



# Commercial Market Strategies

*Year One Annual Report*

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## **1.0 INTRODUCTION**

This is the first annual report for the Commercial Market Strategies (CMS) Project. The purpose of this report is to summarize the activities that have taken place from October 1998 through September 1999. The beginning of this project represented a time of transition as country programs previously conducted by the SOMARC Project moved into the CMS project framework, and the core team began to develop ideas for unique approaches to providing family planning and other basic health services in developing countries. As the year progressed we made significant progress in all areas, including developing the CMS Results Framework, providing technical assistance to new countries, and conducting country assessments. In addition we spent much of the first year building a strong CMS team, settling into new office space and creating essential marketing materials.

### **1.1 Overview of Project**

The Commercial Market Strategies Project is a five-year contract of USAID's Bureau for Global Programs, Center for Population, Health and Nutrition (PHN), and the first contract to be implemented under the new Commercial and Private Sector Strategies (CAPS) Results Package. CAPS is a ten-year results package that seeks to increase the use of family planning and other health products and services through private sector partners and commercial strategies. The CAPS Results Package responds to a global environment where demand for family planning services exceeds available public resources to satisfy that demand, but where there is a growing potential for the commercial and private sector to meet the health care needs of consumers.

As the "flagship" project for CAPS, CMS has the primary objective of increasing the use of quality family planning and other health products and services in developing countries by partnering with the private and commercial sectors. The thrust of CMS, however, is to apply strategies that "go beyond" traditional social marketing of contraceptives. CMS focuses on the expansion of family planning service delivery, new models for health care financing and managed health care, as well as new and improved social marketing strategies that include diversification of product line and targeted demand creation. Finally, CMS aims to improve the environment for the delivery of basic health and family planning services by the private and commercial sectors.

### **1.2 Summary of Progress**

The first year for CMS has been a successful one. We have faced first year challenges associated with transitioning and building country programs, bringing together a skilled project team, and disseminating our CMS vision.

In the area of country programs, our initial activities focused on transitioning programs from the SOMARC project to CMS. During this year CMS has supported country programs in 11 countries (Brazil, India, Jamaica, Kazakstan, Madagascar, Morocco, Nepal, Senegal, Turkey, Uganda and Uzbekistan). We determined program scope, funding, administrative and management needs, and drafted detailed workplans for CMS technical activities in each country. In addition to transition activities, our efforts included demand creation; improved supply of

health products/services; NGO sustainability; private-sector partnership development; and insurance initiatives. Section 3.0 provides details of these activities.

Other activities included work in the areas of research, dissemination and the Summa Foundation. We developed a Results Framework that will provide the basis for our monitoring and evaluation plan, made significant progress in furthering our core research agenda, and designed survey instruments for field research. We created marketing and dissemination materials and formulated a Dissemination Plan. Through the Summa Foundation, we have managed the existing investments, assessed potential Summa involvement in new target countries, conducted research and delivered educational presentations.

## **2.0 PROJECT MANAGEMENT AND START-UP PLAN**

In accordance with the CMS Scope of Work and our Year 1 Workplan, we implemented a number of activities to facilitate the effective and efficient management of the CMS Project. These activities are outlined below, but include the development of project-wide policies and procedures, the clarification of organizational reporting and responsibilities, the installation of state-of-the-art computer and communication systems, with Internet and Intranet capability, the execution of team-building exercises and the development of broadly disseminated marketing materials. Despite the ongoing protest, the related delay in key contract modifications, and the delayed access to a project office, the CMS team has made significant strides in creating a consortium of talented and skilled individuals.

### **2.1 CMS Project Office Established**

The contract protest process still has not been fully resolved. Despite this fact, the CMS Project moved into its own offices in early August. Located a few blocks from USAID offices in the Ronald Reagan Building, CMS was able to capitalize on the availability of a sub-lease, to secure office space at rates significantly below market. The initial sub-lease is for a six month provisional period. Once the six month lease expires and the protest is resolved we plan to expand the sub-lease for the duration of the project. We have installed a DSL line and two T-1 lines to insure state-of-the-art communication capability. In addition to redundant telecommunications support, these facilities will enable CMS to fully utilize the extensive array of internet resources. We have positioned CMS systems to be fully compatible with all of the latest developments in electronic communication, research and dissemination.

In addition to below-market rental rates, CMS was able to secure substantial office furnishings, as part of the lease price. This, in conjunction with bulk buying of computer hardware and package negotiations for reproduction/fax equipment has provided CMS, and subsequently USAID, significant savings in the furnishing and equipping of our new office.

### **2.2 Core Team Assembled**

We have assembled a Core Team on the principles of combining strong central direction and leadership with the specialized commercial, private NGO, and social marketing skills required for this project. During the first year of the project, we have taken concrete steps toward integrating the team, they include:

- In February, we had a CMS/Washington retreat during which we focused on team building and on generating ideas for the Results Framework
- In June, we had a CMS/Global retreat to share the CMS vision and the potential for its implementation with our in-country colleagues. CMS staff from India, Madagascar, Morocco and Senegal joined the Washington staff, as we continued to explore the potential for CMS
- In September we held a 1-day planning session to focus on Year 2 objectives and goals

- We have established a regular staff meeting each week, to discuss weekly activities and to improve the cross-functional sharing of ideas
- The CMS management team meets as needed to discuss and resolve internal project issues
- We meet each week with our USAID technical counterparts to discuss project issues and coordinate jointly on activities
- We have held "Come Meet Us" sessions, whereby each organization in the consortium invited the other members to learn more about their larger organization. This has been valuable in terms of increasing understanding among our four consortium members and in identifying areas of institutional strength that can be leveraged by CMS.
- We have held numerous meeting/conversations with our resource firms (IPPF, AVSC, and Latin Healthcare Fund) to explore areas of collaboration.
- Our Oversight Board has held four meetings in the first year. Although it was originally envisioned that the Oversight Board would only meet semi-annually, the extra meetings in our first year of operation have enhanced our focus, guided us to improved implementation and provided invaluable input to the CMS management team.

As CMS grows, the structure of the organization continues to grow and evolve. The Washington-based staff for CMS currently numbers 23. Recognizing the technical breadth of CMS and the challenge of infusing that breadth into our activities, both existing and planned, we have named Dr. Carlos Cuellar as Technical Director for the Project. In this capacity, Carlos is charged with insuring that CMS activities reflect the vision of the Project design and that we fully utilize the many implementation strategies that are at our disposal. In response to Carlos's new responsibilities, Malcolm Donald has joined CMS as the Director of Country Programs. Recent hires include a Manager of Commercial Partnerships and a Manager of Dissemination and Communication. Our updated organizational chart is presented on the next page.

### **2.3 Project Management Systems and Procedures Established**

We know that clear project management systems and procedures are key to creating a cohesive team. In this regard, we have made significant progress in developing some key tools that help us to manage our work.

- The Year One Work Plan was completed and has served as our primary planning tool for the year's activities
- In February, we completed a CMS Administrative Procedures Manual, which has been distributed to all core team members. This is a "living document" which will be periodically updated to incorporate refined procedures and policies.
- We have developed the concept of "technical champions" and have assigned individuals to champion specific areas of technical expertise. Technical champions are charged with reviewing major reports, workplans and deliverables for technical content, assisting with technical implementation of country programs and leading the development of new initiatives.

- We have developed internal procedures for conducting rigorous quality control of deliverables and reports. Our process involves review of technical content by technical champions from our core team, as well as management team review and approval.
- We have developed standardized templates for trip reports, quarterly reports, field reporting, USAID invoices and other deliverables. These standardized procedures facilitate accurate and timely reporting.

## **2.4 Information Systems Implemented**

A CMS local area network was designed and implemented to meet project information management requirements. Activities in the MIS area included the following:

- Analyzed the statement of work and user questionnaires to define management information needs and prepare computer systems to meet project requirements.
- Tested equipment and software from the SOMARC project and upgraded as needed. We were able to recycle the file server, three printers and nine computers, which was a significant saving. Computers were scanned for viruses and Y2K compliance and updated as needed. New computer equipment and accessories were ordered and configured.
- Designed and implemented a high quality, cost-effective local area network utilizing equipment from SOMARC project and new components. A network-wiring plan was drawn and all existing and new network lines were tested and connected to the network infrastructure. The file server was re-configured with Windows NT to provide a more flexible platform for developing the CMS communications system. Network user accounts and e-mail accounts were established and user access rights and entitlements were granted. Computers and printers were installed and connected to the network.
- Installed a DSL line to provide state-of-the-art Internet service at significant savings over a T-1 line. Internet firewall security was implemented to help prevent unauthorized access to the network.

## **2.5 Marketing Materials Developed**

As part of our effort to communicate the breadth of the CMS mandate and the capabilities of the CMS Team, we have developed a series of marketing materials to be used for information and dissemination purposes. As outlined in the Year 1 Workplan, we have developed the following:

- A brochure summarizing the key aspects of the CMS Project with contact data for further information
- A 2 page handout which describes the types of assistance and programs to be supported by CMS, as well as a listing of the current CMS countries
- A 4 page handout describing The Summa Fund, its activities and resources for technical assistance.
- A Power Point presentation for CMS, that outlines the CAPS Results Package, Lessons Learned from previous private sector activities, and the objectives and goals of the CMS Project

- A Power Point presentation for The Summa Fund, that outlines its past activities, lessons learned and the resulting future directions of The Fund.

These materials are part of a broader set of dissemination activities, which are described more fully in Section 5.

## **2.6 Contract Protest**

The award of the CMS contract to the DTT/PSI/Abt/MDF consortium was protested on October 13, 1998, resulting in a stop-work order, which lasted until October 21<sup>st</sup>. The stop-work order was both imposed and lifted without advance notice, making it extremely difficult to manage the transition of the several country programs that were scheduled to transfer to CMS management on November 1<sup>st</sup>. Although USAID was extremely expedient in its ability to overturn the stop-work order, the mere existence of the unresolved protest continues to add to the management challenge of CMS.

By its mere existence, the unresolved protest attaches an element of uncertainty to the CMS project that has hampered implementation. Although it is difficult to quantify the impact of the ongoing protest, it is possible to identify various elements of that impact. Some of these elements are listed below:

- Loss of 9 days during critical start-up, due to the stop-work order
- Contract Modifications delayed or withheld pending resolution of protest, including
  - Geographic Waiver
  - Subcontract Ceiling Waiver
  - Salary Waiver – CMS Director
- Staffing challenges due to hesitancy of some candidates to join a protested project
- Missions unwilling to commit funds due to perceived uncertainty of project status
- Delay in opening project office, due to spending limits imposed during protest
- On-going distraction of CMS Director and others due to protest related activities, including DCAA audits
- On-going disinformation campaign by protestor highlighting uncertainty of CMS

Although none of these factors is crippling by itself, collectively they have impeded the efficient implementation of the CMS contract.

### 3.0 COUNTRY PROGRAMS

**October 1998 – September 1999**

During its first full year of operations, the Commercial Market Strategies (CMS) project conducted a wide range of country activities. In addition to assuming responsibility for the implementation of country programs initiated under previous projects, principally SOMARC III (“transition programs”), CMS has been successful both in broadening the number of countries in which it works and in expanding the range or types of activities underway. True to the breadth of its mandate, CMS has supported social marketing efforts, examined the existing capacity of local NGOs and worked with them to develop plans to improve the sustainability of their operations, pursued partnerships with both private and commercial institutions and identified innovative financing opportunities.

CMS has now worked in eighteen different countries and has supported country programs in eleven of these. In addition to these country programs, or “presence countries,” CMS has conducted Assessments in four countries and has provided Technical Assistance in five others at the request of either USAID Field Missions or USAID/Washington. The summary table below lists the countries in which CMS has worked during its first year by the category of assistance rendered.

**SUMMARY TABLE OF CMS COUNTRIES 1998-1999**

Country	Country Program	Technical Assistance Provided	Assessment(s) Conducted
Bangladesh		X	
Brazil	X		
Dominican Republic		X	
Ghana		X	
India	X		
Jamaica	X		X
Jordan			X
Kazakstan	X		
Madagascar	X		
Morocco	X		
Nepal	X		X
Nicaragua		X	
Nigeria			X
Paraguay		X	
Senegal	X		
Turkey	X		
Uganda	X		
Uzbekistan	X		
<b>TOTAL</b>	<b>11</b>	<b>5</b>	<b>4</b>

The tables in the following section are organized alphabetically by country program. They contain the most important details about the country; CMS objectives in that country during the 1998-99 reporting period; principal CMS activities implemented during the past year; and the most significant accomplishments to date.



**BRAZIL**

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> November 1, 1998 – September 30, 2000</p> <p><b>Field support funds for Technical Assistance:</b> \$250,000</p> <p>CMS Core Funds to support promotion of injectable contraceptives, emergency contraception and to develop Code of Conduct (see columns 2 and 4): \$400,000</p> <p><b>Population:</b> 168 million</p> <p><b>IMR:</b> 41</p> <p><b>TFR:</b> 2.3</p> <p><b>Life Expectancy:</b> 67 years</p> <p><b>CPR:</b> 77% (all) 70% (modern)</p> <p><b>GNP Per Capita:</b> \$4790</p>	<ul style="list-style-type: none"> <li>• Continue technical assistance initiated under SOMARC to increase the sustainability of BEMFAM, a local NGO, through the provision of assistance focusing on improving the commercialization both of BEMFAM's socially marketed male condom, Prosex, and of its laboratory services.</li> <li>• Expand the method mix available in Brazil by working with the private and commercial sectors to introduce the three-month injectable Triciclon, manufactured by Organon at an affordable price.</li> <li>• Collaborate with Aché to pilot launch and commercially market Postinor-2, an emergency contraceptive (EC) that would be the first EC marketed in Brazil.</li> <li>• Collaborate with Ethos, a local NGO which seeks to improve the social responsibility of firms operating in Brazil, in elaborating a "Code of Ethics" regarding women's health and rights to which companies affiliated with Ethos would be expected to adhere.</li> </ul>	<ul style="list-style-type: none"> <li>• Conducted nine TA trips in support of BEMFAM</li> <li>• Concluded negotiations with private and commercial sector partners for agreed-upon activities.</li> <li>• Updated Work Plan and budget.</li> <li>• Obtained USAID/Brazil and USAID/W approval of final Work Plan.</li> <li>• Continued activities with EC, Injectables and Ethos</li> </ul>	<ul style="list-style-type: none"> <li>• Technical assistance to BEMFAM is ongoing, with the plans for implementing marketing recommendations being finalized. BEMFAM is preparing a Cost Analysis of its programs for review, and is negotiating for a better price for procuring condoms.</li> <li>• Conditions for agreement between CMS and Organon on collaborative effort to market Triciclon appear to have been met. A Memorandum of Understanding (MOU) has been developed and is expected to be signed during the next reporting period.</li> <li>• Discussions with Aché continue, with most basic conditions for partnership having been met. A draft MOU has been developed.</li> <li>• Design of proposed partnership with Ethos has been agreed upon, and USAID/Brazil now is currently reviewing this proposal.</li> </ul>

INDIA

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> November 1, 1998 – September 30, 1999</p> <p><b>Field support funds:</b> \$3,050,000</p> <p><b>Population:</b> 987 million</p> <p><b>IMR:</b> 72</p> <p><b>TFR:</b> 3.4</p> <p><b>Life Expectancy:</b> 60 years</p> <p><b>CPR:</b> 41% (all) 36% (modern)</p> <p><b>GNP Per Capita:</b> \$370</p>	<ul style="list-style-type: none"> <li>• Increase demand and supply for temporary methods (oral contraceptives and condoms) through the commercial and private sector in urban and rural areas of Northern India.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue social marketing activities initiated by SOMARC under : <b>The Innovations in Family Planning Services (IFPS) Project, Uttar Pradesh (U.P.);</b> TA to the State Innovations in Family Planning Services Agency's (SIFPSA) included:             <ul style="list-style-type: none"> <li>➢ Advising on performance targets, contract formats, RFPs, technical soundness of proposals and data needs for contract monitoring</li> <li>➢ On-going contraceptive retail audit state-wide</li> <li>➢ A rural penetration retail store survey and a pricing study to determine rural willingness-to-pay for condoms and oral contraceptives.</li> <li>➢ After the performance-based contracts are awarded by SIFPSA, CMS will assist in monitoring program effectiveness, specifically through periodic surveys of rural retail penetration.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Transition of the India Program from SOMARC to CMS successfully completed by early December 1998.</li> <li>• <b>IFPS:</b> Rural retail audit and pricing study to define pricing parameters for performance-based sub-contracting for rural social marketing in Uttar Pradesh completed.</li> <li>• Further TA pending SIFPSA's selection of firms for performance-based contracts. RFPs for contracts developed; parameters for subcontracts and draft contracts developed.</li> <li>• <b>PACT-CRH:</b> <ul style="list-style-type: none"> <li>➢ <i>Communications:</i> "Goli ke Hamjoli" (GkH) campaign launched on television and magazines in North India and public relations (PR) activities launched in 12 urban centers starting in November 1998. Three celebrity endorsement television films for OCs now active; pilot test of direct to consumer marketing in two cities launched.</li> <li>➢ <i>Research:</i> Two tracking studies conducted after first and second advertising bursts to determine awareness gains, recall and behavior change. Topline findings from the second study showed high awareness of the campaign (68%), recall of messages (82%), increase in current use (8%), reported trial (2%) among target audience who saw the advertisements, and intention to try (21%).</li> <li>➢ <i>Sales:</i> Sale of all commercial and subsidized brands increased in last six months (97% increase in commercial brand volume in N. India vs. 35% increase in rest of India; Wyeth Ovral L data show 55% increase in sales in Jan-Aug 1999 over Jan-Aug 1998; CMS data from sentinel survey show 17% increase; chemist average monthly sales indicate double the monthly offtake in project training cities.</li> </ul> </li> </ul>

Country	Objectives	Activities	Accomplishments
		<ul style="list-style-type: none"> <li>• <b>Program for Appropriate Commercial Technology – Child and Reproductive Health (PACT-CRH) Project.</b> TA included:               <ul style="list-style-type: none"> <li>➤ Technical direction for the communications campaign</li> <li>➤ Monitor program effectiveness</li> <li>➤ Train chemists and detail to general physicians</li> <li>➤ Serve as coordinator between ICICI, O &amp; M and the industry participant Wyeth Lederle.</li> <li>➤ Expand partnership with other pharmaceutical companies</li> </ul> </li> </ul>	<p>Estimated sales increase from all sources – 15-20% market growth in N. India in one year.</p> <ul style="list-style-type: none"> <li>➤ <i>Training:</i> Recruited 50 trainers. In UP and Rajasthan, trained 10,605 chemists and 1,770 neighborhood doctors.</li> <li>➤ <i>International STA:</i> Michael Cannon provided TA twice to (a) design the communication campaign and then (b) to develop the strategy for Year II.</li> <li>➤ <i>Commercial Partnerships:</i> Amended MOU with Wyeth. Negotiating with Organon/Infar and Schering/German Remedies who have shown a desire to join the program. Both have agreed to launch Schedule K low dose estrogen products in a mass market price range.</li> </ul>

## JAMAICA

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> October 1, 1999 – January 31, 2000</p> <p><b>Field support funds:</b> \$412,000</p> <p><b>Population:</b> 2.6 million</p> <p><b>IMR:</b> 24</p> <p><b>TFR:</b> 2.8</p> <p><b>Life Expectancy:</b> 71 years</p> <p><b>CPR:</b> 66% (all) 63% (modern)</p> <p><b>GNP Per Capita:</b> \$1,550</p>	<p><b>Phase I Objectives:</b></p> <ul style="list-style-type: none"> <li>• Improve the private/commercial sector's understanding of youth as consumers.</li> <li>• Improve the private/commercial sector's understanding of the Jamaican condom market</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct assessment and develop program options addressing youth reproductive health (condom) issues. Determine status of <i>Personal Choice</i> campaign (developed under SOMARC).</li> <li>• Revise work plan as per direction from USAID/Kingston.</li> </ul>	<ul style="list-style-type: none"> <li>• Country assessment conducted in April 1999. Proposed CMS activities focus on condom use by youth, specifically looking at the commercial condom market and young consumers.</li> <li>• Work plan/budget revised and resubmitted to mission in September. Proposed activities divided into two phases. Phase II will be designed following the completion of Phase I.</li> </ul> <p>Phase I will include:</p> <ol style="list-style-type: none"> <li>(a) youth consumer survey</li> <li>(b) commercial condom distribution survey</li> <li>(c) commercial condom quality test</li> <li>(d) determine role for <i>Personal Choice</i></li> <li>(e) establish relationships with key stakeholders involved with youth and/or reproductive health</li> </ol>

**JORDAN**

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> July 1, 1999 – March 31, 2000</p> <p><b>Field support funds:</b> \$500,000</p> <p><b>Population:</b> 4.7 million</p> <p><b>IMR:</b> 34</p> <p><b>TFR:</b> 4.4</p> <p><b>Life Expectancy:</b> 68 years</p> <p><b>CPR:</b> 53% (all) 38% (modern)</p> <p><b>GNP per Capita:</b> \$1,520</p>	<ul style="list-style-type: none"> <li>• Enhance the role of the private(NGO)/commercial sectors in improving access to, and quality of, reproductive and primary health care products/services</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct country assessment and develop program options.</li> <li>• Finalize work plan as per direction received from USAID/Amman. Proposed project initiatives are:               <ul style="list-style-type: none"> <li>➤ social marketing of products</li> <li>➤ linkages of health service delivery systems and networks</li> <li>➤ private insurance coverage of services</li> <li>➤ employer-based FP/RH programs</li> <li>➤ partnerships with NGOs</li> </ul> </li> <li>• Recruit Resident Advisor.</li> </ul>	<ul style="list-style-type: none"> <li>• Country assessment conducted in April 1999. Work plan developed with five program initiatives.</li> <li>• Work plan finalized and approved by mission in July. Further guidance from the mission (received in September) placed emphasis on social marketing and health services activities.</li> <li>• Recruitment/hiring process for RA position restarted as per mission guidance received in September. Potential candidate to be proposed to mission in October.</li> </ul>

**KAZAKSTAN**

Country	Objectives	Activities	Accomplishments
<p><b>Current work plan:</b> April 1, 1999 – March 31, 2000</p> <p><b>Field support funds:</b> \$400,000</p> <p><b>Population:</b> 15.4 million</p> <p><b>IMR:</b> 25</p> <p><b>TFR:</b> 1.8</p> <p><b>Life Expectancy:</b> 65 years</p> <p><b>CPR:</b> 59% (all) 46% (modern)</p> <p><b>GNP Per Capita:</b> \$1,350</p>	<ul style="list-style-type: none"> <li>• Increase demand for family planning and other reproductive health products/services obtained through the private/commercial sector</li> <li>• Increase supply of quality family planning and reproductive health products/services through commercial methods</li> </ul>	<ul style="list-style-type: none"> <li>• Transition program from Abt Zdrav Reform Project to CMS. Conduct assessment and develop program options.</li> <li>• Develop work plan to strengthen Red Apple Information Services, including: <ul style="list-style-type: none"> <li>➢ consumer/provider hotline activities</li> <li>➢ pharmacy detailing activities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Assessment conducted in February 1999. Red Apple program and staff successfully transitioned to CMS.</li> <li>• Work plan finalized. Red Apple program accomplishments for the period April 1 – August 31, 1999 include: <p><b>Hotline Activities:</b></p> <ul style="list-style-type: none"> <li>➢ 7,528 calls (9,785 questions) from 10 main cities handled by hotline operators during the period April-August 1999. In June, the project began recording referrals made to callers; approximately 1,600 referrals were provided for pharmacies and medical facilities since then.</li> <li>➢ Hotline staff trained in several new health topics: healthy motherhood/ pregnancy and delivery, breast-feeding, mammograms and hormonal replacement therapy.</li> <li>➢ RA program/hotline promoted in BBC radio special, 10 local/national TV programs, weekly radio shows and several local/national newspapers.</li> <li>➢ Hotline housed by local pharmaceutical distributor, free of charge. RA program collaborated with manufacturers in promotional efforts and in placing logo on all RA products.</li> </ul> <p><b>Detailing Activities:</b></p> <ul style="list-style-type: none"> <li>➢ 265 pharmacies served with detailing visits.</li> <li>➢ Overall, sales by RA sites in Almaty increased significantly, due in part to the addition of new products to the Red Apple family (2 oral contraceptives and 1 condom). Oral contraceptive sales recorded for April-August were 33,851 units and condom sales were 51,642 pieces. Depo-Provera sales continued to be low.</li> <li>➢ Detailers have begun identification/recruitment of new pharmacies. Staff is also developing plans for limited tracking of hotline referrals and for exploring private clinics for potential CMS activity.</li> </ul> <p><b>SUMMA Activities:</b></p> <ul style="list-style-type: none"> <li>➢ Possible SUMMA applicant identified (a private RH clinic). SUMMA staff is exploring potential.</li> </ul> </li> </ul>

## MADAGASCAR

Country	Objectives	Planned Activities	Accomplishments
<p><b>Current Work Plan:</b> November 1998 – March 2000</p> <p><b>Field support funds:</b> \$1,240,000</p> <p><b>Population:</b> 14.4 million</p> <p><b>IMR:</b> 96</p> <p><b>TFR:</b> 6.0</p> <p><b>Life Expectancy:</b> 52 years</p> <p><b>CPR:</b> 19% (all) 10% (modern)</p> <p><b>Per Cap Income:</b> \$260</p>	<ul style="list-style-type: none"> <li>• Increase family planning CYPs generated by social marketing products.</li> <li>• Reduce transmission of HIV/AIDS and other STDs by increasing the availability of condoms in the private sector.</li> <li>• Establish a local institution to carry out long-term social marketing in Madagascar.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute social marketing contraceptives and condoms to appropriate points of sale.</li> <li>• Sensitize/train pharmacists and doctors regarding hormonal contraceptives.</li> <li>• Advertise/promote social marketing products through media, community activities, POS materials, sponsorship, and other IEC activities.</li> <li>• Conduct organizational review.</li> <li>• Determine optimal organizational structure and legal arrangement.</li> <li>• Contract lawyer to advise on structure and prepare documents.</li> </ul>	<ul style="list-style-type: none"> <li>• Protector condom monthly average sales of 547,520, higher than target monthly average of 300,000 stated in the Year One work plan.</li> <li>• Pilplan OC monthly average sales of 6,700 cycles, higher than target monthly average of 5,000 cycles.</li> <li>• Confiance injectable monthly average sales of 1,420 vials, slightly below the target monthly average of 1,500 vials.</li> <li>• Total CYPs at 59,017.23 were well above target level of 39,538.</li> <li>• Strategic marketing plan prepared for all products.</li> <li>• Over 3,450 new rural sales outlets and approximately 200 new wholesalers opened (June through Aug); have more than 4,600 outlets in Tana. Approximately 60% of new outlets restock their supply using wholesalers.</li> <li>• Medical detailers for hormonal contraceptives completed first round of visits to all providers in Tana, prepared training curricula for family planning short courses for doctors and began visits in neighboring provinces. Detailers found strong interest among providers for family planning training.</li> <li>• Radio campaign to become national using regional radio stations.</li> <li>• Inclusion of hormonal contraceptive products in promotional events.</li> <li>• Launched weekly radio show in Tana and regional radio shows for Protector condom.</li> <li>• Supported community level IEC/promotional events in the provinces, 7 concerts/festivals in Tana and provinces, completion of a song by popular Malagasy musician targeting youth promoting health benefits and focusing on preventive health (i.e. reproductive health and use of condoms).</li> <li>• In August/September, contacted lawyer for advice on legal structure for local entity. Discussions ongoing.</li> <li>• Design of branded foil packaging for Protector condom continues; final samples to be pre-tested in October.</li> <li>• Staff up to 45 from 6 in November 98, including Community-based sales coordinator hired in August; will organize STD/HIV prevention training for high risk populations, sales agents/supervisors, marketing managers, drivers, warehouse staff.</li> <li>• Discussions/negotiations continue with Japanese, CARE/CDC, and UNICEF for support of MVU equipment, social marketing/communications for clean water, and ITNs, respectively.</li> </ul>

## MOROCCO

Country	Objectives	Planned Activities	Accomplishments
<p><b>Current Work Plan:</b> March – Sept 1999</p> <p><b>Field support funds:</b> \$1,330,000</p> <p><b>Population:</b> 28.2 million</p> <p><b>IMR:</b> 37</p> <p><b>TFR:</b> 3.1</p> <p><b>Life Expectancy:</b> 69 years</p> <p><b>GNP per capita:</b> \$1,260</p> <p><b>CPR:</b> 59%</p>	<ul style="list-style-type: none"> <li>• Increase contraceptive prevalence through the private sector.</li> <li>• Increase the availability of family planning products and services through the private sector.</li> <li>• Reduce child morbidity and mortality from diarrheal diseases through increased use of oral rehydration therapies.</li> </ul>	<ul style="list-style-type: none"> <li>• Advertise/promote Al Hilal and Biosel through mass media, rural IEC campaigns (Biosel), distribution of Point of Sale (POS) materials to doctors and pharmacies.</li> <li>• Sensitize/train doctors and pharmacists regarding hormonal contraceptives.</li> <li>• Conduct follow up KAP survey for consumers and providers.</li> </ul>	<ul style="list-style-type: none"> <li>• The mass media campaigns for Al Hilal and Biosel were delayed due to the review/approval process, and the official 40-day mourning period following the death of King Hassan II. The mass radio/TV advertising recommenced in September.</li> <li>• Training workshops took place with JSI for private doctors (Ob/Gyns and GPs) in the region of Rabat and Casablanca.</li> <li>• OC monthly average sales of 221,900, higher than the target monthly average of 212,960.</li> <li>• Injectable monthly average sales of 2,550, slightly lower than target monthly average of 2,900.</li> <li>• IUD monthly average sales of 312, lower than the target monthly average of 1,670.</li> </ul> <p>***Note: Sales of injectable and IUD were affected by limited advertising/promotion activities.</p> <ul style="list-style-type: none"> <li>• Total CYPs 100,775.55, lower than the target for OCs, IUD, and injectable of 249,117 due to the reasons stated above.</li> <li>• Biosel monthly average sales of 57,447 sachets, lower than the target monthly average of 83,000.</li> </ul> <p>***Note: Biosel sales were affected by the negotiations with the MoH and the producer regarding consumer price. Agreement on a phased-on price increase was reached and a new agreement with the producer is under review in September. Production should recommence in November/December.</p> <ul style="list-style-type: none"> <li>• Brochures and posters re IUDs were distributed directly to doctors' offices and during the 38<sup>th</sup> National Medical Congress, branded Al Hilal block notepaper was distributed to pharmacists by the pharmaceutical distributors.</li> <li>• MVU visited 25 provinces for the rural Biosel IEC campaign, and a bus company played Biosel ads and health education videos in all 280 buses from July – Sept.</li> <li>• Training sessions to incorporate ORTR were agreed with national unions/associations for doctors and pharmacists in 5 provinces. Sessions, which were delayed for the mourning period, should commence in October.</li> <li>• Finalize questionnaire for consumers/providers, finalize sub-contract with research firm in Sept. Actual surveys scheduled to take place in Oct/Nov.</li> </ul>

NEPAL

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> July 1999- June 2001</p> <p><b>Field support funds</b> (1999-2000): \$500,000</p> <p><b>Population:</b> 24.3 million</p> <p><b>IMR:</b> 79</p> <p><b>TFR:</b> 4.6</p> <p><b>Life Expectancy:</b> 57 years</p> <p><b>CPR:</b> 29% (all) 26% (modern)</p> <p><b>GNP per capita:</b> \$220</p>	<ul style="list-style-type: none"> <li>Strengthen the capacity of existing private sector institutions (CRS and PSSN) in FP and health</li> <li>Improve the policy environment for private sector participation in FP and health products and services in urban Nepal</li> </ul>	<ul style="list-style-type: none"> <li>Conduct country assessment</li> <li>Finalize work-plan</li> <li>Implement marketing activities for PSSN</li> <li>Conduct feasibility assessment to expand PSSN network</li> <li>Implement marketing activities for CRS</li> <li>Provide TA to CRS for strengthening management capacity and sales &amp; distribution system</li> <li>Conduct feasibility assessment for outsourcing public sector services to private sector. Pilot test model.</li> </ul>	<ul style="list-style-type: none"> <li><b>Assessment and Work Plan:</b> <ul style="list-style-type: none"> <li>➤ Conducted country assessment</li> <li>➤ Obtained approval from USAID/Nepal for final country work-plan</li> </ul> </li> <li><b>PSSN:</b> <ul style="list-style-type: none"> <li>➤ Signed subcontracts with two advertising firms (Thompson and Prisma) to market PSSN activities. Activities include the following: <ul style="list-style-type: none"> <li><i>Thompson:</i> Award certificates, Newspaper advertising insertions, "Dear Doctor" column, Medical mission, Open house 'promotion', Thematic posters, Painting guide for clinics, Patient record cards, Clinic location flyer/insert, Newsletter, Installation of merchandising materials, Beauty parlor project</li> <li><i>Prisma:</i> Panther Health Line, Hello Doctor, PSS/N Hot Line, Medical Mission, Lab Cloaks</li> </ul> </li> </ul> </li> <li><b>CRS:</b> <ul style="list-style-type: none"> <li>➤ Currently processing subcontract for marketing injectables.</li> <li>➤ Consultants, Robert Karam and Shreevardhan, conducted assessment of CRS sales and distribution system and management capacity during 9/20-10/15.</li> </ul> </li> </ul>

## NICARAGUA

Country	Objectives	Activities	Accomplishments
<p><b>Field support (Hurricane Mitch)</b>  <b>funds:</b> \$1,500,000  <i>\$350,000 of this will assist PROFAMILIA to provide direct services to those most affected by Hurricane Mitch; an additional \$4,908,000 in funding is anticipated.</i></p> <p><b>Population:</b> 5 million</p> <p><b>IMR:</b> 40</p> <p><b>TFR:</b> 3.9</p> <p><b>Life Expectancy:</b> 66 years</p> <p><b>CPR:</b> 60% (all) 57% (modern)</p> <p><b>GNP per capita:</b> \$410</p>	<ul style="list-style-type: none"> <li>• Improve access to quality health care services to populations affected by Hurricane Mitch</li> <li>• Increase the opportunities and the incentives for private providers to deliver essential, integrated health care services.</li> <li>• Expand access of lower income Nicaraguans to an affordable package of health care interventions through collaboration with the private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Design, construct, equip and begin service provision in six to eight private sector clinics in conjunction with PROFAMILIA, a local private sector service provider using a cost-splitting, franchising mechanism.</li> <li>• Negotiate with private medical practitioners as to how to split the fees collected at the clinics.</li> <li>• Determine appropriate package of services for the franchised clinics</li> </ul>	<ul style="list-style-type: none"> <li>• A Chief of Party (COP) has been interviewed and approved by CMS USAID/Nicaragua and PROFAMILIA. She has been contracted and is expected to be in place in Nicaragua by early November 1999.</li> <li>• Office space to be shared with PROFAMILIA has been negotiated; this will facilitate communication and ensure collaboration for the duration of the activity.</li> </ul>

## SENEGAL

Country	Objectives	Activities	Accomplishments
<p><b>Current Work Plan:</b> March 1999-June 2000</p> <p><b>Field support funds:</b> \$1,450,000</p> <p><b>Population:</b> 9.2 million</p> <p><b>IMR:</b> 68</p> <p><b>TFR:</b> 5.7</p> <p><b>Life Expectancy:</b> 52</p> <p><b>CPR:</b> 13% (all) 8% (modern)</p> <p><b>GNP per capita:</b> \$540</p>	<ul style="list-style-type: none"> <li>• The main objectives of CMS/Senegal are to increase accessibility, demand, and use of family planning and other health products and services through commercial and private sector strategies.</li> <li>• Specific initiatives to reach this goal are: <ul style="list-style-type: none"> <li>➢ Expand current social marketing efforts through product diversification and increased service delivery points.</li> <li>➢ Begin to establish a “network” of trained and affordable private providers.</li> <li>➢ Improve the sustainability of ADEMAs, the local social marketing NGO.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Continue social marketing of Protec condoms through establishment and promotion of more Points of Sale (POS), targeted IEC campaigns, and training of sales force and distributors.</li> <li>• Prepare for the launch of hormonals by conducting market research and establishing a logo and brand packaging.</li> <li>• Train providers in OCs, injectables, and IUDs for future development of a provider network for hormonals under the established logo.</li> <li>• Provide training and TA to ADEMAs in order to promote its development as a sustainable institution.</li> </ul>	<ul style="list-style-type: none"> <li>• Total sales of Protec condoms reached 1,635,000, 13,625 total CYPs for Jan – Aug 99, representing 94% of the original sales goal of 1,740,000 for the period.</li> <li>• In July, Protec efforts were redoubled to sell in the northern and central areas of Saint-Louis and Fatick respectively.</li> <li>• Promotional/IEC activities for Protec male condom recommenced in earnest in Sept/Oct</li> <li>• Negotiations with Protec male condom distributor finalized, including redesigned packaging.</li> <li>• TA for social marketing of hormonals taking place in Sept/Oct.</li> <li>• Institutional assessment conducted during CMS/W trip in March. Recommendations discussed with ADEMAs.</li> <li>• Senior staff recruitment (Finance and Marketing Directors) completed in August; additional recruitment ongoing.</li> </ul>

## UGANDA

Country	Objectives	Planned Activities	Accomplishments
<p><b>Current work plan:</b> November 1998 – September 2000</p> <p><b>Field support funds:</b> \$5,004,000</p> <p><b>Population:</b> 22.8 million</p> <p><b>IMR:</b> 81</p> <p><b>TFR:</b> 6.9</p> <p><b>Life Expectancy:</b> 42 years</p> <p><b>CPR:</b> 15.8% (all) 8% (modern)</p> <p><b>GNP Per Capita:</b> \$330</p>	<ul style="list-style-type: none"> <li>• Increase family planning CYPs generated by social marketing products</li> <li>• Reduce transmission of HIV/AIDS and STDs by increasing the availability of condoms in the private sector</li> <li>• Improve STD treatment by completing a pilot project in STD treatment social marketing and planning for national marketing of the product based</li> <li>• Introduce a minimum of two new products and/or services focusing on maternal health and child survival</li> <li>• Enhance the sustainability of reproductive/maternal/child health services through pilot schemes in pre-paid health insurance</li> <li>• Establish a local institution to carry out long-term social marketing in Uganda</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute social marketing contraceptives and condoms to appropriate points of sale.</li> <li>• Sensitize/train drug shops, clinical providers offering hormonal contraceptives.</li> <li>• Advertise/promote social marketing products through media, community activities, POS materials, sponsorship, and other IEC activities.</li> <li>• Conduct feasibility assessment of social marketing private midwives' services</li> <li>• Increase public awareness of pre-paid health care plans among dairy co-ops.</li> <li>• Implement recommendations of organizational review conducted end CY98.</li> </ul>	<ul style="list-style-type: none"> <li>• COP and SM Director arrived in March and May, respectively.</li> <li>• "New Face" of Protector launched in March</li> <li>• Clear 7 training of 261 service providers, 250 became certified to distributed; 82 providers for the armed forces, prisons, and police; all but 3 became certified to distribute</li> <li>• Additional Clear 7 training of service providers for men in uniform; 35,000 kits donated to Army, Police and Prisons.</li> <li>• Training on Injectaplan and Pilplan for primarily midwives, clinical officers, nurses, and nurses aides.</li> <li>• Obtained support of MoH for introduction of EC; negotiations with manufacturers ongoing for supply of 4,000 doses</li> <li>• Successful recruitment of research director; recruitment of marketing manager and research director and sales staff hired for the North (new target area), ongoing; 3 new vehicles purchased and insured</li> <li>• Special initiative to conduct condom promotion and distribution with the Army as a responsive and goodwill gesture in the wake of institutional condom shortages in the Army</li> <li>• Protector condom total sales of 4,933,620 pieces, 41,113.5 CYPs. PilPlan total sales of 420,780 cycles, 28,052 CYPs. Injectaplan total sales of 116,570 vials, 29,142.5 CYPs. Total 98,308 CYPs below the target 116,740 CYPs primarily due to Protector packaging stock out, and limited PilPlan and Injectaplan distribution from warehouses resulting from discussions w/NDA/MoH re. registration. Authorization to distribute granted end Sept, Injectaplan returns to the shelves. In addition, much of the Protector and Pilplan stock will expire in Oct 99.</li> <li>• Begin IEC re. HIV/AIDS awareness/prevention in schools in northern Uganda; mass media advertising</li> <li>• Capital Doctor radio health program Jan-Sept, increasingly reached an audience outside of Kampala District, evidenced by increased phone calls and letters to the station. The Rockefeller Foundation's report "Communication for Social Change" cited Capital Doctor as a program that has attracted large audiences with</li> </ul>

Country	Objectives	Planned Activities	Accomplishments
			<p>compelling, popular and informative programming”.</p> <ul style="list-style-type: none"> <li>• Clear 7 pilot completed and evaluated: 85% of users reported complete disappearance of symptoms compared to 47% of control group; condom use was higher among users (34% vs. 18%), with notable increase among those who have never used (20% vs. 6%). Limited success in referral of partners for treatment. Approval from MoH to expand the program to 12 districts.</li> <li>• DFID agreed to provide ciproflaxacin and doxycycline for follow on expansion of Clear 7</li> <li>• UPMA clinic opened June 30; Executive Director to be hired.</li> <li>• Collaborate on research with DISH Project to include social marketing-related questions in survey</li> <li>• IEC for leaders of 4 dairy co-ops re. the types and benefits of pre-paid health care</li> <li>• Employee manual drafted. Financial management consultants established computerized FM system. MIS consultant conducted analysis of current system &amp; made recommendations for improvement.</li> </ul>

## UZBEKISTAN

Country	Objectives	Activities	Accomplishments
<p><b>Current work plan:</b> August 1, 1999 – July 31, 2000</p> <p><b>Field support funds:</b> \$350,000</p> <p><b>Population:</b> 24.4 million</p> <p><b>IMR:</b> 23</p> <p><b>TFR:</b> 3.2</p> <p><b>Life Expectancy:</b> 69 years</p> <p><b>CPR:</b> 68% (all) 65% (modern)</p> <p><b>GNP Per Capita:</b> \$1,020</p>	<ul style="list-style-type: none"> <li>• Increase participation by the private (NGO) sector and by Mahalla communities in promoting and providing family planning and other reproductive health information and services</li> <li>• Increase awareness/knowledge of family planning and other reproductive health issues/services</li> </ul>	<ul style="list-style-type: none"> <li>• Transition from SOMARC to CMS.</li> <li>• Conduct country assessment and develop program options.</li> <li>• Revise and finalize work plan.</li> <li>• Begin implementation of community health education on family planning and other reproductive health topics in Fergana and Samarkand.</li> </ul>	<ul style="list-style-type: none"> <li>• Transition activities completed: Country Representative appointed; local staff hired and office opened; relationships with local partners established.</li> <li>• Country assessment conducted in February 1999. Work plan with three program options (reflecting political and economic environment) drafted and discussed with mission.</li> <li>• Work plan revised and resubmitted in July, based on direction received from the mission. Proposed certification and hotline/promotion activities were withdrawn, as was the Country Representative position.</li> <li>• Mission provided additional guidance during Regional Manager's visit to Uzbekistan in August. Work plan was finalized and approved on September 17.</li> <li>• Project start-up activities initiated: <ul style="list-style-type: none"> <li>➤ RFP for NGO implementation of community health education activities developed and sent to five qualified NGOs in Samarkand and Fergana.</li> <li>➤ Preparations for training of NGO community health educators (identification of local trainers/materials, curriculum development, etc.) begun.</li> <li>➤ Identification of suitable materials for distribution to Mahalla community members.</li> </ul> </li> </ul>

### 3.1 Technical Assistance

CMS has provided Technical Assistance to five countries in the past year and this section describes briefly the objectives of this Technical Assistance for each of the five.

At the Mission's request, CMS staff, using core funds, visited Bangladesh in May 1999 to examine the feasibility of establishing an endowment fund for the Social Marketing Company/Bangladesh (SMC), which currently receives just over \$3 million annually from USAID. The visit looked at SMC's ability to implement and manage such an endowment fund as well as the local laws and regulations that would affect the establishment of an endowment.

Similarly, CMS staff accompanied by a consultant traveled three times this year to the Dominican Republic to assess the prospects for improving the sustainability of four local NGOs that work in family planning. Following this initial assessment, CMS has provided considerable assistance to the four organizations in the elaboration of long-term sustainability plans.

In Ghana, a CMS consultant participated in the Ministry of Health's review of its 1998 program of work. Specifically, the consultant evaluated both the Ministry's financing and its financial management of the 1998 programs, and focused on budgeting, resource allocation, the performance of the Ministry's Finance Directorate during 1998.

CMS staff also traveled to Nicaragua at the invitation of USAID/Nicaragua to determine what CMS could do to support the Mission's efforts to help Nicaragua's health care system recover from the damage inflicted by Hurricane Mitch.

USAID/Paraguay field support funds were used to conduct a sustainability assessment of CEPEP, the Paraguayan IPPF affiliate. The final report has been completed and is being disseminated.

### 3.2 Assessments

In response to USAID/Jamaica's request, CMS staff traveled to Jamaica in April 1999 to determine the status of the *Personal Choice* campaign and how it might be applied in the context of a youth-oriented condom promotion effort. The assessment team also evaluated the capacity of the Jamaican private sector to meet the needs of youth with regard to education on disease and pregnancy prevention. The Mission has awarded \$412,000 in Mission field support funds to: 1) improve the private sector's understanding of youth as consumers; 2) increase private sector knowledge of and understanding of the condom market while increasing the quality and quantity of STI/AIDS/pregnancy prevention messages; and 3) increase the private sector's participation in promoting condoms and messages directed at youth about safer sexual practices.

In April 1999, a CMS team conducted an assessment of the health care activities provided by private sectors institutions in Jordan. The assessment also examined opportunities for increasing the private sector's role in providing family planning services and products, as delineated in the earlier, 1998 private sector assessment and previous social marketing activities in Jordan. The

Mission has awarded CMS \$500,000 to carry for social marketing and to improve family planning service delivery by linking private health care providers to private sector facilities.

CMS staff visited Nepal in April to assess local private health care provider networks and to discuss the details of the Technical Assistance, training and other support to be provided through CMS. Also examined during this trip was the PSSN provider network tracking study with the local CMS-funded Technical Monitor.

An assessment of the potential for expanding private sector provision of family planning services by female doctors and midwives was carried out by CMS staff in Nigeria in April 1999. The team also examined suitability of a networking/franchising concept for providers and the potential applicability of the successful Green Star model currently in place in Pakistan to Nigeria. Also included in this assessment was the possibility of utilizing Summa Foundation financing to support the short-term financial needs of local family planning providers.

### **3.3 Conclusion**

At the end of its first year, CMS has successfully effected the transition to its portfolio of a wide range of programs previously implemented by SOMARC III, conducted field assessments to a number of potential client countries and provided technical assistance in a number of countries for various diverse purposes. CMS country programs are up and running successfully and all indications are that Year Two will exceed Year One's accomplishments.

## **4.0 RESEARCH MONITORING AND EVALUATION**

The Research team has had a very busy first year in which the activities ranged from developing the CMS Results Framework (RF) to designing survey instruments for field research. Working to finalize the RF was a significant activity as this serves as the primary tool for project monitoring and evaluation. Progress was also made in designing the core research agenda. Additionally, technical assistance was provided to various country programs throughout the year. Two new members joined the Research team and were primarily responsible for core research and country support activities. The diversity in the scope of work under Research, Monitoring and Evaluation can be captured under three main sections detailed below.

### **4.1 Monitoring and Evaluation**

#### *4.1.1 Results in Year 1*

- Developed the Monitoring and Evaluation Results Framework
- Identified sources for developing various subject-specific modules
- Initiated design of M&E baseline questionnaire
- Developed preliminary draft on service availability indicators for SUMMA
- Short-listed candidates for the position of Monitoring & Evaluation Specialist

The foundation for CMS's Performance Monitoring Plan is an accurate conceptual model of how project inputs and activities translate into and create the results and outputs that the Project aims to produce. Therefore, one of the main priorities for the first year was to develop a detailed conceptual model for the project Results Framework. This model illustrates how CMS activities translate into desired project results and forms the basis for the development of the Performance Monitoring Plan.

During the first year of the Project, several drafts of the conceptual model were produced for review by the CMS team and by USAID. The Research team put in considerable effort and thought into developing the Results Framework that shows causal links between project activities and project results. In developing the Results Framework, it became evident to the Research team that a rigorous framework would drive a workable monitoring and evaluation plan. Therefore, the Research team's approach has been to focus first on the Results Framework and then develop the monitoring and evaluation plan based on that framework.

In order to achieve the CMS Monitoring and Evaluation objectives, baseline surveys will be conducted in selected countries in year two. The process of designing the baseline core questionnaire and specific modules was initiated in the first year. The survey instrument is being developed so that it captures the population based indicators outlined in the Results Framework. Existing models of such instruments were identified (e.g. DHS, LSMS) to facilitate the process and to come up with an instrument that incorporates all components relevant to CMS monitoring and evaluation objectives. In addition to the core baseline questionnaire, significant progress was made on developing subject specific modules. These could potentially be added to the existing

DHS questionnaire to capitalize on opportunities for such possible collaborations. The modules will elicit more in-depth information on certain key issues of interest (e.g. spending on family planning services) for the CMS project.

The Research team planned to undertake the development and benchmarking of Monitoring and Evaluation indicators in the second year. However, in response to a request from SUMMA, the team developed a preliminary draft for the service availability indicators that will be used in monitoring SUMMA funded service delivery projects.

Realizing the importance and scope of work of the Monitoring and Evaluation function for the CMS project, the Research team has decided to add an M&E specialist. Short-listed candidates are being interviewed and the new member should be on board in the beginning of year two.

## **4.2 Core Research**

### *4.2.1 Results in Year 1*

- Developed a first draft of the core research agenda
- Presented the core agenda to USAID and CMS staff
- Conducted a review of the findings on private sector development in family planning and health that was used in refining the CMS research initiatives
- Decided on research priorities for year 2
- Identified data sources for the planned research studies
- Initiated the process for having the first Technical Advisory Group meeting in November 1999 to discuss the core research agenda

Developing the core research agenda was one of the priorities in Research for the first year. It was a participatory process and efforts were made to have input from both the CMS team as well as USAID. An extensive literature review was conducted to ensure that the core research agenda encompassed all the significant aspects considered instrumental in promoting the Program vision and objectives. The existing body of research on the CMS relevant issues was also used to fine-tune the research questions under the core research agenda. Upon obtaining consensus on the agenda, the next step was to identify the priorities for the second year of the Project. In deciding the priorities, one of the key considerations was the availability of data so that some useful research analyses could be made available in fairly early stages of the Program. This would contribute to enhancing the understanding of commercial sector dynamics both within and outside the CMS community. The three studies identified for the second year are:

- Impact of integration on demand for family planning
- Understanding what motivates the international commercial sector (pharmaceuticals, HMOs, Insurers)
- Determinants of provider choice

Several steps have been taken to prepare for the first Research Technical Advisory Group (TAG) meeting. A first draft of the research agenda was prepared and presented to USAID and CMS staff. Potential candidates were identified for the TAG. When formed, the TAG will consist of 5-10 individuals with research experience on private and commercial sector issues related to health and reproductive health. The TAG meeting will provide a forum for the Research team to get input on the core agenda. The meeting is tentatively scheduled for November this year.

### **4.3 Support to Country Programs**

#### *4.3.1 Results in Year 1*

- Reviewed research workplans for all CMS countries
- Provided detailed input on research scopes of work and country research activities in Uganda, CAR, Brazil, India and Senegal
- Assisted the Project and in-country managers to conceptualize the new CMS agenda
- Designed qualitative and quantitative survey instruments for Morocco
- Provided technical assistance in launching research projects in Uganda, India, Kazakhstan, Uzbekistan, Jamaica and Morocco
- Identified information sources for regional management as part of the preparation for various country visits

The Research team took the lead in guiding country programs with regard to program development, supporting in-country research, and designing monitoring and evaluation plans. During the first year of the CMS Project, numerous activities were undertaken to provide support to country programs. Initially, there was assistance on development of new county programs and with country assessment visits. Significant efforts were made to ensure that the project and country managers had a clear understanding of the new CMS agenda. Throughout the year, assistance was provided on a variety of country related research activities including scopes of work, research proposals, data collection etc. As envisioned, the Research team provided direction and input on the development of new approaches and assisted in implementing new activities in the field.

Other work in progress under country support includes instrument design for client and provider surveys in Morocco, technical assistance for the youth and distributor surveys in Jamaica, and market segmentation analysis for Nepal. The Research team has also initiated the process to seek professional recognition and is currently leading the efforts to actively participate in the Global Health Conference next year.

## **5.0 DISSEMINATION**

CMS dissemination goals are: 1) to communicate key findings and lessons, and 2) to enhance USAID's leadership position in working with the nonprofit and commercial sector to improve health and family planning service provision in developing countries. In the first year we identified the CMS audiences and assessed their communication needs and those of CMS staff, set up a demonstration Web site, issued several reports, notably the social marketing annual sales report and lessons learned from the Summa Foundation, and made presentations to PHN staff on project goals and the transition of two social marketing programs

### **5.1 Key Target Audiences**

The CMS audiences comprise:

- USAID staff, specifically the Population, Health, and Nutrition Center and Missions;
- Other donors, including the World Bank and other development banks, the World Health Organization and Pan American Health Organization, the United Nations Population Fund, the International Planned Parenthood Federation, the United Nations Children's Fund, the United Nations Development Programme, and bilateral aid donors such as Canada, Denmark, France, Germany, Japan, and the United Kingdom;
- USAID-funded projects in health, family planning, and public-private sector partnerships;
- Current and potential commercial sector participants in the provision of family planning and other health services and products;
- Recipient country governments, especially ministries of health and ministries of commerce and industry;
- U.S. government bodies that would benefit from USAID's experience and knowledge about working with the commercial sector; and
- Media, particularly in the countries where CMS works.

We developed an initial contact list that will be expanded into a comprehensive database for mailings and electronic communication.

### **5.2 Marketing Materials**

We created a CMS logo and designs and templates for fact sheets, reports, briefs, trip reports, and other documents. The initial set of marketing materials includes:

- A brochure summarizing key aspects of the CMS Project;
- A fact sheet description of CMS activities and assistance available through the project; and
- A fact sheet description of the SUMMA Foundation activities and technical resources related to innovative financing issues.

### **5.3 Using Technology**

We established a CMS Project Internet address and Web site. Our efforts included extensive internal and external review of Internet usage and potential demands. The Web site is an electronic repository of project information with links to other relevant organizations. It comprises a section open to the public and a staff-only section, on which contact information and presentations from the June retreat are posted. We also spent considerable time in converting key resource documents to electronic format for posting on the Web site.

### **5.4 Deliverables and Presentations**

Reports submitted during the first year included:

- Seventy-six trip reports by CMS staff and consultants, who traveled to over eighteen countries;
- Year One Work Plan;
- Operational Plans, including the Dissemination Operations Plan;
- Semiannual Report;
- Contraceptive Social Marketing Annual Sales Report (1998), which includes sales data from 67 countries;
- Summa Foundation – Lessons Learned (Final Report);
- Handbook for Conducting Private Sector Country Assessments (Draft).

CMS staff made presentations to PHN staff and management on:

- Summa's activities and future directions (three presentations);
- The transition of the Indian social marketing program (by the CMS country representative); and
- The transition of the Ugandan social marketing program (by the CMS country representative).

We also hosted several informal discussions (brown bags), planning sessions, and in-country development meetings.

### **5.5 Other Dissemination Activities**

Staff members have increased interest in CMS through commercial, donor, mission, and host government networks. Other activities included:

- Assistance in the development of the “Tiarht” requirements for voluntary family planning projects.
- Establishment of a resource library including management of the existing collections of the former SOMARC and PROFIT projects (approximately 7,000 documents). Topics include development financing, cost-benefit analyses, endowments, marketing research, contraceptive research, family planning, reproductive health, and country-specific

experience.

- Hiring a full-time CMS Dissemination Manager.

## 6.0 THE SUMMA FOUNDATION

The Summa Foundation is an investment fund that operates under the CMS contract to provide financing to private and commercial organizations engaged in health activities in developing countries. Summa seeks to expand the role of the private sector in providing affordable health services and products to under-served populations, with particular emphasis on reproductive health and family planning. Summa also conducts research and provides technical assistance and outreach. During Year 1, Summa undertook the following:

- Managing of Existing Investments/Funds
- Technical Assistance
- Research and Education
- New Investments
- Staffing

### 6.1 Managing Existing Investments/Funds

Summa's existing investments totaled approximately \$2,671,145.90 as of September 30, 1999.

<b>Outstanding Investments:</b>	<b>September 30, 1998</b>	<b>September 30, 1999</b>
FEI Enterprises, Ltd (direct loan):	\$2,500,000.00	\$2,500,000.00
AAR Health Services (direct loan):	255,717.00	170,519.72 <sup>1</sup>
Philippines Physicians Loan Fund:	<u>9,568.00</u>	<u>626.18</u>
Total Outstanding:	\$2,765,285.00	\$2,671,145.90
<b>Repayment:</b>		
<b>Principal and Interest Repaid in 1999</b>	<b>Principal</b>	<b>Interest</b>
FEI Enterprises, Ltd (direct loan):	0.00	151,666.67
AAR Health Services (direct loan):	49,173.00	22,589.00
Philippines Physicians Loan Fund:	<u>8,941.82</u>	<u>0.00</u>
Total:	\$58,114.82	\$174,255.67
<b>Additional Repayments in October 1999</b>		
	<b>Principal</b>	<b>Interest</b>
FEI Enterprises, Ltd (direct loan):	0.00	51,111.11
AAR Health Services (direct loan):	42,348.17	12,492.71
Philippines Physicians Loan Fund:	<u>0.00</u>	<u>0.00</u>
Total:	\$42,348.17	\$63,603.82

Since contract start-up in October 1998, Summa has managed the collection of interest and principal repayments from the three existing investments. During Year 1, a total of \$232,370.49 was repaid in principal and interest. Both FEI and AAR were late on their September 30, 1999 repayments. These repayments, totaling \$105,951.99 in principal and interest were received in

<sup>1</sup> 12,814,557 Ksh outstanding as of 9/30/99. US\$ amount calculated with 10/16/99 exchange rate.

early October 1999. FEI and AAR are now current on their loans. In May 1999, BCGC, the financial institution that administers the Philippines Physicians Loan Fund, remitted \$8,941.82 in loan repayments. Due to past delinquencies and repayment problems, Summa placed the Philippines Physicians Loan Fund on non-accrual. This means that until all outstanding principal is repaid, Summa will not recognize interest. Accordingly, the full May payment was applied to outstanding principal. In Year 2 Summa may receive additional remittances from BCGC over the outstanding balance of \$626.18. This money will be applied to interest and past write-offs (in September 1998 Summa wrote-off \$47,555 due to exchange loss and repayment problems.) In Year 2, Summa is planning to design a loan tracking system to monitor and account for loan repayments.

In addition to managing repayments, Summa also actively monitored the existing investments, which included financial and health and social impact analysis. During Year 1, Summa began to reinstate monitoring procedures and requirements with the existing investments. These procedures will be finalized in Year 2. Summa undertook a monitoring visit to AAR Health Services in Kenya. The AAR/Kenya Monitoring Report has been completed and submitted to USAID. Summa is arranging a monitoring visit to FEI for Year 2.

#### **6.1.1 Liquid Fund Management:**

During Year 1, Summa also managed liquid funds, which include recent repayments as well as repayments made under the PROFIT project. The liquid funds are the liquid portion of the Summa corpus, which will be used in the near-term to make new investments. During the year, Summa refined its strategy and procedures for management of liquid funds. The current strategy is to re-invest liquid funds in short-term (3-6 month maturities) US Treasury notes or equivalent instruments, such as Federal Home Loan Bank notes. These are conservative investment instruments that carry little risk of loss. This strategy is designed to preserve and increase the value of the funds over time as well as give Summa access to the funds at regular intervals in case they are needed for an investment. A small amount is kept in an interest bearing checking account for unforeseen needs.

<b>Unutilized Funds:</b>	<b>September 30, 1998</b>	<b>September 30, 1999</b>
Federal Home Loan Bank Notes:	\$673,000.00	\$1,322,851.50
Treasury Bills	120,000.00	
Citibank Interest Checking Account:	<u>263,516.00</u>	<u>54,608.00</u>
<b>Total Unutilized Funds:</b>	<b>\$1,056,516.00</b>	<b>\$1,377,459.50</b>

#### **6.1.2 Audit:**

During Year 1, Summa also began preparing for an audit. Summa has contacted several audit firms and has received bids. Summa was not able to complete the audit in Year 1 because it is awaiting final clarification from USAID as to the type of fund it required. The audit will proceed as soon as this matter is resolved.

## **6.2 Technical Assistance**

During Year 1, Summa provided extensive technical assistance to several of CMS' NGO Sustainability projects. Summa staff participated in 2 technical assistance trips to the Dominican Republic to assess 4 non-governmental organizations and recommend measures to increase sustainability. In addition, Summa staff conducted 1 technical assistance trip to Bangladesh to assess the feasibility of establishing a USAID funded endowment for a social marketing NGO. Summa and CMS staff have also provided technical inputs on issues related to financial endowments and financial mechanisms for USAID personnel.

## **6.3 Research and Education**

Summa produced a "Lessons Learned" document on Summa's investment activities under the PROFIT Project and its future direction under the CMS contract. The document was shared with PHN staff.

Summa researched and wrote a document entitled "Sources of Financing for Private Sector Initiatives in Healthcare in Developing Countries". This document is a survey that reviews the international sources of financing for the private sector in health, including both for-profit and not-for profit organizations. In Year 2 Summa will disseminate this document more widely.

Summa also completed a Fact Sheet, that describes the Summa Fund and provides information about what kinds of investments Summa makes, the investment process, the technical assistance component and contact information. Summa plans to disseminate this document more widely in Year 2.

## **6.4 Presentations:**

Summa delivered 3 presentations to PHN staff and management on Summa's activities and future directions. Summa also delivered presentations to CMS Country Representatives and staff for the purpose of informing them about how Summa can work with their country programs in the areas of financial innovation and social investments.

## **6.5 New Investments**

Summa completed the "Investment Guidelines", which is an internal document to be followed by the staff and directors of Summa. The "Investment Guidelines" define Summa's policies and procedures to be used in the investment process and portfolio management. The investment process as defined in the "Investment Guidelines" consists of the following phases:

- Project Identification
- Project Appraisal
- Approval
- Closing
- Disbursal
- Monitoring and Evaluation

Summa developed a pipeline of investment opportunities. 22 opportunities were identified in 11 countries in Latin America, Africa, Asia and Central Asia. These potential projects include direct loans to commercial companies, direct loans to non-governmental organizations, equity investments in commercial companies and revolving loan funds. 2 of these opportunities are now under active appraisal.

Investment opportunities were identified through the Latin Healthcare Fund, a resource firm to the CMS Project, CMS and Summa field visits, CMS Country Representatives, Consortium members, USAID/Washington, and the Inter-American Development Bank.

## **6.6 Assessment Trips**

During Year 1, Summa undertook 1 assessment/pre-appraisal trip to Uganda to explore the feasibility of 2 investment opportunities, a revolving loan fund for midwives and a direct loan to AAR/Uganda. 2 Pre-Appraisal Trip Reports have been submitted to USAID for each of these opportunities. The initial assessments were positive and Summa plans to proceed with appraisals of both opportunities in Year 2.

Summa also undertook 1 assessment trip to Nigeria to explore the feasibility of setting up a revolving loan fund for private providers. Due to the difficult economic climate in Nigeria for private providers, it was decided to postpone further appraisal of this opportunity until there is an improvement in the environment. A Trip Report was submitted to USAID.

These assessment trips were not undertaken until Quarter 4 in Year 1 because Summa was asked to devote more time to technical assistance and to research and education than was originally anticipated.

Summa is in the process of preparing Preliminary Investment Proposals for 2 investments in Uganda: the Uganda Midwives Loan Fund and the AAR/Uganda direct loan project. In the Year 1 Workplan, it was projected that 1 Investment opportunity would be appraised and approved. This was not possible because of the delays in undertaking the assessment trips.

## **6.7 Staffing**

Summa recruited an Investments Manager in May (Quarter 3). The Summa team, which until May consisted only of 1 Investments Director benefited greatly from the recruitment of an Investments Manager. The Investments Manager played a key role in preparing the “Investment Guidelines”, the research document, developing the pipeline and monitoring existing investments. The Summa team benefited greatly from the time provided by the CMS Director of New Initiatives.

## **7.0 BUDGET**

The following page in this section presents our detailed annual expenditures report.

## APPENDIX A: ACCOMPLISHMENTS

## APPENDIX B: RESEARCH AGENDA