annual financial accounts are audited by an outside firm of public Chartered Accountants whose appointment and fees are approved by the Project Council.

Recommendation 1 : The SMP should build computerized data bases as outlined above. Rationale: these data bases will improve the recording, accounting, procurement, distribution, planning and reporting functions.

C. MARKETING AND SALES ADMINISTRATION

1. Objectives and Strategies.

The objectives of SMP marketing and sales efforts are "to utilize the commercial sector to (1) maintain and increase the amount of sales of non-clinical methods of contraception, which serve a significant portion of Bangladeshi acceptors, as a complement to the nation's publicly supported family planning program, and (2) to market contraceptive products through the commercial sector in a cost-effective manner." In addition SMP aims in "expanding the use of social marketing as a means of extensively distributing other socially desirable goods and services as far as practicable, to include but not necessarily be limited to other types of family planning services including clinical services and contraceptives, health products, such as oral rehydration therapy, and other products and services related to health and fertility control."

The SMP current marketing and sales strategies to achieve these objectives are: (a) to utilize the commercial network of 22 wholesalers, over 5000 stockists and over 90,000 retail outlets spread all over the country for distributing the products; (b) to utilize various advertising and sales promotional methods to support the sales and marketing efforts; and (c) to promote the products through medical and para-medical practitioners.

To manage this effort, SMP has established a national field sales organization with a national sales manager, a

marketing manager, 8 area sales managers, 4 field supervisors, 17 medical representatives, 38 sales representatives and 8 sales promoters. In addition, there is a sizeable support staff. For the purposes of sales development the country is divided into 8 areas or regions.

No recommendations.

2. Market Planning and Development.

SMP is currently planning a test market campaign for an ORS product and also considering to introduce a higher priced condom and another OC.

Pricing Strategy and Trade Margins.

The SMP product pricing strategies do not have a scientific basis. The pricing strategy is governed by the principle that the price should be low so that the products are available and accessible to the low-income consumers as widely as possible. The actual cost of the contraceptive is not considered. Neither are operational costs.

Recently the SMP introduced higher priced products: Panther - a condom and Ovacon - an OC. Both products have been successful and are improving their market share.

The maximum retail prices (MRP) or consumer's purchasing prices of SMP products are given below :

<u>Condoms</u>	Taka	U.S.\$
Raja (3 pcs) pack	0.60	0.025
Raja (12 pcs) pack	2.00	0.083
Raja (1 pc) singles	0.15	0.006
Panther (4 pcs) pack	2.00	0.083

P i l l s

Maya (1 cycle)	1.00	0.041
Ovacon (1 cycle)	4.00	0.165

Safe Delivery Kit

1 Kit	24.00	1.00
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Raja singles are sold to retailers in packs of 100. This pack now accounts for about 90% of all Raja sales to retailers and has resulted in substantial savings in packaging costs for the SMP.

While there is not very much consumer profile information available it appears that the majority of SMP consumers are in the income bracket of \$200-\$400 per year, and that the SMP management aims its brands at that market. But there is also a potential for marketing to families with income of more than \$400. New products could be positioned to tap this market, thereby increasing contraceptive prevalence and providing additional revenue. Because products aimed at

higher income earners would be sold at higher prices their contribution to SMP revenues could be considerable, perhaps covering a substantial proportion of operating expenses required to market the lower-priced brands. These higher-priced products could be promoted by providing relatively high incentives for sales representatives and retailers, based on various targets.

The retailer trade margins on SMP products in terms of percentages are higher than for other consumer products but in terms of real money value to the trade are quite low because of the very low prices of the products. The details are given below :

Wholesalers	4-8 %	on MRP
Stockists	5-7 %	
Retailers	15-20%	

The SMP sells to wholesalers for cash and also on short-term credit. The SMP sales representatives pick up stocks from the wholesalers and sell them to stockists and retailers, usually for cash put sometimes on credit, then deliver the money to the wholesalers. Thus, the wholesalers willingly operate on low margins because they do not have to provide salesmen for the SMP products. The development of its own sales force represents one of the keys to success for the SMP.

Recommendation : The SMP should aim some of its next contraceptive products toward a higher income market.
Rationale: While consumer profile information is scarce it

appears that the majority of SMP consumers have incomes between \$200-\$400 per year. There is also a potential for marketing to families who have an income of more than \$400 per year. This market could be tapped at very little additional cost because revenues returned to the SMP would be relatively high; perhaps high enough to cover all operational expenses after a few years. These products could be promoted by providing relatively high incentives for sales representatives and retailers, based on various targets. The SMP management now has enough experience in the market place to position new products in such a way that more eligible couples would be protected while revenues would be substantially increased.

Market Research and Studies

From time to time SMP has commissioned various market research studies and investigations for its planning and decision-making processes. A list of some of the reports commissioned over the years is given below :

1. Media Recommendations. 1974
2. Package Selection Survey. 1974
3. Marketing Channel Study. 1974
4. Family Planning KAP Study. 1975
5. Price Study of Contraceptive. 1977
6. Grass-root Marketing. 1978
7. Cinema Audiences Acceptability Study. 1979
8. Report on Contraceptive Package Testing. 1979
9. Market Factors Influencing the Sales of Raja and Maya. 1979.

10. Action Research Design on Mobilization of Rural Health Practitioners for SMP. 1980.
11. Market Research on Joy. 1980.
12. Consumer study to ascertain and use of Raja condom and socio-economic profile of the users. 1981.
13. Effectiveness of Maya Marketing. 1981.
14. Study on Field Management. 1982.
15. Study on Joy Foam Tablets. 1982.
16. Study on Shop Boards. 1983.

These studies and investigations were commissioned through market research groups, consultants and management school graduate students. The studies have provided valuable insights into a variety of marketing problems and the results have been used profitably by management in its planning and decision-making processes. Another excellent source of information can be the sales force itself. Apparently, several marketing modifications have been made as a result of information provided by sales representatives to managers during area visits and during Zonal Sales Conferences.

No recommendations.

3. Sales Development and Management

As expected for any marketing operation in Bangladesh, SMP sales are weighted toward the urban areas. While only 10% of the population resides in urban areas, urban sales account for a larger proportion of total sales. Many of

these urban sales are to urban residents but a large proportion is also to rural residents who shop in urban settings. On the other hand it is to the credit of the SMP that its products can be found in remote villages.

Even with its excellent success to date the SMP has tapped only a small percentage of the people who often shop in cities and municipal towns. This population may be as high as 40% of the total population, including perhaps seven million eligible couples. The SMP now has the experience to concentrate its sales development activities and tap this market to a greater extent. Concurrently, the SMP can improve its rural outreach by increasing the use of RMPs. There may be between 50,000 - 100,000 RMPs capable of handling SMP products. By combining intensive sales development of retailers with increased use of RMPs it should be possible for the SMP to double its sales volume and contraceptive protection within three years.

Recommendation 1: The SMP should intensify its sales development efforts aimed at urban, semi-urban and municipal retailers while continuing to reach rural villages through RMPs. Rationale: these two strategies have worked well during the past two years and their intensification could result in a doubling of Project impact within three years.

Recommendation 2 : The SMP should work toward assessing, classifying and grading sales outlets while developing each sales area. Rationale. The process will assist management to systematically plan its marketing activities.

Advertising and Promotion

Advertising and Promotion expenses are the largest cost item in the SMP's operational budget, accounting for 26% in 1982. The 1982 expenditures are summarized in Table 5.

Table 5. Advertising Expenditures, By Product and Medium, 1982.

	RAJA	MAYA	OVACON	JOY	TOTAL
RADIO	\$ 19,932	\$19,964	\$ 18,154	\$ 19,981	\$ 78,031
PRESS	40,251	22,423	21,088	33,706	117,468
CINEMA	12,948	3,970	-	2,688	19,606
OUTDOOR	1,041	1,041	1,041	1,041	4,164
BILLBOARD	13,634	13,025	3,479	11,437	41,575
POINT-OF-PURCHASE	19,497	18,608	14,583	20,214	72,902
MOBILE FILM UNIT	6,597	7,237	5,061	6,469	25,364
TELEVISION	-	7,413	10,841	11,791	30,045
T O T A L	\$113,900	\$ 93,681	\$ 74,247	\$ 107,327	\$ 389,155

Without doubt, the SMP advertising and promotional efforts have a great value in terms of social and educational aspects of mass awareness on the vital national population issue. At the same time, it should not be overlooked that SMP is designed as a commercial sales organization and it should perform in the most cost-effective manner. SMP has to allocate its financial resources to functions and tasks in a manner which would give maximum availability and sales of the contraceptives to a wider target population. Should it spend more money on distribution or medical professional intervention or mobilizing non-conventional distribution channels such as the MFU as against the amount spent on advertising? These are some of the serious questions which the SMP management needs to consider in its budget review process. A good sales organization functions most efficiently in an environment of scarcity of resources and when it has to fight for every single dollar to spend. Advertising budget allocation should be the result of judicious decision-making by SMP managers who should resist all pressures to increase the advertising budget unless the increase is warranted on solid marketing rationale.

We suggest a judicious balance in the advertising and promotion between conventional and non-conventional media on one hand and equitable spending between this budget head and others such as distribution and increased sales development. In terms of communications, the distribution network and availability of the product on the shelf of the remotest outlet in the countryside is by itself the greatest advertisement and promotion. There are about 68,000 villages and by one estimate over 300,000 retail outlets in Bangladesh. To reach these outlets would be the goal.

Media planning on this background is an academic exercise: apparently no reliable media information such as rate cards, information on coverage, on market studies are available and the SMP is thus forced to make somewhat ad-hoc decisions in terms of allocation of funds to different media. While this may be so, the priority issue is: should SMP spend more than what is of optimum value? The other risk in over-spending is that the advertising and promotional expense is likely to create a vested interest and a sense of patronage and may have its own back-lash.

The country's population is about 95 million, including about 85 million rural residents. There are 123 urban centers. A large proportion of the population, both urban and rural, is below the poverty line. Newspaper readership is estimated to be about 600,000. There are about 7.5 million radio receivers in the country - half of them may not be in use as batteries or dry cells are not available. There are 302 cinema halls in the country and about 700,000 people watch movies every day. It is said that the vast majority of the target population - women and rural poor - may not have access to newspapers or radios on a regular basis. F18

These statistics look dismal but that is not the purpose of this discussion. The other side of the picture, which is the optimistic side, is that over 90% of the population knows about family planning and about at least one contraceptive method. There is a lesson to be learned here. Even though people do not have access to radio or

newspapers, something else is happening. There could be at least one person per household who may be exposed to one or more of the mass media. The bill-boards, posters, banners and many other non-conventional types of media are also playing a part in the communication and information flow. One of the SMP studies suggested that these methods have more impact compared to the conventional mass-media.

Recommendation 1 : USAID and the SMP should review advertising and promotion budgets with a view to allocating the resources in the most efficient manner, based solely upon marketing principles, and resisting all pressures to increase advertising expenditures beyond levels dictated by marketing principles. Rationale: Marketing organizations operate most efficiently in an atmosphere of relative scarcity of advertising funds.

Recommendation 2 : The SMP management should consider additional use of unconventional advertising methods. Rationale: The apparent high levels of awareness of SMP products contrasted to the reported lack of mass media outreach indicates that media other than radio, TV and press may be operating strongly.

5. Use of Revenue

The SMP now generates substantial sales revenue: more than \$423,000 in 1982 which was roughly equivalent to the advertising budget. It is used to offset operating costs. This is a sound policy, reflecting the policy of the commercial

sector that the SMP works in. However, all or part of these revenues could be used in other constructive ways to make the SMP activities more efficient and more effective. Two such ways are considered here, namely capital expenses and additional products.

The SMP has a fleet of some sixty vehicles. It will need more. Under current USAID regulations the SMP must import vehicles from the U.S.A., but this is inefficient and expensive in the Bangladesh context because there are no US car agencies to provide parts and service. On the other hand, there are assembly plants, parts and service for Japanese vehicles, which cost less than US imports. A USAID policy to allow the SMP to use revenues to purchase vehicles and parts locally would provide improved transport facilities for the SMP at a substantial saving.

The SMP currently rents office quarters and warehousing space. If expected growth continues it will require additional and well-planned office space. A USAID policy to allow the SMP to use revenues to purchase or build its own buildings would provide the SMP with more appropriate and efficient offices. The SMP management reports that building or purchasing office space is more economical than renting. Furthermore, the investment of revenue funds in such capital improvements would provide the beginning of real capitalization of SMP. Thus, the cost-effectiveness of the operation and long-term financial prospects of the SMP would improve.

The SMP currently markets products procured in the USA by USAID and over-packed by SMP for local sale. These products

are not always appropriate for the local market and are sometimes switched by USAID. This can result in less than maximum sales and contraceptive protection than would have been the case if the SMP had more flexibility in spending its revenues. A USAID policy to allow the SMP to use sales revenues to purchase some of its own products would give the SMP management the flexibility required to design and purchase products which are most suitable for Bangladesh. USAID should clarify its position in the use of sale revenue.

Recommendation 1: With the concurrence of USAID and the Project Council the SMP should use sales revenue for local capital expenditures such as vehicles and office space, as needed. Rationale: These expenditures would result in better efficiency at lower costs.

Recommendation 2: With concurrence of USAID and the Project Council the SMP should use sales revenue to purchase appropriate products for marketing, as needed.

D. RELATIONSHIP BETWEEN SMP AND OTHER INSTITUTIONS

1. Relationship with Population Services International (PSI)

PSI has played a significant and important entrepreneurial role in promoting, incorporating, and managing the SMP activity since 1973. For the past decade, PSI management has been an important resource for USAID and the BDG in terms of experience and expertise in social marketing. In the present organization

the entire responsibility and accountability - de jure and de facto - rests with PSI in accordance with the agreements between PSI and the BDG and between PSI and USAID. The former document states: "PSI shall mount in cooperation with the Government a nation-wide social marketing operation in Bangladesh, entitled the "Social Marketing Project." The USAID contract states: "The contractor /i.e., PSI/ shall be responsible for the utilization of the AID financial resources in the contract."

In practice, PSI and SMP are virtually synonymous in Bangladesh. Ordinarily, there is no conflict in considering them simultaneously dedicated to the achievement of identical objectives. For example, one application to the Social Welfare Department for the registration of PSI was returned with the advice that the registration of SMP was sufficient. "PSI/SMP" is often used to denote a commonality of the organizations.

Still, the distinction has real and useful meaning. SMP has, in a limited sense, achieved a corporate identity. The Project Council functions much in the same way as a corporate board of directors, and PSI sits on the Council as a voting member (although, because of its day-to-day contact with SMP in its advisory capacity, it is also, with management, answerable to the Council). It is the Project Director, not the PSI representative, that answers to the Government for the SMP.

But the fact remains that SMP derives its legal existence in the first instance from the PSI-BDG agreement. The PSI representative, a Vice President of that corporation and

thereby charged with the USAID contractual obligations - some of which are explicitly operational, recognizes the operational primacy of the Project Director; the Project Director, given executive authority over the Project by virtue of his appointment by the Project Council, recognizes that in certain instances PSI's interests as defined in its relationship with USAID may necessarily take precedence. An example of this type of conflict might help illustrate the problem: The Project Director answers to the Project Council for the cost-efficiency of the Project, inter alia, and naturally takes steps to maximize income and hold down costs. In doing so, he may legitimately enter into discussions with donors other than USAID, as he has quite properly done in the past. Other donors may have priorities and program policies which conflict with objectives established in the contractual negotiations between PSI and USAID. The PSI Advisor would then be obliged to assert the prior claim of PSI (and USAID) on SMP, even while granting the legitimacy of the effort.

It is to the credit of both PSI and SMP that the possibility of this type of conflict does not seem to have damaged a smooth and productive relationship. Indeed, the relationship between the current Project Director and the Advisor seems characterized by candor and a collaborative pragmatism. The one instance in which the fundamental flaw in the relationship becomes clear, however, is in the handling of the so-called "family planning demand-creation" campaign. PSI has sub-contracted with Manoff International to design and implement a mass media campaign using advertising techniques to "sell" the desirability of a small family without reference to brand-name products. But, in fact, as described above PSI is synonymous with SMP in Bangladesh; even the expenditures

for the campaign appear as part of the costs of SMP - there is no place else to put them. The Project Director, the operational executive of what is first and foremost a sales organization, is naturally uncomfortable with additional advertising costs which do not promote his products. Both he and his administrative managers question the time that is spent to support the Manoff personnel required to carry out the work. Finally, it is in the nature of the campaign to challenge several fundamental tenets of Bangladeshi society and to be controversial. Even while agreeing with the desirability of such a campaign, SMP management questions the wisdom of placing SMP in that controversy, thereby risking SMP's carefully positioned ability to perform an equally desirable function.

It is in this sense that the evaluators conclude that while the relationship between PSI and SMP has produced results of considerable significance to the population effort in Bangladesh, and while it is clear that this productive collaboration between PSI and SMP can and should be encouraged to continue, the present organizational arrangement is not conducive to the growth of SMP and to its continuity as a corporate enterprise. This is not to say that the present arrangement cannot or should not continue. Indeed, as will be discussed in greater detail below, the present structure serves the primary objectives of SMP reasonably well, and in some instances may well be more convenient and useful to the various parties precisely because certain organizational questions have not been definitively resolved. On the other hand, the use of the private sector to accomplish explicitly social objectives is a relatively new undertaking in Bangladesh, as it is elsewhere. PSI and SMP have collaborated

productively to help bring about a massive increase in the convenient availability of non-clinical contraceptives by involving tens of thousands of shop keepers, wholesalers, village doctors and pan-wallahs in the distribution system. If this contribution is found to be sufficient by USAID, by the BDG, and by PSI and SMP, then the present structure, with its inconsistencies, may be adequate. In fact, the managerial time and political cost required to rationalize the organizational pattern might be out of proportion to the benefits which might reasonably be expected. If, on the other hand, a greater role for SMP is seriously contemplated, as suggested by the arrangements made for the demand creation campaign and by the question concerning the feasibility of SMP's becoming involved in the physical distribution of contraceptive supplies to MOHPC outlets, then the present structure is inadequate and represents a serious constraint to undertaking functions over and above that of distributing contraceptives through commercial channels. This question will be discussed from other perspectives in the balance of this Chapter. More specific recommendations as to its resolution will be offered in Chapter V.

No recommendations.

2. Relationship with the Government of Bangladesh.

The role of the BDG is stated in its Agreement with PSI. The Agreement clearly provides a dominant role for Government in the Project Council, giving the Government four of the nine members as well as the chairmanship. In turn, the Council is

given broad powers over the top management of the Project ("To approve the appointment of the Project Advisor upon nomination by PSI..." and "To appoint the Project Director upon nomination by PSI and subject to approval by Government and to set the terms and conditions of such appointment"); over finances, including the approval of budgets, the appointment of auditors, and the review of all accounts; over operational plans and progress; and generally "to give policy direction and supervise the Project."

The Agreement is also explicit about the day-to-day management of the Project :

Management of the Project shall direct the day to day operation of the Project, subject to the supervision, advice and guidance provided by the Council. Operations shall be in accordance with generally accepted commercial practice as defined in the modern tenets of business and marketing management and in line with investment policies of Government. The Project shall operate in the private sector and be competitive in that section /sic/ with regard to recruitment and remuneration of management staff and operational personnel.

The evaluators received the impression that in both areas, that is, both in the formation and functions of the Council and in the operational independence of SMP management, the parties concerned are satisfied that important interests are protected. For instance, on the one hand, there seemed to be no question that Government's involvement, through the Council, was both appropriate and necessary with respect to SMP's possible involvement in injectable contraceptives. On the otherhand, the Ministry seemed quite satisfied with the important role SMP has come to play in the national program.

One puzzling feature of the Agreement is the impressively broad list of objectives for the Project (which are detailed in Appendix "A"). These include, among others, broadening the use of social marketing to include other "socially desirable goods and services," conducting market research in relation to "other socially desirable products," developing communications material "with a view to educating the public," possibly manufacturing contraceptives or "other products relating to the health and well-being of the people of Bangladesh," and establishing family planning clinics or "other facilities relating to the health and population objectives of the Project."

It is clear that a statement of objectives in a memorandum of understanding such as this Agreement is at least in part, a matter of pro forma: many objectives are stated at the beginning in order that the undertaking may evolve naturally without having to resolve legal constraints as to what the undertaking may be at a later date. And the statement that the organization may do certain things in the future by no means necessitates their actually being done. Still, these objectives go far beyond what SMP thus far has undertaken, and it suggests that the BDG has taken cognizance of the possibility that the potential of social marketing for contributing to the public good - if only in the population field - is much broader than what is now being done by SMP. This point should not be over-emphasized; for instance, even though oral rehydration therapy is mentioned explicitly in one of the objectives, the Council has not yet approved SMP's handling of it. But the Agreement does indicate that several elements of Government have been exposed to the notion of a much wider application of social marketing in the context of a PSI-Government undertaking, and at the very least have not rejected it. We shall return to the point in Chapter V.

The other point covered by the Agreement between the BDG and PSI is that the formation of a "permanent legal entity through which social marketing may be pursued" is still pending. The original PSI-BDG Agreement, signed in November of 1973, contemplated the establishment of a non-profit company through which the social marketing activity could be carried out. Subsequent documents have all made reference to "the Company," but now, ten years later, it is not easy to understand why it has yet to materialize. Doubtlessly there are factors that will not be known, but several seem likely: First, it does not seem to have been of high priority to any of the interested parties, with possibly a few exceptions. PSI does seem to have made a concerted effort to have SMP registered under the Companies Act two years ago, but without success. Second, the present, legally informal status of SMP has worked well over the years, providing little incentive to undertake the difficult decisions that will be required to effect a major change in that status. Third, the change seems to have been perceived by the three interested parties, not as an opportunity for more and better programming, but generally more as a legal or administrative chore. Fourth, all three parties may have seen an element of threat to their own interests in the formation of an independent entity: PSI may have feared being by-passed in the funding; the BDG may have been apprehensive at the prospect of a loosening of its control; USAID may have seen a dilution of its own proprietary interests as represented by the contractor ("The contractor shall..."). Fifth, and finally, the enormity of the population problem doubtlessly weighed heavily on all parties, diverting their attention from such questions as those discussed in this Chapter: there were always more

pressing concerns. In any event, neither "the Company" nor any other "permanent legal entity" has been formed. The BDG-PSI Agreement states that "PSI and Project management shall continue to give consideration to the legal status of the Project and shall from time-to-time review their recommendations with the Project Council regarding its registration under the Companies Act of 1913 or other suitable options for providing the Project with a more permanent, independent legal personality." The USAID-PSI contract states that "The contractor will endeavor to provide a more secure, long term legal basis for FPSMP." While these mandates to PSI seem quite clear as to their intent, the fact of the matter is that PSI is hardly the party to carry the negotiations among the three parties. While suggestions will be developed in Chapter V concerning an appropriate form for an independent, legally sound, private sector social marketing operation which could be built on the firm foundation paid by the BDG, USAID, and PSI, it should be said here that both USAID and the BDG have to come forward and make their interests clear to the other parties in order that progress on the legal issue can be made.

Recommendation: If the BDG or USAID desires a change in the legal status of the SMP they should initiate the necessary discussions among all three parties. Rationale: Such discussions require the clear and active participation of both the BDG and USAID.

3. Relationship with USAID

The influence of USAID over SMP is, of course, enormous. Not only does it control funding, it also sets operational

guidelines, reporting requirements, performance criteria, and so forth, through its contract with PSI. USAID also sits on the Project Council. Over the years USAID's contribution to SMP's success over and above the funds for its operations and for the contraceptives has been substantial. In particular, USAID has been extremely valuable in fitting social marketing, which is unlike other activities in the health and population field, into the USAID system.

The relationship of USAID with SMP derives from its contract with PSI. As discussed elsewhere, the ambiguity of SMP's status becomes apparent when PSI's contractual, explicitly operational obligations are compared with the advisory role of the PSI representative (a role also acknowledged in the contract) and the powers and duties of the Project Director and of the Project Council as provided in the PSI-BDG agreement. For example, the contract states that "The contractor shall subcontract with local advertising agencies..." In practice, of course, PSI per se does not execute subcontracts in Bangladesh; rather, it is the Project Director, appointed by and deriving his authority from the Project Council, who executes contracts on behalf of SMP - and not on behalf of PSI. And as discussed earlier the one instance in which an attempt was made to distinguish an advertising subcontract as having been executed by PSI, namely, with Manoff International, served to accentuate the difficulties of trying to emphasize an operational role for PSI which transcends that of SMP. While the USAID contract does acknowledge the advisory role of PSI, it ignores the fact that SMP acts as the entity for the execution of the activity even in those instances in which it obliges PSI to carry out certain operational functions. Alternatively, it may be said that

insofar as the contract imposes its obligations upon PSI and not upon SMP, it detracts from the legal independence of SMP. This type of ambiguity in the USAID-PSI contract is mostly a result of SMP's never having achieved a legal definition apart from that given it in the PSI-BDG agreement. It may also be a vestige of the arrangement that obtained when the PSI representative acted in the capacity of Project Director, an arrangement which ended in January of 1980 when the present Project Director was promoted to that position and the PSI representative became Project Advisor. In any event, as discussed elsewhere, pointing out this ambiguity is not necessarily to say that it must be removed. In fact, the inchoate relationships that have been discussed in this Chapter have in certain instances allowed SMP to maintain the flexibility that is necessary for private sector operations, and, in fact, have been tacitly recognized and accepted by the parties involved. At the same time, further postponement of the resolution of the status of SMP acts as a constraint to the full realization of the potential of social marketing in Bangladesh.

It must be said that the present contract approach to social marketing is inadequate and dysfunctional. In general, the short-term contract seems best suited for time-bound, specific objective development projects in which USAID involvement is over when the assistance and funds are utilized and the project objectives are accomplished. It has not worked well in this case, at least to the extent that the objective of establishing an independent institution carrying out social marketing in the private sector is concerned, an objective all three parties have acknowledged as worth pursuing. The

contract mechanism has reinforced short-term interests of the contractor and of SMP management by emphasizing the temporary nature of project-oriented thinking and has offered little incentive for long-term institutional planning. As an example of the detrimental effects of short-term, project-bound thinking, it is difficult for the SMP to recruit top-level managers in an atmosphere of tentativeness.

USAID's interest and involvement in the SMP is substantial. Because of the sizable quantities of assistance already provided (USAID's total assistance has now reached approximately \$20 million, while SMP's requirement for assistance may exceed \$10 million annually in less than three years) and because of USAID's evident perception that social marketing can and should play a crucial, and even larger role in Bangladesh, USAID should take the lead in negotiating the formalization of a rational, appropriate institution to accomplish these longer range objectives. PSI will play an important role in such negotiations, largely because of the fund of good will and trust that PSI has built up over the years within the BDG and the SMP. But it remains for USAID to offer the needed assurances that such an undertaking can be made financially viable.

Recommendation: USAID should clarify its position with respect to long-term funding for the SMP and take the lead in working toward longer-term funding than currently exists.

E. EFFECTIVENESS OF THE CONTRACTOR

As described above, while PSI originated the Project and has a continuing agreement with the BDG to implement the Project, it is also the USAID contractor. Two aspects of PSI's role as the contractor will be addressed in this section, namely, its performance in terms of the contract and the cost of PSI to USAID.

1. Performance

Apart from administering the contract to the SMP and providing advisory services to the Project Council (the Advisor is a member of the Project Council) PSI is required to undertake the following specific activities.

Firstly, PSI is required to "attempt to provide a more secure, long term legal basis for the project" and "to advise the Government, the project, the Project Council and USAID on a long-term organizational and legal framework which best insures continued effectiveness in increasing the availability of and use of contraceptives which complements the Government's national population program." These issues were examined in earlier sections.

Secondly, PSI is required to advise in the following four areas : (a) The marketing of contraceptive and related family planning products through the existing network of wholesalers and retailers, (b) The expansion of the existing market through increases in the SMP sales force, increases in wholesale and retail outlets and use of other delivery systems

appropriate in Bangladesh to increase practice of family planning, (c) The management of market research, product promotion and advertising strategies for existing and new products. The advisory services in marketing to include: pricing, advertising, packaging and innovative sales and delivery strategies, and (d) The formulation of management policies and procedures to sustain the project growth including: manpower planning and development; personnel policies; contracting and sub-contracting procedures; supplies procurement, logistics and management; operations research management; and liaison with both Government and private family planning agencies. Each of the four areas have been addressed in earlier sections of this report. The question to be answered here is, to what degree has PSI participated or advised? "Participated" is more apt, given the nature of the agreement between the BDG and PSI, described above. The PSI Advisor participates as an advisor at the request of the Project Director in many operational functions named in items (a) (b) and (c) above, such as market planning for new products, test-marketing new products, and several aspects of market research. It is probably not coincidental that the sharp increases in distribution efforts and sales volumes since 1979 began when the present Project Director and the present PSI Director joined forces for the first time. New, successful marketing strategies date from that time. It is to the credit of PSI that it was able to replace their former Advisor with the present Advisor, who works smoothly and effectively with the Project Director, other managers and staff. The demand exceeds the supply for experienced, culturally sensitive, committed people who are willing to live and work in developing countries and to deal competently with day-to-day operational pressures in the private sector, and it is the international social marketing

experience of PSI which enabled it to find the right person at the right time in a tight "market". It is in area (d) where the value of the Advisor is particularly noticeable, namely as a participant in contracting, sub-contracting; supplies procurement, logistics and management; and liaison with both Government and private family planning agencies. These functions require active discussions and negotiations, by the Advisor, with a large number of individuals and institutions outside the SMP, particularly the BPG and USAID. The tasks involved are important, sometimes complex, and not often easy. Without a competent Advisor many of these tasks would have to be undertaken through some other mechanism probably requiring additional USAID Mission staff and additional SMP staff. The liaison function itself is extremely important and appears to be carried out very effectively by the Advisor. It is important because the Project is large, noticeable, and commercial in nature (the commercial nature often lends to misunderstandings in the local and foreign communities). For this combination of reasons it is often discussed in many circles, and many pressures are placed upon it, including pressure to hire specific individuals who may not be particularly well-qualified; pressure to use the SMP for other, probably worthwhile activities, but ones which may divert it from its primary mission; and pressure to change specific parts of a well-thought-out market plan, such as an advertising campaign. The diplomacy undertaken in this complex liaison activity is considerable. The Advisor, being a member of the Project Council, has the Council's support in the liaison function, as required. With respect to item (c) above (market research, product promotion

and advertising strategies for existing and new products) suggestions were made earlier in this Chapter concerning the need to strengthen SMP's market planning functions. While the SMP, with the help of PSI, is developing its sales functions adequately, the broader market planning functions are not sufficiently strong to meet some of the future challenges posed by new products and intensive sales development. If, as proposed in the next chapter, PSI is to take on an even wider role in Bangladesh, it should be prepared to provide a full range of technical assistance in the area of market planning.

Lastly, PSI is required to : (a) Sub-Contract with local agencies for development, production and placement of advertising and promotional materials through appropriate media; (b) innovate and test marketing techniques and implement if found effective; (c) provide sales incentives to the sales staff, wholesalers and retailers; (d) employ appropriate personnel to carry out these activities; and (e) provide pre-tested informational material to suppliers and consumers of contraceptive products. While PSI is "required" to undertake these operational functions, in fact they are implemented through the SMP, with the participation of the PSI Advisor, as needed, in much the same fashion as he participates in the broader functions described above.

The PSI Advisor is supported in several ways by the PSI head-office in the USA, including contract monitoring, accounting, procurement of commodities and direct and indirect provision of technical assistance. It is difficult to assess the performance of the head-office from this distance with respect to these functions but we are assured for example,

by the USAID Mission, that both SMP and PSI accounting procedures and reports are timely and comply with USAID requirements. Direct technical assistance is usually in the form of visits by PSI professional staff, particularly the Executive Director who was the original Project Director.

Recommendation: PSI should help the SMP to strengthen its market planning functions. Rationale: These functions are not sufficiently developed now and will require much greater strength if they are to help meet future challenges.

2. PSI Costs

USAID paid PSI \$ 417,000.00 for its services in 1982. Some of these funds supported the SMP directly in Bangladesh while the remainder supported PSI's head-office costs in the USA. One way of assessing the cost-effectiveness of PSI's services would be to undertake an international comparison of all contraceptive social marketing projects funded by USAID in which contractor costs were compared to contractor performance. Then the cost-effectiveness of PSI could be ranked against the cost-effectiveness of contractors implementing similar projects in other countries. USAID/Dhaka requested the necessary information for other projects in other countries but it did not arrive during the evaluation period.

Another way of making such an assessment would be to measure PSI head-office costs against head-office activities. Some of those activities were noted in the preceding section

but a real assessment of this nature is beyond the scope of this evaluation because the evaluation team had no acquaintance with PSI head-office activities. In lieu of this type of assessment the PSI Advisor to the SMP has provided a description of PSI head-office activities in Appendix "C".

Recommendation: USAID and PSI should accept joint responsibility for assessing costs for services rendered and for negotiating an acceptable formula for imbursement.

F. INSTITUTIONAL ARRANGEMENTS BETWEEN USAID AND THE SMP

If USAID accepts the earlier recommendation that it should fund the SMP for at least another five years then the question of the nature of the relationship arises. Three options will be considered: (1) that the USAID Mission funds the SMP directly, using no contractors or advisors of any type, (2) the advisory role be continued using a personal services contract, and (3) that the present system of using a contractor and an Advisor be continued.

The first option presents many difficulties. The first is that the Advisor's role is important, as described above. The contractor also supplies important technical services and the single-minded commitment to contraceptive marketing. Next, USAID would have to find a way of funding the SMP which from a legal perspective may be difficult. Lastly, the Mission would then have to take on additional administrative staff to manage and monitor this large project. This option, even if it could be implemented, appears dysfunctional and

could lead to a deterioration of the Project's effectiveness.

The second option, for the Mission to hire an Advisor through a personal services contract (FSC) also presents some of the same difficulties. Again, a mechanism would have to be found for funding the SMP (which technically is not a legal entity) and ignoring the agreement PSI has with the BDG to operate the SMP. Again, the loss of a contractor would mean the loss of technical assistance such as procuring goods and services, and providing contact with the professional worlds of marketing and family planning. If USAID chooses this option it will probably have to add additional staff to assist the Advisor with administrative and contract compliance. Recruiting a competent, experienced social marketing Advisor may be particularly difficult: as explained earlier in this chapter such individuals are not easy to find. Most are employed by contractors and for a broad array of reasons of their own, choose to remain with their employers. The recent experience of the USAID Mission to Pakistan is a good example of this particular problem: the Mission has not been successful in its attempts to recruit a competent social marketing advisor on a PSC basis.

The third option, of continuing with a contractor who provides the Advisor and other technical assistance, appears to be the soundest approach for the following reasons:

- (a) it would not be disruptive. The implications of removing a contractor may not be apparent in advance of the action, but in at least two countries where successful contraceptive social marketing projects were operating, the abrupt discontinuation of the contractor resulted in stagnancy;
- (b) And related to the first, is that contractors who

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specialize in contraceptive social marketing are useful in an intangible way, namely, they provide commitment to the goal of fertility control, and they are instrumental in articulating, fostering and maintaining the entrepreneurial, business-oriented characteristics of the Projects they serve. This commitment is reflected in the quality of the Advisors and other forms of technical assistance they provide. This intangible has probably played an important role in Bangladesh, tending to keep the SMP firmly rooted in the commercial sector, and resisting pressures to change; (c) Technical assistance that a contractor provides can be as important for a more mature and dynamic project as it is critical for a new one. If earlier recommendations are accepted to expand product lines, undertake a systematic management training program, and improve the market planning function, a US-based contractor will remain an important component for supplying technical assistance; (d) The contractors who specialize in social marketing employ most of the experienced advisors. The benefit of this function was noted earlier when PSI was able to replace the former Advisor smoothly and effectively.

Recommendation: That USAID continues to use a contractor to provide technical assistance and institutional support to the SMP. Rationale: This mechanism has worked very well in the past and should be continued.

G. CONCLUSION

From our observations, discussions and analysis we conclude that the SMP is a well-run organization, operating reasonably smoothly in the complex world of social development,

commercial enterprise, plus governmental and foreign involvement. It is to the credit of the SMP and to PSI that the Project has kept itself firmly based in the commercial sector, operating as much as possible along the lines of a sales/marketing organization. If the SMP can continue to operate as it is, its future looks very bright indeed. That future is, of course, entwined with the future activities of the BDG, USAID and PSI. In the next chapter we address some tentative ideas by which the SMP might continue in its current path, while the BDG, USAID and PSI combine their efforts to undertake additional population activities in the private sector which should provide further assistance to the national program to reach its demographic and social goals.

CHAPTER V.

FUTURE DIRECTIONS FOR PRIVATE SECTOR POPULATION ACTIVITIES

The USAID Mission's Brief for this evaluation included an interest in the SMP's future role in the context of USAID's broader objectives for population activities. The concept is to apply in a broader way whatever it is that has made the SMP successful. If such applications are feasible the question to be answered is, how can they be implemented? And lastly, what resources will be required? These issues are examined in this Chapter and a design is suggested. Resource requirements for the SMP will be estimated but resource requirements for other activities are beyond the scope of this evaluation, because they will require detailed feasibility studies. The specific activities to be discussed here are brand-name product marketing; social advertising and related communications

work; clinical activities such as sterilizations; and distribution of family planning supplies and equipment to government and non-government outlets.

Firstly, we suggest again that the SMP and brand-name product marketing of contraceptives and related products fit perfectly, and that the SMP should market more products. Commercial marketing organizations often handle ten or twenty products and the SMP could market as many, or more, to the social benefit of the nation. The concept here is clearly that the SMP should continue to do what it is doing well and moreover, that it should do it on a larger scale. We have seen how the social advertising campaign to create demand for family planning in a general way, has not fit in with the SMP's concept of its mission. The most important reason for the discomfort in SMP is that general demand creation will only tangentially benefit SMP. It is not the type of activity that a commercial sales organization would undertake, and it is an indication of the level of professionalism of SMP management that they are not comfortable with it. Single-mindedness in working towards an objective is a virtue. At the same time, general demand creation is consistent with the ultimate goals of SMP, particularly as these are described in the BDG-PSI agreement. Other types of activities, which are even more diverse are mentioned in that document as possibilities for the SMP.

A. A CORPORATE VENTURE CONSIDERED

The additional possibilities the Mission is interested in seem very worthwhile and there is no doubt that the strengths

of the private sector, as evidenced in part by the success of the SMP, could be used to implement them. A private sector enterprise could be developed so that separate organizations focused single-mindedly on specific objectives. The SMP would be one of those organizations and it would be affiliated with the other organizations through a higher-level corporate entity. Each type of possible activity would of course, be examined in detail and if all parties found relevance in implementing the activity through the private sector, the necessary cost-independent organization or "Division" of the larger corporate entity could be created. The SMP would become the first Division, simply because it now exists and could be institutionalized under a broad-based corporate entity. A Communications and Market Research Division could also be established early to handle social advertising, survey research and communications research. It would also act as consultant to other Divisions and to other family planning agencies in Bangladesh. This is an important part of the concept, namely that the Divisions are mutually reinforcing and pay each other for consultancy services, as needed. This is common practice in industrial and commercial enterprises.

Subject to the interested parties wishes, other Divisions could be established, as desired. An example is sterilization. For reasons that by now may be apparent, any involvement in sterilization by the SMP would remove some of its energies from product marketing and cause considerable changes in its structure. However, with a Clinical Services Division providing activities such as model clinics and training, the desired activities would be

implemented while the SMP continued to market its products, separately.

Management at the higher corporate level would examine each possible activity in concept, arrange for a particular Division to undertake it and also arrange for funding. For example, Corporate Management might ask the Communications and Market Research Division to carry out, or sub-contract for, a necessary communications campaign aimed at a particular population segment. The Division would then use its expertise to design and probably implement, for example, a social advertising campaign. It could also contract to undertake media research for the SMP or communications planning for sterilization promotion on behalf of the Clinical Division.

The evolution of Divisional formation and activity would probably not be as straightforward and discrete as the hypothetical process described above. The interests of several parties would be involved and discussions in a variety of directions would be required. But the elements required for setting up such a venture are present now in Bangladesh and there is a real need for a professionally managed, independent, private, business organization to complement the national population control effort. The Government of Bangladesh is committed to population control and is doing a commendable job at the national and field levels. A private sector activity might be helpful to the national program at the middle level, for example, with logistics. NGO operations are said to be constrained by an inadequate supply system. SMP could probably deliver

contraceptive supplies to the NGO's without substantially increased capital involvement, although, again, the costing of such an operation would have to be handled apart from the SMP operations. If it were agreed to be desirable to involve the private sector in the delivery of and accounting for BDG supplies, thereby creating a supply system that would improve results at the field level, then the divisional concept would provide the structure through which this step could be taken. It seems clear, on the other hand, that the magnitude of such an operation as well as its political implications would not be appropriately accommodated by SMP in its present configuration.

The form of the corporate entity which could act as the executive level for these divisional activities is dictated by the interests of the parties involved. The BDG rightly would consider its interest in such an organization to be high. Its involvement in issues such as the delivery of clinical services, method mix, national contraceptive delivery, and so forth, would extend beyond the question of whether such a private sector organization would become active; it would also be intimately concerned with the efficiency and cost of the performance. USAID should be satisfied that an additional mechanism existed to bring an additional, innovative perspective to bear on problem areas. PSI's proprietary interest in the SMP, discussed in Chapter IV, would act as a pressing imperative to maintain the structural integrity of SMP as a successful organization and, further, to take an entrepreneurial role in assisting the formation of the new organization.

It is important to underscore the need for an implementing agency such as PSI, to bring the new organization

into being and set the tone of its operations. It is certainly not enough to describe it in the terms of a management textbook and create it to the satisfaction of relevant legal requirements. Its structure must be negotiated, its personnel needs determined and satisfied, and its appropriate place in the health and family planning effort in Bangladesh found and secured. Perhaps most importantly, its relationship to the present SMP must be carefully defined, and the critical interest of SMP identified, articulated, and defended throughout the process of establishing the new entity. PSI is in a unique position to perform these functions.

The corporation itself would probably take the form of a joint enterprise between the BDG, USAID and PSI. In fact, the present BDG-PSI agreement might form the basis for further negotiations toward such a venture. A board of directors formulated much like the present Project Council could oversee operations. It is likely that the organization could function in a way not wholly different from that of the present SMP, except that its horizons would be much broader, providing the possibilities for bringing the vast potential of the private sector to bear directly on some of the most serious and seemingly intractable problems of Bangladesh society. The organizational design for such a corporation is proposed in Figure 6.

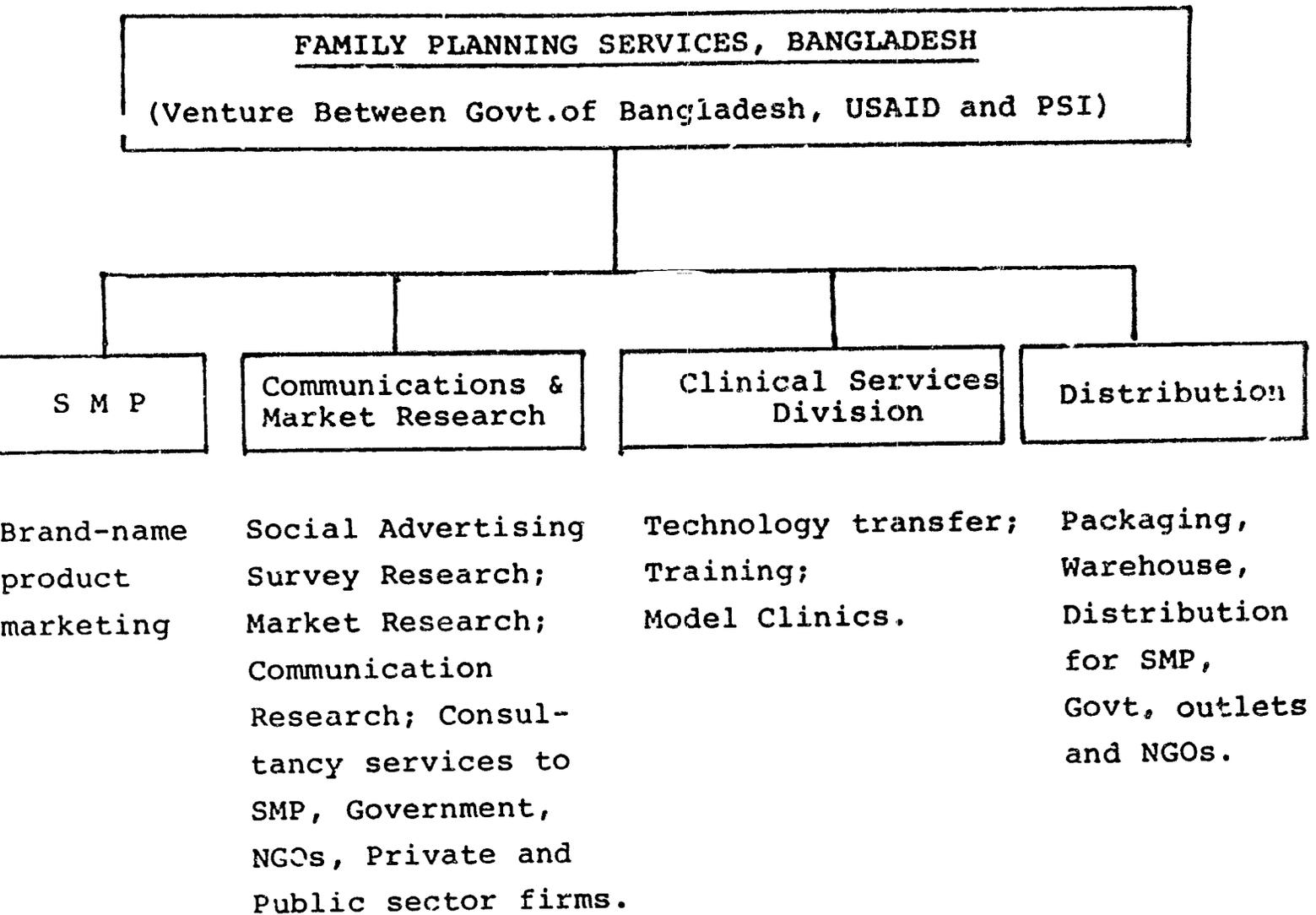


Figure 6. Organizational Design for the Proposed Private-sector Population Venture.

2. Resource Requirements

If the SMP is to expand its marketing operations over the next five years it will need more commodities, packages, warehousing, vehicles and technical assistance. Additional personnel requirements may also be significant. Very little increase in advertising budget should be required. Additional revenues should cover some additional

operating expenses although, if earlier recommendations are accepted some revenue may be used for other purposes. Until decisions are made about the full scope and timing of introduction of new products it is impossible to provide cost estimates. However, some discussion of the subject is possible and may serve to elucidate some of the problems which have already been discussed.

Firstly, the very success of the Project may lead in the near future to a funding problem. A rough projection of the future requirements for contraceptives illustrates the point:

YEAR	RAJA (000) Pcs.	PANTHER (000) Pcs.	MAYA (000) Cyles	OVACON (000) Cyles	JOY (000) Tabs.
1984					
CYP 1,287,000	97,500	8,100	977	747	5,175
1985					
CYP 1,594,000	121,875	10,530	1,124	859	5,951
1986					
CYP 1,976,000	152,343	13,689	1,292	988	6,843

The contraceptive cost projections for 1984-86 are given below :

<u>Y E A R</u>	<u>CONTRACEPTIVE COST</u>
1984	\$ 5,969,836
1985	\$ 7,415,865
1986	\$ 9,219,489

Operational costs may increase over the same period to perhaps \$2.5 million, particularly if some of the activities being contemplated are undertaken. For instance, distribution of Orasaline, the SMP's branded ORS, in quantities that would be significant in terms of public health would involve logistics requirements substantially in excess of present capacity.

Two problems of an operation of this magnitude suggest themselves: First, could USAID fund it alone? The answer to this question is not known to the evaluators, but it would seem to represent a problem over and above the simple availability of the money: Could USAID or would USAID put almost 50% of its present funding into a single organization? Second, would the BDG find the funding of an activity of this magnitude from a single source acceptable? It appeared from the discussion in Chapter IV that the independence of the SMP is already compromised to a certain, limited degree by the USAID contracting mechanism. It would seem in the interest of all parties to work for the broadening of SMP's funding base. Indeed, it remains unclear why the BDG has not already worked to this end. The SMP operation has helped enormously in increasing the total distribution of non-clinical contraceptives, evidently with no adverse effect on the Government's own distribution programme. Marketing principles strongly suggest that additional brands of contraceptives would increase the effectiveness of the SMP approach. Donors other than USAID may be willing to support SMP with supplies of contraceptives. SMP itself seems unable to enlist this support without active help from the BDG. This help would be of great advantage to all concerned, not only in increasing the effectiveness of SMP's commercial approach, but also in serving

to mitigate the funding and organizational problems discussed above.

Recommendation 1: That SMP undertake detailed costing studies of the activities which seem likely to become part of its operations, beginning with the logistics implications of distributing ORS. Rationale: Information is not presently available to project the funding requirements for activities other than existing contraceptives.

Recommendation 2: That the BDG actively seek donor support for the SMP from donors other than USAID, particularly in the supply of commodities. Rationale: Exclusive dependence upon USAID may soon exceed USAID's ability or willingness to support all of SMP's activities, and also may be detrimental to SMP's organizational integrity.

B. CONCLUSION

The concept of a corporate venture is simply a suggestion for organizing additional private sector population activities which could perhaps be as effective as the SMP and operate side-by-side with the SMP. Whether these activities are to be undertaken, in whole or in part, and within what organizational structure they should be implemented is up to the interested parties to pursue.

APPENDIX "A"

SMP Objectives (excerpted from the 1982 Agreement between the Government of Bangladesh and PSI).

The Government and PSI agree as follows :

1. PSI shall mount in cooperation with the Government a nation-wide social marketing operation in Bangladesh, entitled the "Social Marketing Project" : (hereinafter called "the Project") with the following objectives:

a. Continuing to increase the availability and use of conventional non-clinical contraceptives by making them widely and conveniently available in retail outlets throughout the country;

b. Expanding the use of social marketing as a means of extensively distributing other socially desirable goods and services as far as practicable, to include but not necessarily be limited to other types of family planning services including clinical services and contraceptives, health products, such as oral rehydration therapy, and other products and services related to health and fertility control.

c. Developing and refining an organization utilizing local talent and expertise capable of marketing contraceptives and other socially desirable products in Bangladesh;

d. Promoting, advertising, and marketing these contraceptives and other socially desirable products;

e. Undertaking marketing research relating to the marketing of contraceptives and other socially desirable products and to their potential and problems in Bangladesh;

f. Developing and disseminating communications material concerning contraception, sterilization and related topics with a view to educating the public and promoting the acceptance of family planning and beneficial health practices;

- g. Exploring the possibilities of and undertaking local manufacture of the contraceptives by establishing manufacturing plants of its own or otherwise;
- h. Exploring the possibilities of and in cooperation with Government undertaking the marketing of and/or local manufacture of other products relating to the health and well-being of the people of Bangladesh;
- i. Exploring the possibilities of and in cooperation with Government undertaking the establishment and/or promotion of family planning clinics or other facilities relating to the health and population objectives of the Project;
- j. Exploring the possibilities of and, with Government concurrence, accepting grants, donations or loans from other organizations or governments interested in and able to assist in furthering the objectives of the Project;
- k. Undertaking or arranging for local packaging and Bangla labelling of the contraceptives and other products;
- i. Utilizing the experience, advice and resources of PSI to expand and refine the project as long as this Agreement remains in force.

APPENDIX "B"

NUMBER OF RETAIL OUTLETS,
BY TYPE, SMP 1975 - 1983.

Year	General Store	Pharmacies	Others	Total	Annual Increase	Growth (in %)
Dec'75	1,615	5,800	85	7,500	7,500	-
Dec'76	8,544	13,900	656	23,100	15,600	208%
Dec'77	12,010	14,760	5,705	32,475	9,375	41%
Dec'78	17,643	19,538	7,860	45,041	12,566	37%
Dec'79	22,235	23,250	9,328	54,813	9,772	22%
Dec'80	27,796	27,031	11,106	65,933	11,120	20%
Dec'81	37,057	29,976	13,444	80,477	14,544	22%
Dec'82	45,516	30,946	14,565	91,030	10,553	13%
Upto Aug'83	49,982	33,988	15,995	99,965	8,935	10%

APPENDIX "C"

September 30, 1983

TO : John Davies, Evaluator

FROM : William P. Schellstede,
PSI Advisor

SUBJECT: Cost of the PSI Contract

Some concern has been expressed that the PSI contract is costly to the Mission. I write in attempt to put the PSI cost into a perspective that is reasonable and one that should serve to mitigate that concern.

First, it does not appear that PSI's in-country costs are being questioned. That is, the alternative arrangement that has been suggested is to retain a resident advisor through a personal services contract; such a contract would be "costly" in roughly the same magnitude as PSI's costs are to maintain me and my family in Bangladesh; actually, given the tax advantage one enjoys in working abroad in the private sector, a PSC might prove to be somewhat more expensive. But in any event, what seems to be the subject of this concern are those costs over and above what is spent for PSI's presence in Bangladesh. These costs attributable to PSI-New York were about \$253,000 in 1982, or about 14% of the total operating costs of the Project, and some 5% of the total net cost of the contract.

Substantial benefit accrues to the Project from this expenditure, exceeding the benefits to the Project coming from the long experience and technical capacity of the PSI Executive Director. By way of example, PSI's New York office initiated and continues to administer the Manoff contract; arranged for Nancy Williamson's involvement in the condom-gap study; helped significantly in the resolution of the problem with Syntex regarding SMP's marketing of Maya and Ovacon; and continues to support the Project in a variety of ways, particularly in the procurement of equipment and supplies, often of a specialized nature. It might be argued that these liaison and support functions could be adequately performed through AID channels, but I believe that PSI has performed effectively and is best-qualified to respond to the needs of the Project. PSI has every reason to be responsive,

and, indeed, has proved to be so. But the point to be made is that in the absence of a contractor, AID's own internal costs of administering the contract would increase, particularly within the Mission, and consequently, USAID could not expect to "save" the entire amount presently being paid for the participation of PSI.

A substantial part of the amount paid to PSI falls into the line item, "Indirect Costs." These are costs not attributable directly to Project support. They are regularly subjected to audit by AID/W and it is through these audits that the rate at which they are reimbursed to PSI is determined. Thus, they are allowable within the accepted parameters of AID contracting and are legitimate expenses relating to the administration of a large, complex contract.

The fact is that PSI is costly only insofar as it must maintain an office and staff in order to accept the responsibilities of the Bangladesh contract. The small PSI office represents, inter alia, the capacity to handle the legal liability of a contract with AID in monitoring the finances of the contract closely and assuring itself and AID of contract compliance.

I was especially disappointed that the evaluation was not able to compare PSI costs with those of other social marketing contractors. I know that most of the other contractors in this field are profit-making organizations, and as such receive fees that may be as much as three times that paid to PSI.

For these reasons, then, it seems premature to conclude that PSI is expensive. To the contrary, the demonstrable facts are these: USAID is paying for a delicate contractual arrangement in which PSI plays a key role. The arrangement is producing at an enormous output level at an overall unit cost which is the lowest in the field of population work in Bangladesh.

PERSONS CONTACTED

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