

**SOCIAL MARKETING OF ITNS IN CAMEROON  
USAID ANNUAL REPORT  
YEAR 1**

**NAME OF PVO:** Population Services International

**PROGRAM LOCATION:** East, South and Center provinces of Cameroon

**COOPERATIVE AGREEMENT NO:** HFP-A-00-02-00043-00

**PROGRAM DATES:** September 30, 2002 – September 29, 2005

**DATE OF SUBMISSION:** October 31, 2003

**REPORT WRITERS AND EDITORS:** Shannon Bledsoe, ITN Project Director (PSI), and Sali Adamou, ITN Sales Coordinator (PMSC)

## A. MAIN ACCOMPLISHMENTS

### Product Research and Brand Development

PMSC began developing the product and brand by evaluating the information obtained in the 2001 KAP. In February 2002, PMSC contracted with GRADE, a private research company, to conduct focus group research in the East, Center and South provinces to ascertain preferences regarding net color, size, shape, price, and brand name. Participants were very clear about wanting extra-large size rectangular nets, cited price as a barrier, and preferred white. The name 'Super Moustiquaire' was chosen for nets, and the names proposed for the insecticide were rejected because they were not francophone. Since white nets need to be washed frequently (reducing the effectiveness of the insecticide) especially in rural areas, PMSC re-tested color preferences later in the year with samples of colored swatches of netting, and the colors chosen were pink (for subsidized health center nets), light blue and white. The first three shipments of these nets have been ordered from Siamdutch through a PSI revolving fund.

One of the key elements of PSI's behavior change model is brand appeal, and so we have spent significant time working to develop a brand that is understood and appreciated by the target population. In July, PMSC contracted with an advertising agency to design a brand and logo for the insecticide kit and to modify an existing PSI logo for nets. The net logo was tested by four focus groups, and was modified very slightly based on their feedback. The logo was well-liked, as it gave the impression of 'peaceful sleep' and 'a happy family'. The logo will be used not only in mass media communication but on promotional and point-of-purchase items. The logo is attached as **Annex A**.

The insecticide name and logo posed more of a challenge, as insecticide is not an easy product to represent. It is somewhat of an abstract concept, and must strike a balance between appearing effective but non-toxic, and at the same time not promising too much. PSI has noted that in other countries where the insecticide is marketed as killing mosquitoes, people check to see whether there are dead mosquitoes next to the bed and if not, lose confidence in the product. The logo has gone through several rounds of informal tests and four focus groups, was modified based on the feedback of the groups, and is being tested again with four different focus groups. It is also being tested in Mali, as it will be PSI's only francophone insecticide brand. The logo will be a regional brand for West Africa to facilitate information-sharing and procurement. The logo currently being tested is attached as **Annex B**. Please note that funds for brand and logo development are provided by PSI.

Factors that have contributed to the process of brand development include the assistance of PSI/Washington and net projects in other PSI countries, as well as the availability of informative research.

## **Communication**

PMSC had to undergo two recruitments for marketing coordinators, as the first one hired was not able to perform at the level necessary. Since then, however, the project has been very fortunate to have hired a second talented marketing coordinator and a Canadian VSO volunteer who is a media instructor. Her job is to help develop a rural radio show and/or a series of mini-documentaries, and to strengthen the capacity of the marketing department to develop and monitor quality radio and TV campaigns. She is also working to build PMSC's ties with the creative sector so that we will be able to do more in-house writing and editing instead of having to sub-contract with private agencies. This is a very positive step toward building the marketing and communications capacity of the local NGO.

A marketing plan was developed for 2004 and is being translated and revised based on input from PSI's technical services department in Washington. It comprises both mass media and interpersonal communication strategies and will be forwarded to USAID upon completion.

In deciding which messages needed to be communicated first, the ITN team evaluated the project's KAP study, the PNLN's study on insecticide-treated nets, and the focus group information. We found that less than half of all respondents identified mosquito bites as the only mode of transmission and only one in ten considered it important to avoid mosquito bites. Clearly, information about transmission is an essential starting point.

There is also a need to communicate which groups are most at risk. The KAP study found that while approximately one-third of respondents considered children under five at greatest risk, only 9% mentioned risk to pregnant women.

Finally, there is a lack of understanding of the role of insecticide. Though a majority of respondents had heard of mosquito nets, less than one third had heard of insecticide-treated nets, and only 2% of urban and less than 1% of rural respondents actually owned ITNs. The project team noted a lot of confusion surrounding insecticide in the focus groups as well, with people asking, 'Can you use a net and insecticide at the same time?'

For the first mass media campaign, the ITN team sent out tender offers to 8 agencies, asking them to bid on developing 3 generic radio messages, 2 branded messages, and posters to accompany each of the generic spots. Based on the research, the first basic messages to be developed are:

(Generic)

1. Malaria is transmitted only by night-biting mosquitoes. Insecticide-treated nets are an effective method of prevention.
2. Treating your net every 6 months with insecticide doubles the efficacy of the net. It's safe, non-toxic and easy

3. Anyone can get malaria, but pregnant women and children under 5 are the most likely to die from it. Make sure that they sleep under a treated net every night.

(Branded)

1. *Super Moustiquaire* is a new insecticide-treated net that protects you and your family against malaria. It is available everywhere at 3500 FCFA. *Super Moustiquaire is super protection against mosquitoes !*
2. *Bloc* is an insecticide that is added to your mosquito net to double its effectiveness. It is available everywhere at 500 FCFA. *Bloc is the strength of your mosquito net!*

The project team is also in the process of developing interpersonal communication scripts (demonstrations and skits) to further support these messages in rural areas. The strategy will be implemented by promoters who will travel to health centers and periodic markets to perform, and who will train private-sector distributors and associations.

In order to increase brand recognition and knowledge of local sales locations, we have also ordered 2004 calendars, adult and child t-shirts, 'on sale here' stickers, and special promotional stickers and posters for health centers selling subsidized nets. We anticipate the campaign in its entirety to be ready at the end of December, for our end of January launch.

Factors that have contributed to the successful development of a communications strategy include assistance from PSI/Washington, informative research, good relationships with partners (including VSO) and the availability of a number of talented advertising agencies in Yaoundé and Douala.

### **Distribution**

PMSC began researching distribution channels in February, 2002, when the ITN project director and the ITN marketing coordinator made trips to rural areas to assess rural sleeping arrangements and visit partners' health clinics. The following month, the ITN sales and marketing coordinators traveled to Douala, Yaounde, Ebolowa and Bertoua (the major port city and the capitol cities of each province in the intervention area) to assess the current and potential market. They reported on current sales outlets, numbers of nets sold per month, most common brands, their countries of origin, prices, and peak sales periods. They also held discussions with potential retailers, wholesalers and distribution partners.

In May, 2003, and in September, 2003, meetings were held with partners to discuss health center and association distribution plans. The sales coordinator began making trips out to each of the three intervention areas to choose health center sites, identify wholesalers and periodic markets, meet with partners, and map out a distribution strategy for the promoters. The mapping process is very important because of significant physical barriers; many rural zones cannot be easily reached, some roads are impassable during

the rainy season, and some routes are prohibitively dangerous because they are passageways for large forestry trucks.

The project is finalizing a distribution strategy and promoter map which includes 6 health centers per province (18 in total, chosen because of their geographic placement and reach within the rural community), more than 110 associations, periodic markets, and traditional wholesalers and retailers. It should be noted that while wholesalers and retailers have voiced a lot of enthusiasm, the private sector is not convinced of the wisdom of taking on nets as a product. Nets have not traditionally sold well, they are relatively expensive (compared with condoms for example) and take up a lot of space. The project is planning a strong communications strategy, including contests and point-of-purchase items, to encourage and support private-sector sales.

The ITN project team has also developed a cost-recovery pricing structure (attached, **Annex C**) for the private sector, health centers, and associations. The plan for health centers includes a point system for motivating health center staff to include malaria prevention information in their pre-natal consultations, and to sell nets and treatments kits to the correct target population (pregnant women and parents of kids under five) at the correct price (2500 FCFA).

PMSC has also procured two vehicles for project use in rural areas, which is extremely important for the success of the project. One vehicle is a land cruiser given to the project by SFPS, which closed at the end of September, and the other is a pick-up which was previously used for HIV/AIDS work. One of these vehicles will be sent permanently to the East province, which is the largest and most difficult to navigate, and the other will be based in Yaoundé for use in the Center and South provinces, and for supervision visits. Promoters will also make use of public transportation for urban visits and rural sites with easier accessibility.

The factors that contributed to achieving these accomplishments include good relationships with partners, an experienced sales coordinator, and the donation of two all-terrain vehicles.

Program Objectives	Progress on Target?	Comments
Increased informed demand for ITNs	YES	PMSC has conducted research to determine the product and develop the brand. Development of the net logo is finished and the insecticide logo is in process. We have created a marketing plan and are working on the project's first mass media campaign to accompany the January

		launch.
Improve equitable access to ITNs	YES	PMSC has procured nets and treatment kits, established a pricing structure, recruited implementation partners for delivery of subsidies, and identified private-sector distributors.
Increased capacity to sustain demand creation and delivery of ITNs in Cameroon	YES (though this will be more relevant in years 2 and 3 of the project).	PMSC has benefited from PSI's technical assistance in designing the project, in developing the brands, and in determining the communications and distributions strategies. PMSC is also gaining significant experience through the project's VSO volunteer, who is working to build the organization's communications capacity. Discussions were held during the summer between PSI/Washington and A to Z (an international net manufacturer in Tanzania) and its local affiliate, Polyflex, to determine whether it would be appropriate for PMSC to procure nets through Polyflex, thereby supporting local manufacturing of nets. It was decided that the factory does not yet have the capacity necessary, but PSI and PMSC will continue to explore collaborative opportunities with Polyflex. PMSC has also identified a local insecticide distributor which is interested in collaborating and is a potential long-term,

		sustainable partner.
Increased capacity of PSI in delivery health impact through MCH interventions	YES (though this will be more relevant in years 2 and 3 of the project)	PSI has produced an 'ITN binder' CD and internal website that includes best practices and examples from many PSI countries, including Cameroon, so that countries may share information and quickly access new developments. The development of a regional francophone logo will also help PSI to develop communication materials that can be easily shared amongst West African countries.

**B. FACTORS THAT HAVE IMPEDED PROGRESS**

The desire to collaborate with an in-country net manufacturer unfortunately set the project timeline back slightly. PSI/Washington's Technical Services and Procurement departments spent a good part of the summer negotiating with A to Z (an international net manufacturer) and Polyflex (its local affiliate), and getting price quotes from other manufacturers. Since Polyflex's factory has not yet opened, A to Z was to have provided the initial shipments of nets until Polyflex was operational. In the end, because price is the biggest barrier to consumers in Cameroon, PSI could not justify paying the significantly higher price for A to Z's nets, especially since there was no guarantee that the Polyflex factory would open soon. The factory was to have opened in October of 2002, but to date has not received the necessary manufacturing equipment. PSI and PMSC felt that it would be better to buy less expensive nets from another international manufacturer, and revisit the issue of collaboration when the in-country partner had started producing nets. Because procurement was delayed by these negotiations, the product launch will also be delayed by 3 months. Hopefully this will not be wasted time, if in the end PMSC is indeed able to collaborate with Polyflex and can help to ensure a sustainable supply of nets in Cameroon.

Another small impediment was the loss of our first marketing coordinator. She was hired in February, went through a 3-month trial period, and was found to lack certain necessary skills. After she left, recruitment of another talented marketing coordinator took some time, which delayed the development of a communications strategy. However, PMSC now has a very dynamic marketing coordinator, as well as a VSO volunteer, both of whom have already proven to be an invaluable resources.

One final obstacle concerns the potential collaboration between PMSC and UNICEF. As described in the DIP, PMSC was to take over the net distribution part of UNICEF's child survival campaign in the Adamaoua province. It was to be a very small (5,000 nets and kits sold to pregnant women in 1 year), generic campaign through health centers in 3 health districts. It would also be outside of this project's intervention area, but would allow PMSC to expand its reach and would open the door to other collaborative opportunities in Cameroon. For instance, there was discussion of UNICEF adding other child survival components (vaccinations and Vitamin A) to PMSC's intervention in the East province, or to possibly providing material assistance such as nets in the future. Progress on these negotiations has been impeded by the loss of UNICEF's health and nutrition coordinator (who was sent to Abidjan) and by the ministry's insistence that UNICEF's nets be given out for free instead of sold. The ITN project director is working with the new UNICEF health and nutrition coordinator and with the PNLDP to try to revive the project.

#### **C. TECHNICAL ASSISTANCE**

PMSC will require technical assistance to evaluate the ITN project's mid-term indicators in 2004. The team plans to use LQAS for the first time, and will benefit from the experience of PSI's research department in designing, implementing and evaluating the study.

#### **D. CHANGES FROM THE DIP**

There are no substantial changes from the DIP that will require modification to the Cooperative Agreement, although there is one personnel change (salary not funded by USAID). In September, PSI-Cameroon's Country Representative, Dana Ward, was sent to Abidjan and a new Country Representative, Theresa Gruber-Tapsoba, arrived. Ms. Gruber-Tapsoba will be an asset to the ITN project, particularly in the area of technical assistance, as she holds an MPH from the London School of Tropical Medicine and Hygiene and has done significant research on malaria. Her CV is attached as **Annex D**.

#### **E. DIP RECOMMENDATIONS**

There were no recommendations to the DIP.

## **F. ISSUES RAISED DURING THE DIP**

During the DIP consultation, Tom Hall requested a brief summary of PSI's cross-subsidization model to share with other CORE partners. The summary is included as **Annex E**.

## **G. PROGRAM MANAGEMENT SYSTEM**

a. Financial management system – PMSC employs a financial team which includes a financial manager, two accountants, and a cashier. This team is responsible for following PSI's accounting regulations, tracking expenses and submitting monthly financial reports. These reports are reviewed each month by the financial team at PSI/Washington. Expenses are approved by the ITN project director and by the country representative, and both the ITN project director and Cameroon's program management team at PSI/Washington track expenditures against the approved budget. Annual budgets are developed by the ITN project director and reviewed by PSI/Washington.

PSI also holds regular international trainings for financial staff, and in May the financial manager and both accountants went to Burkina Faso to participate in an in-service training on some of PSI's new financial procedures. The training enabled the team to improve PMSC's accounting system.

Financial management of money in the field will be an important element for the ITN project once distribution starts, and the ITN project director, sales coordinator and MIS coordinator are developing a plan to ensure that transfer of sales receipts is transparent. PMSC's system for sales of other products (mostly sold in urban areas) is relatively simple. When a sales person in the field receives money from a client, he gives the client a receipt. He takes the money that was collected from the client and immediately deposits it in the bank. He then faxes the bank receipt to PMSC in Yaoundé. At the end of the month, the sales people turn in the originals of the client and bank receipts, and the financial team compares the bank statement with the receipts to ensure that all money is accounted for. A positive development this year was that Citibank, which has a much more sophisticated online banking system than other banks in Cameroon, opened in Yaoundé. Citibank's system makes it easy for the financial team to access up-to-date statements any time they need them, instead of having to wait until the end of the month for a paper statement (which slowed down the process of accountability).

This system is also being put into place for the ITN project, but there are no banks in at least two of the semi-rural cities where promoters will be posted. The ITN team is researching the possibility of using post offices (which have a banking service) or courier services for these promoters.

b. Human resources – PMSC employs an administrator who is responsible for organizing recruitments, drawing up and following contracts, paying monthly salaries, insurance and taxes, and other human resources issues. Project staff are supervised by the ITN project

director, who is supervised by the country representative. Direct project staff includes the ITN project director, a sales coordinator, a communications coordinator, a driver and a VSO volunteer. The project is also recruiting 6 promoters and one more driver. PMSC has put into place a new evaluation system for employees that will tie bonuses to performance. The new system will be implemented at the end of this year.

c. Communication system and team development – Team development is facilitated by weekly ITN project meetings to discuss new developments, work plans, and progress toward deliverables. Each coordinator also writes a monthly activities report, which is disseminated to the entire team. Once the promoters are hired, they will participate in a training that will introduce them not only to their job responsibilities but to PMSC's work environment and to their roles as members of a larger team. This is important because the promoters will be based in the field and will not have regular contact with each other or with the rest of the staff, besides the sales coordinator, who will make regular supervisory visits. The ITN project director and sales coordinator are also planning to bring the promoters to Yaoundé twice a year for in-service training and team-building exercises.

Besides regular staff meetings, communication is facilitated by cell phone service. Every staff member has a cell phone and calls made to other staff members are paid for by PMSC. Cameroon is fortunate that most of the country has cell phone service, but some of the project intervention area is very rural and is not yet connected. The sales coordinator is mapping the areas where there is no cell phone access so that we can build effective 'Plan B' communication systems into the promoter plan.

One element that has been frustrating for the project and for PMSC as a whole has been the program's archaic internet system. It is a cabled, dial-up system, allowing only person to connect at a time. The phone system is often down, which disables the internet connection and leaves staff unable to communicate efficiently with each other and with PSI/Washington. Many staff never use email simply because access is too sporadic. The ITN project director and the head of MIS researched and proposed a new internet system which will vastly improve PMSC staff's ability to communicate with each other and with PSI/Washington and other countries. The new system will be wireless and broadband (a relatively new technology in Cameroon), which will allow all staff to be connected to email and will greatly facilitate communication and information-sharing both internally and externally.

d. Local partner relationships – As there are only a few organizations working in malaria, our partners regularly find themselves attending the same meetings and events, which is a good way of keeping in touch with one another and abreast of current events. PMSC is in regular contact with its partners, especially Plan, FEMEC, ADRA and SCS, who are the ITN project's grass-roots distribution partners. The sales coordinator makes frequent visits to partners' sites and is developing the distribution plan in coordination with partner needs and expertise. The ITN project director is also in frequent contact with WHO, UNICEF and the PNLN on policy issues.

e. PVO coordination/collaboration

Plan International and PMSC have a particularly strong collaborative relationship, as both organizations have complementary child survival grants. Plan and PMSC share research and support one another's initiatives. Plan has trained a large number of associations in malaria prevention and had set up revolving funds for them to sell mosquito nets. PMSC will provide nets, treatment kits, and promotional/communication material to these associations and will collaborate with their members in IPC work. These associations are also likely to sell PMSC's oral rehydration salts and possibly condoms, which will increase impact and improve PMSC's ability to reach rural zones which have been traditionally difficult to penetrate.

Plan and PMSC are also discussing the possibility of setting up a local CORE secretariat in order to improve local coordination and take better advantage of international expertise. One of the ITN project's goals is to help the PNLP to develop better coordination and stronger partnerships with those working in malaria prevention, and to this end, quarterly partner meetings have been planned. The second of these meetings will take place at the end of 2003.

f. Other relevant management systems (MIS) – In September, the coordinator for management information systems (MIS) went to Nairobi to participate in a training for Business Vision, a new computer program that facilitates the management of sales receipts, inventory and sales reports. The MIS coordinator formerly tracked sales and entered them into the computer by hand; this new system will greatly increase the speed and efficiency with which project staff can track sales and inventory.

g. An internal audit was conducted by PriceWaterhouseCoopers during the summer. PMSC and PSI/Washington are responding to the issues raised and the report is being finalized.

## H. 2004 WORK PLAN

Activities	Responsibility	Jan	Apr	Jul	Oct
		Feb Mar	May Jun	Aug Sep	Nov Dec
<b>Objective 1: Increase informed demand for ITNs in intervention area</b>					
Produce and pre-test radio spots, posters and promotional items (1 <sup>st</sup> campaign)	PMSC	X			
Produce and pre-test TV spots and billboards (1 <sup>st</sup> and 2 <sup>nd</sup> campaign)	PMSC	X			
Recruit and train animators and develop plan for monthly radio shows and/or micro-programs	PMSC	X			
Select production agency, develop script, pre-test and produce micro-programs and rainy-season radio spots (2 <sup>nd</sup> campaign)	PMSC	X	X		
Broadcast radio spots in Yaounde and in rural areas	PMSC	X	X	X	X
Hold launch ceremony in Yaounde and in provincial cities	PMSC	X			
Broadcast TV spots and install billboards	PMSC	X		X	
Hold focus groups to test logo/slogan/brand, IEC materials, effectiveness of BCC	PMSC			X	
Hold retail contests to increase and improve display of product, motivate retailers to sell			X		X
Order promotional and point of sale items for 2005					X
Retention surveys	PMSC, partners			X	
Mid-term evaluation	PMSC, partners		X		
<b>Objective 2: Improve equitable access to ITNs in the intervention area</b>					
Train wholesalers and private-sector distribution partners in IEC and sales techniques	PMSC	X			
Collaborate with associations to conduct IPC sessions in rural areas (health centers, periodic markets, women's groups, etc)	PMSC, partners	X	X	X	X
Recruit vendors to sell in revolving, periodic markets	PMSC	X	X	X	X
Sell products through the private sector in urban areas	PMSC	X	X	X	X
Conduct joint sales calls with wholesalers to points of sales in urban areas	PMSC	X	X	X	X
Sell products through health centers, making twice-monthly supervisory visits	PMSC, partners	X	X	X	X
Retail audit/distribution survey	PMSC, partners			X	
Mystery client survey	PMSC, partners		X		
<b>Objective 3: Increased capacity of partner organizations to sustain ITN programming in Cameroon</b>					
Host quarterly meetings with partners	PMSC, partners	X	X	X	X
Together with faith-based organizations and PVOs, develop training curriculum and training plan for rural health facilities	PMSC, partners	X			

Train faith-based organizations and PVOs in IEC and sales techniques	PMSC, partners	X	X		
Conduct joint quarterly training and sales visits to each rural health facility	PMSC, partners	X	X	X	X
Work with private and public-sector partners in programming, training and implementation	PMSC, partners	X	X	X	X
Hold annual one-day review workshop for private and public-sector partners and the MOH to go over successes and areas needing improvement	PMSC, partners	X	X	X	X
Continue to seek out opportunities to collaborate with Polyflex and private-sector insecticide distributor(s)	PMSC	X	X	X	X
Conduct annual PRISSM exercise with PMSC staff and partners	PMSC, partners				X
Hold in-service training for promoters to increase skills, discuss ways to overcome obstacles in the field				X	
<b>Objective 4: Increased PSI capacity in MCH/CS</b>					
Release PSI profiles					X
Yearly SWOT		X			
Yearly marketing plan for MCH department		X			

#### **I. KEY ISSUES**

As the project is in its first year, there are no key issues yet to report. The project expects to have to respond to the PNLP's free net initiative, though as PMSC's distribution has not yet started and most of the PNLP's nets have not yet arrived, it is unclear how the initiative will affect the social marketing of ITNs and insecticide kits. Once the impact of the free net initiative is clear, the project will decide on a course of action and include the information in its second-year report.

#### **J. NOT APPLICABLE**

N/A

#### **K. OTHER RELEVANT ASPECTS**

N/A

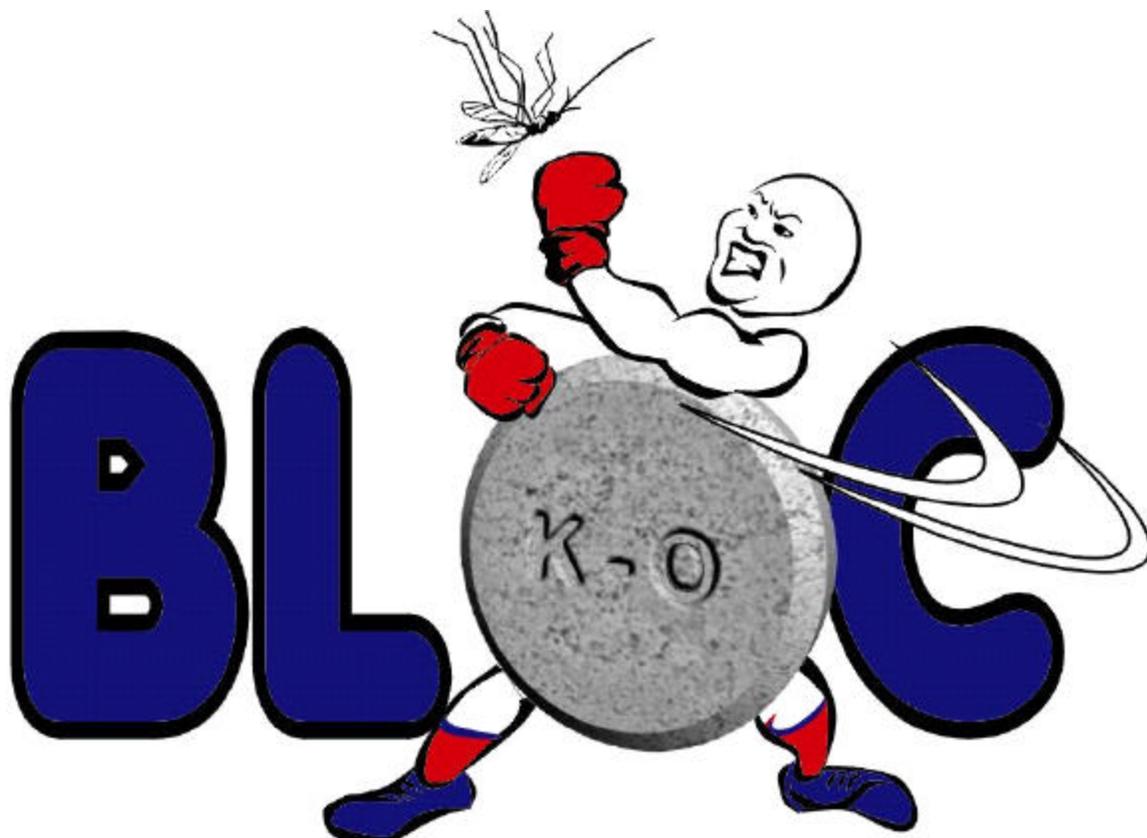
## ANNEXES

Annex A	Mosquito net logo
Annex B	Insecticide logo (in development)
Annex C	Pricing structure and health clinic criteria
Annex D	CV for Theresa Gruber-Tapsoba
Annex E	PSI's Cross-subsidization model
Annex F	Acronym list

ANNEX A  
MOSQUITO NET LOGO



ANNEX B  
INSECTICIDE LOGO (IN DEVELOPMENT)



## ANNEX C

### PRICING STRUCTURE AND HEALTH CLINIC CRITERIA

Purchase price of the mosquito net (not guaranteed by manufacturer) is 1800 FCFA (\$3).

Purchase price of the insecticide kit is 380 FCFA (0.63)

Note that conversion is based on an exchange rate of 600 FCFA to the dollar. These prices have been developed so that there is some flexibility in future programming to reduce private-sector prices in rural areas, for example, or to further subsidize health center nets. PMSC will evaluate and adjust its pricing structure during the life of the project, based on sales and whether the most vulnerable groups are able to access the product.

#### PRIVATE SECTOR PRICE STRUCTURE

##### Mosquito nets bundled with insecticide

Wholesale price	2500 FCFA (\$4.17)
Association price	2800 FCFA (\$4.67)
Retail price	3000 FCFA (\$5.00)
Consumer price	3500 FCFA (\$5.83)

##### Insecticide kits

Wholesale price	350 FCFA (0.58)
Association price	375 FCFA (0.63)
Retail price	400 FCFA (0.67)
Consumer price	500 FCFA (0.83)

## **HEALTH CENTER PRICE STRUCTURE**

### **Mosquito nets bundled with insecticide**

Health Center price    2000 FCFA (\$3.33)

Consumer price        2500 FCFA (\$4.17)

### **Insecticide kits**

Health Center price    300 FCFA (0.50)

Consumer price        400 FCFA (0.67)

The health centers distributing project ITNs will be visited twice a month by PMSC's promoters, who will verify the inventory, sales receipts and follow-up documents of each health center. Twenty percent of the health center's total sales will be given to the health center staff by the promoter as motivation, in the event that all of the criteria (below) are met. The percentage will be reduced as points are lost for lack of transparency in financial management, incorrect or incomplete follow-up documents, missing stock, etc.

### **CRITERIA**

- |  |           |
|--|-----------|
| 1. Documents are completed correctly                           | 08 points |
| 2. Transparent management of stock and sales receipts          | 20 points |
| 3. A demonstration or animation was held on malaria prevention | 06 points |
| 4. Nets and kits were sold to the appropriate target groups*   | 06 points |

\*Verifiable by taking the follow-up documents and visiting a random selection of households to see whether the household actually has the net, and whether a pregnant woman or small children are using it.

40-35 points = 20% of the sales receipts (excellent)

35-30 points = 15% of the sales receipts (good)

30-25 points = 10% of the sales receipts (ok)

25-20 points = 5% of the sales receipts (warning given to center)\*

\* A center which has 2 warnings in 2 months will be suspended.

## ANNEX D

**THERESA GRUBER-TAPSOBA**  
C/o UNHCR, Conakry, Guinea  
email: tgtapsoba@his.com

### EDUCATION

#### **MSc Infectious Diseases**

London School of Hygiene and Tropical Medicine, June 2003

**Master of International Management** (distinction), May 1985

American Graduate School of International Management (Thunderbird)

**BS Biology** (cum laude), June 1980

Harvard University

#### **MSC UPPER LEVEL COURSEWORK**

- Malaria
- Parasitology
- Immunology
- Epidemiology and Control of Disease in Developing Countries
- Bacterial Infections
- Health Care Evaluation
- Medical Anthropology
- Essentials of Health Systems and Health Promotion
- Essentials of Health Economics and Financing

### EXPERIENCE AND SKILLS

#### **World Health Organization** (short-term contracts)

Technical Officer, Chronic Respiratory Diseases and Arthritis: Geneva, May 99 - May 01

- Technical support for initiation, development, and publication of WHO strategy documents in chronic respiratory diseases and osteoporosis.
- Development and management of consensus meetings for international experts.

#### **Population Services International**

Executive Director, Resident Advisor: OSFAM- Guinea, Jul 96 - Jun 98

Marketing Manager: Guinea, Guinea Bissau, Cameroon, May 95 - Jun 96

Resident Advisor: Cameroon, Jun 93 – Apr 95

Program Manager: Burundi, Kenya, Tanzania, Feb 93 – Jun 93

- Chief of Party: Guinea, Cameroon
- Project proposal designs for principal donors: USAID, KfW
- Private sector social marketing products: condoms, oral contraceptives, injectables, oral rehydration salts (ORS), STD kit
- Public sector family planning services, community based distribution, training of master trainers/capacity building.
- Formative and evaluative research, brand development, product launches, strategic marketing
- Sales network development, decentralization, efficiency improvements
- Focused marketing and educational interventions, formative and evaluative research

- Supervised pilots: female condom acceptance study, adolescent reproductive health operations research, insecticide-treated bed-net social marketing assessment
- Local NGO institution building, capacity building, administrative and financial controls
- Dramatically strengthened ties with Ministry of Public Health, multi- and bilateral organizations, non-governmental organizations
- Active proponent of private sector participation including training for private health care providers and development of related commercial services (printing, distribution)

**Pracon, Division of Excerpta Medica, Reston, VA, USA**

Director, Medical Education Development, Jan 92 - Jan 93

Director, Faculty Development, Mar 91 - Jan 92

Manager, Faculty Development, Nov 90 – Mar 91

Associate, Faculty Development, Aug 90 - Nov 90

- Private sector “marketing through medical education”; targeting opinion leaders; overcoming market barriers in ethical manner
- Directed scientific concept development for new business; client companies included Rhone-Poulenc Rorer, Schering Labs, Abbot Labs, Merck, Lederle Labs, Alcon Labs, IMS America
- Primary force behind cultivation and establishment of \$1.5 million business with two new clients
- Established systems, developed content/agenda for major medical meetings; identified, recruited, contracted and managed speakers; reduced preparation lead time required from 6 to 3 months
- Hired and trained three additional technical professionals as division workload expanded
- Piloted special projects: USFDA Advisory Committee clinical trial data presentation, Antimicrobial Therapy slide kit (14 topics).
- Project topics: antimicrobial therapy (clarithromycin, temafloxacin), viral hepatitis (interferon), venous thromboembolic disease (warfarin), hypertension (calcium channel blockers), managed health care and strategic planning, national health care policy and reform, small animal cardiology, toric (contact) lenses.

**United States Peace Corps**

Associate Director for Agriculture and Rural Development: Central African Republic, Jan 87-May 90

Budget Analyst: Africa Region, Washington DC, Sep 86 – Dec 86

Administrative Officer: Mali, Apr – Sep 86

Peace Corps Fellow: Africa Region, Burkina Faso, May 85 – Mar 86

- Supervised/evaluated Peace Corps Volunteer field activities in freshwater fish culture, apiculture, agroforestry, school gardens, animal traction, post-harvest food systems, and wildlife preserve development.
- Conducted technical feasibility studies, negotiated project design and funding with government officials and international agencies (USAID, GTZ, AFRICARE, VITA, WWF), designed volunteer job descriptions, training; expanded from 15 to 42 volunteers.
- Rebuilt administrative/logistical operations following dismissal-for-cause of admin officer
- Designed and negotiated self-training through agency rotations: French language, African culture, animal husbandry, volunteer crisis management, training design, budget management

**Thunderbird Magazine, Glendale, AZ, USA, Jun 84 – Dec 84**

- Editor's assistant for graduate school alumni magazine

### **United States Peace Corps**

Placement Assistant: *Washington DC*, Apr 84 - May 84

Fisheries Extension Agent: *Guatemala*, Aug 80 – Mar 84

- Trained 40 Guatemalan farmers in all technical aspects of freshwater fish culture; developed local capacity for 20 tons/year harvest; selected, trained and supervised two Guatemalan counterparts.
- Matched candidate skills to volunteer positions worldwide

**Brookline School District**, Brookline, MA, USA, Nov 77 – Jun 80

- Tutor for ill/injured/disturbed secondary school students: math, science, Spanish

**Radcliffe Choral Society**, Cambridge, MA, USA, Jan 78 – Sep 79

Concert Tour Manager, *England, Scotland and Wales*

- Solicited, negotiated and signed contracts for a 19-concert, 5-week tour of England, Scotland and Wales. Arranged transportation, room and board for 56-member tour party.

### **PUBLICATIONS**

- Crabbe F. et al., Prepackaged therapy for urethritis: the “MSTOP” experience in Cameroon, *Sex Transm Infect* 1998 Aug 74(4):249-52.
- Gruber TM, Bearden, D.A., Agribusiness at Thunderbird: From Fields to Futures, *Thunderbird Magazine*, 1985 Spring:2-4.
- Gruber TM, The Branching Pattern of *Hypolepis repens*, *American Fern Journal*, 1981 71(2):41-7.

### **HONORS AND AWARDS**

- Outstanding Performance Award, Peace Corps
- Peace Corps Fellow
- Colonel Frank James Morrow Scholarship, Thunderbird
- Peace Corps Assistantship, Thunderbird
- Radcliffe College Scholarship
- National Merit Scholar

### **OTHER**

- Freshwater Fisheries Extension Training, University of Oklahoma
- Small Animal Husbandry Training, Frogmore, South Carolina
- Languages: English, French, Spanish, Sango (basic needs)
- Computer Skills: Word processing, Spreadsheets, Internet-based research
- Nationality: American (born in Germany); Burkina Faso passport (spouse's nationality)
- Married, three children

## ANNEX E

### PSI'S CROSS-SUBSIDIZATION MODEL

One way that PSI has found to create a sustainable revolving fund for nets is to bisect the market. Our most important target group for ITNs is pregnant women and children from 0-5, but there is a demand for nets within the greater community, particularly since nets are often perceived as luxury items to prevent nuisance biting rather than as malaria-prevention tools. There is a strong demand for nets in Douala, for instance, which is the economic capitol and has a culture of net use due to the heat and humidity. Most people who buy nets in Douala have more disposable income than the average Cameroonian and have sophisticated buying tastes. Selling subsidized or cost-recovery nets to this population wastes a valuable resource.

In Malawi, PSI successfully created a system whereby two types of nets are sold to two different populations, with the revenue from the high-end net helping to subsidize the low-end net. A heavily-subsidized health center net is sold for approximately .50 to pregnant women and children. It is a simple green, rectangular net packaged in a low-cost plastic bag, and bundled with insecticide. A larger, dark blue, conical net packaged in a heavy-duty plastic bag and bundled with insecticide is sold through the commercial sector for approximately \$4. The Malawi project had researched urban and rural preferences beforehand and found that while rectangular nets suited rural lifestyles, conical nets were preferred by urban residents because they were nicer-looking and easier to install. Urban residents also preferred dark blue; green was chosen as the color for rural nets simply to differentiate the two and to guard against the necessity of frequent washing (thereby diluting the effectiveness of the insecticide). The two nets, while exactly the same quality, attract different buyers because the perception of quality is different, and the product attributes are targeted. While PSI-Malawi is obviously well-funded to be able to afford to sell health center nets at such an inexpensive price, the revenue from the high-end nets helps to contribute to the cost of the subsidies. In Malawi's case, not only does the project benefit from added revenue contributed by higher-income clients, but donor subsidies are not wasted on those who do not need them.

Cameroon's case is slightly different because the project does not depend on donor subsidies, but is set up with a revolving fund. PMSC essentially sells two cost-recovery nets, but the health center net targeted at low-income, rural pregnant women and children is less expensive because the wholesale and retail prices are cut out. PMSC sells the net slightly under-cost to the health center, which then sells it at a slightly higher price to cover the incentives offered to the health center to promote the net. The commercial-sector net is sold just above cost to wholesalers, and this revenue helps to cover the very small health center net subsidy. PMSC also sells insecticide kits at slightly below-cost, and this deficit is also made up by the small amount of revenue generated by the commercial-sector net. The Cameroon project is constrained by a small revolving fund, but the project hopes to gain additional funding to be able to introduce a high-end, very attractive net that can be marketed in urban centers and can help to reduce the costs of

both the health center and commercial nets. Ideally, the commercial nets would sell in rural areas and to urban poor for around 2000 FCFA, or about \$3.33, which is the maximum that many rural residents have said they would be able to afford, and the health center nets would sell for about half of that. This would help the project to reach the most vulnerable target population without undercutting the commercial sector or wasting funds on higher-income clients.

## ANNEX F ACRONYM LIST

ACMS – *Association Camerounaise pour le Marketing Social*  
ADRA – Adventist Development and Relief Agency  
FEMEC – *Fédération des Eglises et Missions Evangéliques du Cameroun*  
IPC – Interpersonal Communication  
ITN – Insecticide-treated Net  
KAP – Knowledge, Attitudes and Practices  
LQAS – Lot Quality Assurance Sampling  
MCH – Maternal and Child Health  
MIS – Management Information Systems  
MOH – Ministry of Health  
NGO – Non-governmental Organization  
PMSC – *Programme de Marketing Social au Cameroun*  
PNLP – *Programme National de Lutte Contre le Paludisme*  
PRISSM – Promoting Improvements in Sustainable Social Marketing  
PSI – Population Services International  
SCS – *Service Catholique de la Santé*  
SFPS – *Sante Familial et Prevention du SIDA*  
SWOT – Strengths, Weaknesses, Opportunities, Threats  
VSO – Volunteer Services Organization  
WHO – World Health Organization