PROJECT ASSISTANCE COMPLETION REPORT
Family Planning Self-Reliance/Contraceptive Social Marketing

Grant 515-0168.03 with PROFAMILIA/Asdecosta, S.A.
August 4, 1988 - July 18, 1993

BACKGROUND:

USAID/Costa Rica signed a five year Grant Agreement with PROFAMILIA/Asdecosta, S.A., which is wholly owned by the Costa Rican Demographic Association, an International Planned Parenthood Federation (IPPF) affiliate, and operated as a non-profit entity for the purposes of the Grant. PROFAMILIA successfully carried out the Contraceptive Social Marketing program in Costa Rica, receiving donated contraceptives, and contracting locally for packaging, distribution, information and promotional services.

1. Project Status vs. Planned outputs:

- Contraceptive procurement was completed through funded PIO/Cs to AID/Washington. Only condoms were procured, as other products did not receive approval for sanitary registration in Costa Rica, due to marketing and legal determinations on the part of the domestic U.S. manufacturers from whom AID procures its program contraceptives. All condoms procured were received and distributed.

- Estimated users, based on sales figures/average usage, (couple years of protection) 34,750

- Average cost for couple year of protection dropped from $12.75 in 1988 to $5.37 in 1993, demonstrating improved program efficiencies.

- The contraceptive product line at the end of the project includes two condoms produced by Ansell, Inc. on sale through a widely varied points of purchase, with special single condom packaging on sale from vending machines. Low dose oral contraceptives have been registered for entry into the marketplace in late 1993 and the NORPLANT contraceptive implant is being registered for sale. The Copper T-380A intrauterine device is still not registered, for commercial sale, essentially due to the complicated and costly registration process, balanced against a small commercial market (est. 20,000 annually) PROFAMILIA is carrying out the registration process for open commercial sales. The product is presently only available through the public health programs.

- Program income has been effectively managed by PROFAMLIA management to increase the product line and assure the availability of low-cost contraceptives through commercial channels. PROFAMILIA is also marketing a condom product for gays, a complete kit for papanicolau examinations, rubber gloves, infant training cups, and medical instruments.

2. Planned vs. actual inputs: Inputs were provided as planned.

3. Progress toward planned purpose.

PROFAMILIA has proven to be an effective and efficient means to augment the accessibilty to contraceptive products, and thereby facilitate voluntary family planning. By virtue of having broken down previously held taboos against the use of condoms through the utilization of innovative marketing techniques to bring the products into the public eye without offending cultural sensitivities, the project expanded the private sector participation in family planning programs, and offered low cost, convenient alternatives to public sector services.

The 1992 contraceptive prevalence survey shows an increase in the use of temporary methods from 17% of women in fertile ages (15-49) in 1986 to 26% in 1992, and PROFAMILIA's contribution constitutes 4% of that increase.

4. Post-project monitoring requirements. There is a clause in the agreement where AID may monitor the use of program income for 3 years after PACD. As the transition project 515-0261 has a PACD of Sept.30, 1995, and the accumulated program income is an important part of the project, most of the essential period will be monitored concurrently with the implementation of the new project.

5. Lessons learned. Hiring an effective manager was the most important point. Second in importance was allowing that manager to innovate and break ground in untried terrain. The level of education in Costa Rica, the inroads of mass communications and the advent of AIDS/HIV prevention needs propelled the family planning program into the search for additional sources of goods and services, and the contraceptive social marketing program began to fill that niche.

The hard lesson was that AID as central procurement agent cannot effectively deal with market needs. The path to pharmaceutical product registration was fraught with difficulties unforseen by the designers of the overall AID contraceptive social marketing scheme in the 1980's. Mid-way through the implementation of the project, the Mission requested and received a policy determination from the Office of Population that enabled the project manager to utilize program income to expand the contraceptive line beyond what AID provided through in-kind donations. This was essential for the self sufficiency of the program, and the logical next step for increasing voluntary family planning and contraceptive prevalence. The double barrel purpose of providing low-cost contraceptives, and making the program self-sufficient requires creativity, flexibility and a lot of accountability, which may not be the case in most of the countries where AID works. It is working in Costa Rica.