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SOMARC I
END OF PROJECT REPORT

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The Futures Group, Inc.

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I. SOMARC in Summary

SOMARC's mission is to design Contraceptive Social Marketing (CSM) projects to deliver quality, low-cost contraceptives to low-income consumers. SOMARC I has proven the efficacy of CSM programs in achieving that goal. During the project's 5-year period, the SOMARC approach to implementing family planning programs has been widely accepted. SOMARC I surpassed its target implementation goal and succeeded in implementing 13 new CSM programs. As policy makers and family planning organizations recognize the huge potential of CSM programs, the demand for such programs is increasing rapidly.

Because the needs and infrastructure of each host country vary, program development must be flexible. The SOMARC program has pioneered cost recovery and sustainability strategies for designing, implementing, and achieving program goals.

SOMARC has institutionalized the role of the private sector in CSM programs. Under the SOMARC I program, private sector collaborators were introduced to the concept of CSM. Since that introduction, SOMARC has been successful in increasing the interest of private sector partners and, consequently, in moving collaboration to new and more sophisticated levels. Over the SOMARC I period, private sector collaboration for commodities has equaled over \$2.2 million.

SOMARC brought a systematic application of the marketing process to the task of expanding contraceptive use among target couples. Consequently, SOMARC is dedicated to ensuring that good marketing principles are applied in a professional, effective way in every CSM country. SOMARC's aggressive advertising and promotion of contraceptive products was an innovation in most markets which encouraged other contraceptive marketers to develop more competitive pricing, promotion, and advertising strategies.

The SOMARC program specifically targeted the Africa region for new program expansion. The concern to ensure the availability of contraceptives and contraceptive knowledge throughout the region through a variety of delivery channels presented special challenges

to social marketers and has significant implications for the development efforts of those nations.

The SOMARC program developed evaluative research designed to measure and evaluate the impact of CSM programs. That research has proven that high percentages of C and D class consumers have been reached through SOMARC programs and that the proportions of new contraceptive acceptors in mature programs are equally impressive. A recent analysis of contraceptive prevalence in 44 countries suggests that on average mature CSM programs increase their nation's prevalence by approximately 20%.

The overall goal of the SOMARC project has been to develop and implement CSM programs that are capable of sustained service delivery over many years. SOMARC staff realized that a broad base of accessible technical support and expertise must exist within each CSM country for this goal to be achieved. Consequently, the transfer of all technologies necessary for the successful implementation and management of CSM programs was a priority activity for the SOMARC team in each country.

SOMARC information dissemination efforts have taken a variety of forms--including publications, meetings, and resource availability--to adequately address the wide variety of information and audiences in the social marketing field. Technical papers and journal articles were used to communicate the results of research and management analyses. Conferences, workshops, and professional meetings were used to reach and interact with CSM program managers and staff.

SOMARC I has proven that CSM programs can achieve sustainability goals in reasonable timeframes. SOMARC's Indonesia (DuaLima) program achieved sustainability within a 4-year timeframe. Both SOMARC's Dominican Republic (Microgynon) and Mexico programs are also reaching full-sustainability. SOMARC has developed a strategic vision for project implementation which recognizes how country infrastructures affect the level of donor funding and impact sustainability goals. The following document is a comprehensive summary of the history and accomplishments of the SOMARC I program.

II. A Brief History of CSM

The U.S. Agency for International Development (AID) was one of the first donor organizations to provide support to international population and family planning activities and has been a leader in such assistance for 20 years. AID's family planning assistance is based on the underlying principles of voluntarism and informed choice.

The objectives of AID's population/family planning assistance are:

- o To enhance the freedom of individuals in developing countries to choose voluntarily the number and spacing of their children.
- o To improve the health and survival of mothers and children by promoting adequate birthspacing and childbearing during the safest years for women and by reducing abortion.
- o To encourage population growth consistent with the growth of economic resources and productivity.

CSM Programs Prior to SOMARC

In the fall of 1984, the start date of the SOMARC project, there were 13 major CSM programs with ongoing contraceptive sales. Ten were well established, having sold products for six to sixteen years, and included India, Colombia, Sri Lanka, Bangladesh, Jamaica, Thailand, El Salvador, Nepal, Egypt, and Mexico. Three CSM programs--in the Eastern Caribbean, Honduras, and Guatemala--were just beginning. All but five of these programs (Bangladesh, Thailand, Nepal, Egypt, and Mexico) were managed either through host-country governmental agencies (India, Jamaica) or through the local affiliate of the International Planned Parenthood Federation (Colombia, Sri Lanka, El Salvador, the Eastern Caribbean, Honduras, Guatemala). In Bangladesh, Nepal, Egypt, and Mexico new nonprofit entities had been created expressly to implement the CSM programs there.

Expatriate resident advisors had played a major role in the initial operation of all these CSM programs except in India, Colombia, Thailand, and Mexico. These full-time expatriate resources, however, were no longer available to any CSM program except those just beginning in the Eastern Caribbean, Honduras, Guatemala, and Bangladesh.

Until the fall of 1980, all AID funding to CSM programs was through county-specific contracts with U.S. technical firms for CSM implementation. Technical assistance for CSM feasibility assessments through individuals hired as consultants by the American Public Health Association on behalf of AID. In late 1980, however, AID initiated its first worldwide assistance to CSM programs. The International Contraceptive Social Marketing Project (ICSMP), funded by AID at \$2.3 million and implemented by The Futures Group, was designed not only to be able to provide technical assistance to CSM programs as earlier consultants had done but also to provide the funding necessary to implement the technical recommendations given. It was further expected that up to three new CSM programs would be developed through the ICSMP. Concurrent with the AID-funded ICSMP, a number of USAID missions began to contract directly with U.S. technical firms to implement the CSM programs for which the ICSMP had developed feasibility assessments or preliminary program design.

On September 21, 1984, AID awarded the SOMARC contract to The Futures Group and its team of subcontractors--Porter Novelli, The Academy for Educational Development, and John Short & Associates. The specific goals and objectives of SOMARC were outlined as follows:

- Design and implementation of five to ten new CSM programs.
- Technical assistance to and enhancement of already existing CSM programs.
- Design and implementation of four regional and one international conference for CSM practitioners.

- Design and implementation of "special studies" addressing cross-country and evaluative issues of particular importance to the CSM field.
- Dissemination of relevant information (including a library and a quarterly newsletter) to CSM practitioners and family planning policymakers around the world.

III. The SOMARC Philosophy

SOMARC's mission is to design Contraceptive Social Marketing (CSM) projects to effectively deliver quality, low-cost contraceptives to low-income consumers. Intrinsic to that objective is the requirement to develop sustainable and self-sufficient contraceptive delivery programs. SOMARC's CSM philosophy is distinct from most other CSM practitioners because of its emphasis on self-sufficiency and sustainability.

The SOMARC program believes that these objectives must be incorporated in CSM programs at their design stage. During the last 5 years, several SOMARC design strategies have evolved for achieving sustainability and self-sufficiency goals. Primarily, they emphasize the importance of the active recruitment of private sector collaborators, as well as the establishment of partnerships that are maximally sustainable. The private sector is seen as an irreplaceable resource for CSM programs. SOMARC, rather than developing new project structures and distribution channels, strives to work within existing private sector infrastructures. It is SOMARC's belief that CSM projects are country projects to be managed by country national staff. In countries where that expertise is not available, SOMARC strives to work with program implementors to develop the necessary skills. Achieving maximal sustainability means developing pricing strategies that are within the capability of CSM target consumers and which offer maximum coverage of program costs. This approach is crucial to developing programs that will be successful. The private sector has responded favorably to the initiative of CSM. SOMARC is dedicated to increasing the interest of commercial partners in CSM, and thereby increasing the level of collaboration--bringing SOMARC CSM programs to newer and more sophisticated levels of sustainability.

IV. SOMARC Accomplishments

A. Implemented 13 CSM Programs

During SOMARC's 5-year period, the SOMARC approach to implementing family planning programs has been widely accepted. By taking a flexible and innovative approach to program design, the SOMARC I project surpassed its target implementation goal, and:

- Implemented 13 new CSM programs: two in Asia/Near East (Indonesia, Morocco), eight in Latin America and Caribbean (Bolivia, Brazil, Caribbean regional, Dominican Republic, Ecuador, Mexico, Peru, Trinidad), and three in Africa (Ghana, Liberia, Zimbabwe).
- Provided technical assistance to ten already existing CSM programs: Bangladesh, Sri Lanka, Nepal, Egypt, Honduras, Guatemala, Nigeria, El Salvador, Colombia, and Jamaica.

The wide-spread recognition of SOMARC programs has positioned CSM as a viable and effective means for implementing family planning programs. As a result, the demand for CSM programs has blossomed under SOMARC II. The SOMARC team provided assessments in nine additional CSM countries in preparation for implementation under SOMARC II: Uganda, Malawi, Mali, Rwanda, Turkey, Honduras, Haiti, Ivory Coast, Paraguay, and Sudan. Overall, the SOMARC program has been involved in CSM activities in over 30 nations around the world.

B. Pioneered Cost Recovery and Sustainability Strategies

SOMARC has pioneered cost recovery and sustainability strategies for CSM. Each SOMARC program is designed to maximize cost recovery and sustainability to increase the likelihood that the project will become self-sufficient. Five year financial projections provide measure of the cost-recovery potential of the design and analyze alternative pricing

scenarios. SOMARC has developed a number of alternative strategies for obtaining commodities in CSM projects. These strategies provide options for procuring commodities from commercial sources as well as from donations. There are currently four different program design strategies:

- Locally Available Product
- Commercial Purchase
- Initial Donation Switching to Commercial Purchase
- Donated Commodities.

1. Locally Available Product

Countries with higher prevalence levels and a reasonably well-developed commercial infrastructure are appropriate targets for use of locally available products. Whenever possible, SOMARC uses contraceptives which are already available on the market as project products. Using locally available product shifts a sizeable cost of the CSM project to the private sector. These products are made accessible to low-income consumers by developing partnerships with the product's manufacturer. In these instances--such as Indonesia (OC), the Dominican Republic (OC), Brazil (OC), Ecuador (OC), and Peru (OC)--manufacturers agree to lower the prices of their product to distribute through their own distribution networks. Donor funds are used during the first years of CSM program operations for advertising, public relations, and research activities necessary to fully expand the market for the CSM product. CSM activities are necessary as well to reinforce the continuation of contraceptive products, to assure adequate supplies, and to expand product lines. At the end of this market development period, the contraceptive's sales volume is sufficient to allow the manufacturer to continue to sell its product at an affordable price and to undertake the necessary advertising and promotion with its own funds.

2. Commercial Purchase

Commercial purchase can be used in countries with relatively high prevalence levels and good commercial infrastructures. In countries with these characteristics and with access to foreign exchange, SOMARC seeks to identify a private partner who will commercially purchase project commodities. In exchange, SOMARC provides funds to build the market through advertising and promotion. In these countries--such as Indonesia (condom), Turkey (condom), and Haiti (OC)--a local distributor purchases the CSM contraceptive from its manufacturer at a price sufficiently low to be affordable to the CSM target market and distributes the product to consumers through its own commercial network. Donor funding is used during the project period for advertising and other activities which help to develop the lower-income market for the CSM product. At the end of this time, sales volume will have increased to a level where it will be profitable for the local distributor to continue to purchase, promote, and sell the CSM contraceptive to the target market with no further donor support or with only occasional technical assistance.

3. Initial Donation Switching to Commercial Purchase

Because of low prevalence levels and under-developed commercial infrastructures, there are countries in which the only initial means of building the market for affordable contraceptives for lower-income consumers is through use of donated commodities. In these countries--such as Bolivia (OC), Ecuador (condom), and Peru (condom)--donor supplied commodities as well as funding for advertising, promotion, and research are provided during the first three to five years of program operations. At the end of that period, a sufficient lower-income market for the CSM product will have been developed to permit the implementing agency to begin to purchase project commodities.

4. Donated Commodities

In low-prevalence countries where product prices cannot recover costs of product or where there is no access to foreign exchange, SOMARC must rely on the use of donated commodities to make affordable contraceptives available. In these countries--such as Ghana (OC, condom, vaginal tablet), Liberia (OC, condom, vaginal tablet), Morocco (condom), Trinidad (condom), and Zimbabwe (condom)--economic conditions or restrictions make it unlikely that CSM projects will be able to commercially obtain products, thus it is expected that they will remain dependent on donations. Funding for advertising, promotion, and research during the first three to five years of program operations, however, may develop the market products to the extent that at the end of that period implementing agencies may be able to take over the future costs of these marketing activities.

SOMARC's strategic planning for CSM program sustainability has already demonstrated impressive results. In three of the longest-running SOMARC programs--Indonesia, the Dominican Republic and Mexico--long-term sustainability is already assured. In Mexico, a country where AID-donated condoms are required to ensure an affordable price to lower-income consumers, project revenues have already reached a level that allows program management to cover the recurring costs of advertising and promotion. In the Dominican Republic, sales and associated marketing activities of the oral contraceptive are totally self-sufficient. Marketing of the original DuaLima condom (DuaLima Red) in Indonesia is also being completely supported by the commercial sector.

C. Institutionalized the Role of the Private Sector in CSM

SOMARC's strategic approach to creating sustainable projects starts in the design phase. All elements of the project strategy are designed to maximize sustainability and cost recovery. SOMARC strives for cost effectiveness by designing its CSM programs as completely as possible within existing commercial structures. SOMARC works with the commercial sector in establishing pricing structures that are within the purchasing capability

of its target consumers while offering maximum coverage of program costs. Through its ability to provide promotion and mass media advertising for contraceptive methods, access to relevant host government agencies and officials, and useful market data, SOMARC has negotiated active new partnerships with the commercial sector in providing family planning and public health services.

Besides being a crucial resource in designing sustainable CSM programs, the private sector provides several important advantages for CSM program management and implementation.

- The commercial sector is sustainable; in virtually every country it has continued to operate even with changes in government or in the face of considerable instability.
- The commercial sector already contains and supports financially whatever marketing/management expertise and distribution capability exist in any given country.
- Commercial sector managers are accustomed to performance evaluation in relation to their achievement of stated goals and are sufficiently compensated to consider their employment long-term.
- The commercial sector in most countries already has access to effective contraceptive products.
- The commercial sector is responsive to opportunities to open up new market segments for its products.

The variety and nature of SOMARC's private sector collaboration is broad. In the Dominican Republic, Indonesia, Ecuador, Peru, Bolivia, and Brazil--SOMARC'S commercial sector partners are providing reduced prices to the consumer for high-quality contraceptives,

training of pharmacists and other retailers, point-of-sale educational materials, or market data--at no cost to AID.

D. Provided Commodity Savings of \$2.2 Million

Over the period of SOMARC I private sector CSM projects, AID saved an estimated \$2.2 million in commodity costs in five countries alone--the Dominican Republic, Indonesia, Ecuador, Brazil, and Peru--where CSM products are currently provided by SOMARC commercial sector partnerships (See Table 1).

Table 1. Commodity Savings¹

Country	1985	1986	1987	1988	1989	Total
Ecuador						
Orals				138,771	140,730	279,501
Peru						
Orals			19,877	114,970	203,221	338,068
VFTs			3,677	22,636	18,959	45,272
D.R.-						
Orals	1,552	8,326	43,691	71,077	128,687	253,333
IUDs		324	412	1,399	1,735	3,870
Brazil						
Orals				77,228	138,636	215,864
Indonesia ²						
Condoms		111,552	252,619	313,457	328,520	1,006,148
Orals				13,038	96,844	109,882
IUDs					15,769	15,769
TOTAL	3,537	122,188	322,263	754,564	1,075,090	2,267,707

1. Commodity savings were calculated from total product sales with the following value/units:

Value/Unit	1985	1986	1987	1988	1989
Orals	\$.1550	\$.1650	\$.2695	\$.2845	\$.2845
Condoms	\$.0480	\$.0500	\$.0424	\$.0435	\$.0435
VFTs	\$.0720	\$.0720	\$.0950	\$.0970	\$.0970
IUDs	\$.8000	\$.8500	\$.9500	\$1.0000	\$1.0000

2. Cost Savings for Indonesia do not include Depo-Provera.

E. Systematized the Marketing Process

SOMARC brought a systematic application of the marketing process to the task of expanding contraceptive use among target couples. SOMARC is dedicated to ensuring that good marketing principles are applied in a professional, effective way in every CSM country.

1. Focus on the Consumer

Of greatest importance in SOMARC's effort to apply sound marketing principles is its focus on the consumer. Before CSM messages and strategies are developed, each SOMARC program conducted research on the knowledge, attitudes, and practices of target consumers and the barriers that prevented potential contraceptors from accepting and using contraceptives.

This user-oriented, research-based approach is different from earlier family planning efforts where operational strategies and advertising messages conveyed only general concepts that could not be acted on by potential users, that did not reflect the personal concerns/benefits inherent in contraceptive use, or that were not specifically targeted to potential users' consumption patterns. SOMARC believes the increased emphasis on marketing greatly strengthens CSM performance in achieving AID's family planning goals.

Indeed, SOMARC marketing efforts were effective in reaching large numbers of new contraceptors, thus increasing prevalence rates. SOMARC research surveys have indicated that impressive numbers of SOMARC's CSM product purchasers were first-time users of contraceptives: in the Dominican Republic, for example, 43 percent of those buying the CSM oral contraceptives were women who had never before used contraceptives. In Indonesia, a consumer intercept indicated that 30 percent of the IKB/SOMARK condom consumers were first-time users of contraceptives, while in Peru 43 percent of the CSM program's vaginal tablet users were new contraceptors.

2. Marketing as a Management Process

Supporting SOMARC's focus on the consumer has been its belief in marketing as a management process. Annual marketing planning--which ensures appropriate coordination between target consumers, media, distribution outlets, public relations activities, products, price, and the like--was established in each SOMARC CSM program. Goals for program performance were established and program activities were measured against their contribution to achievement of those goals. Operations-type research to monitor and evaluate the effectiveness of critical marketing tactics was included in program design. When regularly scheduled monitoring research in Indonesia, for example, disclosed that 80 percent of the IKB/SOMARK program's target market consumers had recalled Dualima condoms through radio advertising (compared to 33 percent through press advertising), the program's media budget was shifted to reflect the efficiency of radio in reaching CSM targeted consumers.

3. State-of-the-Art Marketing

To help ensure that effective "state-of-the-art" marketing techniques were used in its CSM programs, the SOMARC team established an Advisory Council of leading U.S. marketers. This Council reviewed SOMARC country strategies and provided suggestions and guidance, where necessary, for improved performance in the marketplace.

SOMARC's dedication to the marketing process has achieved memorable results in many countries. In Mexico, for example, Expansion, that country's leading business magazine, singled out Protektor condoms along with wine coolers and 800 telephone numbers as the "Marketing Hits of 1988." The CSM relationship between the Ministry of Health, CONASUPO grocery stores, and the pharmaceutical company La Campana was lauded as an example of what an alliance between the public and private sectors can achieve. Furthermore, the SOMARC program was recognized for increasing the Protektor market

from a 1 percent share in 1986 to a 20 percent share in 1988. While there was an overall decline in consumer sales of 4.3 percent in 1988, Protektor sales increased 112 percent from 1987 to 1988.

During the five-year SOMARC project, the SOMARC team firmly established the marketing process as the driving force behind contraceptive social marketing program management. More importantly, SOMARC has demonstrated that performance in meeting family planning objectives can be increased by using commercial sector marketing techniques in CSM programs.

As part of its efforts to ensure the most effective communications, promotion, and delivery of contraceptive services possible through CSM programs, the SOMARC team introduced a number of technical approaches new to CSM operations.

- o Consumer profiles. Through information collected in consumer intercept surveys, SOMARC staff were able to develop profiles of CSM consumers in program countries. These profiles define relevant characteristics of the consumers purchasing CSM products--such as age, parity, contraceptive history, socioeconomic status, and the like--and allow program managers to evaluate the success of their efforts in reaching CSM targeted audiences.
- o Mystery shoppers. Introduction of the use of mystery shoppers (research employees posing as consumers) has allowed CSM managers to evaluate in actual settings the impact of retailer training and incentive programs. In Ghana, mystery shoppers asking pharmacists and chemical sellers for contraceptive advice and information were able to monitor the effectiveness of previous retailer training sessions. In Morocco, mystery shoppers checked the visibility of condom retail displays in pharmacy outlets and, by asking about available brands, were able to identify pharmacy clerks actively promoting the CSM condom.

- o Consumer panels. This consumer research technique, never before used in CSM programs, provides CSM managers with longitudinal data on patterns of correct contraceptive use among consumers; source, method, and brand switching behaviors; satisfaction with contraceptive sources; and levels of consumer knowledge.
- o Product tie-ins and on-pack promotions. This marketing technique encourages consumer trial of CSM products by providing a contraceptive sample with the purchase of another product. In Indonesia, for example, Dualima condoms were offered with the purchase of Gillette razor blades and thus reached a large segment of the adult male population for increased product recognition and trial.
- o Sports tie-ins. The policy decision in many countries to increase the active role of males in family planning has necessitated the introduction of promotional techniques aimed specifically at men. SOMARC introduced the use of sports tie-ins and event sponsorships by condom brands as a unique way of reaching males in prime CSM target segments. In Mexico during the World Cup soccer games, promotion of Protektor condoms capitalized on interest in soccer trivia, soccer stars, and sports paraphernalia in its radio and print advertising. In Barbados, Panther condoms sponsored a race car in the regular season's rally competition, a sport particularly interesting to young men.

F. Stimulated Commercial Response

CSM aggressive advertising and promotion of contraceptive products was an innovation in most markets. SOMARC marketing activities often caught many competitors by surprise. However, the ultimate effect of SOMARC activities in most markets was to stimulate an increase in commercial activities from other contraceptive marketers. This activity included more aggressive pricing strategies, promotion and advertising campaigns developed to counter SOMARC activities.

The increased commercial activity also contributed to stimulating new contraceptive sales. This increased activity and the resulting increases in sales were part of the "halo effect" of SOMARC marketing interventions.

G. Introduced CSM in Africa

The SOMARC project specifically targeted the Africa region for new program expansion. The concern to ensure the availability of contraceptives and contraceptive knowledge throughout the region through a variety of delivery channels presented special challenges to social marketers since (1) contraceptive prevalence in most African countries is very low--consequently, there was little product experience or acceptance already within the marketplace; (2) local commercial infrastructures are relatively weak, and multinational firms have little incentive--because of small market and currency restrictions--to participate actively in African markets; (3) there was little existing support for family planning activities among many groups of influentials who could otherwise have facilitated program development and implementation activities; and (4) because of possible negative reactions to family planning activities from local political groups, USAID mission staff were not always comfortable with social marketing that requires publicity and use of the mass media to be maximally successful.

To promote CSM as an acceptable, effective approach to family planning service delivery in Africa, the SOMARC team developed and implemented a strategy for marketing the concept of CSM in those countries targeted as potential locations for new CSM programs--especially Ghana, Liberia, Kenya, Mauritius, Mali, Niger, Zimbabwe, Zaire, Uganda, Malawi, Rwanda, Cote d'Ivoire, Senegal, and Swaziland. This strategy ensured that there was a clear, agreed-upon plan for systematically pursuing the goal of encouraging targeted countries to accept the concept of CSM and to begin to move toward the successful implementation of a CSM program.

As part of its strategy, SOMARC staff worked to increase awareness of CSM concepts and successful approaches to program implementation among USAID personnel, host country

officials, and family planning/donor organizations. These preliminary efforts included a broad range of relevant agencies and a variety of staff levels within those agencies. Indeed, it proved to be very helpful to CSM program development to have not only the chairman of a given country's National Family Planning Board supportive of CSM program objectives but also the technocrats within that agency who are responsible for areas that may be seen as "competitive" with CSM activities, such as household distribution or IEC campaigns. It also proved valuable to promote the concept of CSM to officials from other government agencies such as the Food and Drug Administration or the Ministries for Finance or Planning.

Within USAID missions themselves, the SOMARC team worked to ensure that the concept of CSM was understood and supported by a variety of staff. Private enterprise officers, commercial attaches, and mission directors, for example, were frequently in a position to facilitate or postpone the development of the CSM program. Occasionally, host country governments, family planning/donor organizations, or even USAID missions were reluctant to pursue CSM program development and implementation until it became very clear that such programs would also be acceptable to other gatekeepers and influentials within the country.

As a result of such persistent activities, interest in CSM programs within the African region has multiplied. Four new CSM programs are targeted for implementation in Mali, Malawi, Rwanda, Uganda--and several more are scheduled for assessments--Botswana/Lesotho/Swaziland, Gambia, Togo, and Cameroon.

H. Facilitated Policy Change

In many countries SOMARC was able to identify and work to change policies that hindered the growth of CSM activities. In Ghana, for example, as a result of SOMARC's successful training of chemical sellers, the Government agreed to allow oral contraceptives to be sold in the numerous chemical sellers shops.

In Indonesia, SOMARC efforts assisted the BKKBN in obtaining approval for doctors and midwives to dispense contraceptives and, therefore, act as distribution points for the CSM products. In Barbados, "day-after" recall tests demonstrated the acceptability of condom advertising which was then allowed to continue.

I. Conducted Special Studies Research

Prior to the initiation of the SOMARC project in 1984, CSM programs had not generated quantitative evidence sufficient to answer the three key questions posed by AID staff concerning the effectiveness of CSM as a family planning service delivery technique:

- o What are the impacts of CSM programs on contraceptive prevalence?
- o Do CSM programs reach their target markets--that is, new users in the lower socioeconomic levels?
- o Do consumers use CSM program contraceptives effectively?

The SOMARC team undertook two types of research--country-specific studies and cross-country analyses--to find the answers to these and other questions important to CSM practitioners around the world.

1. Impact of CSM Programs on Prevalence

Because of the design of most CSM programs, it is difficult or impossible to carry out the ideal research design to ascertain conclusively the impact of CSM programs on contraceptive prevalence. SOMARC's recent analysis (using time-series data on sales and distribution by source, cross-country data, and consumer intercepts) of contraceptive prevalence in 44 countries, however, shows that on average mature CSM programs increase their nation's prevalence by approximately 20 percent.

2. Ability to Reach Target Market

Our special studies research conducted consumer intercept studies in several countries and found that CSM projects are reaching their target markets:

- Thirty-two to forty-seven percent of CSM consumers in such countries as the Dominican Republic, Indonesia, Peru, Mexico, and the Eastern Caribbean are first-time users of contraceptives.
- Sixty-seven to ninety-five percent of purchasers of CSM products in those countries are from lower socioeconomic groups.
- There are significant differences between CSM product consumers and contraceptive users supplied through other delivery channels. Particularly, CSM users have less income or assets than other commercial sector contraceptive users.

3. Effective Use

User intercept and panel studies in such countries as Ghana, Egypt, and Brazil have given CSM managers important, useful information on consumers' brand and method switching behaviors as well as on their effective use of products. In Brazil, for example, the SOMARC team learned that users who went to a doctor before taking the pill were no more likely to use the pill correctly or to be better informed than those who did not visit a doctor. In Egypt, the continuation rates for CSM product usage are as good or better than continuation rates for other contraceptive brands and other sources of contraceptives, including clinic sources. This indicates that consumers' perceptions of the quality of service is as good for CSM delivery as for clinic delivery of contraceptives.

4. Impact of AIDS on Family Planning

Because of the need for AIDS awareness and family planning programs to collaborate in host-country programs, this study was designed to investigate the effects of AIDS information campaigns on the image and use of condoms for family planning in three countries. Both qualitative and quantitative research methods were used. The results indicate that AIDS information campaigns tended to improve the awareness and image of condoms for family planning.

5. Private Sector Incentives

As SOMARC has determined, the role of the private sector is crucial in CSM programs. This special study was conducted in Barbados, Peru, and Pakistan and identified the reasons that private sector partners undertake involvement with CSM programs. The results showed that a variety of motives encourage private sector involvement, including concrete and quantifiable factors such as profits and other less tangible reasons like improved relations with the government.

6. Panels in CSM Research

This study examined the usefulness of the consumer panel research technique for CSM management as well as provided information about consumers' correct use and switching behaviors. Conducted in conjunction with Family of the Future in Egypt this 6-wave panel study found that the availability of multiple methods does make a positive contribution to overall prevalence and family planning continuation. The analyses of FOF panel data have shown that, in the context of family planning research, panel designs can improve understanding off brand and method loyalty, switching, and discontinuation.

J. Transferred Technology to Local Institutions

The overall goal of the SOMARC project has been to develop and implement CSM programs that are capable of sustained service delivery over many years. SOMARC staff realized that a broad base of accessible technical support and expertise must exist within each CSM country for this goal to be achieved. Consequently, the transfer of all technologies necessary for the successful implementation and management of CSM programs was a priority activity for the SOMARC team in each country.

The SOMARC project has transferred useful new technologies to existing CSM programs as well as to local private sector partners. Institutions in over 25 countries have received technical assistance strengthening their internal marketing and management capacities and systems and broadening their business base. The SOMARC team has provided training and technical assistance in such areas as product distribution, advertising and promotion, program management and management information systems, commodity logistics, market research, cost recovery, and strategic planning.

Using the skills and contacts obtained from participating in the local CSM program:

- An Eastern Caribbean regional distributor negotiated a commercial relationship as local representative for a U.S. condom manufacturer, which complements other CSM sales activities.
- An Indonesian advertising agency, based on its experience in the IKB/SOMARK CSM program, is now responsible for developing a nationwide campaign promoting private sector family planning services in urban areas.
- The management information system developed for the CSM implementing agency in the Dominican Republic has allowed the family planning association there to better monitor its activities and cost recovery projects.

- With SOMARC technical assistance the Bangladesh CSM program has introduced retail audit technology to the local commercial sector through its sales tracking activities.
- The commercial sector firm implementing the CSM program in Bolivia is using its SOMARC-assisted experience in marketing contraceptives to consumers to negotiate with an international manufacturer for a low-cost, low-dose oral contraceptive for the program product line at no cost to AID.
- The SOMARC program has also used its special expertise to transfer social marketing techniques to health care services delivery. In a number of African and Latin American countries, national AIDS programs have used SOMARC's expertise to help develop and evaluate campaigns that promote the use of condoms for AIDS prevention.
- In Ghana, the commercial firm implementing the CSM program there is now providing the distribution system for oral rehydration salts--a major resource in the prevention of infant mortality from diarrheal disease.

As a result of these activities, SOMARC has reinforced the skills of research firms, ad agencies and distributors in each of the countries where it has been involved.

K. Disseminated CSM Information

SOMARC information dissemination efforts have taken a variety of forms--including publications, meetings, and resource availability--to adequately address the wide variety of information and audiences in the social marketing field. Technical papers and journal articles were used to communicate the results of research and management analyses. Conferences, workshops, and professional meetings were used to reach and interact with CSM program managers and staff. SOMARC's accessible CSM library allowed the spread of information to a broad audience interested in widely divergent topics.

1. Publications

SOMARC staff developed and introduced two new series of publications for timely communication of useful program data to the field: Occasional Papers and Practical Guides.

SOMARC's Occasional Papers each focused on a single CSM research or management topic. Occasional Papers also served to disseminate the important findings of SOMARC Special Studies, which were designed to address regional and worldwide issues of concern to contraceptive social marketers. These studies improved the state of the art in CSM research and increased the effectiveness, efficiency and impact of CSM programs.

- Impact of Social Marketing Programs on Contraceptive Prevalence: A Cross-Section Time-Series Analysis (April, 1987).
- Impact of CSM Prevalence in the Dominican Republic (April, 1987).
- Contraceptive Social Marketing of Microgynon in the Dominican Republic--Progress of the Campaign (June, 1987).
- Characterizing the Socioeconomic Status of Consumers in Developing Nations--New Methods from the Field in the Dominican Republic (July, 1987).
- Nepal Village Marketing Study (August, 1987).
- Lessons Learned from the Dualima Condom Test Market (September, 1987).

Practical Guides published by SOMARC served as instruction manuals on specific marketing techniques or management practices. They were designed to provide information to CSM program management staff that could directly increase CSM program effectiveness.

- Practical Guide #1: Model Protocol for Tracking Promotional Campaigns.
- Practical Guide #2: Lessons Learned from the DuaLima Test Market.
- Practical Guide #3: A Program Manager's Guide to Media Planning.
- Practical Guide #4: Conducting an Effective Retail Audit.

A quarterly newsletter with a circulation of approximately 2,000 readers was published in English, French, and Spanish. The newsletter provided a means for communicating new project developments and summaries of lessons learned in the field to a wide variety of CSM practitioners. In-depth sales performance data from a selected CSM country were featured in each issue.

As an additional means of disseminating CSM information, SOMARC published journal articles on the results of research efforts and experience gained in program management. These articles provided useful expansion of the knowledge base and technical credibility of the work done in support of social marketing activities.

2. Conferences and Workshops

During the five-year contract, SOMARC staff designed and conducted conferences and workshops in each of the three geographic regions. These conferences provided a valuable opportunity to meet with CSM program managers and staff and country influentials on a face-to-face basis. They were occasions during which tremendous amounts of information were exchanged and goodwill was built.

Each of SOMARC's workshop/conferences was focused on topics relevant to the region, the participants, and the CSM state of the art at the time it was held.

- January 1986, Latin America/Caribbean. "Challenge of Today, Wave of the Future." Mature CSM programs in Barbados, Mexico, Colombia, and Honduras presented "case studies" and program results. New advertising and public relations approaches were discussed as was the potential for regional promotion and product lines.
- March 1987, Africa. "CSM in Africa." This conference promoted the concept of CSM through case studies of the Ghanaian program and presentations by leading family planners, physicians, and media representatives from the region. Participants from more than seven African countries participated actively in identifying constraints to CSM in their own countries and in developing country strategies for overcoming those constraints.
- February 1988, Asia/Near East. "Focus on the Consumer." Participants from long-established CSM programs and from programs still in the planning stage worked together to design approaches and themes for CSM efforts that satisfy consumers' perceived needs for family planning products and services.
- June 1988, Latin America. "Tools for Commercial Independence." The SOMARC team focused on financial self-sufficiency for CSM programs in this workshop. After discussions and presentations on product pricing, product line diversification, and investment strategies, participants were given workshop assignments in developing self-sufficient price and promotion strategies without sacrificing the underlying social objectives of CSM programs.

3. CSM Library

SOMARC staff have assembled a CSM information center of over 5,000 documents. This center also includes an important collection of the print, point-of-purchase, radio, television, cinema, and product packaging materials used by CSM programs around the world. The collection is fully catalogued, and the catalogue is fully automated. Searches for information

and materials can be conducted on specific research topics, products, promotional strategies, and country programs.

To ensure the dissemination of information contained in the CSM library as widely as possible, the SOMARC team initiated a proactive information source--periodic direct mailings from the library. Staff selected a topic or area of particular interest and importance to the CSM community, assembled a package that contained bibliographic references as well as a few of the most informative articles in their entirety, and distributed these packets directly to CSM practitioners in the field. Response to these mailings has been very favorable.

IV. Summary of Country Programs

While each new SOMARC CSM program was developed to operate within the context of its own particular marketing and family planning environment, the design and implementation of all SOMARC programs have been characterized by:

- The ability to reach target audiences of low-income, first-time contraceptors.
- A consumer-oriented, research-based approach.
- An effective management and advisory structure.
- A strategic plan for maximal sustainability.

In its 5-year period, the SOMARC I program has provided more than 1.1 million couple years of protection (See Table 2). Since SOMARC began in 1985 with a modest total CYP of 2,319, the number of couples being provided quality, low-cost contraceptives has increased annually by significant percentages.

The following section is designed to provide additional insight to the specific country programs that were implemented under SOMARC I. The program descriptions identify the implementors and private sector collaborators in each country and provide in-country/total cost ratios. The in-country/total cost ratios compare in-country costs to total program investment--they indicate the emphasis placed on in-country infrastructures and resources when implementing CSM programs.

Table 2. SOMARC Cumulative CYPs through December 1989

Country	1985	1986	1987	1988	1989	Total
Barbados	1,549	1,543	2,119	1,867	2,028	9,106
Bolivia				1,054	3,662	4,716
Brazil				20,881	37,484	58,365
D.R.	770	4,836	13,555	22,715	42,093	83,969
Ecuador				37,521	38,050	75,571
Ghana		13,046	52,716	67,006	79,191	211,959
Indonesia		22,310	59,580	75,584	382,731	540,205
Liberia					2,804	2,804
Mexico		4,172	10,294	21,828	15,419	51,713
Morocco					2,800	2,800
Peru			6,060	33,419	56,901	96,380
Trinidad					1,423	1,423
Zimbabwe				1,160	7,776	8,936
Total	2,319	45,907	144,324	283,035	672,362	1,147,947

Barbados/East Caribbean

Implementing Agency: Frank B. Armstrong
Private Partner: Frank B. Armstrong
Distributor: Frank B. Armstrong

Products: Panther, Perle, Secure
Source: USAID Donated Commodity
In-Country/Total Cost Ratio: 63%

In early 1985, the CSM program in Barbados and the Eastern Caribbean was transferred to its private sector implementor, Frank B. Armstrong. This CSM program is unique because it is the first program to regionalize markets into a single operation to enhance the cost-effectiveness of providing services to small populations. The Barbados project has gradually expanded its breadth to Grenada, St. Lucia, and St. Vincent. In 1990, the program will be completely transferred to Frank B. Armstrong as a self-sustaining program.

The success of the regional program is partially credited to its brand-specific advertising of the Panther condom. Because unplanned pregnancies among young-adults also represented a substantial problem in that region, advertising was geared toward a young-adult audience.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom	117,834	127,662	178,371	171,216	162,759
Orals	4,826	3,467	4,363	954	--
VFTs	--	--	--	8,160	40,112
CYPs	1,549	1,543	2,119	1,867	2,028

Final Status: The Barbados CSM program will be phased out during 1990 as the commercial distributor accepts full-responsibility for the program.

Bolivia

Implementing Agency: Abendroth
Private Partner: Abendroth
Distributor: Abendroth

Product: Noriday
Source: Initial Donation/Switch to Commercial Purchase
In-Country/Total Cost Ratio: 65%

Abendroth--a local, commercial distribution firm--implements the Bolivia CSM program which currently markets oral contraceptives to BCD consumers. Under the current program, Noriday is provided to the program by AID. Abendroth is now negotiating a commercial relationship with CILAG to provide low dose oral contraceptives manufactured by Ortho Pharmaceuticals available to the CSM program at no cost to AID.

With technical assistance from the SOMARC team, program managers are undertaking an innovative pilot project in CSM/family planning communications to indigenous populations in Bolivia. It is expected that this pilot project will provide useful lessons in alternative communications strategies for non-literate populations to CSM practitioners in many countries.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Orals	--	--	--	13,704	47,606
CYPs	--	--	--	1,054	3,662

Final Status: The Bolivia CSM program will be continued under SOMARC II primarily through buy-in funds.

Brazil

Implementing Agency: CEMINE, CEPECS
Private Partner: Wyeth, Schering
Distributor: Commercial Network

Products: Triquilar, Microvilar
Source: Locally Available Product
In-Country/Total Cost Ratio: 65%

In May 1988, a pilot CSM program was launched in two regions in Brazil. The pilot program exemplifies that a strategically planned CSM program can overcome opposition from conservative sources. In anticipation of that opposition, the Brazil program joined the forces of two leading private sector pharmaceutical manufacturers (Schering and Wyeth) with two well-known and well-respected local family planning associations (CEMINE and CEPECS). Because consumers in Brazil demonstrate high awareness, but low knowledge of family planning methods, the program developed a tasteful radio and television advertising campaign featuring the "stork" aired in Belo Horizonte and Recife and designed to encourage consumers to get more information about their contraceptive alternatives. The "stork" campaign has become well-known within Brazil, and its success is demonstrated by the fact that while national sales for Microvilar and Triquilar decreased overall nationally, sales in Recife and Belo Horizonte increased substantially as a result of the CSM activities.

Both private sector manufacturers provide the oral contraceptive to the programs in their individual regions. Wyeth working in Belo Horizonte and Schering working in Recife promote and distribute the pill through their own sales and detailer staff. In addition, they train pharmacists and participate in public relations activities.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Orals	--	--	--	271,453	487,300
CYPs	--	--	--	20,881	37,484

Final Status: The CSM program in Brazil is finalizing research results and the program evaluation. Further activities in Brazil are pending a policy decision.

Dominican Republic

Implementing Agency: Profamilia
Private Partner: Schering, Colon
Distributor: Colon

Products: Microgynon, Protector
Source: Locally Available Product (Microgynon)
USAID Donated Product (Condom)
In-Country/Total Cost Ratio: 29%

In 1985, PROFAMILIA, a local family planning association collaborated with an international pharmaceutical manufacturer to reduce by half the commercial price of one of the leading oral contraceptives--making it accessible to CSM target consumers. Within 15 months, sales of the CSM oral contraceptive increased 500 percent--from 4,000 to 20,000 cycles sold per month. By the last quarter of 1989, monthly sales averaged 25,000 cycles, and SOMARC's cost per couple year of protection provided was \$4.75. It is estimated that AID has saved \$128,000 in commodity costs just in 1989 sales by not having to donate the product.

The social marketing arm of PROFAMILIA coordinates advertising and research support for CSM product sales. Television advertising for the CSM oral contraceptive has used Dominican entertainment stars and has been extremely successful. The orals project is now totally self-sufficient. Protector condoms were recently introduced to the CSM product line.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom	--	--	--	--	296,190
Orals	10,013	50,464	162,119	249,833	452,328
IUDs	--	382	434	1,399	1,735
CYPs	770	4,836	13,555	22,715	42,093

Final Status: The Dominican Republic CSM program is being phased out. SOMARC II will provide technical assistance to the condom project for 2 additional years.

Ecuador

Implementing Agency: Futura Foundation
Private Partner: Schering, Warner Lambert
Distributor: Commercial Network

Product: Microgynon
Source: Locally Available Product
In-Country/Total Cost Ratio: 64%

An association of local business leaders sponsors the CSM program in Ecuador. Schering has joined this partnership by providing training of pharmacists, training of family planning outreach workers, and product detailing and distribution by its own staff. The government-controlled price of oral contraceptives is already within reach of CSM target consumers. It is estimated that AID has saved more than US\$279,000 by not having to supply the oral contraceptives used in this SOMARC program.

Television, radio, and point-of-purchase advertising are used by the program to promote family planning in general and oral contraceptives in particular.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Oral	--	--	--	487,773	494,658
CYPs	--	--	--	37,521	38,050

Final Status: SOMARC II will provide technical assistance to the Ecuador CSM project for 3 additional years. The project's in-country costs will be funded by a mission buy-in.

Ghana

Implementing Agency: Danafco
Private Partner: Danafco
Distributor: Danafco

Products: Panther, Norminest, Kamal
Source: USAID Donated Product
In-Country/Total Cost Ratio: 44%

The CSM project in Ghana took the lead in effecting a change in national policy governing the distribution of oral contraceptives. By demonstrating in a pilot training project for chemical sellers that these retailers can responsibly counsel and refer consumers, the SOMARC project received permission for the sale of oral contraceptives not only through pharmacies but also through the more traditional and wider spread chemical seller outlets.

The Ghanaian project now uses mass media to advertise its products: an oral contraceptive, a condom, and a vaginal spermicide. The sale of these products provided over 79,000 couple years of protection during 1989.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom		1,304,600	2,532,300	3,473,127	3,379,000
Orals	--	--	285,363	340,122	449,796
VFT	--	--	544,224	611,226	780,136
CYPs		13,046	52,716	67,006	79,191

Final Status: The Ghana CSM program will continue under SOMARC II for 2 years through a mission buy-in.

Indonesia

Implementing Agency: P.T. Mecosin

Private Partner: Schering, Upjohn,

Kimia Farma, P.T. Mecosin

Distributor: P.T. Mecosin, Commercial Network

Product: DuaLima, CuT, Microgynon, Depo Provera

Source: Locally Available Product (Orals, Inject, IUD)

Commercial Purchase (Condom)

In-Country/Total Cost Ratio: 62%

The IKB-SOMARK project has achieved considerable success since its launch in April 1986 of the DuaLima condom. Through public and private sector collaboration, DuaLima has reached self-sufficiency within a 4-year timeframe. The IKB-SOMARK project has succeeded in desensitizing the public's reaction to the advertising of contraceptive products.

The IKB-SOMARK program's success with the DuaLima condom has allowed the BKKBN to move to expand the CSM contraceptive product line and to move increasing numbers of contraceptors to private resources. In late 1988, the Blue Circle program was initiated. Three additional private sector partners, all leading pharmaceutical manufacturers, joined the CSM program to provide quality, low-cost contraceptives to the target consumers. Each manufacturer, in addition to supplying the commodity, provides technical assistance in the development of program marketing strategies, detailing and distribution staff, as well as a contribution to the Blue Circle program based on the number of units sold. It is anticipated that the private sector will provide \$500,000 in commodities over a 3-year period.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
DuaLima	--	2,231,044	5,958,014	7,205,918	7,552,188
BC - IUD	--	--	--	--	15,769
BC - Oral	--	--	--	45,830	340,401
BC - Inject	--	--	--	--	871,801
CYPs	--	22,310	59,580	75,584	382,731

Final Status: SOMARC will continue to provide technical assistance to the IKB-SOMARK project being implemented by P.T. Mecosin until July 1991. The Blue Circle Project will become a mission funded project as of mid-1990.

Liberia

Implementing Agency: Famcare
Private Partner: None
Distributor: Claves Pharmacy

Product: Protector, Norquest, Secure
Source: USAID Donated Product
In-Country/Total Cost Ratio: 48%

The Liberia CSM program launched sales in March 1989. Famcare, a non-profit family planning institution, was established to implement the CSM program. A commercial partner, Claves Pharmacy, is responsible for distribution of the CSM products. From November 1988 to April 1989, the program implemented a nation wide training program for pharmacists and medicine store clerks in seven major cities around the country. The training, endorsed by the Pharmacy Board of Liberia, was a prerequisite for all medicine stores wanting to sell the oral contraceptive.

Extensive radio and television advertising was aired from March through September 1989 designed to promote generic family planning messages, establish Famcare as a reputable family planning program, and to promote sales of Famcare products. Never before in Liberia had advertising based on market research been tailored to the Liberian consumer. After Famcare advertisements began airing there was a noticeable difference in the advertising strategies of other companies.

Sales and CYPs:

Product	1985	1986	1987	1988	1989*
Condom	--	--	--	--	58,528
Orals	--	--	--	--	19,659
VFTs	--	--	--	--	70,692
CYPs	--	--	--	--	2,804

Final Status: Because of the Brooke Amendment, it is unlikely that further activities under SOMARC II will continue in Liberia.

(*Sales are March-December.)

Mexico

Implementing Agency: Secretary of Health
Private Partner: None
Distributor: CONASUPO (DICONSA)

Product: Protector
Source: USAID Donated Product
In-Country/Total Cost Ratio: 82%

This CSM program represents a unique collaboration between the commercial sector and a paristatal distribution system for low-cost food stuffs. CONASUPO grocery stores are the primary, nationwide outlets for CSM brand Protektor condoms, while La Campana, a pharmaceutical firm, distributes Protektor to pharmacies. An innovative advertising and promotional campaign--tied to the World Cup soccer games then being held in Mexico City--was designed to introduce the Protektor brand to Mexican consumers in 1986.

Sales of Protektor condoms increased 112 percent from 1987 to 1988, while market share rose from 1 percent in 1986 to 20 percent in 1988. Sufficient revenues have been generated by product sales that this CSM program is now able to pay for all recurring costs of marketing support activities--such as advertising, promotion, and research.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom	--	417,200	1,029,400	2,182,800	1,541,928
CYPs	--	4,172	10,294	21,828	15,419

Final Status: The Mexico CSM program will continue to receive technical assistance from SOMARC II for 2 years.

Morocco

Implementing Agency: Moussahama
Private Partner: Moussahama
Distributor: Moussahama

Product: Protex
Source: USAID Donated Product
In-Country/Total Cost Ratio: 50%

Sales of CSM condoms were launched in Morocco in the second half of 1989. An especially effective public relations campaign--which targeted governmental, religious, and medical gatekeepers--ensured the program's smooth start.

"Mystery shoppers" (research employees posing as consumers) were used to monitor the program's unique effort to encourage pharmacists' active participation in consumer awareness and education efforts. If the mystery shopper found a visible display of CSM condoms in the pharmacy and if, when asked by the mystery shopper if the store carried condoms, the pharmacist replied, "Yes, we have Protex for family planning," the pharmacist became eligible for a televised drawing of prizes.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Protex	--	--	--	--	280,000
CYPs	--	--	--	--	2,800

Final Status: The Morocco CSM program will continue under SOMARC II.

Peru

Implementing Agency: Appropo
Private Partner: Schering, Medifarma
Distributor: Commercial Network

Product: Microgynon, Lorphyn
Source: Locally Available Product
In-Country/Total Cost Ratio: 25%

In this CSM program, a manufacturer of contraceptives is actively contributing--at no cost to AID--to the training of pharmacists and pharmacy workers in reproductive physiology and contraceptive use and to the promotional activities undertaken on behalf of the CSM oral contraceptive. The manufacturer also makes an agreed-upon contribution to a project fund for future activities for each cycle of CSM oral contraceptives sold.

After one year of sales and advertising in Peru, 60% of the Microgynon users were C and D-class consumers, while 70% of the CSM vaginal tablet Lorphyn users were in these categories. Despite disastrous inflation and overall failing retail sales in the country in recent months, sales of the CSM contraceptive have remained steady. This phenomenon indicates a real consumer demand for contraceptives and considerable consumer loyalty to the CSM brand.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Orals	--	--	73,757	404,113	714,310
VFTs	--	--	38,713	233,365	195,460
CYPs	--	--	6,060	33,419	56,901

Final Status: SOMARC II will continue to provide technical assistance to the Peru CSM program for 3 years. In-country costs will be covered through a mission buy-in.

Trinidad

Implementing Agency: FPATT
Private Partner: None
Distributor: A.S. Bryden

Product: Panther
Source: USAID Donated Product
In-Country/Total Cost Ratio: 57%

In April 1989, the Family Planning Association of Trinidad and Tobago (FPATT) launched sales of the Panther condom. The product launch was supported by brand-specific radio and television advertising--the first time that advertising of a condom had appeared on television. The CSM program also used a variety of other advertising channels like cinema and bus advertising. The Panther condom, being distributed by the commercial distributor A.S. Bryden, has reached the majority of drug stores throughout the country. In rural areas, the product has been distributed to shops and supermarkets.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom	--	--	--	--	142,320
CYPs	--	--	--	--	1,423

Final Status: The CSM program will continue to receive technical assistance under SOMARC II for two years.

Zimbabwe

Implementing Agency: Geddes Ltd.
Private Partner: Geddes Ltd.
Distributor: Geddes Ltd.

Product: Protector, Norquest, Copper T
Source: USAID Donated Product
In-Country/Total Cost Ratio: 48%

A local commercial firm provides managerial and operational support for this CSM effort. CSM sales of Protector condoms and Norquest oral contraceptives began in Zimbabwe in late 1988.

Where consumer sales of Protector and Norquest were supported by advertising, preliminary results from a six month pharmacy retail audit indicate the Protector consumer sales have increased 29.8% and total pharmacy sales of condoms have increased 53%. Consumer sales of Norquest increased 79% while the total orals sales increased 74%. As of August 1989, Protector had a 53% market share of all condoms sold through pharmacies and Norquest enjoyed a 32% share of the orals market.

Sales and CYPs:

Product	1985	1986	1987	1988	1989
Condom	--	--	--	50,080	198,320
Orals	--	--	--	4,607	23,404
IUDs	--	--	--	122	1,597
CYPs	--	--	--	1,160	7,776

Final Status: The Zimbabwe CSM program will continue under SOMARC II.

V. Observations and Recommendations

In the course of the past five years, the SOMARC team has learned important lessons relevant to the successful implementation of CSM programs worldwide. Many of these lessons have been identified in the preceding sections of this report. They may be summarized as follows:

1. Projects should be designed to maximumally take advantage of existing private sector infrastructures, products, expertise, and resources.
2. Regular strategic planning for both the marketing and business activities of CSM programs makes a significant contribution to maximally effective delivery of family planning services to targeted audiences and to the development of sustainable family planning programs.
3. Pricing strategies can be developed that provide access to both low-income consumers and cost recovery. In general, moderate prices provide a better quality image than prices that are perceived to be too cheap.
4. The importance of structured public relations activities (defined objectives and clearly stated strategies for achieving those objectives) cannot be overrated in their contribution to the initiation and continuation of CSM product sales.
5. Systematic formal training of CSM program marketing and product managers is necessary in order to truly institutionalize the skills and expertise necessary to implement successful CSM programs over the long-term.
6. In low-prevalence countries--such as Haiti, Peru, and much of Africa--where there is no already widespread experience with contraception or acceptance of family planning, mass media messages must be supported by already existing networks

for "personal selling" such as outreach workers, CBD representatives, mothers' clubs, and the like.

7. The usefulness of focus group research--now very popular among family planning organizations--varies greatly and directly in proportion to the use of good focus group procedure. Of primary importance to the success of focus group research is the expertise of the moderators in facilitating such discussions.
8. A great deal of family planning related research already exists in many CSM countries. Before a research strategy is developed for CSM implementation, already existing research studies should be found and analyzed for usefulness.
9. Technical assistance to CSM programs is most important to eventual program success when it comes at identifiable "critical moments." These critical moments for technical assistance input include development of the marketing plan, brand reviews and design of advertising concepts and creative strategies, concept testing, production of advertising materials, and awareness testing.
10. Training of CSM retailers should not be considered an activity limited to the time of sales launch. Because of frequent turnover in pharmacy and other retail outlet personnel and because of the normal need for refreshing knowledge to ensure its most effective use, retailer training strategies should be developed that continue to operate over the long-term of program activities.
11. To be effective in motivating consumer trial and acceptance of contraceptive products, CSM advertising must be focused on the needs and perceptions of consumers themselves. Messages should be based on clearly stated benefits to the individual, in language that the consumer can accept as his own, and with desired consumer action or behavior clearly defined. Salient product attributes should be identified.

12. Quality production of product related items such as packaging, user instructions, and advertising is frequently translated by the consumer into perceptions of the quality of the contraceptive product being sold by the CSM program.
13. Especially in low-prevalence countries and in countries where the established commercial infrastructure is relatively weak, use of informal sector channels for product distribution and promotion can be very important to CSM program success.