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EVALUATION OF THE SOCIAL MARKETING
FOR CHANGE (SOMARC) PROJECT

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TABLE OF CONTENTS

GLOSSARY	iv
ACKNOWLEDGMENTS	vi
EXECUTIVE SUMMARY	vii
I. INTRODUCTION	1
I.1 Purpose and Scope of Evaluation	1
I.2 Evaluation Methodology	1
I.3 Project Background	2
II. PROJECT DESIGN AND MANAGEMENT	4
II.1 Project Paper and Contract	4
II.1.1 Background	4
II.1.2 Validity of Project Assumptions	5
II.1.3 Evolution of Management Plan	7
II.2 Prime Contractor-Subcontractor Relationships	7
II.3 Management and Administration	10
II.3.1 Core Staff Capabilities	10
II.3.2 Management Structure	11
II.3.3 Budget and Contract Management	13
II.4 SOMARC Advisory Council	17
III. CSM PROGRAM IMPLEMENTATION	19
III.1 CSM Country Conditions	19
III.1.1 Background	19
III.1.2 Country Activities	20
III.1.3 Country Selection	20
III.1.4 Country Assessments	22
III.1.5 Country Strategy	24
III.2 Subproject Design and Implementation	25
III.2.1 Program Models	25
III.2.1 Implementing Organizations/Personnel	27
III.2.3 In-Country Interactions	30
III.2.4 Training and Technology Transfer	31
III.3 SOMARC Agenda for Remainder of Contract	32

IV.	TECHNICAL ASSISTANCE	33
IV.1	Background	33
IV.2	Technical Assistance to Non-SOMARC CSM Programs .	34
IV.2.1	Overview	34
IV.2.2	Impact	35
IV.3	Technical Assistance for Pre-CSM Implementation Activities	37
IV.4	Responsiveness to Field Requests	38
IV.5	Technical Assistance Financing	39
IV.6	Consultant Roster	39
V.	RESEARCH PROGRAM	42
V.1	Operational Research	42
V.1.1	Financial and Technical Inputs	42
V.1.2	Goal of Operational Research	43
V.1.3	Country Research Reports	44
V.1.4	Research Coordination	45
V.1.5	Use of Research Results	45
V.2	Special Studies	45
V.2.1	Impact of CSM Programs on Contraceptive Prevalence	46
V.2.2	Study of CSM Target Groups	48
V.2.3	Planned Studies	48
V.2.4	Appropriateness of Special Studies Research	49
VI.	INFORMATION DISSEMINATION	52
VI.1	"Update" Newsletter	52
VI.2	Occasional Papers	53
VI.3	Library	55
VI.4	Special Activities--Regional Workshops	56

APPENDICES

- A. USAID Response to AID/W Inquiry about SOMARC Performance and Replies Received
- B. Scope of Work
- C. Persons Contacted
- D. Matrixes of SOMARC Staff Skills and Time Allocated to Project
- E. SOMARC MIS Forms
- F. Advisory Council Members
- G. SOMARC Technical Assistance Activities by Region
- H. Model for SOMARC Research Program
- I. Criteria for CSM Program Support
- J. SOMARC Baseline KAPs and Tracking Studies

GLOSSARY

AED	Academy for Educational Development (subcontractor)
A.I.D.	Agency for International Development
AIDS	Acquired immune deficiency syndrome
BA	Births averted
CBD	Community-based distribution
CSM	Contraceptive social marketing
C'TO	Cognizant technical officer
CV	Curriculum vitae
CYP	Couple year of protection
DPN	Doremus, Porter and Novelli (subcontractor)
DR	Dominican Republic
FOF	Family of the Future (Egypt)
FP	Family planning
FPA	Family planning association
FPIA	Family Planning International Assistance
IEC	Information, education, and communication
ICSMP	International Contraceptive Social Marketing Project
IPPF	International Planned Parenthood Federation
JSA	John Short and Associates (subcontractor)
KAP	Knowledge, attitudes, and practice
LAC	Latin American/Caribbean region
LDC	Less developed country
MIS	Management information system
MSH	Management Services for Health
OC	Oral contraceptive
PCS	Population Communication Services

PD	Project development
PSI	Population Services International
PVO	Private voluntary organization
RAPID	Resources for the Awareness of Population Impact on Development
TFG	The Futures Group

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The team, of course, accepts full responsibility for the contents of the report, and hopes that it will be of practical assistance to A.I.D.--not only as an evaluation of the SOMARC project to date, but also as a resource in determinations about a follow-on CSM project.

EXECUTIVE SUMMARY

I. Background

The objective of the Contraceptive Social Marketing project (also known as Social Marketing for Change--SOMARC) is to use commercial marketing, promotional, and distribution techniques to increase the availability, knowledge about, and correct use of contraceptives among eligible couples in developing countries. The contract was signed on September 21, 1984, and ends in September 1989. A total of \$21,113,000 in A.I.D. funds has been authorized, of which \$16,636,000 has been obligated and \$11,250,000 had been expended as of November 30, 1987.

The purpose of this evaluation is to document the project's accomplishments and problems to date in light of the objectives and targets set forth in the Project Paper and contract between A.I.D. and The Futures Group (TFG). At the time of the evaluation, the project had been fully operational for less than three years.

II. Project Design and Management

II.1 Project Design

The basic design of the project and the contract terms, as amended, are sound. The contract, however, does not include a line item for training activities to be carried out as part of the project. To date, the technical assistance component of the project and development assistance provided by the SOMARC core staff have been sufficiently flexible to provide whatever training has been needed. As new countries are included within the project, however, and as those CSM countries currently active mature, more training-related activities will be needed.

The assumption that contraceptives must be provided free by A.I.D. will require reexamination. It is possible that more could be done to encourage countries to provide their own contraceptives at an affordable price as a step toward ensuring sustainability.

II.2 Management and Administration

In general, the management capabilities and administrative arrangements for the project are very good and have led to the effective provision of services. The project's management structure and management information system (MIS)

appear well conceived and capable of handling the complex operations under way in over 22 countries. In some cases, however, senior management, marketing, and advertising advisors have not been available when needed. In addition, some SOMARC technical officers could benefit from further upgrading of their management and marketing skills, as well as from more regional know-how, especially about Africa. Although senior staff are experienced in the requisite skill areas and in regional affairs, that expertise is not always shared with the technical officers.

The only relevant skill area not specifically required by the contract is medicine. Given SOMARC's emphasis on oral contraceptives (OCs), classified as ethical drugs requiring a prescription in most countries, and the potential negative effects on health and sales of distributing OCs to persons with serious contraindications, the medical staff component should have been more strongly emphasized.

All contracts executed under the project must be approved by the A.I.D. contracting office in addition to the CTO if they exceed \$25,000. The SOMARC management has suggested that the ceiling be raised significantly for all routine contracts--i.e., to \$100,000. If this were done, it would reduce the number of contracts requiring contract office approval by approximately 80 percent.

One particular development that affects CSM programs, particularly in Africa and Latin America, will also involve the CTO. It is the potential negative effect of vigorous AIDS-prevention advertising programs on CSM promotion of condoms as a contraceptive and a means of introducing males to their family planning responsibilities.

Recommendations:

- o SOMARC should explore further its work with countries that supply or are planning to provide their own contraceptives. It should also continue to work with the private sector to determine under what circumstances private firms might be prepared to help underwrite the costs of contraceptives and to sell them at affordable prices.
- o TFG should consider additional measures, e.g., in-service training, to enhance the technical and managerial skills of its technical officers.
- o Future CSM projects should require that the contractor provide competence in medical aspects of the program, as needed.

- o Given the experience and capability of the SOMARC contracts office, A.I.D. should raise the ceiling for which routine contracts must be considered by the A.I.D. contracts office from \$25,000 to \$100,000.
- o CSM project managers and CTOs should work closely with AIDS project managers and CTOs in regard to condom advertising to try to mitigate the potential negative effects of AIDS-prevention campaigns on CSM programs.

III. Program Implementation

From inception to November 1987, SOMARC had developed 11 new CSM programs; 5 are currently selling products and the others are expected to begin product sales in early 1988. In addition, SOMARC provides support to the continuing sales effort of the Barbados/Caribbean CSM program. SOMARC has also completed country assessments in another nine countries, three of which seem more than likely to proceed to implementation.

III.1 Path to CSM Program Implementation

A "country selection" process is the first step in determining which countries will be eligible under the SOMARC contract for a full CSM country program. Once a country has met certain basic conditions, it is then eligible for a "country assessment" to determine if it meets the minimal requirements deemed necessary to implement a CSM program in that country successfully. If the CTO approves the country assessment, the contractor then has three months from its initiation date to develop a "country strategy," which must include a program implementation plan. Once the country strategy is approved by the CTO and the relevant A.I.D. Mission, the CSM country program is ready for implementation.

The SOMARC country assessments in general conform to the requirements of the contract, but they are not always as rigorous as one might like because of the impreciseness of the criteria established by A.I.D. Every country assessed can be recommended for program implementation, because marketing strategies can be devised to mitigate problems raised in complying with assessment criteria.

The next step in the process, the country strategy paper, is nothing more than a deliverable that triggers implementation and, therefore, the flow of subproject funds. Generally, there is relatively little difference between assumptions made at the time of the assessment and the preparation of the strategy. Issues raised in the strategy paper

are not usually resolved within the three months allowed for approval. As a result, problems develop in implementation that should have been resolved at the strategy stage.

Following completion of the strategy paper, a marketing plan is prepared by the implementation agency, with SOMARC assistance. This plan is specific to the institutional, legal, distribution, sales, promotional, and research and evaluation issues in the host country. It is an action-oriented document that plays a vital role in guiding and monitoring program implementation.

Recommendations:

- o The criteria for CSM program support should be more specific and discriminating. Assuming that the country selection process would have predetermined such fundamental issues as the political and health/population policy environment, program implementation should be predicated on the following:
 - An identified and justified demographic need (e.g., low prevalence).
 - Viable private sector infrastructure to support program.
 - Potential for increasing contraceptive usage and prevalence.
 - Clearly defined measure of cost efficiency.

Justification for any exceptions to these criteria would have to be documented so that A.I.D. and the prime contractor could make a sound management decision regarding whether to allow the exception.

- o Since the country strategy represents an implementation plan, consideration should be given to replacing the strategy with a marketing plan. The marketing plan would be prepared within six months, and A.I.D.'s acceptance of it would represent final implementation approval.

III.2 Implementation Activities

The most important in-country implementing organization is the distributor, who has the major responsibility for program progress. If the distributor has good management and marketing skills, the program can be effectively implemented. In some

countries, however, SOMARC's selection of a distributor may have been conditioned more by distribution capabilities than by management and marketing skills.

SOMARC is required to provide training for local project personnel in marketing, sales, medical detailing, logistics, management and product planning, and other areas. The intent is to develop the in-country infrastructure and skills necessary to run a national social marketing organization. SOMARC's work in developing market research capabilities has been excellent. Of particular note, too, is the impressive retailer training protocol developed for Ghana and now being replicated in Liberia and the Dominican Republic. SOMARC is relatively weak, however, in developing communications competence.

The SOMARC agenda for the remainder of the project has largely been determined. Those countries with active sales programs will require follow-up help from SOMARC. Perhaps even more intensive will be the assistance needed for the six countries in the early stages of CSM implementation--Zimbabwe, Brazil, Liberia, Peru, Ecuador, and Trinidad. There is also the probability of new programs in Malawi, Morocco, and Rwanda.

The continuing demand for technical and developmental assistance means that SOMARC's resources will be fully utilized through the end of the program. Assuming the above-named activities come to fruition, any additional assessment activities are likely to stretch an already fully committed staff, especially those at the senior level.

Recommendations:

- o It is critical that good program management and marketing skills reside at the distributor. If they do not exist, they should be provided through training.
- o In view of the commitments in the SOMARC pipeline, inclusive of possible projects in Malawi, Rwanda, and Morocco, SOMARC should now consolidate its activities and not attempt to conduct additional country assessments.
- o SOMARC should commit greater resources to training implementing agencies, particularly in the area of marketing communications.
- o The retailer training program should be instituted in existing projects and included in future projects where necessary.

IV. Technical Assistance

Under the technical assistance component of the project, SOMARC provides short-term technical assistance (1) to non-SOMARC CSM programs formerly funded by A.I.D. and other organizations and (2) to potential CSM countries in which a limited effort is needed to determine the feasibility of establishing a CSM program. As of November 1987, SOMARC had carried out 27 technical assistance assignments within 14 countries and used 70 percent of the 240 professional person-months available. The technical assistance provided falls into five basic categories: fundamental marketing and management-related research, reviews of marketing and advertising proposals, problem solving, training and workshops, and evaluations. SOMARC has been flexible in its use of in-house staff, independent consultants, and private sector contacts in responding to requests for technical assistance.

Most of the assistance provided to non-SOMARC programs appears to have had a positive impact, but that provided to Asia/Near East region has been most effective. In Latin America, impact varied from country to country, in part due to the existence in some countries of external constraints independent of SOMARC.

Some countries receive ongoing assistance for a number of activities, which requires substantial funding from SOMARC. Although this support is warranted, it consumes a large percentage of the technical assistance budget.

The second form of technical assistance--assessing the feasibility of a CSM program in a given country--serves essentially the same purpose as project development assistance. SOMARC's interpretation and use of funding for pre-implementation activities is justified under the contract. By making a distinction between pre-implementation and project development, however, SOMARC risks funding the former at the expense of other important technical assistance, especially as more CSM programs mature. Additionally, it becomes more difficult to track the budgetary requirements needed to initiate a CSM program from beginning to end, including pre-implementation expenditures.

As part of its technical assistance activities, SOMARC maintains a computerized consultant roster. There are now nearly 500 names in the data base. This system has the potential to work well in identifying consultants to carry out assignments that require specific languages and regional experience in CSM-related areas. The data base appears to be underutilized, however. In addition, the consultant files that augment the data base do not appear to be up-to-date, which limits the usefulness of the roster.

Recommendations:

- o In the follow-on contract, a distinction should be made between technical assistance for existing non-SOMARC CSM projects and those activities that resemble project development.
- o In the follow-on contract, more emphasis should be given to funding technical assistance activities exceeding \$75,000 through buy-ins from the A.I.D. Missions in order to ensure a strong USAID commitment to the activity.
- o The consultant roster should be used more consistently to identify potential consultants, and consultant files should be reviewed and updated regularly.

V. Research Program

The research program consists of operational research, which is designed to provide information to improve program performance in a particular country, and special studies, which are designed to assess and improve the overall CSM program.

V.1 Operational Research

The in-country research mechanisms and SOMARC involvement in the research vary according to the technical skills available in the particular country. In four of the five countries reviewed for this part of the evaluation, local research organizations were able to carry out the research without much assistance from SOMARC. In the fifth country, Ghana, however, SOMARC had to provide considerable technical assistance because there were no local agencies capable of carrying out the research.

The consumer intercept studies conducted to date use households rather than retail outlets as the sampling frame, perhaps because it is easier to survey households in localities for which there are current sampling frames and experienced household interviewers. Household surveys, however, do not necessarily reach the targeted consumer groups, whereas the targeted groups are already shopping at the retail outlets. Thus, there may be instances in which intercept studies can be used as a substitute for household surveys, in which case the research agenda could be shortened.

The use of different research designs makes it difficult to compare results across countries. SOMARC has hired a research manager to coordinate the research effort, and that

should result in the use of similar designs. The manager's efforts are already evident in the research plan.

V.2 Special Studies

The subjects addressed in special studies are important to evaluating programs and to improving country performance. Some concern is warranted, however. The evaluation studies cover a larger number of countries than just those that receive SOMARC support. Studies of the impact of CSM should encompass this larger number of countries, but any detailed analysis for a non-SOMARC country would probably be funded elsewhere. To the extent that comparable methodologies are required to analyze impact, a single organization should carry out the research, preferably one not involved in providing the service being evaluated.

Consumer intercept studies are an appropriate vehicle for determining whether CSM programs reach the appropriate target groups. Whether they can be used to determine if CSM is bringing new users into the market remains unclear, however. Further analysis should be carried out to determine the proportion of new users attributable to the program, at which point the CYPs attributable to the program could also be calculated. Such adjusted CYP data would provide a better indicator of impact than simply crediting all sales to the program.

The programmatic studies included in the special studies research agenda appear to be very useful. They should provide information to help improve the performance of social marketing programs. SOMARC has also done well in its support of studies directed at improving program operations.

Studies to determine the impact of CSM on contraceptive prevalence have been less useful. SOMARC does not have sufficient funds to carry out large surveys to determine the impact of CSM on contraceptive prevalence. In addition, regression analysis using data from a large number of countries is not an appropriate way to assess the impact of programs. If A.I.D./Washington wants to obtain information on program impact, then it could provide funds to increase the sample size proposed in some of the baseline KAP and tracking studies. Sample sizes, as planned, will not allow determination of program impact on contraceptive prevalence. This might be provided for in a follow-on project.

Recommendations:

- o In the operational research program, consideration should be given to expanding the use of consumer intercept studies and decreasing the use of household

surveys in situations in which lists of retail outlets are easily available and/or household sampling frames are inadequate.

- o To the extent that A.I.D. is interested in supporting research to determine the impact of CSM in a few selected countries, it should consider contracting with an organization with experience in population and family planning research to carry out such studies or to work with SOMARC in carrying out the research.
- o In order to increase its knowledge of program impact, A.I.D./Washington should also consider providing funds to increase the sample size of baseline KAP and tracking studies. This might be provided for in any CSM follow-on project.
- o Regarding consumer intercept surveys, further analysis of the group of new users should be carried out to determine if their entrance into the contraceptive market can be attributed to the CSM program.

VI. Information Dissemination

Four types of activities were undertaken by SOMARC to disseminate information about the project and CSM programs generally: preparation and distribution of the "Social Marketing Update" new letter and Occasional Papers, maintenance of a SOMARC library, and sponsorship of regional workshops.

The "Update" newsletter serves essentially the same function as "Social Marketing Forum," a quarterly newsletter published by Synder Associates. "Update," however, does not compare favorably with "Forum," in terms of editorial content, quality of writing, layout, variety of articles, or usefulness of the data. In sum, it is not as professional a publication as is "Forum."

The Occasional Papers, essentially 10 to 15 page summaries of Special Studies, are a useful means of disseminating research results to A.I.D., CSM programs, and others interested in CSM activities. Six papers were distributed in 1987.

The SOMARC library, located in Washington, D.C., contains a comprehensive collection of CSM-related publications. The library is used fairly often by SOMARC staff, and visitors are welcome by appointment.

SOMARC has held regional workshops for the LAC region and the Africa region. The workshops were successful in

providing a forum for exchanging views and examining alternative ways of handling problems.

Recommendation:

- o Because the "Social Marketing Forum" serves the same purpose as "Update," and does so more effectively, "Update" is redundant. SOMARC's information dissemination capabilities are better demonstrated in the Occasional Papers, and its resources should be concentrated in that direction. There does not appear to be a continued rationale for A.I.D./Washington to fund the publication of "Update."

I. INTRODUCTION

I.1 Purpose and Scope of Evaluation

The purpose of the evaluation was to determine the accomplishments and problems to date of the Contraceptive Social Marketing Project, known as SOMARC (Social Marketing for Change), in light of the objectives and targets set forth in the A.I.D. Project Paper and in the A.I.D. contract with The Futures Group (TFG). This report of the evaluation also covers the project design, management issues, contractor performance, and the appropriateness of the project's studies and publications. As of mid-December 1987, some 21 months remained until the end of the SOMARC project (September 1989). Allowing 6 months for an orderly phaseout, roughly 15 months remain for full project activity. Combined with the findings of the overall contraceptive social marketing (CSM) assessment,¹ this evaluation is designed to provide guidance for development of follow-on CSM activities.

I.2 Evaluation Methodology

A four-person team consisting of an evaluation specialist, a social science research specialist, a marketing expert, and a social scientist spent approximately three weeks over the period December 1 to December 19, 1987, evaluating the performance of the SOMARC project. The evaluation specialist served as team leader.

The evaluation included interviews with staff of A.I.D.'s Office of Population and with the SOMARC staff based in Washington, D. C. Not only was staff of the prime contractor, TFG, interviewed in depth, but U.S. subcontractors were also contacted--The Academy for Educational Development (AED), Doremus Porter and Novelli (DPN), and John Short and Associates (JSA). The team also drew on the findings and recommendations in the reports on SOMARC subprojects in the Dominican Republic, Mexico, Ghana, and Indonesia. The information collected during visits to those countries was used as background by the team for conclusions and recommendations concerning project implementation and the effectiveness of the technical assistance, research, and information dissemination components of the SOMARC project.

Relevant project documentation, including the Project Paper, the contract and principal amendments, subproject documents, annual work plans, budgets, and TFG's December 1985

¹See Contraceptive Social Marketing (CSM) Assessment, Vol. 1, Synthesis Report, and Vol. 2, Country Reports (Indonesia, Pakistan, Ghana, Nigeria, Dominican Republic, and Mexico), ISTJ report 87-125-067.

in-house management assessment were also reviewed. In addition, A.I.D. Missions that had used the services provided by the SOMARC project were asked to comment on SOMARC's responsiveness and the quality of services delivered. (Copies of the telegram asking for A.I.D.'s comments and the replies are included as Appendix A.)

I.3 Project Background

The A.I.D. contract with TFG establishes the following objective, strategy, and goals for the project:

The objective of the Contraceptive Social Marketing project is to increase the availability, knowledge about, and correct use of contraceptives among eligible couples in developing countries. The strategy is to use commercial marketing, promotional, and distribution techniques to deliver affordable contraceptives and to inform potential users about the products and their correct use. This project also supports the broader A.I.D. goals of increasing involvement of the private sector.... Cost recovery is an integral part of CSM programs, but self-sufficiency is not a goal of this project....²

Both the Project Paper and the A.I.D. contract are very similar because the only major activity under the project is the contract with TFG and its subcontractors. The contract provides that during the five-year period of the project the contractor shall:

1. Develop 5 to 10 CSM programs.
2. Provide technical assistance to ongoing CSM programs.
3. Conduct special studies to improve the implementation of and expand the understanding of the dynamics of social marketing activities.
4. Collect, analyze, and disseminate technical information among CSM programs, family planning professionals,

²A.I.D. contract with The Futures Group, Section C, Scope of Work, "Purpose." See Appendix B for the Scope of Work for the project.

A.I.D. officials, and policy makers in less developed countries (LDCs).

The following quantitative goals were set:

1. Develop and implement two long-term CSM activities in Latin America, one in Asia, one in the Near East, and up to six in Africa.
2. Complete 35 short-term technical assistance assignments.
3. Complete up to 10 special studies.
4. Establish a technical information center.
5. Produce a quarterly technical newsletter with 1,000 copies per issue.
6. Plan and conduct four regional and one worldwide conference.³

The above goals were modified somewhat by the February 27, 1986, contract amendment (no.3)(see section II.1.1 for further details).

The current five-year contract was signed on September 21, 1984, and ends on September 30, 1989. A total of \$21,113,000 in A.I.D. funds was authorized for the contract, of which \$16,636,000 has been obligated to date.

No major issues or problems were identified in TFG's 1985 internal management review. The evaluation being reported here is the first external evaluation of the project. At this point, the project is well on its way to meeting its goals. The project's activities are reviewed in detail in the sections that follow.

³A.I.D./The Futures Group contract: C10.

II. PROJECT DESIGN AND MANAGEMENT

II.1 Project Paper and Contract

II.1.1 Background

The Project Paper, approved in May 1984, clearly describes the purpose of the project, the history of social marketing, lessons learned involving administrative, governmental, and product procurement and supply requirements, and problems or issues to be resolved concerning pricing and maximizing cost recovery. The design is sound and has proved a good basis for the SOMARC project. Although the project was preceded by some very good work in earlier projects, the design of this project is relatively new.

The contract is clear and consistent in stating the purpose, describing the program, and laying out the tasks required. It has been amended from time to time as the project has evolved. Amendment 3, the last major amendment, changed the project goals from quantitative targets to a level of effort to be expended for each program category--design and implementation, short-term technical assistance, special studies, staffing, consultants, and so on. This change has worked out well. Other modifications, such as reorganization of the SOMARC core staff, were made by exchange of letters (see section II.1.3).

The contract is the unique obligating document under the project. The SOMARC core staff includes a "commodity" unit, which places the orders with A.I.D. for contraceptives, but the contraceptives are obtained from another A.I.D. project and funded separately.

The contract does not include a line item for training activities to be carried out as part of the project. The technical assistance component of the project and development assistance provided by the SOMARC core staff, however, have proved to be sufficiently flexible so as to provide whatever training has been needed through in-service training, seminars and workshops, and consultations (see Chapter IV). As new countries are included within the project and as those CSM countries currently active progress to new levels, however, more of these kinds of activities will be needed.

There is no formal project component to cover university-level participant training in marketing (in the United States and/or third countries). This has not been a problem thus far and such a component is not a priority for the remainder of the project.

The contract does not repeat the information in the Project Paper regarding history of social marketing, project rationale, and CSM issues and problems. In practice, issues and

problems have been addressed by SOMARC principally through its studies of operational problems and its specific work on country programs.

II.1.2 Validity of Project Assumptions

The basic assumptions on which this project was based are still valid. In addition to the strategy set out in the TFG contract--"to use commercial marketing, promotional, and distribution techniques to deliver affordable contraceptives and to inform potential users about the products and their correct use"--the Project Paper made additional assumptions, including the following:

1. Couples do not have easy access to contraceptive services.
2. Couples are willing to pay for services, but cannot afford unsubsidized commercial supplies.
3. The private sector is a valuable means of distributing and marketing contraceptives in both urban and rural settings.⁴

Experiences with individual country programs over the first three years of the SOMARC project support these assumptions (see Chapter III).

The following reasons were given in the Project Paper for the high level of cost-effectiveness for social marketing programs:

1. Distributors and retailers obtain their income from trade margins rather than from the program budget.
2. Large-scale operations offer economies of scale.
3. The program can concentrate its effort on distributing contraceptives.
4. Revenues can be generated to offset program costs.⁵

These general assumptions are reasonable and still valid.

⁴Contraceptive Social Marketing Project Paper (936 3028), March 17, 1984: 3.

⁵Ibid: 17.

The assumptions in the Project Paper and contract that contraceptives must be provided free by A.I.D.⁶ will require reexamination, given the recent developments in the Latin American/Caribbean (LAC) region and Indonesia. In the Dominican Republic, for example, the implementing agent (PROFAMILIA) does not use A.I.D.-supplied contraceptives. Instead, it makes use of an International Planned Parenthood Federation (IPPF) facility to purchase oral contraceptives (OC) from a German supplier (Schering) at a substantially reduced cost. It then resells the contraceptives to a local Schering firm, which is responsible for their distribution to CSM outlets. Similar arrangements are being worked out in Peru and Ecuador directly with the manufacturer, and a somewhat different plan is under discussion in Brazil. As another example, the Indonesian government purchases condoms from South Korea and Taiwan and then resells them at cost to the local distributor. All of these plans call for the national government or implementing agent to import contraceptives using its own funds. In short, in Latin America, where prevalence and per capita income are relatively high, as well as in Indonesia, it may be possible for the implementing agent (government, private importer, private voluntary organization) to import contraceptives with its own foreign exchange and market them at a price accessible to low-income groups in those countries. However, in other regions, such as Africa, where prevalence is low and foreign exchange is scarce, this "second generation" move toward sustainability may be a long way off.

It is possible that more could be done to encourage countries to provide their own contraceptives at an affordable price as a step toward ensuring sustainability. Specific research could cast light on whether such a step is feasible and desirable, taking into account regional differences and, particularly, the role of the private sector (U.S. and foreign).

Recommendation: SOMARC should explore further its work with countries that supply or are planning to provide their own contraceptives (e.g., Dominican Republic, Indonesia, Peru, Ecuador). It should also continue to work with the private sector to determine under what circumstances private firms in a country might be prepared to help underwrite the costs of contraceptives and to sell them at affordable prices.

⁶The contract (page C-1) reads: "Cost recovery is an integral part of CSM programs, but self-sufficiency is not a goal of this project since the strategies needed to reach self-sufficiency may be incompatible with the goal of making affordable contraceptives available to the majority of LDC couples."

II.1.3 Evolution of Management Plan

Several important changes in the management plan, made by TFG and approved by A.I.D., have been important for the success of the project to date.⁷ During the project development phase (the first eight to nine months), TFG and its subcontractors operated under a very centralized structure as they developed basic programs and budgets, procedures, and policies. By the end of July 1985, when development was completed, a major reorganization at SOMARC headquarters in Washington, D.C., was carried out with A.I.D.'s agreement. Responsibility for operational activities was divided among three core groups based on geographical regions: Latin America, Africa, and Asia/Near East. This was done to ensure direct management accountability for timely project implementation and performance; direct allocation and management of contract personnel resources; direct communication among A.I.D., the field, and SOMARC; and clear management of contract and regional priorities (see Figure II.1).

Another important change was to deemphasize placement of long-term expatriates as resident project managers (estimated at six in the contract). From an institution-building standpoint, it was decided to hire qualified local staff and firms wherever possible and to use expatriate advisors to provide assistance (through short- and medium-term visits) as needed. Except for the Dominican Republic, for which there was a prior commitment to provide a resident advisor, and in Indonesia, where there was need for a full-time resident manager, this policy has been followed. This organizational decision required the development of the strong core group of professionals at headquarters, organized along the regional lines mentioned above, to provide and manage the worldwide services requested under the project.

By and large, this reorganization has worked well. The decision to deemphasize resident country advisors, however, necessitated working out a reallocation of resources between the prime contractor and the subcontractors (see below).

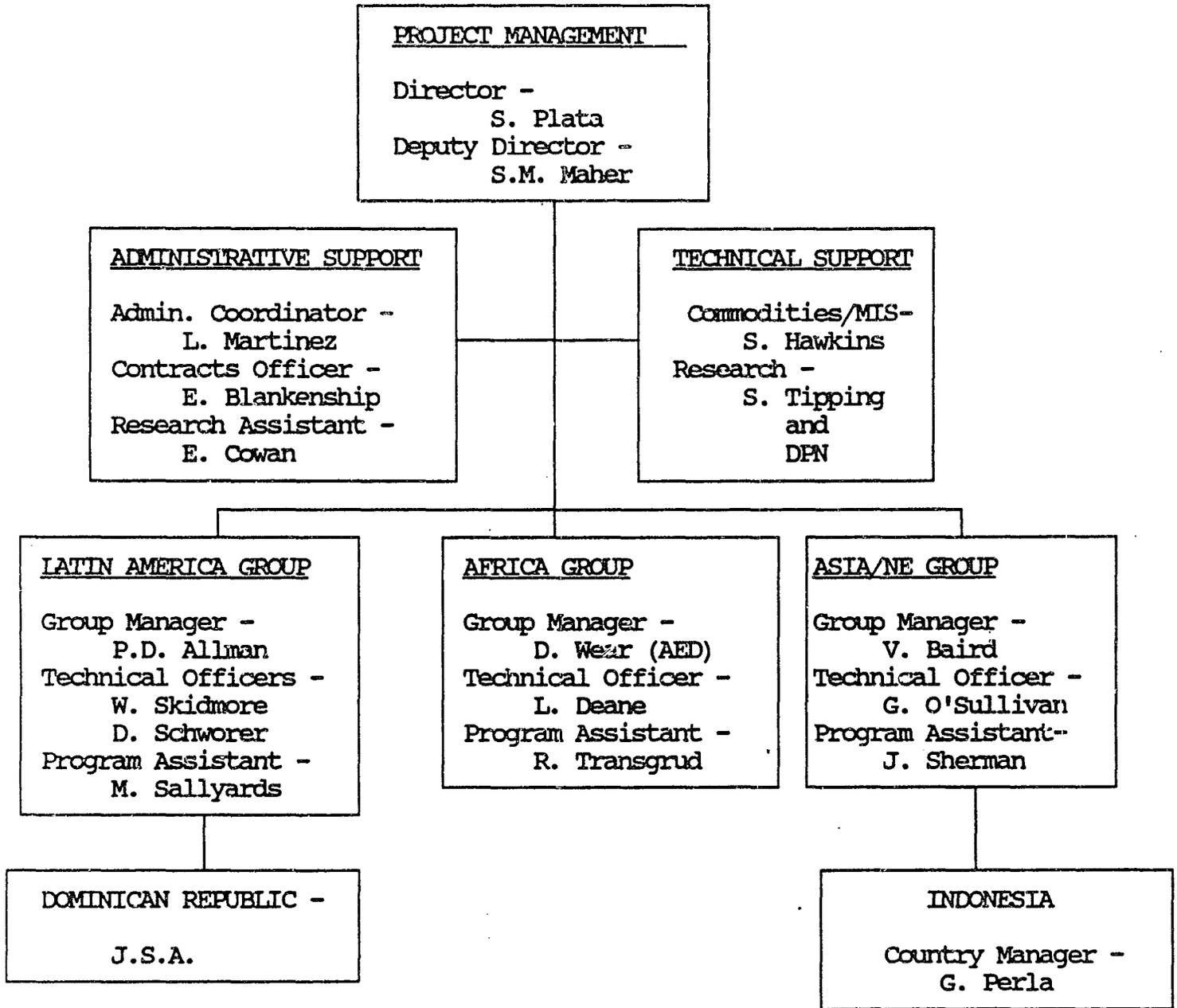
II.2 Prime Contractor-Subcontractor Relationships

The contract contains no specific instructions about how the prime contractor should utilize its U.S. subcontractors. Although there is a reference to a subcontracting plan in the contract (Section H5), this provision addresses U.S. government concerns that contractors use small and/or minority firms when they subcontract work. Appendix A of the contract contains

⁷Details are provided in letter from B. Ravenholt, SOMARC Project Director, to T. Harriman, S&T/POP/FPSD, July 30, 1985.

Figure II.1

SOMARC ORGANIZATIONAL CHART



SOURCE: THE FUTURES GROUP, DECEMBER 1987.

projections by the prime contractor about the estimated amount of small business/minority firm subcontracting that will take place in the United States and overseas.

In the absence of specific guidance or restrictions in the contract, it was left to the prime contractor to work out satisfactory day-to-day working relationships with its U.S. subcontractors. This flexibility facilitated the realigning of relationships when it was decided to deemphasize use of resident country advisors and to use short-to-medium term nonresident advisors instead. This policy decision, however, meant significant changes in budgets and assignments for the subcontractors.

Although TFG is qualified in all the subject matter areas under the contract, for several reasons it chose to include subcontractors in its bid. For one, TFG does not have the staff required to support the project personnel who would be needed for a contract as large as this one (\$21 million over five years). In addition, TFG had a long history of working with one of the subcontractors, DPN, which is noted for its marketing research capability and acts only as a subcontractor. TFG also had considerable confidence in the other subcontractors: AED had strong communications skills and JSA had significant experience in managing CSM activities. (To some extent JSA is a competitor of TFG for other contracts.) TFG believed that the strong support supplied by these subcontractors would strengthen its proposal to A.I.D. and help the total team effort in a mutually reinforcing way.⁸

During the project's development phase, TFG and its subcontractors met frequently, and TFG provided space in its office for the subcontractors. Close daily contact was considered essential during the start-up period and has proved very useful to project implementation.

Despite this close working relationship with its subcontractors, TFG failed to identify early on the specific responsibilities and tasks of all concerned. In the bidding, a division of labor was worked out verbally among the concerned parties and included in the proposal, but no written protocol was prepared. TFG now believes specific protocols should have been

⁸Management Services for Health (MSH) was also one of the original U.S. subcontractors, but it withdrew when A.I.D. ruled that MSH, as a nonprofit organization, would not be eligible for a management fee or for any cash advances. These same rules were applied to AED, but it decided to remain with the project despite the financial disadvantages. It is unfortunate that a solution could not be found that met both A.I.D. contracting requirements and the minimal needs of a nonprofit firm.

developed. For subsequent proposals to A.I.D., it has worked out written protocols with its U.S. subcontractors. (All such protocols are subject to approval by A.I.D.)

According to the subcontractors, their respective roles have now been defined, previous problems have been resolved, and there appear to be no remaining major contractor-subcontractor problems.

Recommendations: To ensure clarity and avoid misunderstanding, respective prime contractor and U.S. subcontractor tasks or divisions of labor should be worked out and put in writing before a contract bid is submitted. The agreement, however, should be subject to change in contract negotiations with A.I.D. and be sufficiently flexible to enable the prime contractor to shift tasks as the project evolves and changes are required.

Similarly, provisions in future A.I.D. contracts with prime contractors for development of a subcontractor plan should go beyond meeting statutory requirements for employing small businesses and/or minority firms to include specific plans for utilizing U.S. subcontractors in implementing the project.

II.3 Management and Administration

In general, the management capabilities and administrative arrangements for the project are very good and have led to the effective provision of services. The project's management structure and management information system (MIS) appear well conceived and capable of handling the complex operations under way in over 22 countries and the substantial number of contracts with foreign individuals, firms, and institutions. In some cases, however, senior management, marketing, and advertising advisors have not been available when needed. In addition, some SOMARC technical officers could benefit from further upgrading of their management and marketing skills, as well as from more regional know-how, especially about Africa.

II.3.1 Core Staff Capabilities

The project directors (past and current) are very experienced in contraceptive social marketing and have extensive experience in private sector advertising and marketing. Group managers were also selected for their combination of management, technical, and overseas experience. (Appendix D provides information about the full SOMARC team, including the multifaceted skills and expertise required to execute a CSM project of this size and complexity.)

In regard to program implementation, the regional expertise of the SOMARC staff is not as strong for Africa as it is for the LAC region (see also section III.2.2.5). Moreover, the technical officers are stronger in research and management than in information, education and communication (IEC) activities and advertising. Although senior staff are experienced in the requisite skill areas and in regional affairs, that expertise is not always shared with the technical officers.

The only relevant skill area not specifically required by the contract is medicine. There are, however, no restrictions preventing the SOMARC project managers from hiring medical advisors as needed. Given SOMARC's emphasis on OCs, which are classified as ethical drugs requiring a prescription in most countries, and the potential negative effects on health and sales of distributing OCs to persons with serious contraindications, the medical staff component should have been more strongly emphasized. Moreover, having stronger medical expertise available to the staff might help TFG to obtain the support of the medical and pharmaceutical communities in desensitizing the public to the sale and use of contraceptives and in ensuring the continued support of public and private decision makers. For example, TFG could add one or more medical specialists to its high-level Advisory Council. The specialist(s) could be thoroughly briefed on CSM activities and called on as needed.

Recommendations: TFG should consider additional measures to enhance the technical and managerial skills of its technical officers (see also section III.3.3.5).

Future CSM projects should require that the contractor provide competence in medical aspects of the program as needed.

II.3.2 Management Structure

Review of the major categories of project activities (see Chapters III and IV) indicate that the management structure for the project is well adapted to the tasks required and that management has been responsive to project needs. Responsiveness has improved over the past year.

The decision of the SOMARC management to encourage local responsibility for CSM program implementation and to deemphasize long-term resident advisors was well taken. This led to the concept of having a strong core management group in the Washington, D.C., project headquarters divided along regional lines and giving group managers both authority and responsibility for managing CSM activities in the countries in their respective regions.

The capability to call upon the full range of staff resources of TFG, AED, DNP, and JSA has helped make response to requests for assistance a practical, timely service under the SOMARC project--both for project development and implementation. In addition, in the event SOMARC staff do not have the requisite skills or time to respond, SOMARC, under the terms of the contract, maintains a roster of consultants available to provide short-term technical assistance.

The contract also requires the prime contractor to clear with the A.I.D. Cognizant Technical Officer (CTO) all major policy and operational initiatives. This has worked very effectively and has not slowed the operations of the SOMARC project. Reporting requirements under the contract appear useful, timely, and adequate.

Contractual requirements also involve the CTO in the day-to-day activities of the project. This is particularly important given that CSM activities are designed to complement individual country family planning programs involving a number of actors--USAID, host governments, the implementing agency, private voluntary organizations (PVOs), international organizations, other donors, and so on. The CTO's direct access to and contacts with these other actors (which are not always easy or possible for the contractor to develop) can help put the specific CSM project or activity into perspective, provide valuable program and policy information, coordinate activities where necessary, and ensure that A.I.D. concerns and interests are clear and adequately dealt with.

One particular development that may affect CSM programs, particularly in Africa and Latin America, will also involve the CTO. It is the potential negative effect of vigorous AIDS-prevention advertising programs, which stress the prophylactic use of condoms associated with promiscuity, illicit sex, prostitution, etc., which may have an effect on CSM promotion of condom use as a contraceptive and a method of introducing males to their family planning responsibilities. Careful coordination and cooperation between Washington, D.C., and the field among those responsible for the CSM and AIDS programs should help mitigate any negative effects and perhaps identify innovative ways in which the increased public awareness of condoms can be used to strengthen CSM advertising.

Recommendations: The current level of CTO involvement in the CSM project should be continued in any future project.

The prime contractors and CTOs for AIDS projects and the CSM project should work closely in regard to condom advertising to try to mitigate the potential negative effect on CSM programs of AIDS advertising campaigns.

Innovative ways should be sought to use the desensitization of condom advertising to promote more effective advertising of CSM programs.

II.3.3 Budget and Contract Management

Responding to in-country requests for assistance has required a significant level of effort by the SOMARC project. As of September 30, 1987, project expenditures were a little over 50 percent of the \$21 million authorized, and the services provided represented a level of effort in excess of 70 percent of the person-months of service called for in the amended contract.⁹ The level of effort provided is even higher in some of the sub-sectors. The strong demand for SOMARC services has meant extended workweeks for SOMARC core staff and consultants over and above the amount of time billed.

II.3.3.1 Budgeting. SOMARC has developed a computer-generated budget that provides an up-to-date picture of where the project stands and estimates of future commitments (see Table II.I). From this document the SOMARC project director and other senior staff have an overview of actual cumulative expenditures (as of the third quarter of calendar year 1987, \$10,667,469) and projected total commitments through the third quarter of 1989 (\$22,857,469), broken down by major budget categories: core group, subcontracts, information dissemination, country support, technical assistance, fees, and so on. These amounts include estimated A.I.D. buy-ins of approximately \$3.1 million.

The budget shown as Table II.1 indicates that projected total expenditures through the third quarter of 1989 will be about \$1.74 million (8 percent) over the authorized contract amount of \$21.1 million. Given the potential for decreases or delays in program implementation, A.I.D. buy-ins that do not materialize, and the like, SOMARC management has adopted a practice of overprogramming, with a ceiling of 10 percent. As the project draws to an end, however, overprogramming will be discontinued. Despite this precaution, SOMARC has reached the point at which it cannot accept additional buy-ins from A.I.D. Missions unless some of the activities currently planned are dropped. (See Table II.2 for actual and projected buy-ins to the SOMARC project.)

⁹Information provided by the commodities/MIS office, The Futures Group, December 1987.

Table II.1

SOMARC BUDGET

Category	Balance As of 12/31/85	Total												Cum Total 1986-89	Cum Total 1985-89			
		First Quarter 1986	Second Quarter 1986	Third Quarter 1986	Fourth Quarter 1986	Cal Y 1986	Year to Date 1987	Third Quarter 1987	Fourth Quarter 1987	Cal Y 1987	First Quarter 1988	Second Quarter 1988	Third Quarter 1988			Fourth Quarter 1988	Cal Y 1988	
Salaries	294028	91035	106708	91396	121167	412306	102367	128421	152726	303514	150000	150000	150000	150000	610000	1555820	500000	2055820
Overhead	550653	126677	202745	175324	210783	770819	186707	234404	278730	699841	285000	284500	284500	284500	1159000	2814660	950000	3864660
Travel	270018	121756	45223	48206	67056	282281	88345	97284	58150	233778	80000	80000	80000	80000	320000	166000	166000	166000
Equipment	15582	0	179	0	0	179	0	1970	152	2122	0	0	0	0	2301	0	2301	2301
Other Direct Costs	106480	20961	33936	18000	20177	92574	28665	55974	49155	133814	50000	50000	50000	50000	200000	436788	80000	526788
Consultants	165884	57780	45643	15075	25311	143729	12557	41979	80505	115041	50000	50000	50000	50000	200000	428770	50000	488770
TFC core subtotal	1630626	463519	474434	350401	453534	1702288	398661	550032	594818	1558111	595000	595000	595000	595000	2259000	6114359	1850000	7864359
Subcontracts:																		
AED	225140	40445	41103	32394	20784	142806	17576	41671	58404	117651	30000	30000	30000	30000	120000	510457	150000	460457
NPM	451871	231417	180111	100796	98739	591063	142700	134160	91797	368697	50000	50000	50000	50000	200000	1203760	150000	3503760
JSA	343750	135235	130132	78521	100606	644294	53872	125082	70216	280777	60000	60000	60000	60000	240000	845071	0	845071
DR Subcontract	0	0	0	30000	27	30027	95184	28906	23825	167915	75000	75000	75000	75000	300000	562942	0	562942
Other U.S.	87230	71448	0	53512	18211	141287	0	0	0	141287	0	0	0	0	141287	0	141287	141287
Total US subs	182218	20406	55048	3380	20663	90895	15000	-164178	40528	-54150	86000	21350	120245	89000	80000	448245	150000	598245
Total US subs	1296209	499387	368472	298703	264230	1444352	328372	165668	344270	839390	315000	315000	315000	315000	1269000	3689742	450000	4139742
Non-letter Conference	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1
Special Studies	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2	NOTE 2
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barbados	NOTE 2	0	9500	26107	22583	58180	13020	39539	20322	63721	40000	40000	40000	40000	160000	321911	0	321911
Indonesia	NOTE 2	0	289587	227483	264531	748561	14253	-11094	29605	32764	50000	50000	50000	50000	200000	1269305	350000	1519305
Mexico	NOTE 2	6235	145703	132373	83558	421869	64921	53268	52169	170358	100000	100000	100000	100000	400000	1198227	160000	1358227
Ghana	NOTE 2	26861	43000	23365	22737	116053	10833	13409	9338	33658	15000	15000	15000	15000	60000	304721	120000	424721
Trinidad	NOTE 2	0	0	0	0	0	0	0	0	0	10000	10000	10000	10000	40000	110000	40000	150000
Auritus	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bolivia	NOTE 2	0	0	0	0	0	35075	45250	349	81674	15000	15000	15000	15000	60000	60000	40000	100000
Liberia	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ecuador	NOTE 2	0	0	0	0	0	0	0	0	0	20000	20000	20000	20000	80000	266000	130000	396000
Wiger	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kenada	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Morocco	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brazil	NOTE 2	0	0	0	0	0	1298	13710	15008	15008	15000	15000	15000	15000	60000	285008	70000	455008
Paraguay	NOTE 2	0	0	0	0	0	0	0	0	0	40000	40000	40000	40000	160000	40000	40000	40000
Jordan	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nall	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Panama	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malawi	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peru (see below)	NOTE 2	0	0	0	0	0	0	0	0	0	10000	10000	10000	10000	40000	40000	40000	40000
Egypt	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trinidad	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Imp. subtotal	N/A	33196	407770	463207	398410	1388663	140000	151421	151012	442833	330000	330000	330000	330000	1325000	5395096	1420000	6815096
Technical Assistance	NOTE 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fee	239829	20498	30464	25758	30078	114790	31048	36132	35021	102201	35000	35000	35000	35000	140000	391998	195000	486998
Total Quarter	N/A	1074159	1339140	1150222	1164565	4678086	985521	1053007	1395006	3170034	1307000	1307000	1307000	1307000	5172000	16285120	3761000	20046120
Total through data	2811349	3835508	5176548	6328870	7489435	2811349	3835508	5176548	6328870	7489435	11974669	11974669	11974669	11974669	47568469	15638469	17464969	19096469

NOTE 1: Included in NPM subcontract line.
 NOTE 2: Included in Other U.S. subcontract line.
 Note 3: Expected buy-in from REUSO/EA \$100,000
 Note 4: Buy-in in process from mission \$500,000
 Note 5: Expected buy-in from mission \$206,000
 Note 6: Buy-in in process from mission \$500,000
 Note 7: Buy-in received from L.A. Bureau \$100,000
 Note 8: Buy-in received from L.A. Bureau \$289,000
 Note 9: Buy-in in process from mission \$20,000
 Note 10: Expected buy-in from mission \$206,000
 Note 11: Includes buy-in from mission \$500,000

Table II.2

USAID BUY-INS TO SOMARC PROJECT

I.	Bilateral USAID buy-in funds (already received)	
	- Egypt	\$296,860
II.	Regional bureau buy-in funds for specific countries (already received)	
	- Jordan	\$100,000
	- Brazil	500,000
	- Mexico	500,000
	- Trinidad/Tobago	100,000
	- Barbados	50,000
	- Panama	200,000
	Subtotal II	\$1,470,000
III.	A.I.D. bilateral buy-ins promised but not yet received	
	- Morocco	\$680,000
	- Peru	260,000
	- Egypt	200,000
	Subtotal III	\$1,140,000
IV.	Other buy-ins pending	
	- Mauritius	<u>160,000</u>
	Total I-IV	\$3,066,860

Source: The Futures Group, December 1987.

In light of pressure for more buy-ins, the project director has suggested informally to the A.I.D. Office of Population that the authorized ceiling for the SOMARC project be raised. This would be possible, since the CSM Project Paper authorized by the A.I.D. Administrator was in the amount of \$25 million. The A.I.D. Office of Population was reported not to favor increasing the ceiling because the SOMARC project had less than two years to carry out what was already a very full schedule (see discussion and recommendation regarding SOMARC agenda in section III.3). Further, and perhaps more important administratively, if the contract ceiling were raised by several million dollars, it might be necessary to rebid competitively the amount of the increase. SOMARC plans to continue to do feasibility studies for country programs, however, so that if a CSM follow-on project is approved, a portfolio of projects will be ready for evaluation and approval.

II.3.3.2 Contracting Capability. SOMARC's contract and other financial reporting procedures have been carefully worked out with A.I.D. so that they meet A.I.D. contracting regulations. Contracts used in connection with individual CSM programs are based on models developed in conjunction with the A.I.D. contracts office.

The project has a full-time contracting officer, who is fully conversant with A.I.D. contracting procedures and has attended A.I.D.-sponsored training courses. (The A.I.D. contracts office sometimes sends contractors to TFG for briefings by the SOMARC contracting officer.) In addition, as a backup for peak periods, the contractor has on call a retired A.I.D. contracts officer. Contracting is a very important support function in a project of this size.

All subcontracts exceeding \$25,000 must be approved by both the CTO and the A.I.D. contracting office. Of the 45 subcontracts executed as of December 1987, 26 were over \$25,000. Because the clearance process takes a substantial amount of time, the SOMARC management has suggested that the ceiling be raised significantly for all routine contracts requiring contracts office clearance--i.e., to \$100,000; CTO clearance would still be required for all contracts. If this were done, it would reduce the number of contracts requiring contracts office approval by approximately 80 percent. Other A.I.D. contracts managed by TFG (Rapid III and Options, for example) have ceilings between \$65,000 and \$75,000.

Recommendation: Given the experience and capability of the SOMARC contracts office, A.I.D. should consider raising the ceiling for routine contracts that must be considered by the A.I.D. contracts office from \$25,000 to \$100,000.

II.3.3.3 Accounting System. SOMARC's accounting system for following detailed expenditure and approval paths is careful but simple. (Appendix E contains a selection of forms used in requesting approval and recording expenditures under the project.)

A covering memorandum is attached to all incoming vouchers to ensure that all the steps needed for processing and internal approval of payment are followed. Individual vouchers are processed manually in Washington, D. C., but once the voucher is approved and sent to TFG headquarters in Connecticut for payment, the data are entered into the company computer. Periodic computer reports are printed out to make updated financial reports available to the project director and other core staff members. Despite the geographical separation of offices, actual processing moves quickly given express mail and telefax facilities. Time sheets for the SOMARC core group are completed daily and submitted weekly. They are very detailed and are coded by number of hours spent on each major project activity, so it is possible to determine the exact amount of time devoted to each program activity.

Recommendation: Any future worldwide CSM projects should carefully examine SOMARC's management information system, which is well adapted to the project's multifaceted, multicountry budgeting, contracting, and accounting needs.

II.3.3.4 Conclusion. The project's MIS and administrative procedures work well. They are very thorough and cover all major interests of both the contractor and A.I.D. As it evolves, the MIS is becoming increasingly useful as a management tool.

Recommendation: The project manager and staff of any follow-on CSM project should study the reporting and monitoring systems developed by the current SOMARC staff.

II.4 SOMARC Advisory Council

One of the resources SOMARC uses to develop and improve its marketing capabilities is its Advisory Council, a group of U.S. and international marketing experts from major corporations and universities. Annual Advisory Council meetings are designed to provide SOMARC staff with new insights into their work. As outside marketing professionals, council members bring both extensive experience and freshness of perspective to the issues facing CSM projects worldwide. (See Appendix F for the current members of the SOMARC Advisory Council.)

A review of the reports from the last two council meetings indicates that the meetings are both topical and

practical. To enable the SOMARC staff to make maximum use of the ideas and expertise of the Advisory Council, the meetings are spent primarily in working group sessions, the goal of which is to recommend marketing strategies for SOMARC project managers. For example, at the 1987 meeting, one of the primary issues under discussion was the problem of marketing condoms, especially in light of widespread concerns about the spread of AIDS. Guests were invited from the New York City Department of Health to assist in the discussions. Other topics were program activities in Mexico and Ghana and commercial-sector involvement in CSM.

The council provides a reservoir of highly qualified specialists with years of successful experience and skills that the project managers can (and do) call on during the year for assistance on specific issues.

III. CSM PROGRAM IMPLEMENTATION

The CSM programs in a few countries (e.g., Egypt, Bangladesh, India, Jamaica) have been active for over 10 years, but most of the SOMARC programs were started (or restarted) within the past 3 years. Apart from the technical aspects, all CSM projects have had to deal with significant differences in cultural, social, political, and economic conditions from country to country. Although marketing and management principles and CSM techniques remain basically the same for most countries, experience has shown the paramount necessity of tailoring their application to individual country situations. Most countries, however, consider contraceptive social marketing a highly sensitive matter.

Implementation of individual country programs under the SOMARC project has not been without difficulties and some temporary setbacks. In general, however, responses from USA.I.D. Missions in the countries where services were provided have been very positive (see Appendix A).

III.1 CSM Country Conditions

III.1.1 Background

The SOMARC contract requires the contractor to develop 5 to 10 new CSM programs and to provide technical assistance to ongoing programs. The contract categorizes CSM program development opportunities as follows:

Stage 1 Countries: Those that have not yet considered including CSM in their population programs. Thirty countries were identified in the contract. The intent is "to increase awareness of CSM concepts, activities being carried out in other countries and potential for acceptability/success in the country."¹⁰

Stage 2 Countries: Those that have expressed interest in CSM, have requested assistance, and appear to meet A.I.D.'s criteria for program development. Twelve countries were identified in the contract. For these countries, SOMARC would provide technical assistance to develop and implement a CSM program.

Stage 3 Countries: Those in which CSM programs are in various stages of implementation (with or without A.I.D. assistance). Sixteen countries were identified in the

¹⁰A.I.D./The Futures Group contract: C2.

contract. SOMARC's responsibility in these countries is to "help improve the effectiveness and efficiency of specific ongoing programs or add to the general body of knowledge about CSM program operations."

III.1.2 Country Activities

As of November 1987, SOMARC had developed 11 new CSM programs: 5 are currently selling products (Bolivia, Dominican Republic, Ghana, Indonesia, and Mexico), and 6 are expected to begin product sales in early 1988 (Brazil, Ecuador, Liberia, Peru, Trinidad, and Zimbabwe). Additionally, the program in Barbados/Caribbean is an old program that has an active sales program and receives continuing support from SOMARC (see Table III.1).

SOMARC has completed country assessments in another nine countries, three of which (Malawi, Morocco, and Rwanda) seem more than likely to proceed to implementation. In reviewing the spread of SOMARC's activities relative to the categories in the Scope of Work, SOMARC has achieved the following:

- o Worked in 9 of the 30 Stage 1 countries identified by A.I.D., plus 2 not identified.
- o Worked in all 12 Stage 2 countries identified by A.I.D. and initiated sales activities in 4.
- o Worked in all 16 Stage 3 countries identified by A.I.D. and initiated sales activities in 2.

This represents a commendable level of effort and commitment to social marketing implementation, but it will require significant follow-up efforts by the contractor to ensure that the long-term CSM programs are fully supported and that technical assistance is provided to the other CSM programs.

III.1.3 Country Selection

The country selection process is the first step in determining which countries will be eligible under the SOMARC project for a full CSM country program. Once a country has met certain basic conditions, it is then eligible for a "country assessment" (see below) to determine if it meets the minimal requirements deemed necessary to implement a CSM program in that country successfully. If the CTO approves the contractor's country assessment, the contractor then has three months from its initiation date in which to develop a country strategy (see section III.1.5), which must include a program implementation plan. The country strategy statement represents the third and

Table III.1

SOMARC'S COUNTRY ACTIVITIES
(as of December 1987)

<u>CSM Implementation</u>	<u>Assessment</u>	<u>Technical Assistance</u>	<u>No Action¹</u>
Stage 1 Countries:			
Zimbabwe	Malawi		Tunisia
Trinidad	Ivory Coast		Paraguay ²
Panama	Mali		
Brazil	Mauritius ²		
	Rwanda		
	Jordan		
Stage 2 Countries:			
Ghana ³	Kenya	Nigeria	Somalia
Liberia	Sudan	India	Haiti
Bolivia ³	Morocco		
Dominican Republic ³			
Indonesia ³			
Stage 3 Countries:			
Mexico ³		Honduras	Pakistan
Peru		El Salvador	Sri Lanka
Ecuador		Guatemala	Thailand
Barbados/ Caribbean ³		Costa Rica	
		Jamaica	
		Colombia	
		Bangladesh	
		Nepal	
		Egypt	

Note: Stages in the table indicate the country's status when the project started. Column headings and footnotes indicate current status.

¹Some of the countries listed in this column have been given preliminary reviews by SOMARC (e.g., Tunisia).

²Not included in list of target countries in A.I.D. contract.

³Programs with sales activities.

last step in the approval process for a CSM country program. Once the country strategy is approved by the CTO and the relevant USAID Mission, the CSM country program is ready for implementation.

There seems to be no cohesive, written rationale for country selection or no common understanding or uniformity in the approach to determining priorities among countries. Not surprisingly, many different (and sometimes differing) interests have therefore been served. In the past, country selection appears to have taken into consideration the needs of A.I.D.'s geographic bureaus and the CTO in Washington, REDSO offices and USAID Missions in the field, and local (government or PVO) interests, as well as SOMARC's implementation capabilities. All these needs have been for the most part subjective and often nebulously referred to as "political." Trinidad and Mexico are examples of countries for which the selection rationale was other than technical need for a CSM program.

Recommendation: Given possible constraints on resources (human and financial) and that inputs to country selection will continue to come from different directions, greater discipline and understanding should be brought to the process by A.I.D. and TFG/SOMARC. All concerned should focus on defined parameters. Such parameters could include the following:

- o Stated demographic need (growth rate and/or fertility rate).
- o Stated economic conditions (per capita income, debt burden, etc.).
- o Stated population policy/program environment establishing a context for CSM intervention.
- o "Political circumstances" that affect all decisions.

If all countries were reviewed on the basis of these parameters, comparative degrees of need could be established and used to make rational final decisions.

III.1.4 Country Assessments

III.1.4.1 Criteria for Justifying Program Support.

Under the contract, the intent of a country assessment is to determine, once a country has been selected for further review, if it meets the minimum criteria for CSM country program support and "to prepare an assistance strategy" predicated on the

country's meeting those criteria.¹¹ Six criteria (see Appendix I) are specified, all of which are qualitative and which thereby permit considerable latitude in determining whether a country meets the criteria. In effect, country assessments often lead to strategies that would circumvent "problems" in meeting the criteria. For example, one criterion specifies that "regulations restricting contraceptive promotion and mass media advertisement will be resolved." This criterion makes the assumption and therefore is interpreted to mean that mass media advertising is critical to program implementation. Many assessments indicated the existence of restricting regulations that could not be, and have not been, changed. However, some programs (e.g., Ghana and, to a lesser extent, Indonesia) have been selling without mass media advertising.

Another criterion implies that import duties, tariffs, custom charges, and the like are impediments to contraceptive supply and that their "resolution" is a necessary precondition to program activities. Programs are, however, incorporating the cost of import duties and the like at no undue risk to the program (e.g., in Zimbabwe). Additionally, the requirement for sufficient market potential, based on "program cost efficiency," is seldom addressed explicitly because no definition has been provided for cost efficiency.

In sum, the SOMARC country assessments, to a greater or lesser extent, conform to the requirements of the Scope of Work but they are not always as rigorous as one might like because of the impreciseness of the criteria established by A.I.D. Every country assessed can be recommended for program implementation because marketing strategies can be devised to mitigate problems raised in complying with assessment criteria.

Recommendation: The criteria used in country assessments to determine eligibility for CSM program support should be made more specific and discriminating; those criteria that are not realistic or necessary should be eliminated. Given that the parameters for country selection recommended above would require addressing some of the fundamental issues, for example, the suitability of the political and policy environment, the decision regarding program implementation should be predicated primarily on the following:

¹¹Scope of Work, Subsection 4: C4, Country Assessments; Modification of Contractor Order, Contract Amendment 3, February 11, 1986: 2. It should be noted that under the contract this "assistance strategy" deals with how a country meets or will meet the criteria and is not the same as the country strategy statement, which is essentially an implementation plan and is developed after the country assessment is approved (see Subsection 6: C-5).

- o An identified and justified demographic need (e.g., low prevalence).
- o Existence of a viable private sector infrastructure to support the program.
- o Assessed potential capability to increase contraceptive usage and prevalence.
- o Clearly defined measure of cost efficiency (e.g., not exceeding a maximum cost per couple year of protection [CYP]), based on a regional average cost per CYP.

Justification for any exceptions to these criteria would have to be documented so that A.I.D. and the prime contractor could make a sound management decision regarding whether to allow the exception.

III.1.5 Country Strategy

Based on A.I.D./CTO and SOMARC agreement on the recommendations in the country assessment regarding program implementation, SOMARC prepares a country strategy paper, which describes the planned program and "establishes input levels of effort and expected outputs for these activities." The strategy devised is a refinement of the assessment and includes implementation details regarding program management, pricing and advertising strategy, market research, local infrastructure, and so on. According to the contract, "the A.I.D./CTO and the USAID Mission must approve in advance the scope of activities and the inputs proposed in these strategies." Country strategies must be submitted within three months of approval of the assessment, which marks the initiation of the development of the country strategy.¹² A.I.D.'s acceptance of the country strategy signals approval for country implementation.

In practice, the country strategy is nothing more than a deliverable that triggers the implementation process and, therefore, the flow of subproject funds. Generally, there is relatively little difference between assumptions made at the time of the assessment and the preparation of the strategy. Issues raised in the strategy paper are not usually resolved within the three months allowed for approval. As a result, problems develop

¹²Contract Amendment 3 (2/11/86), Section B, amended the Scope of Work, Section C, to read: "If a country strategy has not been submitted within three months of the initiation of its development, the A.I.D./CTO will meet with the contractor to decide whether or not to proceed with project development in that country."

in implementation that should have been resolved at the strategy stage. For example, in Ghana it took a year to reverse the government's prohibition on advertising contraceptives; in Zimbabwe, contraceptives were subject to import duties; in Indonesia, a full-time resident advisor had to be assigned to handle management problems; and in the Dominican Republic, the use of a resident advisor was discontinued after 18 months. The problem is further exacerbated by pressure put on SOMARC to implement programs, which forces SOMARC to concentrate on completing the strategy paper and to face problems later. In short, the issue is not how SOMARC prepares country strategy papers, but the need for the document in the first place.

Following completion of the strategy paper, a marketing plan is prepared by the implementation agency with SOMARC assistance. This plan is specific to the institutional, legal, distribution, sales, promotional, and research and evaluation issues in the host country. The plan projects "the input levels of effort and expected outputs" to a far greater extent and more accurately than does the strategy paper. It is an action-oriented document that plays a vital role in guiding and monitoring program implementation. All CSM projects must have a sound marketing plan with a clearly defined purpose. It does, however, require reasonable time for development.

Recommendation: Given that the country strategy paper is an implementation plan, consideration should be given to eliminating the requirement that a strategy plan be developed separately from the marketing plan. The marketing plan could be prepared within six months after the country assessment. A.I.D.'s acceptance would represent final implementation approval. (Activities that should be undertaken before implementation approval, like research required as input to the marketing plan, could be conducted with technical assistance funding so as not to disrupt the development process.)

III.2 Subproject Design and Implementation

III.2.1 Program Models

It is to SOMARC's credit that in a relatively short period of time, the project has so advanced CSM program modeling. It has succeeded in significantly increasing private sector involvement and concurrently reducing the role of public institutions in managing CSM programs (e.g., Barbados; see below). The increase in private sector participation has been most notable in the provision of commodities (where it has replaced A.I.D.) and, to a somewhat lesser extent, in training and promotional activities. Of particular note is SOMARC's success in involving a private firm (Schering) in the programs in the Dominican Republic, Peru, and Ecuador.

Firmly rooting programs in the private sector (especially in Latin America) has increased the likelihood of efficiency and, more important, sustainability. For example, the Barbados/Caribbean project was remodeled from control by the Family Planning Association¹³ to private sector management vested in the distributor. The result was a reduction in program costs, improvement in management and marketing, and significant increases in sales.

Where there are major implementation problems, however, it is more than coincidental that public institutions (including family planning associations and government family planning boards that have significant program influence) have more program influence than private sector participants. For example, the SOMARC project in Indonesia is dominated by the National Family Planning Board, and there are strains between the SOMARC project and the government family planning board in Zimbabwe.

The extent to which SOMARC's CSM modeling has evolved varies greatly by geographic region. In the LAC region, with its history of PVO activity and private sector entrepreneurship, plus the groundwork laid by the International Contraceptive Social Marketing Project (ICSMP), SOMARC's predecessor, the maturity and creativity in program implementation are considerable. On the other hand, CSM programs in Asia/Near East have been slower to develop. Programs there are conditioned by government-directed population interventions, and SOMARC personnel are unaccustomed to the complication of having to deal with bureaucracies. The private sector in the region is new to the field of CSM and needs room, opportunity, and guidance if it is to grow (e.g., Indonesia). The same can be said of the African region, where program implementation is further complicated by differences between Francophone and Anglophone Africa, as well as between northern and sub-Saharan Africa. Attempts by SOMARC to establish classic CSM program models (i.e., based on the private sector and demand creation) in Africa have been met with varying degrees of opposition and problems. In working out the CSM program models for specific countries in these regions, special attention will have to be given to developing program frameworks that take into account the parties' mutual wariness, suspicion, and lack of successful experience in working together.

SOMARC's creativity in program modeling is conditioned by the expertise of its personnel and their experience in the various geographical regions. The staff appears to have a

¹³The Family Planning Association is a nonprofit organization supported by private and public sector contributions and is differentiated here from private sector (for-profit) firms.

greater degree of confidence when dealing with LAC countries than with countries in Africa.

Recommendation: SOMARC must devise an implementation framework, particularly for the Africa and Asia/Near East regions, that provides guidance and support for a transition from public sector influence to private sector implementation. The framework should assist in creating a program environment in which both the public and private sectors can contribute to program implementation.

III.2.2 Implementing Organizations/Personnel

III.2.2.1 Distributors. The most important in-country implementing organization is the distributor, who has the major responsibility for program progress. If the distributor has very good management and marketing skills (as is the case in Barbados, Zimbabwe, and Peru), the program can be effectively implemented. Where skills are less developed (e.g., in Indonesia and Ghana), the distributor will be less able to respond to varying market circumstances. In some countries, SOMARC's selection of a distributor may have been conditioned by the distributor's ability to distribute oral contraceptives (i.e., ethical drugs) even in circumstances under which nonethical contraceptives (condoms, vaginal tablets) were the only products being marketed (e.g., in Morocco and Indonesia). The point is that management and marketing skills, not distribution experience or capabilities, should be the primary criteria for selecting a distributor. Each country situation should be addressed individually, and appropriate solutions worked out. In some countries, for example, there are few or no viable alternatives and management/training assistance is required. In other countries, basic competence exists but more than one distributor is desirable.

Finally, institutional relationships between SOMARC and some distributors have been characterized by divided loyalties, unclear lines of responsibility and decision making, and tension. Ghana, though it is atypical because of the degree of USA.I.D. involvement in the program, is a case in point, and to a lesser extent, similar circumstances obtain in Mexico and the Dominican Republic.

Recommendations: Selection of a distributor should be based on the quality of the distributor's management and marketing skills, rather than on his or her experience in the distribution of pharmaceuticals. If such skills do not exist, another distributor should be chosen or, failing that, they should be provided through training.

Clear, rational lines of accountability and communication must be established with distributors. In no

circumstance should a distributor be made to respond to two masters.

III.2.2.2 Market Research Companies. SOMARC has been singularly successful in implementing market research activities, improving in-country research skills, and increasing contraceptive knowledge, attitudes and practice (KAP). This positive result reflects the quality of the staff, the technical assistance provided in market research planning, design, and implementation, and the research plans developed.

III.2.2.3 Communication Agencies. The SOMARC imprint on the development of CSM communication programs is not as evident as it is on market research. SOMARC appears to have a less firm grasp on how to implement a communications program involving advertising, promotion, public relations, and merchandising. Where there have been effective communication programs (e.g., in Barbados, Mexico, Dominican Republic, Indonesia), they have been the result primarily of local capabilities--albeit assisted by SOMARC. Where communication has been less effective (e.g., Ghana), SOMARC has either not developed a strategy or provided training to improve it.

Recommendation: Given the importance of the communication program to the execution of the marketing plan and given government sensitivities to the use of communication tools by CSM projects, SOMARC must ensure that implementing agencies are given the standards, guidance, and training necessary to plan and execute communication programs.

III.2.2.4 Resident Advisor. As pointed out above, the project originally called for resident advisors who would "provide overall direction to the country project for a period of from one to four years." The project amendment simply allows for the use of resident advisors as needed, and in practice, they have been used only in Indonesia and the Dominican Republic. Still, there remains some uncertainty as to the need, role, function, and accountability of the resident advisor. In Indonesia, the resident advisor plays a coordinating role, has relatively little technical input and no authority, and is often torn between responding to government, USAID, or SOMARC commands.

For all CSM projects, a marketing manager or product manager is appointed and housed at the distributor. This person performs a line or operational function in terms of project implementation, as opposed to the staff or coordinating function apparently envisaged for the resident advisor. There seems to be a need for both roles, though not necessarily for two people to fulfill them (i.e., the marketing manager or product manager might also perform the coordinating role).

Recommendation: Where expatriate or other external resident advisors are not needed or used, project management should be structured so that the marketing or product manager is responsible for both the operational and coordination aspects of CSM program implementation.

III.2.2.5 SOMARC Skills. At the senior level, SOMARC staff have the requisite skills in regard to management information systems, research, marketing and advertising, and, to a lesser extent, communication, and they have responded effectively to the planning and monitoring requirements of the project. As noted in Chapter II, however, the depth of SOMARC management and marketing skills available to subprojects is a matter of some concern. SOMARC technical officers to a large extent are not sufficiently experienced to handle implementation responsibilities unsupervised.

SOMARC is aware of this and tries to ensure that guidance is provided by core group managers and that experienced consultants support technical officers in order to get the right management mix on field visits. SOMARC also sometimes finds it difficult to respond to requests from countries (including USAID Missions) for assistance from SOMARC senior personnel experienced in management and marketing, particularly social marketing. Among the Africa core group, regional expertise, including sensitivity to the realities of working in the region, is also often lacking.

It should be noted that significant regional differences exist in regard to receptivity to family planning. In general, the concept is better accepted in the LAC region than in Africa, which is just beginning to admit it has a population problem. The Asia/Near East region is in between the other two regions in terms of family planning experience. Thus, CSM programs in Africa and, to a lesser extent, Asia/Near East, will require more SOMARC support than programs in the LAC region.

Recommendation: SOMARC should acquire, though special training and/or personnel, the capabilities required to address the peculiarities of program implementation in Africa and Asia/Near East.

In-service training should also be implemented among technical officers to improve their marketing and management skills.

III.2.3 In-Country Interactions

III.2.3.1 Host Governments. As indicated above, SOMARC's ability to work smoothly with host governments varies by region. As is the case with program modeling, SOMARC seems to work more easily with LAC governments than with African or Asian governments, perhaps because the family planning/social marketing concept is much further along in Latin America and the region is closer geographically. SOMARC has more staff in its LAC core group than in the other groups, but it states it does not spend more technical assistance time per country there than in other regions. The time spent in Africa and Asia/Near East, however, may not be sufficient to build the necessary governmental relationships, especially in countries still wary of private enterprise. Particular reference is made to current relationships in Zimbabwe, where the government is suspicious of measures that benefit the private sector.

Recommendation: SOMARC'S base of knowledge, sensitivity to cultural and political nuances, and familiarity with the people and history of the Third World (excluding the LAC region) must be improved to the extent that SOMARC can be accepted by governments as a trusted partner in social marketing.

III.2.3.2 USAID Missions. With few exceptions, relationships with USAID Missions are positive and productive (see Appendix A). At times, however, the relationships are strained (e.g., in Ghana and Indonesia), particularly when the Mission is both directing the activity and taking part in it. This is no fault of SOMARC, but rather a function of a system that requires at once, or at varying times, USAID approval, participation, and cooperation in SOMARC activities.

III.2.3.3 Other Projects/Organizations. TFG has an opportunity to introduce CSM considerations into the two other population programs it manages--to build CSM awareness in Stage 1 countries through Rapid III and to address policy issues in Stage 2 countries through Options.¹⁴ Discussions with SOMARC management indicate an intent to exploit these opportunities. To

¹⁴A.I.D.'s RAPID III project has as its objective to make government leaders aware of the social and economic implications of population growth and measures that can be taken to reduce the rate of growth. The Options project is designed to help governments determine their policy options, once they decide to embark on a national population program, and select those options that are most appropriate and have the best chance of success. Because family planning and contraceptive use are major elements in these policy decisions, it would be helpful to include CSM programs as one of the considerations.

date, however, the earlier Rapid I and II projects do not appear to have had an impact on the processes of country assessment, country selection, or country strategy planning in the SOMARC project.

Population Communication Services (PCS) provides (or plans to provide) IEC intervention in some of the countries where SOMARC is implementing a program or providing technical assistance. At present, however, only in Colombia and Zimbabwe does there appear to be some awareness and coordination between strategies and activities of SOMARC and PCS.

The Enterprise Project, which works with private industry to provide family planning training and service delivery, is attempting to coordinate its activities with SOMARC in Zimbabwe and Liberia.

Coordination with the Pathfinder Fund, which manages community-based distribution (CBD) projects in some countries where SOMARC is operating, could be improved. Particularly in Liberia, there needs to be a mutual awareness of the activities of both projects to avoid marketing conflicts.

Recommendation: A more concerted effort is required to coordinate SOMARC activities with other population interventions and to exploit the opportunities afforded by the Rapid III and Options projects to develop interest in CSM activities.

The CTOs for the related projects should be asked to work with SOMARC so that mutual coordination becomes more automatic.

III.2.4 Training and Technology Transfer

Under the terms of the subproject design for both short- and long-term assistance, SOMARC is required to provide training for "local project personnel in such areas as marketing, sales, medical detailing, logistics management and product planning." The intent is to develop the in-country infrastructure and "competence necessary to run a national social marketing organization." Reference has already been made to SOMARC's excellent work in developing market research capabilities and its relative weakness in developing communications competence (see sections III.2.2.2 and III.2.2.3).

Of particular note also is the impressive retailer training protocol developed for Ghana and now being replicated in Liberia and the Dominican Republic. Training in the use of management information systems and provision of computer facilities (hardware and software) has also improved implementation efficiencies in Ghana. Finally, as indicated in

section II.1.1, as new countries come on stream and those currently active move forward, operations will become more complex and sophisticated and new skills will be needed. This evolutionary process will necessitate more training of local implementation personnel.

Recommendation: SOMARC should commit more resources to training, particularly in the areas of project management, marketing, and communications. The retailer training program should be adapted to existing projects and made mandatory in all future projects.

III.3 SOMARC Agenda for Remainder of Contract

The SOMARC agenda for the remainder of the project has largely been determined. As indicated in Table III.1, SOMARC has conducted assessments for 9 countries and provided technical assistance to another 11 countries. In addition, 5 countries are currently selling CSM products. Many of these activities will require follow-up help from SOMARC. Perhaps even more intensive will be the assistance needed for the 6 countries in the early stages of CSM implementation--Zimbabwe, Brazil, Liberia, Peru, Ecuador, and Trinidad. There is also the probability of new programs in Malawi, Morocco, and Rwanda.

The continuing demand for technical and developmental assistance means that SOMARC's resources will be fully utilized through the end of the program. Assuming the above-named activities come to fruition, any additional assessment activities are likely to stretch an already fully committed staff, especially those at the senior level.

Recommendation: In view of the commitments in the pipeline, inclusive of possible projects in Malawi, Morocco, and Rwanda, SOMARC should now consolidate activities and not attempt to start new CSM programs or to assess new targets of opportunity.

IV. TECHNICAL ASSISTANCE

IV.1 Background

Overall, the technical assistance component of the project has been implemented in line with the requirements outlined in the contract. SOMARC agreed to provide special short-term technical assistance (1) to non-SOMARC CSM programs formerly funded by A.I.D. and other organizations and (2) to potential CSM countries in which a limited effort was needed to determine the feasibility of establishing a CSM program. As of November 1987, SOMARC had carried out 27 technical assistance assignments within 14 countries: 14 assignments in 9 Latin American countries, 12 assignments in 4 Asia/Near East countries, and 1 assignment in sub-Saharan Africa. (Refer to Appendix G for a listing of assignments by region.) Over the course of the project, assignments have been carried out regularly, and several new assignments are in progress. Thus far, nearly 70 percent of the technical assistance "level of effort" (240 professional person-months) has been used.

Nearly all of the technical assistance requests to SOMARC have come from USAID Missions. Each request includes a description of the assistance desired and, in some cases, a scope of work and list of recommended consultants. The SOMARC group manager for the region reviews the request, identifies potential staff or consultants for the assignment, and submits a technical assistance strategy statement to both A.I.D./Washington and the USAID Mission for their approval. The strategy identifies the objectives, a description of the activities to be undertaken, and a budget. Once approved by the Mission and A.I.D., the assignment is undertaken.

Because each CSM program has its own specific needs, the technical assistance requests vary extensively and might involve any number of activities, depending on the country. Generally speaking, however, the assistance provided tends to fall into five basic categories: fundamental marketing and management-related research, reviews of marketing and advertising proposals, problem solving, training and workshops, and evaluations. SOMARC appears to have been flexible in using a mix of its core staff and technical officers, independent consultants, private sector contacts, and local resources to provide assistance. Because of the diversity of technical assistance activities involved, this flexibility in using available resources is commendable.

This chapter examines the impact of SOMARC's technical assistance activities. In general, impact was assessed by noting whether SOMARC (1) achieved the objectives set forth in the technical assistance request and/or (2) provided support that, in

some way, improved the program's operations. Because each technical assistance assignment often had a different emphasis, an even more general assessment of impact might be, "Was the activity worthwhile?"

The information for these determinations came from past cables from the field covering specific technical assistance assignments (supplied by SOMARC), trip reports and background documents (supplied by SOMARC), and interviews with Mission personnel in six Latin America countries (see Appendix A).

IV.2 Technical Assistance to Non-SOMARC CSM Programs

IV.2.1 Overview

The technical assistance that has been provided to well-established, non-SOMARC CSM programs has reflected regional differences. Latin America has nearly twice as many CSM programs as any other region, but many of those programs are less than five years old and have yet to reach a level of stability. Consequently, much of the technical assistance provided to Latin America has been assistance in making implementation and management decisions or in solving a specific problem that required a single visit and no follow-up. SOMARC was also called in to provide assistance in handling politically sensitive matters that required an outside perspective. In addition, two regional workshops and development of a Latin American commodities/MIS strategy were undertaken; a number of CSM countries participated in these activities as part of a single technical assistance effort. These collective efforts were unique to Latin America.

In the Asia/Near East region, 12 assignments were carried out in Nepal, Egypt, and Bangladesh, all of which have older, well-established CSM programs. The requests for technical assistance in this region were more comprehensive and were related to specific management and marketing needs that required additional time and effort. Much of the emphasis was on helping these programs become more efficient and self-sufficient. Unlike in Latin America, SOMARC support for these programs has tended to involve a series of visits over a period of time: for example, two to five trips have been required to cover a number of different topic areas. In addition, in Nepal and Egypt, emphasis has been placed on research, staff training, and using in-country firms to carry out specific research tasks. Consultants have visited the country periodically to monitor the progress of the research. Because of the specific need of these established programs to fine-tune their management and marketing structure to reach a more efficient, cost-effective level, the strategy of providing ongoing, specific technical assistance appears to have been appropriate.

In sub-saharan Africa, no technical assistance was provided to existing non-SOMARC programs. The few programs that exist in this region receive ongoing assistance from other family planning contractors, such as Family Planning International Assistance (FPIA) in Nigeria. The need for technical assistance in Africa should increase in the future, however, as more programs are initiated.

IV.2.2 Impact

Most of the technical assistance provided by SOMARC appears to have had a positive impact, but the assistance provided on an ongoing basis appears to have been most effective. In Egypt, for example, two comprehensive assignments were carried out with the Family of the Future (FOF) project over an 18-month period. Funding for this assistance came from a buy-in with USAID/Cairo. Doremus, Porter and Novelli, the subcontractor, had been providing this assistance through a subcontract with Triton, and when SOMARC received the technical assistance funding, the subcontractor continued in this role. Overall, this technical assistance appeared to have a positive impact in developing staff marketing skills (through overseas and in-house training activities); internal management communication; FOF's research capacity; a communication strategy focusing on image advertising, generic child-spacing messages, and product-specific messages; and product planning skills.

In Nepal, where technical assistance was provided to carry out five assignments over a two-year period, the effects have also been positive. Cable messages from the USA.I.D. Mission and interviews with SOMARC staff indicate that the assistance was very helpful in providing research to answer marketing questions relating to the effectiveness of the project's current distribution approach, the potential for expanding into rural distribution channels, and the possibility of diversification into other revenue-generating areas. By providing training and direct hands-on experience, the technical assistance providers also helped to develop the program's capacity to carry out qualitative and quantitative research and communication tracking. Prior to the assignment, the program had done no message testing and had at its disposal little research or tracking expertise. The technical assistance appeared to strengthen the program's management capabilities greatly. It also led to the creation of an indigenous marketing research firm, the Center for Development Education.

The Bangladesh program has also received similar ongoing support from SOMARC in the design and implementation of a retail audit methodology for tracking and explaining changes in retail sales of condoms and oral contraceptives. At present,

three of the four phases envisaged for this assignment have been completed, and the final stage is under way. This assistance has had a positive impact on improving the program's implementation.

In Latin America, where most of the technical assistance activities involved short trips, the impact appears to have varied from country to country. On the whole, however, the USAID Missions reported that the assistance provided by SOMARC was very effective in solving problems and identifying ways to improve the programs. Technical assistance was provided in Honduras, for example, to evaluate the CSM program structure. Because of potential political sensitivities in Honduras, SOMARC fielded two Latin American consultants with extensive experience in the area. As a result of this assignment, extensive structural changes were made in the program, which greatly improved sales. A similar situation occurred in El Salvador, where an evaluation of the social marketing program was requested. As part of the evaluation, a number of observations and recommendations were made that provided a means of opening a dialogue with the various CSM actors. Additional technical assistance in Latin America that appears to have been successful includes a CSM/CBD management review in Guatemala, a review of advertising and research proposals in Peru, and a Latin American regional sales and sales management workshop (held in Miami).

Other Latin American technical assistance was less effective because of external constraints independent of SOMARC. In a second assignment in Peru, for example, SOMARC was asked to review a number of distribution proposals, but only one proposal was available for review when the SOMARC representative arrived. In another assignment, SOMARC participated in a regional workshop on commodities issues sponsored by the Association for Family Planning in Honduras (ASHONPLAFA). During the workshop, several substantive recommendations were outlined and drafted in a report, which was sent to A.I.D. A.I.D., however, took little action as a result of the recommendations, largely because of legal and policy constraints.

Two technical assistance assignments appear to have had low impact. In Costa Rica, the USAID Mission indicated that SOMARC sent a consultant with little Latin American experience and no facility in Spanish to review the program's advertising strategy and materials. The Mission reported that the consultant did not provide any message orientation for the advertising/promotional activities and simply repeated what had already been done by a previous consultant. In another instance, development of a three-stage regional commodities/MIS strategy was undertaken in 1985. As part of this assignment, computer systems and training in their use were to be provided to countries requesting them. Although a series of trips was taken early in the program to assess MIS needs (not necessarily computer applications in all cases), it appears that they had a

fact-finding orientation and tended to be more helpful to SOMARC than to any of the countries involved. SOMARC believes, however, that the trips were of value and did have an impact because they led to programs in a number of countries. As of November 1987, Guatemala, Mexico, and the Dominican Republic had received a computer system and training, and Peru is in the process of getting a system. A computer and software have been installed in Ghana and have improved implementation efficiency.

IV.3 Technical Assistance for Pre-CSM Implementation Activities

A second form of technical assistance provided by SOMARC is assistance in conducting assessments of the feasibility of a CSM program in a given country. Often, this has involved contracting with an in-country firm for a research study under the supervision of SOMARC staff or consultants, the results of which were used by the USAID Mission to make a final decision as to whether a CSM program was warranted. Examples of this kind of technical assistance include a market research study to determine the general public's ability to pay for contraceptives (Liberia), a consumer study to determine what barriers to family planning existed within the country (Panama), and a Nielsen market audit to determine contraceptive prices in pharmacies (Mexico). Similar studies were conducted in Paraguay and Morocco. USAID officers were generally satisfied with these activities (see Appendix A).

In terms of classifying the type of technical assistance involved, some confusion exists with respect to this second category of technical assistance because it so closely resembles project development activities. Both serve the same purpose, that is, to help a potential CSM program move toward implementation, and in some cases, programs have been approved for implementation solely on the basis of the technical assistance provided. The distinction made by SOMARC was that for pre-implementation technical assistance, SOMARC funds were used to initiate research that required an in-country expenditure to hire a contractor to carry out the work, but that project development work did not require in-country expenditures of this kind.

SOMARC's interpretation and use of funding for pre-implementation activities are justified under the contract, but this may not be appropriate in the follow-on project. With new CSM programs being established throughout the world, increased emphasis will have to be placed on short-term technical assistance for existing programs. If technical assistance is provided for the pre-implementation activities, it may reduce the total amount of funding available for other technical assistance assignments as more programs mature in the future.

Recommendation: In the follow-on contract, a distinction should be made between technical assistance for programs that have yet to be approved and that for existing programs. If this distinction were made, assistance to existing non-SOMARC projects would be defined as part of the technical assistance subproject, and all other assistance would fall in the category of project development or implementation. This change would provide a clearer definition of the technical assistance subproject, and would also expand the scope of what would be carried out under the category of project development. In addition, it would provide a means of tracking the total budgetary requirements needed to initiate a CSM program from the beginning, including in-country expenditures used to carry out research needed to make a final decision on program implementation.

IV.4 Responsiveness to Field Requests

According to SOMARC staff, technical assistance requests have been responded to in a timely manner. In addition, they indicated that all requests for assistance were granted, as required by the contract, even though the potential effectiveness of some was questionable. SOMARC's responsiveness was strongly attested to by officers from six USAID Missions in Latin America (see Appendix A), nearly all of whom reported that SOMARC made an effort to accommodate their special needs. When possible, SOMARC attempted to recruit the consultants requested by the Mission and to carry out the assignment during the suggested time period. Moreover, it appears that nearly all of the assignments were on schedule. When there were delays, they were most often due to requests being submitted on short notice, conflicts with holidays, or consultant scheduling problems. These cases appear to have been the exception, however.

Overall, the USAID Missions surveyed indicated that the consultants provided for the technical assistance assignments were highly qualified and very helpful. SOMARC tried to use its own staff whenever possible. Slightly over half of the consultants were SOMARC or subcontractor personnel, and the remainder were independent consultants. (Refer to the discussion below of the consultant roster for more information on this topic.)

Only one case was mentioned in which the consultant assigned was not considered appropriate for the task. In Costa Rica, as mentioned above, the Mission reported that the effectiveness of the consultant provided for a technical assistance activity was limited because she had no Latin American experience and could not speak Spanish.

IV.5 Technical Assistance Financing

As noted above, the technical assistance provided to the Asia/Near East region tended to be more time consuming than that provided to Latin America and Africa. In addition, it required greater expenditures due to the subcontracting activities that were established in-country to carry out specific research. In Bangladesh and Nepal, for example, \$91,000 and \$149,000, respectively, were expended on in-country activities. In both cases, all the expenses were covered using SOMARC's central funds. Although the support provided to these countries was warranted and should be continued, these large individual expenditures consume a vast portion of the available technical assistance budget.

As more programs reach the point that they require the kind of comprehensive, specialized technical assistance currently being provided to the programs in Bangladesh and Nepal (e.g., as the Latin American programs reach maturity), the amount of funding available for other technical assistance activities will be reduced. To ensure that a strong commitment on the part of the USAID Mission exists for these extensive technical assistance assignments, more emphasis should be put on Mission buy-ins, especially in countries where Mission money is available. In Egypt, for example, \$298,000 was used for technical assistance through a buy-in with the USAID Mission instead of from SOMARC's account.

As part of the original contract, the cost of technical assistance activities funded by the contractor was not to exceed \$75,000 per assignment. The February 1986 amendment (no. 3) to the contract eliminated this dollar figure and established a ceiling of 240 person-months for the total short-term technical assistance subproject (no limitation per activity). In retrospect, however, \$75,000 per assignment for a country appears to be a reasonable level of effort for technical assistance activities to be funded solely by central funds.

Recommendation: In the follow-on contract, more emphasis should be given to funding technical assistance activities exceeding \$75,000 per country, through buy-ins from the USAID Missions to ensure that a strong commitment exists for the assignment.

IV.6 Consultant Roster

Early in the project, a consultant data base was developed by SOMARC, as required by the contract, for use in identifying potential consultants for specific technical assistance assignments. There are now nearly 500 names in the system. When this MIS program was first developed, a detailed, three-page coding sheet was used in entering specific information on each consultant. This approach was later changed after it was

determined that the criteria for selection were too narrow to identify more than one or two candidates per request. Consultant data were simplified to include name, address, language skills, and work and country experience.

The consultant names maintained in the data base come from a variety of sources, including direct referrals and responses to newspaper ads for international consultants. Each consultant's curriculum vitae (CV) is distributed to SOMARC's professional staff for their recommendations regarding whether the consultant should be included on the roster. If a consultant is approved, the information on the CV is coded and entered into the system. The coding of each CV is done by a member of the support staff and no cross-checking is done. This practice may lead to miscoding, due in part to the inexperience of the support staff. Even for the most experienced person, however, it is often difficult to code CVs without missing some experience or skill that should be recorded. Thus, some consultants might not be identified when a search of the data base is made.

If a person who was added to the roster appears to have exemplary qualifications, he or she may be given either an in-person or telephone interview. Approximately one-quarter of the consultants in the roster have gone through this second screening. These interviews were used to help the SOMARC staff become better acquainted with a particular consultant.

The data base has the potential to work well in identifying consultants to carry out assignments that require specific languages and regional experience in CSM-related areas. The data base is easy to use after only minimal instruction. The supporting consultant files, however, do not appear to be up-to-date. In a number of cases, the files were either missing, lacking CVs, or had three-year-old CVs. This limits the usefulness of the roster as an MIS tool.

The consultant data base is also underutilized. The main reason appears to be that SOMARC is somewhat reluctant to use new, untried consultants from the roster. It prefers to tap a core group of experts, which includes in-house staff, subcontractor staff, and proven consultants. Only when assignments arise for which the core consultants are either not available or not qualified is the roster used. Although it is important to use core staff regularly, since their diverse experience in CSM can be extremely useful in many assignments, it is also important to develop new consultant resources.

Recommendations: The data base should be used more often. Even if a person is selected without using the data base, a check of the data base should be made to determine potential new consultants. If SOMARC is concerned about using unproven people,

new consultants should be sent on assignments with experienced staff to help develop their potential.

Consultant files should be reviewed and updated regularly to ensure that files and CVs are in good order. Once every two years, SOMARC should request an updated CV from each consultant on the roster.

V. RESEARCH PROGRAM

The research program consists of two parts: operational research, which is country specific and designed to provide information to improve program performance in a particular country, and special studies, which are designed to assess and improve the overall CSM program. The SOMARC manager for research coordinates research for individual countries and TFG's vice president for international programs, the special studies. The special studies research program has been operational for only about a year, and a number of research studies are still in progress.

V.1 Operational Research

Operational research is conducted both in countries in which SOMARC programs have been implemented and in countries in which SOMARC's contribution is limited to technical assistance to non-SOMARC programs. This section examines the research program in five countries with operational SOMARC programs: Barbados, Indonesia, and Mexico, for which research is coordinated by SOMARC staff; the Dominican Republic, coordinated by JSA; and Ghana, coordinated by DPN.

V.1.1 Financial and Technical Inputs

A model for SOMARC research in individual countries has been developed by the SOMARC manager for research (see Appendix H). According to the research manager, approximate in-country costs for the operational research program were \$80,000 in the first year and \$55,000 in the second year. The in-country research mechanisms and SOMARC/subcontractor involvement in the research vary according to the technical skills available in the particular country. In Ghana, for example, where there are no research organizations capable of carrying out the research for the SOMARC program, considerable technical assistance is provided by SOMARC. In the four other countries under review, local research organizations can carry out the work with less assistance from SOMARC.

Because the Contraceptive Social Marketing Assessment report discusses the extent to which research results are utilized by project decision makers and difficulties experienced in carrying out the research program, those questions are not considered here.¹⁵ It should be pointed out, however, that the number of studies undertaken and the complexity of the research

¹⁵The CSM Assessment report, Volume 1.

program are determined not only by SOMARC but also by the requests received from particular countries.

V.1.2 Goal of Operational Research

SOMARC staff see the goal of the operational research program as meeting country needs. (See Appendix J for schedule of SOMARC baseline and tracking studies). Specifically, the operational reports, that is, consumer baseline and tracking studies, are expected to assess changes in knowledge and awareness of contraceptive methods and of particular contraceptive brands, not to measure changes in prevalence, although there is apparently some interest in the Research Department of A.I.D.'s Office of Population in measuring changes in contraceptive prevalence over time (at least in Ghana).¹⁶ The Demographic and Health Survey (DHS) project provides the best and most dependable means of obtaining information on contraceptive prevalence and use of program methods, even though such surveys are not always carried out at the opportune time for measuring changes in prevalence. Questions of interest to CSM programs should be added to DHS instruments.

The consumer baseline and follow-up studies tend to use households rather than retail outlets as the sampling frame, perhaps because it is more difficult to carry out consumer intercept studies than it is to carry out household surveys. Often, the retailer will not cooperate or shoppers are too busy to answer questions. Also, lists of retail outlets may be incomplete. Household surveys may be easier to carry out in localities for which there are up-to-date sampling frames and experienced household interviewers. Household surveys, however, are not necessarily relevant as follow-up studies because it cannot always be determined whether they are reaching the targeted consumers. Household surveys cover more people and cost more to field. Consumer intercepts, on the other hand, can only provide information on those who visit the retail outlets (contraceptors and noncontraceptors). The targeted groups are already targeted at the retail outlets, however. Thus, there may be instances in which consumer intercepts can be used as a substitute for household surveys, in which case, the research agenda could be shortened.

Recommendations: Consideration should be given to expanding the use of consumer intercept studies and decreasing the use of household surveys in situations in which lists of retail outlets are easily available and/or household sampling frames are inadequate.

¹⁶See the CSM Assessment report, Volume 2, Country Reports.

To obtain information on contraceptive prevalence and the use of program methods, the DHS should be utilized by having questions added about contraceptives used wherever feasible and timely.

V.1.3 Country Research Reports

Research reports from four countries (Dominican Republic, Indonesia, Barbados, and Mexico) were reviewed for this evaluation; no reports are available yet on research under way in Ghana. It is not the purpose of this section to evaluate individual country research reports; consequently, the comments on the reports will be brief. The quality of the research in the Dominican Republic is far superior to that in the three other countries, undoubtedly due to the technical assistance provided by JSA. The research in the Dominican Republic is reported on in Special Studies reports and Occasional Papers put out by SOMARC (see below and Chapter VI).

The design of a tracking study in Indonesia appears to use quota sampling: condom users (married), nonusers of reliable methods (married), and bachelors. The study was conducted in three cities and is not nationally representative. The study is discussed in the CSM Assessment report and in a SOMARC Occasional Paper.

Unlike the sample in the Indonesian tracking study, the sample in a very early report on Panther condom users in Barbados is reported to be nationally representative. Although the introduction to the report says it was a survey of 820 male nationals, it would appear that the sample was limited to contraceptors. The study objectives included generating profiles of CSM users, comparing those with users of other condoms and of other methods, and determining the extent of "substitution" and "halo" effects. The report concludes that the target group is being reached, but that, except for being younger, Panther users are not statistically different from other condom users or other contraceptors. The report also concludes that the introduction of Panther may not have increased overall use of contraceptives; Panther condoms may be substituting for some other brand or method that might have been used anyway.

A SOMARC Briefing Paper for the Caribbean (November 20, 1987) reported that "the Panther campaign is right on track and that its consumers are members of the intended target audience." While true, that is not the complete story, as indicated above. SOMARC should ensure that research findings are presented fully enough to prevent any misrepresentation of results.

In Mexico, a tracking study is being carried out among men and women in various cities. Condom use was found to be very

low in an earlier advertising tracking study, but it was too early at that point to assess whether the CSM condom (PROTEKTOR) would expand the condom market. Further details can be found in Volume 2 of the CSM Assessment report.

The consumer baseline and tracking studies under way in Ghana (three urban areas) are population based.

V.1.4 Research Coordination

The use of different research designs (or difficulties in understanding designs) makes it difficult to compare results across countries. SOMARC's recent hiring of a research manager to coordinate the research effort should result in the use of similar designs, which will allow comparison across countries. The manager's efforts are already evident in country research plans.

V.1.5 Use of Research Results

Data from consumer baseline and tracking surveys provide important information to SOMARC staff on program performance. When such data are available, they can be used to help determine the feasibility of program activities.

V.2 Special Studies

Special studies, as noted, are coordinated by TFG's vice president for international programs. These studies have a number of purposes, including determining the following:

- o Is CSM having its intended impact?
- o Is CSM reaching its target audience?
- o Are knowledge about and effective use of CSM products increasing?
- o Does the private sector have the motivation to become involved in CSM?
- o Are AIDS-prevention campaigns having an effect on CSM programs?
- o What factors determine program success?

According to SOMARC staff, the research agenda for the special studies program was decided on in conjunction with the Office of Population. The program has been in operation for just

over a year, in part because SOMARC had to wait until programs were implemented before it could initiate any special studies. Because of the short time that the program has been under way, few reports have been prepared to date. In addition, delays in getting data from consumer intercept surveys have set back the schedule for report preparation and for briefing A.I.D.

V.2.1 Impact of CSM Programs on Contraceptive Prevalence

Though it was beyond the scope of this evaluation to undertake a critical review of research carried out under the special studies program, some comments on SOMARC's contraceptive prevalence study may be useful in determining an appropriate research agenda for SOMARC.¹⁷ The comments that follow cover that part of the study that involved time series, cross-sectional time series, and consumer intercept analyses.

V.2.1.1 Time Series Analysis. This technique involves regression analysis and was used to assess data on sales of CSM products and other products. For the Dominican Republic, the results indicate a high price elasticity of demand (a high response of consumers to price changes) for Microgynon, the OC sold by the project. The calculated price elasticity was used to determine Microgynon's impact on total sales of OCs. Results show that 63 percent of Microgynon sales in the first quarter of 1987 could be attributed to growth in the market. This is even greater than the share of new users in accounting for purchases of Microgynon. This might indicate a halo effect as advertising of Microgynon stimulates sales not just of Microgynon but also of other brands. Other data in the same report, however, indicate sharp decreases in OC commercial sales over the period 1983-85 and a continued, but less precipitous, fall after 1985, when the CSM product was introduced. Thus, there does not seem to be evidence of a halo effect because sales of commercially priced OCs continue to decline. Clearly, other things were going on in the market for OCs that should be considered in accounting for sales changes. Perhaps some of these could be included in a revised regression model, for it seems likely that factors other than price did have an important influence. This would prove difficult, however, because of the small sample size.

V.2.1.2 Cross-Sectional Time Series Analysis. This approach also uses regression analysis. It was used to assess the impact of CSM program activity on the percentage of married women of child-bearing age who use contraception. It may, however, be appropriate to use a different dependent variable.

¹⁷SOMARC/The Futures Group, The Impact of CSM on Contraceptive Prevalence: An Examination of Currently Available Evidence, Washington, D.C., 1987.

CSM programs seek to increase the use of spacing methods--generally, OCs, condoms, foaming tablets--but in some countries sterilization is the predominant method. A CSM program may be successful in expanding use of spacing methods but sterilization may decline or, alternatively, use of spacing methods may remain unchanged but sterilization may increase.

In the time series analysis above, the program was found to be successful in increasing use of OCs although total prevalence remained unchanged; in the cross-sectional time series analysis, prevalence went up, but not because of program activities.. In the Dominican Republic and Panama, women may postpone sterilization because of a greater reliance on OCs; thus, the program may be successful but prevalence remains constant as OC use substitutes for sterilization.

The denominator in this analysis was women in union, but in many countries CSM programs provide only condoms and at least some proportion of those are used outside union. A different denominator would seem to be appropriate.

Although such macroanalysis does not ensure that any individual program has an impact, it can provide a useful indicator of whether CSM programs do have some impact. The analysis, however, should be redone with an appropriate dependent variable. The variation in the CSM product line by country, however, makes it difficult to select a single dependent variable.

V.2.1.3 Consumer Intercept Analysis. This type of analysis is being used to provide information on the percentage of CSM users who are new users. That percentage has been attributed to the CSM program. Moreover, it is argued that the percentage would be even higher if "lapsed users" were added.

It is difficult, however, to determine if new users are contracepting because a program is supplying attractive and low-priced contraceptive products or because buyers are at the appropriate stage in the life cycle to begin to use contraception and they pick a CSM product rather than some other product. Further analysis of the data may help to answer this question. Although 34 percent of the buyers of Microgynon in the Dominican Republic are reported to be "new users," for example, without further analysis they cannot be attributed to the program. They are reported (elsewhere) to be younger and of lower parity than are "switchers," characteristics consistent with their being at an age and parity to start contraception. A similar finding was reported for Honduras. Further study of the socioeconomic status of new users would be useful in determining what proportion of new users were drawn into the market because of a new product.

V.2.2 Study of CSM Target Groups

A SOMARC report entitled The Distinguishing Characteristics of CSM Users made use of discriminant analysis to determine the consumer characteristics that distinguish CSM users from others. The methodology was applied to data on Nepal. This report requires a considerably greater investment of time to understand the methodology and analysis than was available here. Ideally, the results should be made more accessible in the form of an Occasional Paper, along with the results of other intercept data to be analyzed soon (Mexico, Barbados, Ghana, Indonesia).

V.2.3 Planned Studies

Several additional studies are planned to examine other important questions regarding CSM programs, as follows:

- o KAP Questions. Information on knowledge, attitudes and practice is especially important for CSM programs that provide OCs without a first visit to a physician.
- o Private Sector Involvement. This is another important issue in CSM programming. Decreasing or eliminating subsidies to CSM programs, for example, will require more private sector involvement. SOMARC staff are planning to visit Barbados, Peru, and Pakistan to study this question.
- o Impact of AIDS Campaigns on CSM programs. Another important question is whether AIDS-prevention campaigns will boost knowledge of condoms as a family planning method or stigmatize their use for that purpose. Studies are planned in Mexico and Jamaica and there is interest in conducting similar studies in Liberia and Malawi.
- o Program Performance. A model to forecast sales will be used to study program performance. The model will include country and program characteristics. The aim is to help programs do a better job of anticipating sales in order to plan for them.
- o Impact of Advertising on Sales. Another study on this topic will look at advertising. It will have an operations research design and will be conducted in three cities in each of three countries. In one city, the advertising budget will remain unchanged; in a second, it will be halved; and in the third it will be doubled. The research design is well conceived, and

the study should provide very valuable information on the impact of advertising on sales.

- o Contraceptive Choice. Another special study will focus on contraceptive choice. The idea behind the study is that if people's concerns are known, advertising can be targeted more effectively. Two approaches are planned. The first will obtain information on what people consider in buying a product and then use regression analysis to determine weights for the various factors. This will be followed, if possible, by "conjoint analysis," a technique being used in the United States, but not yet in developing countries, to determine how people make choices.
- o CSM Path to Effect On Prevalence. A study to assess the path by which CSM affects prevalence is also planned. The idea is that a better understanding of the lags between awareness and sales will improve sales predictions.
- o Other Studies. A number of additional studies are planned for Mexico, including adding questions to an omnibus survey that runs monthly, an intercept study of how characteristics of buyers change, and qualitative studies. A technical assistance team will also go to Jamaica to plan research.

V.2.4 Appropriateness of Special Studies Research

The subjects addressed in special studies are important to evaluating programs and to improving country performance. Some concern is warranted, however. The evaluation studies cover a larger number of countries than just those that receive support from SOMARC. Studies of the impact of CSM should encompass this larger number of countries, which is done in SOMARC studies using multivariate analysis, but any detailed country analysis for a non-SOMARC country would probably be funded elsewhere. To the extent that there is need for comparable methodologies to analyze impact, there should be a single organization to carry out such research. Also, although the interpretation of results will always vary according to who is trying to make sense of them, it would seem that organizations that do not provide the services being evaluated would be more unbiased in assessing whether the impact of such service provision affected contraceptive prevalence.

Consumer intercept studies are an appropriate means for determining whether CSM programs reach the appropriate target groups. Whether they can be used to determine if CSM is bringing new users into the market remains unclear, however. Further

analysis of the group of new users should be carried out to determine if their entrance into the contraceptive market can be attributed to the CSM program. (Sample sizes in such studies should be large enough to carry out such analyses.) If the proportion of new users attributed to the program could be determined (and perhaps the proportion of lapsed users returning to the market because of the advent of the program), then the CYPs attributable to the program could be calculated. Such adjusted CYP data would provide a better indicator of impact than simply crediting all sales to the program.

The programmatic studies included in the special studies research agenda appear to be very useful. They should provide information to help improve the performance of social marketing programs.

SOMARC has done well in its support of studies directed at improving program operations. Quasi-experimental designs, as in the proposed advertising study, show promise. If continued, such designs could also be used to explore the impact of price changes on sales, consumer characteristics, and the effect of proposed changes in packaging on product sales.

Studies to determine the impact of CSM on contraceptive prevalence have been less useful. SOMARC does not have sufficient funds to carry out large surveys to determine the impact of CSM on contraceptive prevalence. In addition, regression analysis using data from a large number of countries is not an appropriate way to assess the impact of programs. If A.I.D./Washington wants to obtain information on program impact, then it could provide funds to increase the sample size proposed in some of the baseline KAP and tracking studies. As discussed earlier, sample sizes as planned will not allow determination of program impact on contraceptive prevalence. This might be provided for in a follow-on project.

Recommendations: To the extent that A.I.D. is interested in supporting research to determine the impact of CSM in a few selected countries, it should consider contracting with an organization with experience in population and family planning research to carry out such studies or to work with SOMARC in carrying out the research.

In addition, in order to increase its knowledge of program impact, A.I.D./Washington should consider providing funds to increase the sample size of baseline KAP and tracking studies. This might be provided for in any CSM follow-on project.

Regarding consumer intercept surveys, further analysis of the group of new users should be carried out to determine if

their entrance into the contraceptive market can be attributed to the CSM program.

Once the data from the special studies have been written up, findings should be reported to A.I.D., and consideration should be given to reporting findings at a meeting at which feedback from the research community can be solicited.

SOMARC should be encouraged to continue studies directed at improving program operations.

VI. INFORMATION DISSEMINATION

This section reviews four types of activities undertaken by SOMARC to disseminate information about the project and CSM programs generally. The four activities are publication of the "Social Marketing Update" newsletter, preparation and distribution of Occasional Papers, maintenance of a SOMARC library, and sponsorship of regional workshops.

VI.1 "Update" Newsletter

"Social Marketing Update"¹⁸ is an international newsletter on contraceptive marketing published quarterly by the SOMARC project in three languages--English, Spanish, and French. The main purpose of the newsletter is to communicate experiences in social marketing implementation, especially field-related activities; describe the technical assistance services available through SOMARC and, in so doing, publicize SOMARC capabilities; and build a social marketing network through the exchange of information.

The publication has an average total circulation of 1,800 and is distributed (free of cost) to commercial participants, government organizations (both current and potential), family planning associations, U.S.-based technical assistance consultants and organizations, the SOMARC Advisory Council, individuals within contractor organizations (e.g., JSA, PSI), and A.I.D. (Washington, D.C., and Missions) personnel. The publication cost per issue is between \$8,000 and \$10,000, excluding staff time.

Editorial content is basically descriptive of field activities, specific programs, and issues and developments relating to social marketing. Because the SOMARC Occasional Papers and "how to" booklets cover technical matters concerning program implementation, such topics are not usually included in "Update." The newsletter is, however, beginning to disseminate pertinent data on program sales.

In assessing the "Update" newsletter, comparisons are inevitably made with "Social Marketing Forum," another

¹⁸ Editors: Katherine H. Wilson and Elizabeth A. Blankenship. Items of interest to the social marketing field are considered for publication.

newsletter, published quarterly by Snyder Associates.¹⁹ To the extent that both newsletters cover essentially, if not exactly, the same topics and are circulated to similar readers, comparisons are valid and useful. SOMARC asserts that the editorial policy of "Update" is far less confrontational than that of "Forum." The editorial content of "Update," however, is neither as well researched nor as well written as that of "Forum." Further, the layout (including pagination and type style) of "Update" is not as attractive, interesting, or readable. Also, a greater variety of articles and useful data is presented in "Forum" than in "Update." In sum, "Update" is not as professional a publication as is "Forum."

Given that the two publications respond to the same need, the question becomes one of the function and future of "Update."

Recommendation: Because "Social Marketing Forum" serves the same purpose and does so more effectively, "Update" becomes, in a sense, redundant. SOMARC's information dissemination capabilities are better demonstrated in the Occasional Papers, and resources for information dissemination should be concentrated in that direction. There does not appear to be a continued rationale for A.I.D./Washington to fund the publication of "Update."

VI.2 Occasional Papers

Full reports from special studies research are provided to A.I.D. These include complete discussion of methodologies and results. These papers are then pared down for presentation as Occasional Papers. About 150 copies are distributed to A.I.D., CSM programs, and those with a specific interest in CSM research. According to a member of the A.I.D. Research Department, the papers are informative and are presented in an appropriate form for information dissemination to A.I.D. Papers based on research findings are also presented at professional meetings and published in journals.

¹⁹This is not an A.I.D.-financed publication; it is published privately on a quarterly basis to foster news of and a dialogue among international programs using social marketing concepts in contraception and other family planning efforts. Editorial Office: Snyder Associates, Inc., 1483 Chain Bridge Road, Suite 202, McLean, Virginia 22101. Telephone: (703) 448-0336. Editorial Director: James D. Snyder. Sponsored by the D. K. Tyagi Fund, 875 Sixth Avenue, Suite 800, New York, New York 10001. Phillip D. Harvey of PSI is a consulting editor.

Six Occasional Papers have been prepared by SOMARC (maximum length of 13 pages). All were distributed in 1987. Below is a brief review of the papers.

- o The Impact of Social Marketing Programs on Contraceptive Prevalence: A Cross-Sectional Time Series Analysis. This paper summarizes some of the information in the special studies report of the same name (see discussion in section V.2.1.2).
- o The Impact of CSM on Prevalence in the Dominican Republic. This paper is also based on a special studies report and was discussed in section V.2.1.1.
- o Dominican Republic Research Papers. There are two papers by JSA on the Dominican Republic. They are derived from "A Consumer Intercept of Oral Contraceptive Users in the Dominican Republic" and "The Rise and Fall of a Non-Pretested Contraceptive Advertisement in the Dominican Republic." They are clearly written papers. One conveys important information about how advertising affected sales of the oral contraceptive Microgynon. The second paper discusses a useful new methodology for empirically distinguishing the socioeconomic status of consumers in developing countries. It is helpful in determining appropriate market segmentation for products and in determining which market segments are being reached by product sales.
- o Marketing Strategies for Areas Physically Difficult to Access. This paper, on Nepal, focuses on developing marketing strategies in areas inaccessible to motor transport. It is derived from a longer report (which was not reviewed in this evaluation). It is a practical and useful case study.
- o Indonesia--Introduction of Dualima Condom. This paper presents findings from Indonesia on the Dualima condom test market. It was apparently derived from a longer report. Although the sample is reported to have been subdivided into three groups, the results are reported for the entire sample. Among the key findings is that the project was successful in "encouraging initial and regular usage of Dualima among never-users in the target audience."

The methodology in the study was not clear in the longer report and although this paper is well written, it is still difficult to understand the study design.

Recommendation: SOMARC should be encouraged to continue preparing Occasional Papers. They appear to be a very useful information dissemination tool.

VI.3 Library

The SOMARC library, which is in Washington, D.C., contains a comprehensive collection of CSM-related publications. The library has over 6,000 items, including monographs, periodicals, trip reports, and textbooks. The topics covered by these documents include social marketing, contraception/family planning, health (including AIDS), general marketing, and advertising. Also in the collection is a variety of CSM-related items from the field, such as posters, point-of-purchase displays, packaging samples, and contraceptive products. The library collection is updated regularly; monthly reviews are made of data bases (e.g., POPLINE) to identify articles relating to CSM. Materials are also collected by SOMARC staff during field visits and from donor agencies, such as A.I.D., United Nations Fund for Population Activities (UNFPA), and the World Health Organization (WHO).

The organization of the library appears to be logical and user friendly. The stacks are organized geographically by subject matter, and one section includes an alphabetical ordering of country-specific information. For easy access of information, a data base (located in Connecticut) was developed along with a set of indexes that resembles a card catalog. To provide SOMARC staff with information needed to use the library, the librarian conducts periodic training seminars.

The library is used fairly often by SOMARC staff, and visitors are welcome by appointment. About 10 such requests were made in 1987. Other requests for information appear to come from the field periodically. When information is requested by outside sources, SOMARC sends it free of charge. Anyone can check books out for extended periods of time.

The library is not being used to its full potential by people outside SOMARC. This may be because its existence is not well publicized. Although several letters and promotional packets have gone out to field personnel and contractors, such promotions are not done regularly. To publicize the library, SOMARC's librarian has tried sending out lists of publications related to particular subjects. Several requests have usually resulted from each of these mailings. The librarian has also proposed that a listing of new publications be sent out periodically. Both of these ideas are good and an effort should be made to carry them out on a regular basis. It might also help to send out a letter describing the library once or twice a year.

A second problem with the library is lack of space. If someone were to come in from the outside, there would be no place for him or her to work. Although there is a desk in the library, it is often in use and is usually cluttered with documents. Thus, the setting is not conducive to working. In addition, if volumes continue to be acquired at the present rate, the library will outgrow the space available.

Recommendations: SOMARC should make more of an effort to publicize the library to outside contractors and field personnel through additional promotional efforts.

Efforts should be made to ensure that there is space available for visitors using the library. Thought should also be given to finding a larger space for the library.

VI.4 Special Activities--Regional Workshops

SOMARC has held regional workshops for the LAC region (in Miami) and for Africa (Accra, Ghana--one for French speakers, and another for English). A regional workshop for the Asia/Near East region is the last one scheduled and will be held in Patia, Thailand, in February 1988. The workshops have been very useful.

About 50 professionals attended the LAC regional workshop in Miami, and about 20 participants each attended the back-to-back French and English workshops in Africa. Some 50 to 60 are expected at the Asia/Near East workshop.

Although they vary somewhat by region in content, in general the workshops have three purposes:

- o Expose policymakers and leaders from the commercial sector to CSM as a concept, explain CSM's potential for making an impact on population growth in their countries, and make known the resources available to CSM programs through SOMARC.
- o Provide a forum for the exchange and examination of CSM program experiences in both the region holding the workshop and other locations, particularly the development of strategies for improved program implementation.
- o Disseminate information and materials related to technical and operational aspects of CSM, including marketing, advertising, market research, distribution logistics, and training.

SOMARC managers believe that these regional workshops have been very successful in encouraging countries to be more

active in CSM and have provided a forum in which those already engaged in CSM programs can learn from each other's experiences. This point of view is reinforced by USAID/Quito's comment about the 1986 workshop for LAC: "USAID staff found the discussions useful for program implementation because the focus was on real problems encountered in the various countries." USAID/Accra, commenting on the Africa regional conference, said: "The SOMARC workshop held in Accra was very well organized and well received by participants and ... such programs serve a useful purpose in introducing the CSM concept."

The four regional workshops (if one counts the French and English workshops separately) fulfill SOMARC's obligation under this part of the contract. There is provision for a worldwide workshop under the contract as well, but that would not seem to be a high priority at this time given the significant regional differences that exist.

The Africa regional workshop in Ghana was very successful in stimulating interest in CSM among the African countries. Francophone countries, such as Mali, Morocco, Rwanda, and Zaire, were particularly responsive. SOMARC has done follow-up work in most of these countries since then. On the Anglophone side, in addition to Ghana and Nigeria, which already had programs in progress, there was great interest from Liberia and Zimbabwe. The Nigerian CSM program, for which FPIA is the contractor, represented a different approach to program implementation.

In the LAC region, attendance included both countries with full programs and those that receive only technical assistance (Paraguay, Peru, Ecuador, Colombia, and Brazil). The exchange of views, different responses to common problems, and innovative solutions to practical problems were of substantial value.

Recommendation: The CSM workshops have proven their value and should be considered for inclusion in any follow-on project.

APPENDIX A

USAID Responses to AID/W Inquiry
about SOMARC Performance and
Réplies Received

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AID/ST/POP/FPSD:BBROWN:
11/06/87 235-3619
AID/ST/POP/DIR::DGGILLESPIE

AID/ST/POP/FPSD:JROGOSCH	AID/ST/POP/FPSD:CHABIS{DRAFT}
AID/ST/POP/FPSD:CHABIS{DRAFT}	AID/AFR/TR/HPN:JTHOMAS
AID/ANE/TR/HPN:SGIBSON {PHONE}	AID/LAC/DR/P:MBRACKETT
AID/ST/POP/FPSD:IKOEK{DRAFT}	AID/ST/POP: BKENNEDY {SUBS}

PRIORITY ABIDJAN, ACCRA, HARARE, JAKARTA, LA PAZ, LIMA,
MONROVIA, MEXICO, NAIROBI, QUITO, SANTO DOMINGO

AIDAC NAIROBI FOR USAID; INFO FOR REDSO/ESA.

E.O. 12356: N/A

TAGS: N/A

SUBJECT: POPULATION - EVALUATION OF THE SOMARC PROJECT

DGG
BB *MB*
JR
BK

1. SUMMARY: THE OFFICE OF POPULATION HAS RECENTLY COMPLETED A GLOBAL ASSESSMENT OF A.I.D'S CONTRACEPTIVE SOCIAL MARKETING PROGRAMS IN WHICH SIX FIELD VISITS WERE CARRIED OUT. THIS ASSESSMENT CANVASSED SELECTED SOCIAL MARKETING PROGRAMS WORLDWIDE INCLUDING FOUR RECEIVING ASSISTANCE FROM SOMARC, TO EXTRACT SUCCESSFUL CHARACTERISTICS WHICH COULD BE INCORPORATED INTO THE NEXT PHASE OF A.I.D'S SOCIAL MARKETING PROGRAM. ST/POP IS NOW PLANNING THE MID-TERM EVALUATION OF THE CSM PROJECT (SOMARC) IN EARLY DECEMBER AND REQUESTS ADDRESSEE MISSIONS RESPOND TO THE FOLLOWING QUESTIONS BY NOVEMBER 30, 1987. END SUMMARY.

2. GENERAL PLAN FOR THE SOMARC EVALUATION: A THREE PERSON TEAM WILL SPEND APPROXIMATELY THREE WEEKS BETWEEN NOVEMBER 30- DECEMBER 19, 1987 EVALUATING THE CENTRALLY-FUNDED CONTRACEPTIVE SOCIAL MARKETING PROJECT, {SOMARC} WITH THE FUTURES GROUP. THE PURPOSE OF THIS EVALUATION IS TO DOCUMENT THE PROJECT'S ACCOMPLISHMENTS AND PROBLEMS TO DATE IN LIGHT OF THE OBJECTIVES AND TARGETS SET FORTH IN THE PROJECT PAPER. THE EVALUATION

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WILL ALSO COVER PROJECT DESIGN AND MANAGEMENT ISSUES, CONTRACTOR PERFORMANCE, AND THE APPROPRIATENESS OF THE PROJECT'S STUDIES AND PUBLICATIONS. COMBINED WITH THE FINDINGS OF THE OVERALL CSM ASSESSMENT, THIS EVALUATION WILL PROVIDE GUIDANCE IN THE DEVELOPMENT OF FOLLOW-ON CSM ACTIVITIES.

3. THE EVALUATION IS BEING CARRIED OUT BY ISTI UNDER THE POPTECH PROJECT AND WILL CONSIST OF PHONE INTERVIEWS WITH A.I.D. MISSION OFFICERS RESPONSIBLE FOR MONITORING SOMARC SUBPROJECTS, INTERVIEWS WITH ST/POP AND REGIONAL BUREAU POPULATION STAFF, INTERVIEWS WITH THE SOMARC STAFF BASED IN WASHINGTON D.C. AND A REVIEW OF PROJECT DOCUMENTATION. THE EVALUATION TEAM WILL ALSO USE THE FINDINGS AND RECOMMENDATIONS FROM THE FIELD VISITS TO SOMARC SUBPROJECTS CARRIED OUT DURING THE CSM ASSESSMENT AS BACKGROUND FOR CONCLUSION AND RECOMMENDATIONS. NO FIELD VISITS ARE PLANNED FOR THIS EVALUATION.

4. ACTION REQUESTED: REQUEST ADDRESSEE MISSIONS RESPOND TO THE FOLLOWING QUESTIONS BY NOVEMBER 30, 1987 TO BETSY BROWN, PROJECT MANAGER - SOMARC, ST/POP/FPSD. YOUR RESPONSES WILL GREATLY FACILITATE THE TASK OF EVALUATING THIS PROJECT AND CHARTING THE FUTURE DIRECTION OF CSM ACTIVITIES.

4A. WHAT HAVE BEEN THE MOST NOTABLE ACCOMPLISHMENTS OF THE SOMARC SUBPROJECT IN THE COUNTRY IN WHICH YOU ARE WORKING?

4B. WHAT PARTICULAR DIFFICULTIES, IF ANY, HAVE YOU ENCOUNTERED IN IMPLEMENTING THE CSM ACTIVITY?

4C. HAS THE TECHNICAL ASSISTANCE PROVIDED BY SOMARC BEEN RESPONSIVE TO YOUR PROJECT'S PARTICULAR NEEDS?

4D. PLEASE COMMENT ON THE MARKETING AND MANAGEMENT CAPABILITIES OF THE SOMARC TEAM MEMBERS YOU HAVE ENCOUNTERED.

4E. PLEASE COMMENT ON THE ORGANIZATION AND MANAGEMENT OF THE SOMARC PROJECT IN THE COUNTRY IN WHICH YOU ARE WORKING.

4F. IF YOU OR YOUR COLLEAGUES ATTENDED A SOMARC SPONSORED WORKSHOP, DID YOU FIND IT TO BE WORTHWHILE? SHOULD THE WORKSHOPS BE CONTINUED, AND IF SO, HOW CAN WE IMPROVE THEM?

PAGE 01 LIMA 14096 231958Z 3789 072272 AI02221
ACTION: AID-00

ACTION OFFICE POP-04
INFO LAEM-02 LASA-02 LADP-04 LADR-03 AMAD-01 POPR-01 PPPB-02
KAY-01 STHE-02 SAST-01 HHS-09 OMB-02 RELO-01 /035 A0
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TO SECSTATE WASHDC 4319

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AIDAC

NOV 30 1987

E. O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF THE SOMARC PROJECT

REF: A) STATE 350609

1. THE POPULATION OFFICE CONTACTED SOMARC IN MAY 1987 SEEKING ASSISTANCE TO ASSESS THE APROPO CSM PROJECT WHICH HAD ACHIEVED LIMITED PROGRESS AND WAS AT A STANDSTILL AS A RESULT OF INNUMERABLE PROBLEMS EXPERIENCED IN ITS FIRST 3 YEARS OF OPERATION.
2. SOMARC ACCEPTED THE INVITATION TO VISIT AND SENT ITS FIRST TEAM (SANTIAGO PLATA AND DAVID WOOD) WHO ASSESSED THE SITUATION AND DEvised A NEW DESIGN ENABLING THE PROJECT TO REACH ITS OBJECTIVE MORE QUICKLY AND SIMPLY (THAN THE ORIGINAL PLAN) BY RELYING ON THE LOW PRICED, EXCELLENT QUALITY, LOCALLY PRODUCED PRODUCTS (PILLS AND VAGINAL TABLETS) RATHER THAN ON IMPORTED ONES.
3. SHORTLY THEREAFTER OPERATIONAL PLANS, WHICH INCLUDED WELL-DEFINED, SHORT TERM TA REQUIREMENT, WERE DRAWN UP WITH SOMARC'S ASSISTANCE AND THE SUPPORT OF THE RECENTLY INSTALLED APROPO PRESIDENT AND NEWLY HIRED PROJECT MANAGER.
4. THE PROJECT HAS SINCE MOVED FORWARD WITH UNEXPECTED EFFICIENCY AND SPEED WITH EXCELLENT TA PROVIDED BY THE FOLLOWING SOMARC STAFF, IN THE INDICATED AREAS:
 - A. SANTIAGO PLANTA AND PATRICIA DILLON IN DRAFTING OPERATIONAL PLANS AND BUDGETS.
 - B. WENDE SKIDMORE AND SHARON TIPPINGS IN MARKET RESEARCH DESIGN.
 - C. SILVIA COUREMBIS IN CONTRACTING.
5. WITH REGARD TO SOMARC WORKSHOPS: PARTICIPANTS CONTACTED (APROPO BOARD MEMBERS) FOR COMMENT REGARDED THEM AS INTERESTING, REPRESENTED BY "ALL OF THE AMERICAS", PROVIDING OPPORTUNITY FOR EXCHANGE OF IDEAS, WELL ORGANIZED AND A VERY WORTHWHILE INTRODUCTION TO CSM ENABLING THEM TO CONTRIBUTE MORE IN THEIR BOARD MEMBER ROLES WITH APROPO.
6. IN SUMMARY, THE M'RS. WATSON IS EXTREMELY GRATEFUL TO SOMARC FOR THEIR RESPONSIVENESS, EXPERIENCE AND ASSISTANCE, IN GETTING THE APROPO/CSM PROJECT MOVING SO WELL. WATSON

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ACTION AID-00

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GC-01 GCAF-01 STAG-02 STHE-02 SAST-01 NMS-03 OMS-02
RELO-01 /042 AD

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TO SECSTATE WASHDC 5385

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AIDAC

FOR ST/POP/FPSD

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF THE SOMARC PROJECT

REF: STATE 356609

CAPABILITIES. MISSION BELIEVES TIMING OF SOMARC ASSISTANCE MAY HAVE BEEN PREMATURE AND THEIR ASSISTANCE REJECTED FOR THE FOLLOWING REASONS:

A) CONCERN OVER ETHICAL ISSUES REGARDING THE AVAILABILITY OF CONTRACEPTIVES, ESPECIALLY TO THE YOUNG AND UNMARRIED;

B) THE FEBRUARY 1986 MILK CONTROVERSY, I.E., THAT MILK BEING PROVIDED THROUGH THE SCHOOL MILK PROGRAM WAS LACED WITH CONTRACEPTIVES; AND

C) GENERAL RELUCTANCE BY THE GOVERNMENT TO DRAW UPON THE ASSISTANCE OF OUTSIDE ORGANIZATIONS, PARTICULARLY U.S. BASED INTERMEDIARIES/COOPERATING AGENCIES TO IMPLEMENT THE FPSO PROJECT.

S. ALTHOUGH A KENYAN CSM PROGRAM HAS YET TO BEGIN, IT APPEARS THAT NCPD IS NOW FIRMLY COMMITTED TO THE IMPLEMENTATION OF A PILOT SOCIAL MARKETING EFFORT. THE PROGRAM WILL BE IMPLEMENTED BY A LOCAL DISTRIBUTION AND MARKETING FIRM(S) MOST LIKELY WITHOUT U.S. OR OTHER EXPATRIATE TECHNICAL ASSISTANCE. CCKSTABLE

1. USAID HAS BEEN PLEASED WITH THE TECHNICAL ASSISTANCE PROVIDED BY SOMARC. SOMARC ASSISTED THE MISSION WITH THE FOLLOWING:

A) ASSISTED WITH DESIGN OF A MAJOR CONTRACEPTIVE SOCIAL MARKETING (CSM) PROJECT FOR THE BILATERAL FAMILY PLANNING SERVICES AND SUPPORT PROJECT PAPER;

B) ORGANIZED A MEETING OF COMMERCIAL FIRMS TO ASSESS INTEREST AND EXPLORE HOW A CSM PROGRAM MIGHT BE DESIGNED IN KENYA;

C) RESEARCHED THE LEGAL REQUIREMENTS FOR ESTABLISHING A NEW COMPANY TO MANAGE THE PROJECT;

D) ASSISTED PH OFFICE PREPARE CSM PROJECT DESCRIPTIONS OF VARYING LENGTHS AND DETAIL FOR THE NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT (NCPD);

E) CORRESPONDED AND MET WITH MOST MEMBERS OF THE NCPD TO EXPLAIN CSM;

F) PROVIDED TECHNICAL ADVICE ON ORGANIZATIONAL STRUCTURE FOR A CSM PROJECT IN KENYA;

G) DEVELOPED A DRAFT MEMORANDUM OF UNDERSTANDING BETWEEN NCPD AND THE FUTURES GROUP DELINEATING RESPONSIBILITIES OF THE RESPECTIVE PARTIES.

2. SOMARC TECHNICAL ASSISTANCE WAS TIMELY AND TECHNICAL INPUT, PARTICULARLY IN THE AREAS OF MARKETING AND ADVERTISING WAS SUPERIOR. THE SOMARC CONSULTANTS WERE RESPONSIVE TO MISSION NEEDS AND SUPPORTED PH IN THE PREPARATION OF AID PROJECT DOCUMENTATION. OVER A 20 MONTH PERIOD SOMARC CONSULTANTS ESTABLISHED GOOD RELATIONS WITH MID-LEVEL STAFF OF NCPD.

3. IN SPITE OF THESE EFFORTS, SOMARC TECHNICAL AND FINANCIAL ASSISTANCE WAS REJECTED BY THE GOK. THIS DECISION WAS MADE AT THE TIME SOMARC OFFICIALS PRESENTED THE MEMORANDUM OF UNDERSTANDING TO NCPD FEB 1986. NCPD CONTINUES TO MAINTAIN THAT THEY DO NOT WANT OR NEED ANY OUTSIDE TECHNICAL ASSISTANCE TO IMPLEMENT A CSM PROGRAM IN KENYA.

4. THE FACT THAT SOMARC DID NOT SUCCEED IN DEVELOPING A CSM PROJECT IN KENYA IS NOT A REFLECTION OF THEIR

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ACTION AID-00

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FM AMEMBASSY JAKARTA
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UNCLAS JAKARTA 17826

AIDAC ATTN: ST/POP/FPSD, B. BROWN

E. O. 12356: N/A

SUBJECT: POPULATION: EVALUATION OF THE SOMARC PROJECT

REF.: STATE 350609

1. RESPONSES TO QUESTIONS IN REFTEL FOLLOW:

- A. THE MOST NOTABLE ACCOMPLISHMENT WAS THE ESTABLISHMENT OF THE QUOTE DUA LIMA UNQUOTE CONDOM MARKETING ACTIVITY AT P. T. MECOSIN AND THE CONTINUED IMPROVEMENT OF SALES OF THAT PRODUCT.
- B. DIFFICULTY INITIALLY WAS THE FAILURE OF SOMARK TO CONTINUE CLOSE MONITORING OF THE ACTIVITY AT THE OUTSET. THIS HAS NOW BEEN REMEDIED BY HAVING A SOMARK STAFF MEMBER AT THE MISSION.
- C. TA HAS BEEN INADEQUATE TO MOVE THE ACTIVITY BEYOND THE INITIAL PHASE OF CONDOM SALES TO THE NEXT STEP OF OTHER CONTRACEPTIVE SALES. THIS IS BOTH BECAUSE PROBLEMS IN INITIAL CONDOM CAMPAIGN WERE NOT RAPIDLY SOLVED AND ALSO BECAUSE FOLLOW ON PLANNING DID NOT CONSIDER THE NEEDS OF BKKBN AND USAID ADEQUATELY.
- D. SOME VERY GOOD MARKETERS HAVE VISITED HERE, BUT SOMETIMES THEY ARE FOCUSED SO NARROWLY THAT THEY CANNOT RELATE TO THE TOTAL COUNTRY FAMILY PLANNING PROGRAM.
- E. THE MANAGEMENT OF PROJECT HERE GOT INTO SERIOUS AUDIT PROBLEMS, BECAUSE MANAGEMENT RESPONSIBILITIES WERE UNCLEAR AND SOMARK FAILED TO PROVIDE APPROPRIATE REVIEW OF EXPENDITURES.
- F. NO ONE FROM USAID INDONESIA HAS ATTENDED A SOMARK WORKSHOP. CONNORS

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PAGE 01
ACTION AID-00

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 INFO LAEM-02 LASA-02 LAOP-04 LAOR-03 AMAD-01 POPR-01 PPPB-02
 GC-01 GCLA-03 PSC-01 KAY-01 STHE-03 PPR-01 SAST-01
 HNS-09 ES-01 OMB-02 RELO-01 PRE-06 /049 AD

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FOR ST/POP/FPD, BETSY BROWN

E.O 12333: N/A
 SUBJECT: POPULATION; EVALUATION OF SOMARC PROJECT

REF: STATE 350609

RESPONSES TO QUESTIONS RAISED IN REFTEL, PARA. 4 FOLLOW:

A. SOMARC HAS BEEN ABLE TO DESIGN A CSM PROGRAM WITH PRIVATE FOR PROFIT COMPANY THAT SEEMS FEASIBLE AND HAS REAL POTENTIAL FOR SUCCESS. THIS WAS DONE AFTER ANOTHER ORGANIZATION FAILED TO ESTABLISH A CSM AFTER TWO YEARS OF TRYING.

B. CSM PROJECT IS JUST BEGINNING IMPLEMENTATION; THUS IT IS PREMATURE TO IDENTIFY DIFFICULTIES OF IMPLEMENTATION. TWO POTENTIAL PROBLEM AREAS INCLUDE PRICING OF ORALS AND COORDINATION OF VARIOUS POPULATION ORGANIZATIONS.

C. TECHNICAL ASSISTANCE PROVIDED BY SOMARC HAS, WITH ONE EXCEPTION, BEEN RESPONSIVE AND COMPETENT. THE EXCEPTION WAS THE INITIAL REQUEST FOR ASSISTANCE. IT TOOK SOMARC AND ST/POP A VERY LONG TIME TO RESPOND. THERE WAS A NEED FOR SENIOR EXPERIENCED PEOPLE AND AFTER A LONG WAIT, SOMARC PROPOSED MORE JUNIOR STAFF. FINALLY, AFTER MISSION MADE STRONG ARGUMENTS, SOMARC PROVIDED NEEDED SENIOR ASSISTANCE. PERHAPS, SOMARC PROJECT TEAM WAS OR IS OVER EXTENDED.

D. SOMARC TEAM MEMBERS HAVE BEEN VERY COMPETENT IN MARKETING AND MANAGEMENT.

E. IT IS TOO PREMATURE TO COMMENT ON THE ORGANIZATION AND MANAGEMENT OF THE IN-COUNTRY SOMARC PROJECT. DESIGN SEEMS SOUND, HOWEVER, THE PERSON CHOSEN TO BE IN-COUNTRY PROJECT MANAGER DOES NOT HAVE EXPERIENCE WITH CSM PROGRAMS.

F. A DELEGATION COMPOSED BY USAID AND PRIVATE SECTOR REPRESENTATIVES ATTENDED A 1986 SOMARC WORKSHOP. USAID STAFF FOUND THE DISCUSSIONS USEFUL FOR PROGRAM IMPLEMENTATION BECAUSE THERE WAS AN REAL PROBLEMS ENCOUNTERED IN VARIOUS COUNTRY PROGRAMS. LONDON

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MANAGEMENT INFORMATION SYSTEM. THIS LATTER ASSISTANCE INCLUDED A COMPUTER WITH APPROPRIATE SOFTWARE AND TRAINING. THESE VARIOUS INPUTS HAVE, IN USAID'S ESTIMATION, CONTRIBUTED TO THE INSTITUTIONALIZATION OF VALUABLE MANAGEMENT SKILLS IN THOSE DANAFCO STAFF PARTICIPATING IN THE CSM PROGRAM.

REPRESENTATIVE FOR AFRICA, A MEMBER OF SOMARC'S ADVISORY COUNCIL, AND AS A SOMARC CONSULTANT. IN GHANA HIS FIRM STOOD TO BENEFIT CONSIDERABLY FROM ITS PARTICIPATION, AS ADVERTISING WAS TO BE THE MOST EXPENSIVE COMPONENT OF THE PROGRAM, OUTSIDE THE CONTRACEPTIVES THEMSELVES. SOMARC ITSELF HAD EARMARKED 400,000 TO SUPPORT THE ADVERTISING COMPONENT OVER A THREE YEAR PERIOD. THE POTENTIAL FOR THE DEVELOPMENT OF A CONFLICT OF INTEREST IN THIS SITUATION WAS DISCUSSED AT LENGTH DURING INITIAL MEETINGS HELD BETWEEN MISSION AND SOMARC REPRESENTATIVES AND PRIOR TO USAID AGREEMENT TO SOMARC PARTICIPATION IN THE PROGRAM. DURING THESE DISCUSSIONS THE SOMARC PROJECT DIRECTOR'S SUGGESTION THAT THIS INDIVIDUAL ALSO SERVE AS A SOMARC CONSULTANT IN THE GHANA PROGRAM WAS EMPHATICALLY DISMISSED BY THE MISSION BECAUSE OF THE ADDED POTENTIAL FOR CONFLICT OF INTEREST. ALTHOUGH ASSURANCES WERE GIVEN BY SOMARC THAT, IN GHANA, THIS INDIVIDUAL WOULD BE NO MORE THAN A SUB-CONTRACTOR TO DANAFCO, IN REALITY THIS HAS NEVER BEEN THE CASE. IN A NUMBER OF INSTANCES SOMARC HAS DEALT DIRECTLY WITH THIS INDIVIDUAL ON GHANA CSM PROGRAM BUSINESS, WITHOUT THE INVOLVEMENT OF EITHER USAID OR DANAFCO. MOREOVER, REGULAR COMMUNICATIONS WERE MAINTAINED BETWEEN SOMARC AND THIS INDIVIDUAL DURING WHICH GHANA PROGRAM BUSINESS WAS DISCUSSED. SUCH CONTACT HAS LED TO CONSIDERABLE CONFUSION ON THE PART OF CSM PROGRAM PERSONNEL REGARDING LINES OF COMMUNICATION AND RESPONSIBILITY. THE SITUATION WAS FURTHER EXACERBATED BY THE FACT THAT ALMOST INVARIABLY SOMARC STAFF AND CONSULTANTS WOULD MEET WITH THIS INDIVIDUAL IMMEDIATELY UPON ARRIVAL IN GHANA AND PRIOR TO CONTACTING THE MISSION. THIS SITUATION HAS CONTINUED UNTIL THE PRESENT AND HAS EVEN INCLUDED THE RECENT INTERNATIONAL SCIENCE AND TECHNOLOGY INSTITUTE (ISTI) TEAM WHICH WAS SENT TO CONDUCT AN ASSESSMENT OF THE GHANA CSM PROGRAM FROM DANAFCO'S STANDPOINT, AS COMMUNICATED TO USAID, THIS RELATIONSHIP AND CLOSE CONTACT INDICATED THAT SOMARC'S REPRESENTATIVE HAD A MUCH GREATER ROLE IN PROGRAM DECISION-MAKING THAN WAS WARRANTED BY HIS POSITION AS A SUB-CONTRACTOR. FURTHERMORE, DANAFCO FELT THIS RELATIONSHIP SERVED TO UNDERMINE ITS CONTROL OVER THE PROGRAM, ESPECIALLY WITH REGARD TO NEGOTIATING CONTRACTS FOR ADVERTISING AND MARKETING RESEARCH. USAID ENTREATIES TO SOMARC TO BE MORE SENSITIVE TO THIS PERCEIVED CONFLICT OF INTEREST WERE LARGELY IGNORED BY SOMARC MANAGEMENT ASSIGNED TO WORK ON GHANA'S PROGRAM.

9. MANAGEMENT OF SOMARC INVOLVEMENT IN GHANA:
A. BACKGROUND: AS DESIGNED, THE PRIVATE SECTOR CSM PROGRAM IS DEPENDENT UPON GOVERNMENT INPUTS TO OPERATE, I.E., CONTRACEPTIVES, THE LOAN OF VEHICLES AND THE PROVISION OF MONIES FOR ADVERTISING AND TRAINING. THIS PARTICULAR ARRANGEMENT WAS MEANT TO FOSTER GREATER PRIVATE SECTOR PARTICIPATION IN WHAT HITHERTO HAD BEEN PRIMARILY A PUBLIC SECTOR PROGRAM. HOWEVER, DURING THE PERIOD WHEN THE CONTRACT BETWEEN DANAFCO AND THE GOVERNMENT WAS BEING PREPARED AND NEGOTIATED, THE GOVERNMENT'S SENSITIVITY REGARDING SUCH PRIVATE SECTOR INVOLVEMENT CAME TO THE FORE, ESPECIALLY WITH REGARD TO THE MONITORING OF AND CONTROL OVER THE PROGRAM. IN FACT, THE DANAFCO-GOVERNMENT OF GHANA (GOG) CONTRACT WAS THE LAST CONDITION PRECEDENT TO BE SIGNED ON THE BILATERAL FAMILY PLANNING PROJECT (IT WAS ACTUALLY SIGNED ONE WEEK AFTER THE ORIGINAL DEADLINE FOR COMPLETION OF ALL CPS). IF THE GOG HAD FAILED TO SIGN THIS CONTRACT THE 7 MILLION DOLLAR PROJECT WOULD NOT HAVE PROCEEDED. AFTER EXTENSIVE AS WELL AS INTENSIVE NEGOTIATIONS BY USAID WITH GOG OFFICIALS AND DANAFCO, DURING WHICH USAID WAS REQUIRED TO GIVE ASSURANCES THAT IT WOULD CLOSELY MONITOR THE PRIVATE SECTOR ACTIVITIES OF THE PROJECT (THE CSM PROGRAM), THE GOG AGREED TO SIGN. IN THE AGREEMENT WHICH WAS PREPARED WITH THE MINISTRY OF FINANCE AND ECONOMIC PLANNING (MFE) AND APPROVED BY THE GHANA PUBLIC AGREEMENTS BOARD, THE MONITORING ROLE OF USAID WAS SPELLED OUT IN SOME DETAIL. IT WAS SPECIFIED ALSO THAT SOMARC INPUTS TO THE PROGRAM WERE TO BE AT THE DISCRETION OF USAID. ALL PARTIES, INCLUDING THE MINISTRY OF HEALTH, WERE VERY COGNIZANT OF THE POTENTIAL FOR PROBLEMS TO DEVELOP IN THIS PROGRAM. FROM USAID STANDPOINT, THIS WAS OF SPECIAL CONCERN, AS A MAJOR THRUST OF ITS NEW DEVELOPMENT STRATEGY WAS GREATER INVOLVEMENT AND DEVELOPMENT OF THE PRIVATE SECTOR. IN MISSION'S JUDGMENT, THEREFORE, THE EXERCISE OF VERY CLOSE MONITORING OF CSM PROGRAM ACTIVITIES, INCLUDING THAT OF CONTRACTOR INVOLVEMENT, WAS ABSOLUTELY NECESSARY NOT ONLY FOR PROGRAM SUCCESS BUT ALSO TO ALLOW IT TO HEAD OFF THE POTENTIAL PROBLEMS WHICH MIGHT SPILL OVER INTO OTHER AREAS OF USAID INVOLVEMENT IN GHANA. A STRONG CONTRIBUTING FACTOR TO THE COLLAPSE OF THE PREVIOUS CSM PROGRAM IN GHANA, WHICH WAS MANAGED BY AN AID CONTRACTOR, WAS SEEN TO BE THE LACK OF DIRECT MISSION MONITORING AND INVOLVEMENT IN THE PROGRAM. IT WAS FOR THIS REASON THAT THE CURRENT CSM PROGRAM WAS DESIGNED AS PART OF A

BILATERAL PROJECT WITH GREATER MISSION MANAGEMENT RESPONSIBILITIES.

B. MISSION IS WELL AWARE THAT SOMARC FEELS IT EXERCISES TOO MUCH CONTROL OVER THE CSM PROGRAM, AND ESPECIALLY OVER SOMARC'S INTERACTION WITH AND INVOLVEMENT IN THE PROGRAM. IN ADDITION TO THE BROADER CONCERNS PRESENTED ABOVE, THE MISSION HAS OTHER MORE SPECIFIC CONCERNS REGARDING SOMARC'S ROLE IN THE PROGRAM. IN PARTICULAR, USAID HAS ALWAYS BEEN VERY CONCERNED THAT AID MONIES PROVIDED THROUGH SOMARC ARE WELL USED AND USED FOR WHAT THEY ARE INTENDED. BEGINNING WITH SOMARC'S INITIAL INVOLVEMENT IN THE PROGRAM THERE HAS BEEN A POTENTIAL CONFLICT OF INTEREST OVER THE ROLE OF THE DIRECTOR OF THE ADVERTISING FIRM SUB-CONTRACTED TO DANAFCO TO CONDUCT ALL ADVERTISING. THIS INDIVIDUAL ALSO SERVES AS SOMARC'S

IN SOMARC CSM WORKSHOP: ALTHOUGH USAID STAFF WERE NOT INVOLVED, FROM ALL ACCOUNTS THE SOMARC CSM WORKSHOP HELD IN ACCRA LAST MARCH WAS VERY WELL ORGANIZED AND RECEIVED BY PARTICIPANTS, AND USAID FEELS SUCH WORKSHOPS SERVE A USEFUL PURPOSE IN INTRODUCING THE CSM CONCEPT. WITH RESPECT TO THIS PARTICULAR WORKSHOP, HOWEVER, SOMARC STAFF COMPLETELY DISREGARDED USAID INSTRUCTIONS REGARDING TRANSFER OF FUNDS TO COVER WORKSHOP EXPENSES. THE METHOD IN WHICH FUNDS WERE SENT TO GHANA POSED SOME RATHER SERIOUS PROBLEMS AND COULD HAVE RESULTED IN EMBARRASSMENT TO USAID, THE U. S. EMBASSY, SOMARC, AND TO THE PARTICIPANTS THEMSELVES, HAD NOT DANAFCO'S MANAGING DIRECTOR ASSISTED IN RESOLVING THE PROBLEM PRIOR TO THE COMMENCEMENT OF THE WORKSHOP. LVIH

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PROGRAM: MOST OF THE DIFFICULTIES ENCOUNTERED IN THE IMPLEMENTATION OF THE CSM PROGRAM HAVE BEEN OUTSIDE THE PURVIEW OF SOMARC. GENERALLY, SOMARC HAS NOT BEEN IN A POSITION TO ASSIST SIGNIFICANTLY IN OVERCOMING THESE DIFFICULTIES.

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SOME SPECIFIC EXAMPLES OF PROBLEMS ENCOUNTERED WERE LONG DELAYS IN RECEIVING VEHICLES ORDERED FOR THE CSM PROGRAM AND THE GOVERNMENT BAN ON ALL ADVERTISING OF CONTRACEPTIVES, WHICH WENT INTO EFFECT FIVE MONTHS AFTER PROGRAM WAS LAUNCHED. THIS LATTER PROBLEM MEANT THAT THE PROGRAM HAD TO SEARCH FOR OTHER MEANS TO PROMOTE THE CSM PRODUCTS. UNFORTUNATELY, THE ADVERTISING FIRM SUB-CONTRACTED TO THE IMPLEMENTING ORGANIZATION, DANAFCO, PROVED GENERALLY UNRESPONSIVE DURING THIS PERIOD AND THERE WERE CONTINUAL DELAYS IN DEVELOPING AND PRODUCING MATERIALS AND PROMOTING THE PRODUCTS THROUGH NON-MASS MEDIA MEANS. THIS SITUATION WAS EXACERBATED BY THE FACT THAT THE DIRECTOR OF THE FIRM, WHO WAS ALSO A SOMARC CONSULTANT, WAS USED OUTSIDE THE COUNTRY FOR OTHER SOMARC ACTIVITIES. WHEN THIS INDIVIDUAL WAS NOT PRESENT FEW DECISIONS WERE TAKEN BY HIS PERSONNEL AND, IN GENERAL, MOST ACTIVITIES WERE POSTPONED UNTIL HIS RETURN. THE UTILIZATION OF THIS PERSON'S SERVICES BY SOMARC OUTSIDE GHANA TO THE DETRIMENT OF THE GHANA CSM PROGRAM RAN CONTRARY TO AN AGREEMENT MADE BETWEEN THE SOMARC PROJECT DIRECTOR AND USAID REGARDING HIS ROLE IN THE GHANA PROGRAM. IT IS PRINCIPALLY BECAUSE OF THE DELAYS EXPERIENCED IN DEALING WITH THIS SUB-CONTRACTOR DURING THE FIRST YEAR OF THE PROGRAM THAT IT NO LONGER IS SUB-CONTRACTED TO DANAFCO FOR CSM PROGRAM ADVERTISING.

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AIDAC

FOR S&T/POP/FPSO: BROWN, AFR/IR/HPM: THOMAS,
AFR/CCVA: THOMAS

E.O. 12356: N/A

SUBJECT: POPULATION: EVALUATION OF SOCIAL MARKETING FOR CHANGE (SOMARC) PROJECT

REF: STATE 358609

1. SUMMARY: OVERALL, SOMARC'S PERFORMANCE IN THE GHANA CONTRACEPTIVE SOCIAL MARKETING (CSM) PROGRAM HAS BEEN GOOD. IN PARTICULAR, THE TECHNICAL ASSISTANCE IT HAS PROVIDED HAS BEEN CONSISTENTLY OF HIGH QUALITY AND VERY RESPONSIVE TO PROGRAM NEEDS. NOTED WEAKNESSES IN SOMARC PERFORMANCE HAVE STEMMED FROM SOMARC MANAGEMENT'S RELUCTANCE TO ADHERE TO MISSION GUIDELINES, TO KEEP ALL SOMARC INPUTS TO THE PROGRAM.

5. MORE RECENT SOMARC INVOLVEMENT: DURING THE SECOND YEAR OF THE PROGRAM (MARCH 1987 - PRESENT) THE LEVEL OF SOMARC ASSISTANCE WAS CONSIDERABLY LESS, AS THE MAJOR COMPONENTS OF THE PROGRAM WERE ALREADY DEVELOPED AND FORTWORTHING SATISFACTORILY. A MISSION CONCERN DURING THIS PERIOD HAS BEEN THE EXTENT TO WHICH SOMARC HAS CALLED ON CSM PROGRAM PERSONNEL FOR SOMARC ACTIVITIES UNRELATED TO THE GHANA PROGRAM. RESPONDING TO THE

2. BACKGROUND: THE GHANA CSM PROGRAM IS THE PRIVATE SECTOR COMPONENT OF USAID/GHANA'S BILATERAL FAMILY PLANNING PROJECT. AS SUCH, THE MISSION HAS BEEN INVOLVED IN EVERY STAGE OF ITS DEVELOPMENT AND DAY-TO-DAY MONITORING AND OVERSIGHT HAVE BEEN PROVIDED BY MISSION PERSONNEL.

NUMEROUS REQUESTS FROM SOMARC FOR SUPPORT FOR THESE ACTIVITIES HAS RESULTED IN DELAYS IN THE IMPLEMENTATION OF THE CSM PROGRAM.

SINCE THE INCEPTION OF THE PROJECT SOMARC'S ROLE HAS BEEN TO PROVIDE APPROPRIATE ASSISTANCE TO THE CSM PROGRAM WHERE NEEDED AND REQUESTED BY THE MISSION. AS A CONSEQUENCE SOMARC HAS NOT HAD A SUB-PROJECT AS SUCH IN GHANA, BUT HAS PROVIDED A SERIES OF DISCRETE INPUTS.

6. SOMARC TECHNICAL ASSISTANCE: THE TECHNICAL ASSISTANCE PROVIDED BY SOMARC HAS BEEN VERY RESPONSIVE TO THE PROGRAM'S NEEDS AND HAS CONSISTENTLY BEEN OF HIGH QUALITY. IN A NUMBER OF CASES, HOWEVER, THE MISSION NOT PROVIDED WITH COMPLETE SCOPES OF WORK FOR CONSULTANTS, OR ELSE CONSULTANTS EXCEEDED THEIR SCOPE WORK WITHOUT SEEKING PRIOR CLEARANCE FROM THE MISSION.

3. SOMARC ACCOMPLISHMENTS: SOMARC'S MOST NOTABLE ACCOMPLISHMENTS WITH RESPECT TO GHANA'S CSM PROGRAM OCCURRED DURING THE START-UP PERIOD. IN PARTICULAR, SOMARC PROVIDED VERY VALUABLE TECHNICAL ASSISTANCE TO DEVELOP (A) A CONTRACEPTIVES TRAINING MANUAL AND TRAINING PROGRAM FOR RETAILERS, (B) AN INNOVATIVE RESEARCH COMPONENT FOR THE PROGRAM, (C) A COMMUNICATIONS PLAN AND (D) A NATIONAL POPULATION CONFERENCE, WHICH WAS USED TO OFFICIALLY INTRODUCE THE CSM PROGRAM AS PART OF GHANA'S OVERALL FAMILY PLANNING EFFORTS. SOMARC TECHNICAL ASSISTANCE DURING THIS PERIOD WAS OUTSTANDING AND MADE POSSIBLE THE LAUNCH OF THE PROGRAM WITHIN SEVEN MONTHS OF THE EXECUTION OF THE BILATERAL GRANT AGREEMENT FOR THE FAMILY PLANNING PROJECT.

7. SOMARC STAFF MARKETING CAPABILITIES: MISSION DID NOT FEEL IT CAN ADEQUATELY COMMENT ON THE MARKETING CAPABILITIES OF THE SOMARC STAFF WITH WHOM IT HAS DEGENERALLY, MARKETING DECISIONS ON BEHALF OF THE PROG HAVE BEEN MADE BY PROGRAM PERSONNEL WITHIN PROJECT GUIDELINES LAID DOWN BY THE GOVERNMENT AND USAID. IN MOST CASES, SOMARC HAS MADE ITS INPUT TO THE DECISION MAKING PROCESS.

4. DIFFICULTIES ENCOUNTERED IN IMPLEMENTING CSM

8. MANAGEMENT SUPPORT FOR CSM PROGRAM: WHILE IT WAS NEVER INTENDED THAT SOMARC WOULD PLAY A DIRECT ROLE IN THE GHANA CSM PROGRAM, IT HAS NEVERTHELESS PROVIDED VALUABLE ASSISTANCE IN THE MANAGEMENT AREA. PARTICULAR, IT PROVIDED FOR INITIAL ADMINISTRATIVE OF PROGRAM PERSONNEL, INCLUDING THE HIRING OF A PM COORDINATOR FOR ONE YEAR. IT ALSO PROVIDED TECHNICAL ASSISTANCE TO DANAFCO TO DEVELOP A MARKETING PLAN

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AIDAC

SECSTATE FOR ST/POP/FPSO, BETSO BROWN;
NAIRCB I FOR REDSO, DANART

E. O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF THE SOMARC PROJECT

REF: (A) STATE 350609; (B) ABIDJAN 10967

1. FROM COTE D'IVOIRE POINT OF VIEW. AT REDSO REGIONAL POPULATION OFFICERS' REQUEST, SOMARC CONDUCTED A SOCIAL MARKETING FEASIBILITY STUDY IN THE COTE D'IVOIRE IN THE SPRING OF 1986. SOMARC RECOMMENDED SEVERAL DISCRETE STUDIES TO DEVELOP BASELINE INFORMATION FOR FURTHER SOCIAL MARKETING WORK. BECAUSE OF THE SENSITIVITY OF THE SUBJECT AND THE UNLIKELIHOOD OF A LARGER PROJECT, REDSO DECIDED NOT TO PURSUE SOMARC ACTIVITIES IN THE COTE D'IVOIRE. SOMARC WAS VERY RESPONSIVE TO THE ORIGINAL REDSO REQUEST TO DO A FEASIBILITY STUDY AND BY THE SAME TOKEN WERE EQUALLY UNDERSTANDING OF WHY WE CHOSE NOT TO PURSUE FURTHER SOMARC ACTIVITIES. THE TEAM FIELDED TO DO THE STUDY WAS OF HIGH CALIBER AND WAS TECHNICALLY COMPETENT, ALTHOUGH THE SHORT DURATION OF THE VISIT (2.5 WEEKS) SEEMS TO ONLY PERMIT A CURSORY VIEW RATHER THAN INDEPTH LOOK AT THE POTENTIAL IN COTE D'IVOIRE. SOMARC HAS PERIODICALLY STAYED IN TOUCH TO BE READY TO RESPOND WHEN AND IF THE SITUATION CHANGES.

2. FROM A REGIONAL POINT OF VIEW. REDSO RPO'S BELIEVE THAT SOMARC HAS BEEN RESPONSIVE TO THOSE COUNTRIES THAT DESIRE SOCIAL MARKETING ACTIVITIES. GENERALLY, SOMARC STAFF AND CONSULTANTS HAVE BEEN WELL QUALIFIED, ALTHOUGH IN SOME INSTANCES, A MORE TECHNICAL FAMILY PLANNING BACKGROUND (AS OPPOSED TO MARKETING SKILLS) MAY HAVE BEEN BENEFICIAL. SOMARC HAS MADE A SPECIAL EFFORT TO KEEP REDSO/WCA INFORMED OF ITS ACTIVITIES IN THE WCA REGION. INDIVIDUAL WCA MISSIONS SHOULD RESPOND TO THE SPECIFICS REQUESTED IN REF. (A), PARA 4.

3. AS REPORTED IN REF. B, REDSO/WCA MCH/FP ADVISOR HUNG ATTENDED THE SOMARC WORKSHOP IN GHANA AND FOUND IT EXTREMELY WELL ORGANIZED. ESPECIALLY NOTE WORTHY WERE SOMARC EFFORTS TO RESPOND TO SPECIAL ANGLOPHONE AND FRANCOPHONE NEEDS BY HOLDING TWO SPECIAL BACK-TO-BACK SECTIONS OF THE WORKSHOP, ONE IN ENGLISH AND ONE IN FRENCH. KUX

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ST/POP/FPSD BETSY BROWN

E. O. 12356: N/A
 SUBJECT: POPULATION: EVALUATION OF THE SOMARC PROJECT

REF: STATE 350869
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4. A. IN AUGUST 1986 SOMARC REPRESENTATIVES VISITED ZIMBABWE TO ASSESS THE NEED FOR A CSM PROGRAM, ASCERTAIN GOVERNMENT SUPPORT AND EVALUATE PRIVATE SECTOR INFRASTRUCTURE. THE TEAM MET WITH MINISTRY OF HEALTH OFFICIALS, THE DRUG CONTROL COUNCIL, THE ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL (ZNFPC), PHARMACEUTICAL ASSOCIATIONS, PHARMACEUTICAL DISTRIBUTORS, ADVERTISING AGENCIES, MARKET RESEARCH ORGANIZATIONS, PACKAGING COMPANIES AND THE MEDIA. THIS WAS AN ARDUOUS TASK WHICH THEY HANDLED COMPETENTLY AND PROFESSIONALLY.

4. B. THE MAIN DIFFICULTY EXPERIENCED IN GETTING THE PROJECT OFF THE GROUND IS THE FACT THAT GOVERNMENT OF ZIMBABWE (GOZ) REGULATIONS PROHIBIT THE SALE OF DONATED COMMODITIES. NEGOTIATIONS ARE CURRENTLY UNDERWAY BETWEEN VARIOUS GOZ MINISTRIES AND SOMARC TO WORK OUT ACCEPTABLE PROCEDURES UNDER THESE CIRCUMSTANCES. AS A RESULT THE AUGUST LAUNCH DATE WAS POSTPONED.

4. C. YES. THE PROJECT DESIGN WAS TAILORED TO MEET THE NEEDS AND CONCERNS OF THE MOH AND ZNFPC E. G. AT THE BEHEST OF THE MOH ADVERTISEMENTS WOULD BE PLACED AT THE POINT OF SALE ONLY AND NO MAJOR FULL-SCALE ADVERTISING CAMPAIGN WOULD BE STARTED AS YET.

4. D. MISSION HAS FOUND SOMARC TEAM MEMBERS TO BE VERY PROFESSIONAL AND THOROUGH, DISPLAYING EXCELLENT MANAGEMENT AND MARKETING CAPABILITIES.

4. E. SOMARC HAS ASSEMBLED AN IMPRESSIVE TEAM COMPRISING DISTRIBUTOR/ADVERTISING AGENCY/MARKET RESEARCH FIRM THAT UNDERSTANDS THE OBJECTIVES OF THE PROGRAM AND IS PROFICIENT AT UNDERTAKING THEIR RESPECTIVE TASKS. GEDDES LIMITED IS THE DISTRIBUTOR/IMPLEMENTING ORGANIZATION FOR THE PROGRAM. MATTHEWMAN BANKS IS THE ADVERTISING AGENCY. QUEST MARKET RESEARCH HANDLES THE RESEARCH COMPONENT OF THE PROJECT. MINISTRY OF HEALTH, ZNFPC AND USAID ARE THE MONITORING AGENCIES.

4. F. NOT APPLICABLE. RAWLINGS

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APPENDIX B

Scope of Work

October 19, 1987

MEMORANDUM

To: ST/POP, Dr. Duff G. Gillespie

Thru: ST/POP/FPSD, John Rogosch

From: ST/POP/FPSD, Betsy Brown BKB

Subject: Approval of Scope of Work for Evaluation of the
Contraceptive Social Marketing Project, Contract
DPE-3028-C-00-4079-00

I. Background

The purpose of this project is to increase the availability and use of contraceptives using commercial marketing techniques and distribution systems to provide inexpensive contraceptives to eligible LDC populations. The current five year contract was signed in September 1984 and terminates in September 1989. A total of \$21,113,000 in A.I.D. funds is authorized for the contract of which \$16,636,000 has been obligated. An internal management review was held in December 1985. No major issues or problems were identified.

In September 1987, an assessment of AID's overall involvement in the area of contraceptive social marketing was carried out. This assessment canvassed selected social marketing programs worldwide including four supported by SOMARC, to extract successful characteristics which could be incorporated into the next phase of our social marketing program.

The existing CSM project has passed its midpoint but has never been externally evaluated. This scope of work defines the parameters for this evaluation.

II. General Plan for the SOMARC Evaluation

A three person team will spend approximately two weeks over the period of November 30-December 11, 1987 evaluating the performance of this project. The team will consist of an evaluation specialist, a social science research specialist and a marketing expert who participated in the CSM assessment. The evaluation specialist will serve as team leader.

The evaluation will include interviews with the A.I.D. Office of Population staff and the SOMARC staff based in Washington D.C. The team will use the findings and recommendations from the field visits to SOMARC subprojects carried out during the CSM assessment as background for conclusions and recommendations concerning project implementation and the effectiveness of the technical assistance, research and information dissemination components of the project. Finally, the team will review relevant project documentation including the Project Paper, the contract, subproject documents, annual workplans and the 1985 Management Review.

III. Purpose and Scope of the Evaluation

The purpose of this evaluation is to document the project's accomplishments and problems to date in light of the objectives and targets set forth in the project paper. This evaluation will also cover project design and management issues, contractor performance, and the appropriateness of the project's studies and publications. Combined with the findings of the overall CSM assessment, this evaluation will provide guidance in development of follow-on CSM activities. Specific questions to be addressed follow:

A. Project Design and Management Issues

1. Are the important assumptions upon which the project is based still valid?
2. What changes, if any, have occurred in the project design?
3. Has the management structure for the project been responsive to program development and implementation?
4. Has the structure of the ^{US} existing contract made effective use of both the prime and subcontractors?
5. What have been the most notable accomplishments of the subprojects?
6. Are the lines of authority and responsibility within subprojects clearly defined?
7. Given the number of subprojects currently underway and the limited time remaining in the contract, should the project continue to assess new targets of opportunity or consolidate its activities?

B. Technical Assistance

1. Has ^{the short-term} technical assistance been responsive to field requests?

2. Assess the ~~quality of~~ marketing and management capabilities of the contract team.

3. Has the short-term technical assistance provided to non-SOMARC projects had any beneficial impact?

C. Special Studies and Information Dissemination

1. Are the special studies which are underway still relevant to A.I.D.'s information needs in the area of social marketing? If so, how have the studies contributed to our understanding of contraceptive social marketing? How will the findings from these studies contribute to improved project implementation? How could the organization of these studies be improved?

2. Which publications, if any, are useful for professionals in this field? Should A.I.D. continue to fund publications such as Update and the Occasional Papers?

3. How could the project's publications be improved?

4. Have the project's regional workshops supported the project's objectives? What tangible benefits, if any, have resulted from the workshops?

APPENDIX C

Persons Contacted

Appendix C: Persons Contacted

A. The Futures Group

- | | | |
|----|----------------------|-----------------------------|
| 1. | Steve Hawkins | Commodities/MIS Coordinator |
| 2. | Betty Ravenholt | Consultant |
| 3. | Santiago Plata | Project Director |
| 4. | Patty Dillion-Allman | Latin America Group Manager |
| 5. | Sheila Maher | Deputy Director |
| 6. | John Stover | V.P. International Programs |
| 7. | Kay Willson | Librarian |
| 8. | Lordes Martinez | Administrative Coordinator |
| 9. | Robert Smith | President |

B. Doremus, Porter and Novelli (DPN)

Robert Porter, DPN Researcher

C. Academy for Education Development (AED)

Douglas Wear, Africa Group Manager

D. John Short and Associates

Edward (Ted) Green, Manager, International Programs

E. USA.I.D. Missions

- | | | |
|----|-----------------|----------------------|
| 1. | John Massey | USAID/Guatemala City |
| 2. | Kevin Armstrong | USAID/San Salvador |
| 3. | Allen Brow | USAID/Panama City |
| 4. | Sam Taylor | USAID/Mexico City |
| 5. | Betsy Murray | USAID/San Jose |
| 6. | Anita Siegel | USAID/Tegucigalpa |

F. A.I.D./Washington

- | | | |
|----|----------------|--------------------------|
| 1. | Betsy Brown | SOMARC CTO, S&T/POP/FPSD |
| 2. | Tom Harriman | SOMARC CTO, S&T/POP/FPSD |
| 3. | Connie Carrino | PPC/PDPR |

APPENDIX D

Matrixes of SOMARC Staff Skills
and Time Allocated to Project

MATRIC OF SOMARC STAFF SKILLS AND TIME ALLOCATIONS

(Part A)

	Project Mgt	Mktng	I/E/C	Training	PR/Advctising	Fam Plngng	Rsch	Adm'n	Financial Mgt	MIS	Maternal/ Child Health	Pop/ Demography
<u>IFC</u>												
* Betty Ravenholdt	X	X	X		X				X			
* John Stover	X			X			X		X	X		X
* Mark Boroush				X			X			X		
* Susan Smith				X			X			X		
* Brooke Aker							X			X		
* Steve Hawkins	X			X			X	X	X	X		
* Kay Wilson			X		X							
* Jack Lloyd							X					
Santiago Plata	X	X	X			X			X			
Sheila Maher	X	X		X			X					
Victoria Baird		X	X		X		X					
Patricia Allman-Dillon		X	X		X		X					
Linda Deane						X	X				X	
Gael O'Sullivan		X		X			X		X			
Wende Skidmore			X			X	X					X
Carla Schworer		X	X	X		X						
Judith Sherman		X	X		X			X				
Rikka Transgud		X				X	X		X	X		
Melinda Sallyards		X					X	X		X		
* Elizabeth Blankenship			X					X	X			
Emily Cowan								X				
Sharon Tipping		X	X	X	X		X					
* Lourdes Martinez			X					X				
Isagani Parla	X	X		X				X				

* Note: These people do not work on SOMARC full-time.

	Project Mgt	Mkting	I/E/C	Training	Eval Planning	Rech	Admin	Financial Mgt	MIS	Maternal/ Child Health	Pop/ Demography	PR/ Advertising
<u>DPN</u>												
* Bill Novelli	X	X	X	X			X	X				X
* Mary Debus	X	X	X	X		X						X
* Bob Porter		X		X		X					X	X
* Michael Rama		X	X			X						X
* Eva Lustig					X		X	X	X			
* Claudia Fishman			X			X				X		X
<u>AED</u>												
Doug Wear		X	X									X
* Alan Kulakow		X	X	X								X
* Bill Smith		X	X	X			X	X		X		X
* Mark Ledgard		X	X	X	X			X		X		X
<u>JSA</u>												
* Ted Green			X	X	X	X					X	

* Note: These people do not work on SOMARC full-time.

Source: The Futures Group, December 1987

MATRIX OF SOMARC STAFF SKILLS AND TIME ALLOCATIONS

(Part B)

IFC	French	Spanish	Portuguese	African Languages	Tagalog	Percentage of Time Spent on SOMARC	Job Title
*Betty Ravenholdt						20	Senior Consultant
*John Stover		X				90	Vice President
*Mark Boroush						65	Senior Staff
*Susan Smith						85	Senior Research Associate
*Brooke Aker						85	Research Associate
*Steve Hawkins						50	Manager, Commodities/MIS
*Kay Wilson						50	Manager, Information Services
*Jack Lloyd						5	Senior Research Associate
Santiago Plata	X	X					Project Director
Shells Maher	X						Project Deputy Director
Victoria Baird	X						Asia/Near East/Caribbean Group Manager
Patricia Allman-Dillon	X	X					Latin America Group Manager
Linda Deane	X			X			Technical Officer
Gael O'Sullivan	X						Technical Officer
Wende Skidmore		X					Technical Officer
Carla Schworer		X	X				Technical Officer
Judith Sherman	X	X					Program Assistant
Rikka Transgud							Program Assistant
Melinda Sallyards		X					Program Assistant
*Elizabeth Blankenship						95	Contracts Officer
Emily Cowan	X	X					Program Assistant
Sharon Tipping							Manager, Research
*Lourdes Martinez		X	X				Administrative Coordinator
Isagani Perla					X	80	Country Manager, Indonesia

*Note: These people do not work on SOMARC full-time.

	French	Spanish	Portuguese	Nepali	African Languages	Vietnamese	Percentage of Time Spent on SOHARC	Job Title
<u>DPN</u>								
* Bill Novelli							5	President
* Mary Debus							25	Vice President
* Bob Porter		X					55	Senior Account Executive
* Michael Rama	X	X	X				20	Senior Account Executive
* Eva Lustig		X					25	Senior Systems Manager
* Claudia Fishman	X					X	10	Senior Account Executive
<u>AED</u>								
Doug Wear		X						Africa Group Manager
* Alan Kulakow	X						15	Director, African Programs
* Bill Smith		X					5	Executive Vice President
* Mark Lediard	X	X		X			5	Vice President
<u>JSA</u>								
* Ted Green		X			X		25	Manager, International Programs

* Note: These people do not work on SOHARC full-time.

Source: The Futures Group, December 1987

APPENDIX E
SOMARC MIS Forms

TFG PAYMENT COVER SHEET

This payment request is _____

Init. Date

____ / ____ / ____ Log-In

All requests for payment should be logged in

____ / ____ / ____ Technical
____ / ____ / ____ Check

The request should be checked to verify that it conforms to the technical requirements of the work involved. Required documents such as contract deliverables and consultant trip reports should be verified. Charge codes also need to be assigned and verified.

____ / ____ / ____ Contracts
____ / ____ / ____ Check

The request should be checked against all contractual requirements. For consultant payments, this means checked against the consultant work agreement (agreed number of days and daily rate, etc.) For other payment requests this may involve checking against a purchase order or letter agreement.

____ / ____ / ____ Math
____ / ____ / ____ Check

It really should add.

____ / ____ / ____ Manager's
____ / ____ / ____ Approval

The individual with project signatory authority (usually the project manager) is responsible for verification of all other checks. The legal signature for payment must be on the invoice itself.

____ / ____ / ____ Copied

All payment requests should be copied before being sent for payment.

____ / ____ / ____ Log-out

All requests for payment should be logged out.

Charge Codes:

Code	Charge	Code	Charge	Code	Charge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Project Code 5400 — Activity 1 digit — Country Code (3 digits) Study Code 2 digits

Activity Code:

- 1 Technical Assistance
- 2 Special Studies
- 3 In-country Implementation
- 4 Project Implementation
- 5 Project Development
- 5-90 Library and Info. Dissemination
- 7 Conferences
- 8 Newsletter
- 0 General Administration

Country Code:

- 95 WORLDWIDE
- 96 AFRICA

- 01 Botswana
- 02 Burundi
- 03 Cameroon
- 04 Ghana
- 05 Ivory Coast
- 06 Kenya
- 07 Lesotho
- 08 Liberia
- 09 Malawi
- 10 Mali
- 11 Niger
- 12 Nigeria
- 13 Rwanda
- 14 Senegal
- 15 Sierra Leone
- 16 Somalia
- 17 Sudan
- 18 Swaziland
- 19 Togo
- 20 Uganda
- 21 Upper Volta
- 22 Zaïre
- 23 Zambia
- 24 Zimbabwe
- 25 Congo
- 26 Gambia
- 62 Mauritius

97 AMERICAS

- 27 Belize
- 28 Bolivia
- 29 Brazil
- 30 Colombia
- 31 Costa Rica

AMERICAS (Cont.)

- 32 Dom. Republic
- 33 Ecuador
- 34 El Salvador
- 35 Guatemala
- 36 Guyana
- 37 Haiti
- 38 Honduras
- 39 Jamaica
- 40 Mexico
- 41 Panama
- 42 Peru
- 43 Barbados/St. V/St. L
- *44 USA - for travel only, not labor
- 60 Paraguay
- 73 Trinidad

98 ASIA

- 45 Bangladesh
- 46 Burma
- 47 India
- 48 Indonesia
- 49 Nepal
- 50 Pakistan
- 51 Philippines
- 52 Sri Lanka
- 53 Thailand
- 61 New Guinea

99 MIDDLE EAST

- 54 Jordan
- 55 Turkey
- 56 Egypt
- 57 Morocco
- 58 Tunisia
- 59 Yemen

SPECIAL STUDIES

- #1 63 Suff. Data - Graha
- #2 64 Cons. Panel-NPN
- #3 65
- #4 66
- #5 67
- #6 68
- #7 69
- #8 70
- #9 71
- #10 72

SCAAP Consultant Register Data Entry Form

Name: -----

Address: -----

Phone (w): ----- Phone (h): -----

Languages: _____ French _____ Spanish
 _____ Arabic _____ Other

Skills: _____ Advertising _____ Law
 _____ CSM _____ Logistics
 _____ Communications _____ Marketing
 _____ Computers _____ Pharmaceuticals
 _____ Demography _____ Public Health
 _____ Economics _____ Research
 _____ Evaluation _____ Training
 _____ Finance _____ Other

Countries: _____ -AFRICA _____ -LATIN AMERICA _____ -MID EAST

- _____ Botswana
- _____ Burkina Faso
- _____ Burundi
- _____ Cameroon
- _____ Congo
- _____ Gambia
- _____ Ghana
- _____ Ivory Coast
- _____ Kenya
- _____ Lesotho
- _____ Liberia
- _____ Malawi
- _____ Mali
- _____ Niger
- _____ Nigeria
- _____ Rwanda
- _____ Senegal
- _____ Sierra Leone
- _____ Somalia
- _____ Sudan
- _____ Swaziland
- _____ Togo
- _____ Uganda
- _____ Zaire
- _____ Zambia
- _____ Zimbabwe

- _____ Belize
- _____ Bolivia
- _____ Brazil
- _____ Caribbean
- _____ Colombia
- _____ Costa Rica
- _____ Dominican Rep.
- _____ Ecuador
- _____ El Salvador
- _____ Guatemala
- _____ Guyana
- _____ Haiti
- _____ Honduras
- _____ Jamaica
- _____ Mexico
- _____ Panama
- _____ Paraguay
- _____ Peru

- _____ Jordan
- _____ Turkey
- _____ Egypt
- _____ Morocco
- _____ Tunisia
- _____ Yemen
- _____ -ASIA
- _____ Bangladesh
- _____ Burma
- _____ India
- _____ Indonesia
- _____ Nepal
- _____ Pakistan
- _____ Philippines
- _____ Sri Lanka
- _____ Thailand
- _____ New Guinea

APPENDIX F

Advisory Council Members

SOMARC ADVISORY COUNCIL

ADVISORY COUNCIL & WORKING GROUPS

Mr. Philip Kotler, PhD
Professor of Marketing
Graduate School of Management
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Woodrow Wilson School of Public
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(704) 262-2057

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Assistant to the Executive
Vice President
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Account Director
Foote, Cone and Belding Communications
101 East Erie
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President
Paula Green Advertising
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(212) 243-5210

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Vice President,
Public Relations
American Cancer Society
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New York, NY 10001
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Kathleen Jamieson
Department of Speech/Communications
University of Texas at Austin
Austin, TX 78712
(512)

65

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Vasant Dugdale
World Trade Center
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Baltimore, MD 21202
(301) 539-5400

Ms. Sylvia Courembis
Managing Director
Word Magic
1515 North Court House Road
Arlington, VA 22201
(703) 525-2017

Mr. John Quinn
Senior Vice President
Ansell, Inc.
78 Apple Street
Tinton Falls, New Jersey 07724
(201) 530-9500

Source: The Futures Group, December 1987

APPENDIX G

SOMARC Technical Assistance Activities by Region

SOMARC TECHNICAL ASSISTANCE ACTIVITIES BY REGION

A. LATIN AMERICA

1. Latin America (Region Wide)
 - Regional sales and sales management workshop
 - Regional commodities/MIS strategy (Peru, Colombia, Honduras, Jamaica, Barbados, Guatemala, El Salvador, Costa Rica)
2. Peru
 - Market research/advertising proposal review
 - Evaluation of distribution proposals
3. Honduras
 - Regional commodities issues
 - Program structure evaluation
4. Guatemala
 - CSM/CBD management review
5. Panama
 - Market research/market assessment
6. Costa Rica
 - Review of advertising strategy and materials
7. Mexico
 - Preliminary market research
8. El Salvador
 - CSM evaluation
9. Colombia
 - Generic promotion and market research
10. Paraguay
 - Initial market research

B. ASIA/NEAR EAST

11. Nepal

- Survey of rural distribution channels
- Management training
- Communications evaluation
- Financial/strategic planning
- Distribution system management

12. Bangladesh

- Test of retail audit methodology
- Implementation of retail audit

13. Morocco

- Initial market research/supervision
- Management training

14. Egypt

- Marketing management support
- Communications support
- Self-sufficiency assessment

C. AFRICA

15. Liberia

- Initial market research/ability to pay

APPENDIX H

Model for SOMARC Research Program

MODEL FOR SOMARC PROGRAM RESEARCH

FORMATIVE RESEARCH

- Focus Groups 4 weeks
Idea generation for ad campaign,
Develops questions to use in Baseline
- Consumer Baseline Study 6-8 weeks
Quantitative, projectable, develops
awareness and use baselines for
measuring advertising/mktg. effectiveness
Serves as Wave I of tracking study
Must be done before ad, product launch
- Retail Audit/Retailer Survey 2-3 months
Measures market structure/competitive sales
Develops baseline for measuring retailer
training effectiveness

ADVERTISING/MARKETING STRATEGIES/CONCEPTS DEVELOPED

- Concept Tests 2-4 weeks
Can be focus groups or consumer intercepts
Explores reactions to several ad
concepts developed from formative
research
- Name/Package Design Tests 2-4 weeks
Can be focus groups or consumer intercepts
Can be one or separate studies
Explores reactions to several name and/or
package designs developed from formative
research

AD AGENCY CHOOSES CONCEPTS, NAMES, PACKAGE DESIGNS/AD COPY
WRITTEN, ROUGH ADS DEVELOPED

- Advertising Pre-testing 2-4 weeks
Consumer intercepts preferred, focus groups
also used
Explores communication effectiveness of ads
Gives direction for refinement of ads before
final production

PRODUCT LAUNCH/ADS PLACED

TRACKING RESEARCH/FOLLOW UP

- Wave II - Consumer Tracking Study 6-8 weeks
Can be after 3 months, 6 months, or a year
depending on objectives of CSM project
Conducted in same way as Baseline to measure
awareness/use changes

- Follow-up Retail Audits
Can be once a month, every 3 months, etc.
depending on objectives of program
Measures changes in sales of CSM/competitive
products
Assesses effectiveness of retailer training

- Consumer Intercept Profiles 4-6 weeks
Quantitative survey but not representative
Profiles CSM product users in pharmacy
intercepts
Developes information on who uses product
and why

OTHER STUDIES TO CONSIDER

- Mystery Shoppers

- Physician Opinion Study

- Panel Research

Source: The Futures Group, December 1987

APPENDIX I

Criteria For CSM Program Support

Criteria for CSM Program Support*

Within the first 30 days of the contract, the Contractor's key staff will meet with the A.I.D. Cognizant Technical Officer (CTO) to review the list of countries which appear to be eligible for long-term CSM program assistance. The A.I.D./CTO will coordinate selections with A.I.D. Geographic Bureaus and USAID Missions. Contractor may then visit selected countries to prepare an assistance strategy for each country which will provide evidence that the country meets the following minimum criteria for CSM program support:

1. USAID agreement on a plan for program oversight and funding;
2. No administrative or legal restrictions impeding the sale of contraceptives which would inhibit the implementation of a CSM project;
3. Regulations restricting contraceptive promotion and mass media advertisement will be resolved;
4. All questions regarding import duties, tariff customs charges and other impediments to contraceptive supply within the country will have been satisfactorily resolved;
5. The infrastructure (retail outlets as well as wholesalers) and the accompanying mechanism for commercial distribution of commodities other than contraceptives will be fully described; and
6. A potential market sufficient to make the program cost-efficient.

The Contractor's initial country assessment will be submitted to the CTO for review within thirty days of the SOMARC feasibility team's visit to that country. From the list of priority countries, it is estimated that two will be chosen for Start-up in the first year and the remainder staggered over the remaining four years...

*SOMARC contract provision, as amended February 2, 1986

APPENDIX J

SOMARC BASELINE KAPS AND TRACKING STUDIES

SOMARC BASELINE KAPS AND TRACKING STUDIES

	DATE	SAMPLE SIZE	SAMPLE SELECTION	COST	IN-COUNTRY RES. COMP.	SOMARC DESIGN CONSULTANT	SOMARC IMPLEMENTATION CONSULTANT
AFRICA							
GHANA							
Tracking Study	2-4/88	1,600	Random probability sample in 3 cities; 50/50 men/women; adults 15-50	\$19,000	DANAFCO Research Arm	Bob Porter (DPN)	Bob Porter (DPN)
LIBERIA							
Baseline KAP	2-3/88	1,600	Random probability sample in 3 cities; 50/50 men/women; adults 15-49	\$21,000	SUBAH-BELLEH	Sharon Tipping (TFG)	Sharon Tipping Susan Smith (TFG)
ZIMBABWE							
Baseline KAP	9-11/87	1,000	National random probability sample; 2/3 urban, 1/3 rural; 50/50 men/women; adults 15-49	\$30,400	QUEST	Ted Green (John Short) and Mark Boroush (TFG)	Ruth Cornfield (Un. of TN)
ASIA/NE/CARIBBEAN							
BARBADOS							
Tracking Study	9/87	820	National random probability sample; Men 15-50	\$6,000	SYSTEMS CARIBBEAN	Mark Boroush (TFG)	Gael O'Sullivan (TFG)
INDONESIA							
Duslima Tracking							
Pre-Wave	4/87	1,000	Random selection;	\$44,000	SURVEY	Mary Debus	Mary Debus
Post-Wave	8/86	1,000	matched quota sample from pre to post; 3 cities; men 18-49	(both)	RESEARCH INDONESIA	(DPN)	(DPN)

Omnibus Tracking	3/87	1,000	Random probability sample; 4 cities; 50/50 men/women; adults 15-45	\$30,650	SURVEY RESEARCH INDONESIA	Mary Debus (DPN)	Mary Debus (DPN)
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TRINIDAD

Baseline KAP	3-4/88	1,200	National random probability sample; 50/50 men/women; adults 15-49	TBD	GARIBBEAN MARKET RESEARCH	Sharon Tipping (TFG)	TBD
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LATIN AMERICA

BOLIVIA

Baseline L	5-7/87	3,000	National random probability sample; 50/50 men/women; 50/50 urban/rural; adults 15-44	\$45,000	ABC COMMUNICATIONS	John Stever (TFG)	Patty Dillon (TFG)
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COLOMBIA

Baseline KAP	2/88	3,011	National random probability sample; 50/50 men/women; adults 15-49	\$21,000	PROFAMILIA	Wende Skidmore (TFG)	Wende Skidmore (TFG)
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ECUADOR

Baseline KAP	11-12/87	2,000	Random probability sample; adults 15-44; cities/towns; 50/50 men/women	\$14,000	MARCOP	Michael Ramah (DPN)	Michael Ramah (DPN)
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100-

MEXICO

Omnibus Baseline	6/87	2,600	National urban probability sample; stratified by	\$17,500	ECCO (GALLUP)	Patty Dillon (TFG)	Patty Dillon (TFG)
Omnibus Tracking	12/87	2,600	SES and region; 50/50 men/women; adults 15-60	\$17,500			

PERU

Baseline KAP	1/88	3,000	National random probability sample; stratified by region; 50/50 men/women; adults 15-49	\$35,500	SAMIMP	Wende Skidmore Sharon Tipping (TFG)	Wende Skidmore Sharon Tipping (TFG)
--------------	------	-------	---	----------	--------	-------------------------------------	-------------------------------------

101-

CONSULTANT
FEE PAYMENT REQUEST

SUBMITTED TO:

THE FUTURES GROUP
1101 Fourteenth St. N.W.
Suite 300
Washington DC 20005-5601

PAY TO:

NAME _____

ADDRESS _____

SS# _____
(if not a U.S. Citizen, please
state nationality)

Date Submitted: _____

Task(s): _____

Dates Worked
(per task): _____

Total Days: _____ Rate: _____ Total Due: _____

I certify the above information to be true and that payment will not represent dual compensation for my services under another contract. I agree to the payment for the services on the basis of a daily rate determined by my current compensation or the highest rate of annual compensation (divided by 260 days) received by me during any full year of the immediately preceding three years or the maximum daily rate of a Foreign Service Officer Class 1 (FS-1), whichever is less.

Signed: _____

FOR TFG USE ONLY

Charge Project Number: _____

Payment Amount: _____

Approved by: _____

Date: _____

102

CHARGE CODES - SEPTEMBER 1967

Activity Code 1 - Technical Assistance

108	Liberia	130	Colombia
138	Honduras	145	Bangladesh (In planning)
148	Indonesia	149	Nepal
154	Jordan (In planning)	156	Egypt
157	Morocco	160	Paraguay

Activity Code 2 - Special Studies

200	Planning for Special Studies
263	CSM Impact on Contraceptive Prevalence Based on Available Data (N. Graham)
264	Effective Use of CSM Products (R. Porter)
265	SOMARC Impact on Contraceptive Prevalence (J. Stover)
266	Variables Related to CSM Effects on Contraceptive Prevalence (J. Stover)
267	Impact of Country/Region Characteristics on CSM Program Success (N. Graham, P. Dillon-Ailman)
268	Characteristics of CSM Users (W. Wallace, M. Boroush)
269	Advertising Effectiveness (P. Dillon-Ailman)
270	Contraceptive Choice Model (W. Wallace, M. Boroush)
271	Case Studies of CSM Program Types (Betty Ravenholt, Alan Andreason)
272	AID and AIDs (Betty Ravenholt, Santiago Plata)

Activity Code 3 and 4 - Implementation

304,404	Ghana	324,424	Zimbabwe
328,428	Bolivia	329,429	Brazil
333,433	Ecuador (soon)	332,432	Dominican Republic
340,440	Mexico	342,442	Peru (soon)
343,443	Caribbean	348,448	Indonesia
373,473	Trinidad	308,408	Liberia

Activity Code 5 - Project Development

Any country or region code is valid in category 5. 500 is also valid. 563-571 are not valid and 590 is reserved for the library. It would be unusual for category 5 activities to be taking place in an implementation (category 4) country.

Activity Code 6

656 Egypt (To avoid conflict with 156, this is the TFG T.A. code number for Egypt.)

Activity Code 7 - Conferences

796	Africa	797	Americas
798	Asia		

Activity Code 8 - Newsletter

Activity Code 590 - Library

591 - Information Dissemination

103