

Commercial Market Strategies

Year Three Annual Report
November 2000 – October 2001

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IN PARTNERSHIP WITH:

Abt Associates Inc.
Meridian Group International, Inc.
Population Services International



FUNDED BY:

US Agency for International Development

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December 14, 2001

USAID Contract No.
HRN-C-00-98-00039-00

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ACRONYMS

ADEMAS	Agency for the Development of Social Marketing (Senegal)
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APHA	American Public Health Association
ARH	Adolescent Reproductive Health
BC	Blue Circle program (Jordan)
BITC	Business in the Community
BSR	Business for Social Responsibility
CA	Cooperating Agency
CAPS	Commercial and Private Sector Strategies
CBD	Community-Based Distribution
CDIE	Center for Development Information and Evaluation
CHEP	Community Health Education Project
CELSAM	Centro Latinoamericano de Salud y Mujer
CMS	Commercial Market Strategies
CSR	Corporate Social Responsibility
CRS	Contraceptive Retail Sales (Nepal)
CYP	Couple-Year of Protection
DCA	Development Credit Authority
DFID	Department for International Development (UK)
DHS	Demographic and Health Surveys
DISH	Delivery of Improved Services for Health (Uganda)
DTC	Direct to Consumer
EC	Emergency Contraception
FP	Family Planning
FPAN	Family Planning Association of Nepal
FRONTIERS	Reproductive Health Operations Research
GHC	Global Health Council
GkH	Goli ke Hamjoli (India)
HIV	Human Immunodeficiency Virus
HRA	HRA – Pharma (pharmaceutical company)
ICICI	Industrial Credit and Investment Corporation of India Limited
IEC	Information, Education and Communication
IFC	International Finance Corporation
IFPS	Innovations in Family Planning Services Project (India)
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device

IR	Intermediate Result
KAP	Knowledge, Attitudes, and Practice
LLR	Lower-Level Results
LSMS	Living Standards Measurement Study
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MHO	Mutual Health Organization
MOF	Ministry of Finance
MOH	Ministry of Health
MOST	Micronutrient Operational Strategies and Technologies
MOU	Memorandum of Understanding
MWRA	Married Women of Reproductive Age
NFCC	Nepal Fertility Care Center
NCHIS	Nkoranza Community Health Insurance Scheme
NGO	Nongovernmental Organization
OC	Oral Contraceptive
ORS/ORT	Oral Rehydration Salts/Therapy
PACT-CRH	Program for Appropriate Commercial Technology–Child and Reproductive Health (India)
PHN	Population, Health and Nutrition
PHR	Partnerships for Health Reform Project
PNC	Postnatal Care
PSI	Population Services International
PSSN	Pariwar Swastha Sewa Network (private provider network in Nepal)
PVO	Private Voluntary Organization
RH	Reproductive Health
RME	Research, Monitoring & Evaluation
SIFPSA	State Innovations in Family Planning Services Agency (India)
SMC	Social Marketing Company (Bangladesh)
SO	Strategic Objective
SOMARC	Social Marketing for Change Project
STD/STI	Sexually Transmitted Disease/Infection
TAG	Technical Advisory Group
UNACOIS	Union Nationale Des Commerçants et Industries du Senegal
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

1. INTRODUCTION

1.1 *Overview of the CMS Project*

The Commercial Market Strategies (CMS) Project is a five-year contract (1998-2003) of USAID's Center for Population, Health and Nutrition (PHN), and the first contract to be implemented under the Commercial and Private Sector Strategies (CAPS) Results Package. CAPS is a ten-year results package that seeks to increase use of family planning and other health products and services through private sector partners and commercial strategies. The CAPS Results Package is designed to meet a projected global surge in demand for family planning and reproductive health services that will far exceed available public sector and donor resources to satisfy that demand. To redress this resource gap, CAPS looks to the private sector (defined as the commercial, for-profit sector, and the NGO sector) to meet the health care needs of low-income consumers in developing countries.

In the past, the provision of family planning and other basic health services in developing countries was regarded as the concern of the public sector and the donor community. With the onset of global health care reform, opportunities have been created for the commercial and NGO sectors to play a more pivotal role in health care. Many developing countries look to the private sector and the adoption of commercial sector practices to increase the quality, affordability and efficiency of health care service delivery. By serving the needs of consumers with affordable and high-quality services, and by attracting users of public sector services who have the ability to pay for health care, the private sector is poised to expand health care delivery for USAID's target populations.

CMS' strategic objective is to increase the use of high-quality family planning and other health products and services in developing countries by partnering with the NGO and commercial sectors. The thrust of CMS is to apply strategies that go beyond traditional social marketing of contraceptives, by forging partnerships with the commercial organizations involved with health care service provision. For example, CMS is focusing on expanding the delivery of reproductive health services through private provider networks; exploring new health care financing mechanisms to expand access to services; and broadening social marketing strategies through diversification of products and targeted demand creation. Moreover, CMS is improving the policy environment to permit the private sector to play a more significant role in delivering basic health and family planning services to new markets and consumers.

As a global PHN project, CMS responds to the strategic objectives of USAID Missions, while providing technical leadership to the PHN Center in forging new strategies and innovative approaches for working with the private sector. To fulfill this role, CMS is implementing a broad range of pilot interventions, global research, new health care financing options and models, creative financing mechanisms, and disseminating key findings and lessons learned. All CMS programs and technical initiatives support the Strategic Objectives (SOs) of the PHN Center and USAID Missions, and most importantly the reproductive health needs of consumers and clients in the countries that CMS serves.

1.2 Strategic Objective

The CMS Project and its activities contribute towards the achievement of the following strategic objective:

Increased use of quality family planning and other health products and services through private sector partners and commercial strategies.

To achieve this strategic objective, CMS pursues three intermediate results (IRs): that focus on:

IR1: Demand creation for FP/RH products and services

IR2: Increasing the supply of FP/RH products and services

IR3: Improving the environment to augment private sector participation.

IR 1: Increasing the demand for family planning and other health products and services from the private sector.

- Achieving this IR requires demand creation to attract new consumers and to shift clients from the public sector. Demand is created through a wide range of interventions:
- IEC campaigns to inform and educate consumers, and to change consumer attitudes and behaviors.
- Communications campaigns to attract consumers to products and services delivered through private and commercial providers.
- Innovative partnerships with the private sector designed to stimulate demand among new consumer groups.

IR 2: Increasing the supply of quality family planning and other health products and services through commercial approaches.

- To increase the supply and quality of products and services, CMS engages in:
- Creating partnerships with commercial manufacturers, suppliers, and distributors.
- Increasing commercial sources of contraceptives and health products
- Expanding health service delivery through commercial employers and organizations
- Forming and strengthening provider groups and networks to expand the availability and quality of services
- Utilizing health financing mechanisms to expand consumers' capability to pay for private health services
- Providing technical assistance to enhance the institutional, managerial and financial capabilities of private health care providers, particularly NGOs that have a social commitment to serve target populations.

In addition, CMS is linking family planning services to complementary services (such as primary care and HIV/AIDS services), and tapping financial resources to increase the availability and affordability of health products and services. This supports the opening up of new market segments for providers and insurers. The financing mechanisms offered by CMS (through the Summa Foundation) include: micro-credits for private providers (such as midwives), loans to NGOs, and financing for private clinics that serve the FP/RH needs of target populations.

IR 3: Improving the environment for sustainable delivery of family planning and other health products and services through the private sector.

CMS addresses the legal and regulatory environment to facilitate commercial sector participation in the delivery of family planning services. Policies that may hinder the private sector concern access to credit, pricing, quality of care, training of providers, and regulations that affect interventions through insurance and managed care plans. Other regulatory and market expansion challenges that CMS is undertaking through its country programs and core activities include:

- Delineation of public and private sector roles in specific markets, through segmentation and consumer profiling.
- Regulation of brand advertising.
- Import regulation and taxes on pharmaceuticals and medical equipment/supplies.
- Access to foreign currency to import contraceptives/pharmaceuticals.
- Policies affecting licensing of private providers.
- Corporate policies related to reproductive health and HIV/AIDS initiatives.

Many of the countries in which USAID operates have already undergone significant legal and regulatory reform to open up private sector provision of family planning. However, the new emphasis on integrated health services will require concentrated effort in the legal and regulatory arena. Much of this will focus on creating the appropriate legal and regulatory framework for new forms of private sector health provision and financing, such as medical aid programs, innovative health insurance plans, and integrated managed care.

1.3 Purpose of the Annual Report

This annual report documents the accomplishment and results of CMS's third year of operations, from October 2000 through September 2001. It is organized by sections that correspond to the CMS Year Three Work Plan in order to facilitate comparison between the priority areas mentioned in the work plan and actual accomplishments for this project year. Therefore this report will largely document achievements in each major technical area of the project and all country programs, key accomplishments to date, any changes to the work plan, and issues the project may have encountered.

As will be evident to readers, our work plan is organized along technical areas (such as social marketing and policy) and country programs, as well as functional components, such as research and dissemination, which cut across technical and country dimensions. This multi-dimensional aspect of our work creates certain redundancies in reporting activities and results. We have endeavored to minimize these redundancies, but some repetition is inevitable to provide a fuller picture of technical initiatives (often involving several technical disciplines) across country programs, while also detailing specific country-level achievements.

2. SUMMARY OF ACCOMPLISHMENTS

In its third year, the CMS Project made major strides in expanding its country programs and technical initiatives, and accomplished a substantial portion of its goals as defined in its Year Three Work Plan. These accomplishments are detailed in the document sections that follow. The Summary Table on the following pages itemizes Year Three accomplishments against the Work Plan for each component of the project.

Each of the following sections in the Annual Report will detail the accomplishments achieved for technical or functional area of the project. In particular, we are including a summary of all key activities for each of our country programs, and technical assistance initiatives. This is preceded by a discussion of our technical areas, which address specific accomplishments and lessons learned across country programs.

Summary of Year Three Accomplishments Country Programs & Technical Initiatives

Year 3 Goals	Proposed Programs/Initiatives	Accomplishments
1. Develop new CMS country programs in three countries	Conduct assessments in up to five countries and design three new CMS programs for USAID approval	<ul style="list-style-type: none"> • Three full assessments completed (Egypt, Namibia, Armenia); and one limited assessment (El Salvador). • Country programs designed; Namibia approved for implementation
Implement/expand existing social marketing programs <ul style="list-style-type: none"> • Morocco • Madagascar • Uganda • Senegal • India • Nepal • Jordan 	<ul style="list-style-type: none"> • Add new products or services to programs • Integrate social marketing with other CMS program components • Conduct regional “Smart Marketing” workshops • Address sustainability of social marketing programs 	<ul style="list-style-type: none"> • Sales for 12 of 14 products increased • CYPs for all products grew by 11% over FY 2000, to nearly 3 million CYPs in FY 2001 • New Products added in Uganda: Clear Seven STD kit; EC and SmartNet malaria nets. • Added oral contraceptive in Senegal for launch in November 2000 • Social marketing integrated with program components in Nepal, Morocco, Nicaragua, Jordan, Uganda and Ghana • PSI workshops attended by CMS staff • Sustainability addressed in India, Jordan and other TA efforts (Nepal, Nicaragua, Ghana, Dominican Republic, Senegal)
3. Develop and implement pharmaceutical partnerships <ul style="list-style-type: none"> • Two new regional/global partnerships developed • New CMS program partnerships developed in 3 countries 	<ul style="list-style-type: none"> • Undertake Country assessments • Conduct Negotiations with manufacturers in India, Morocco, Jordan • Develop regional and global agreements 	<ul style="list-style-type: none"> • Regional partnership with CELSAM launched in Guatemala • Country partnerships in Jordan, Morocco, India and Senegal signed • Global partnership for EC developed with HRA Pharma

Year 3 Goals	Proposed Programs/Initiatives	Accomplishments
<p>4. Develop and implement CSR programs</p> <p>CSR programs developed and implemented in two new countries</p> <p>Implement CSR activities in existing programs</p>	<ul style="list-style-type: none"> • Identify partnerships related to CMS programs: • Morocco • Ghana • Namibia • Latin America (regional) • Develop partnerships with NGOs, small businesses • Conduct desktop reviews 	<ul style="list-style-type: none"> • Ghana partnerships launched with Goi clinic (Fransesco) and Unilever/GSMF (HIV/AIDS peer educators) • Namibia initiatives developed; awaiting funding
<p>5. Implement provider network and service delivery models:</p> <ul style="list-style-type: none"> • Provider networks developed in four countries • Document Provider network models 	<ul style="list-style-type: none"> • Implement provider networks in: Nicaragua, Nepal, India and Morocco • Document PROSALUD and GreenStar network models. 	<ul style="list-style-type: none"> • Provider network implemented in Nicaragua; 6 clinics constructed, operational; meeting sustainability goals and service delivery objectives for Mitch-affected areas • Paramedic/nurses network developed in Nepal • Policy work in Morocco to permit group provider practices: pilot to be launched in FY 2002 • Network model identified in Egypt, proposed • Greenstar model documentation conducted
<p>6. Develop health insurance or third party payment programs</p>	<ul style="list-style-type: none"> • Develop 2 new insurance programs • Produce manual for providers and regulators • Provide TA to insurance plans in Ghana, Senegal and Uganda 	<ul style="list-style-type: none"> • Feasibility plan in Senegal (UNACOIS) completed; to be implemented by PHR Plus • New project identified in Namibia to improve HIV treatment protocols and coverage by insurance plans • TA provided in Uganda to community-based programs: enrollment doubled in seven plans
<p>7. Provide technical assistance to NGOs in the area of capacity strengthening or sustainability</p> <p>Provide TA to NGOs in seven countries</p> <p>Host NGO regional workshops</p>	<ul style="list-style-type: none"> • Provide technical assistance to NGOs in Philippines, Turkey, Ghana, Dominican Republic, Nepal, Senegal, Uganda, Nicaragua and other CMS countries • Organize regional sustainability workshops (Latin America, Near East) 	<ul style="list-style-type: none"> • TA provided in Turkey, Ghana, Dominican Republic, Nepal, Senegal, Uganda, Nicaragua, Bangladesh • Workshops conducted in Ghana, Dominican Republic, Tunisia for IPPF/Arab Region affiliates • Regional workshop in LAC conducted for 29 NGO's

Year 3 Goals	Proposed Programs/Initiatives	Accomplishments
8. Conduct 3 Summa financial transactions and investments in support of CMS goals	<ul style="list-style-type: none"> • Conducts assessments of potential investments • New investments presented for USAID approval. 	<ul style="list-style-type: none"> • 9 assessments initiated • 5 new Investments presented and approved (Ghana, Cambodia, Nicaragua, Peru and Uganda)
9. Pursue policy initiatives in support of CMS goals	<ul style="list-style-type: none"> • Develop policy primers (1-2) • Organize conference on public/private partnerships • Assist CMS country programs identify policy initiatives 	<ul style="list-style-type: none"> • Primers initiated • Policy work supported in Jordan, India, Senegal, Uganda and Morocco • Condom tax/duties removed in Jordan • Policy components identified in Namibia, Armenia, Honduras, Egypt and El Salvador
10. Conduct global research to guide CMS activities in country programs and technical areas	<ul style="list-style-type: none"> • Implement five global research studies • Conduct operations research in Uganda and Senegal • Disseminate findings 	<ul style="list-style-type: none"> • Five global studies underway • Country research supported in 12 countries • Three country studies disseminated
11. Monitor and evaluate CMS programs	<ul style="list-style-type: none"> • Complete baseline surveys in Senegal, Morocco, Nicaragua • Track monitoring data • Disseminate CMS program results 	<ul style="list-style-type: none"> • Baseline work and impact analyses completed in 3 countries • M&E data compiled, analyzed • M&E reports developed
12. Communicate and disseminate the results of CMS activities	<ul style="list-style-type: none"> • Produce print materials, including newsletters, brochures, technical papers and “primers” • Convene a TAG • Convene a “Lessons Learned” round table conference • Hold up to three regional workshops/presentations • Disseminate information through CMS web site 	<ul style="list-style-type: none"> • Newsletters (3) and brochures published • TAG on Services Marketing convened • Regional conferences held in Tunisia, Ecuador • Web site enhanced; all key publications listed on site

3. TECHNICAL INITIATIVES

CMS has defined eight technical areas through which it pursues its project objectives:

- Social Marketing
- Partnerships with Pharmaceuticals
- Corporate Social Responsibility
- Provider Networks
- NGO Sustainability
- Health Financing Alternatives
- Policy Change
- Summa Foundation (investments in health)

Accomplishments for the first seven technical areas will be described in this section. The Summa Foundation will be discussed separately in the section that follows (section 5).

3.1 *Social Marketing*

The Year Three Work Plan identified four priorities in the area of social marketing.

- Increasing Sales in Existing Programs
- Adding/Introducing New Products
- Expanding the Knowledge of Social Marketing
- Addressing the Sustainability of Programs

Achievements against these stated priorities are detailed below.

Increase Sales in Existing Programs

Increasing sales in existing social marketing programs was a key objective for Year Three. The main mechanisms to increase sales were improved distribution, training and promotion/IEC activities.

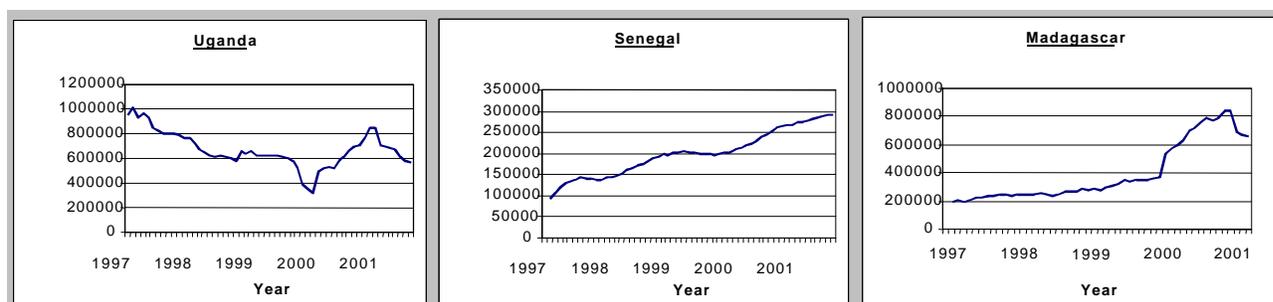
The following table provides the growth rate in sales during Year Three, compared to the same period in Year Two, and compared to targets. While some country programs calculate sales using a calendar year basis, rather than the fiscal year, which does not allow for direct comparison to targets for all countries as a whole, **sales of contraceptives indeed increased in all CMS countries**, with two exceptions: condom sales decreased 12% in Madagascar, and injectables decreased 7% in Morocco.

Country (Period)	Brand (Product)	FY 2000 Units	FY2001 Units	Budgeted changes	% change
Senegal Oct-Sep	<i>Protec</i> (condom)	3,116,340	3,500,775	+29%	+12%
Morocco Oct-Sep	<i>Kinat</i> (OC)	2,750,011	2,828,685	+11%	+3%
	<i>Lawlab</i> (IUD)	3,705	4,684	N/A	+26%
	<i>Hoknat</i> (injectable)	17,246	16,087	+14%	-7%
Madagascar Apr-Mar	<i>Protektor</i> (Condom)	4,700,622	4,130,814	+4%	-12%
	<i>Pilplan</i> (OC)	120,879	318,941	+52%	+63%
	<i>Confiance</i> (Injectable)	29,804	92,622	+33%	+210%
India Oct-Sep (trend)	Oral contraceptives	10,155,000	10,786,666	+15%	+6%
Jordan (Oct-Sep)	Oral contraceptives Nordette/Trinordiol	41,500	47,500	N/A	+14%
Uganda Oct-Sep	<i>Protektor</i> (Condom)	8,166,125	8,260,014	+16%	+1%
	<i>Pilplan</i> (OC)	828,660	950,580	Flat	+15%
	<i>Injectaplan</i>	299,760	480,530	+40%	+60%
	<i>Vikela</i> (EC)		1,216 *	N/A	N/A
	<i>ClearSeven</i> (STI kit)		37,849 **	N/A	N/A
	<i>SmartNet</i> (ITN)		46,119 **	N/A	N/A

*May-Sept 01

** Dec 00-Sept. 01

Analysis of CMS Condoms Sales



Evolution of condom sales: 1997-2001

Condom sales have evolved differently across CMS projects. In **Uganda**, condom sales appear to have reached a plateau as early as 1997, then fallen for at least two reasons: the existence of a competing social marketing condom catering to the same population, and stock-outs caused by packaging production problems. As a result, condom sales in 2001 increased by barely 1% as opposed to the expected 16% increase.

In **Senegal**, condom sales have followed a remarkably steady progression since 1997 and have exceeded expectations in 2000-2001. A number of factors explain the 29% increase: rising levels of awareness of HIV/AIDS in the region, efforts by the project to position condoms as effective in preventing infection, expanded condom availability through mass distribution, and the absence of a strong competitor on the same market segment.

Madagascar is characteristic of a country where condoms are unpopular as a family planning method, and where HIV/AIDS prevalence is low. Little motivation exists for using condoms, even though STI rates are extremely high in Madagascar. In addition to substantial demand creation activities—such as mass media campaigns and a new adolescent reproductive health program—the project boosted condom sales in 2000-2001 with a repackaging of *Protektor*, the project condom brand. Early 2001 saw a dip in sales, possibly caused by wholesaler overstocks and slow retail sales. The result was a 12 decrease instead of a 4% increase.

Oral contraceptives

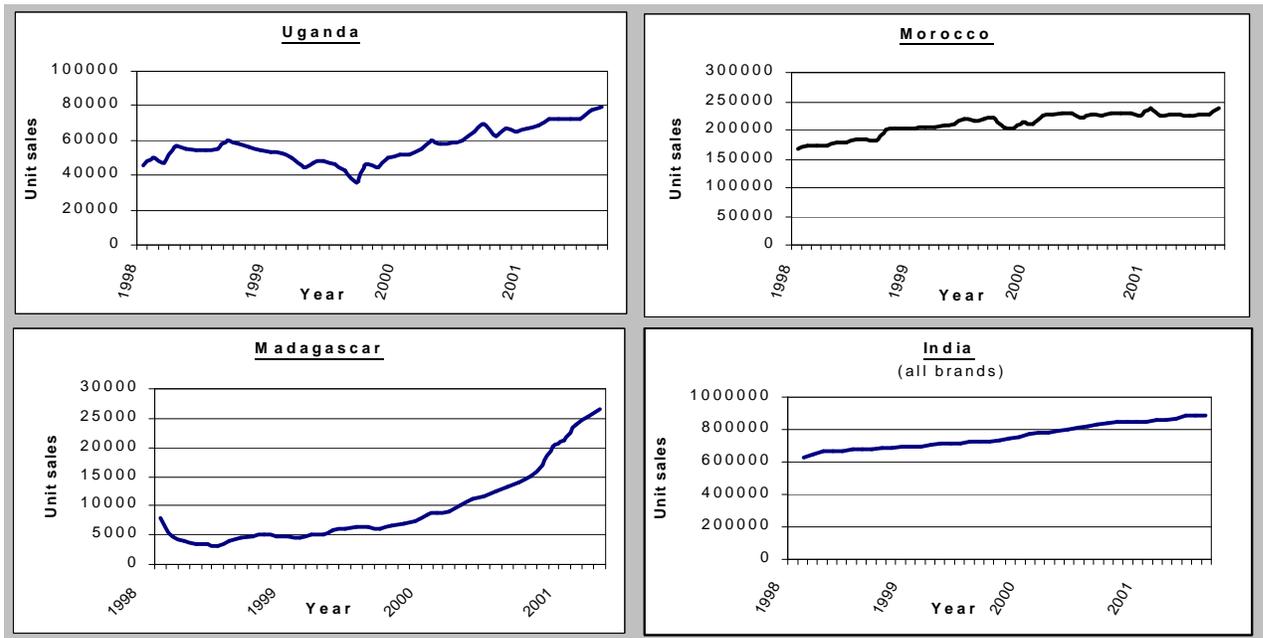
Sales results differed markedly from one country to another, reflecting circumstances specific to each country but also common characteristics across programs. For example, pill sales exceeded expectations in **Madagascar** and **Uganda** because there was still a lot of unmet demand for this relatively new social marketing product. In Madagascar, oral contraceptives enjoyed substantial unmet demand when *Pilplan* was introduced. The fact that no other affordable brand existed on the market contributed to rapid sales growth between 1998 and 2001 (Readers should note that the Madagascar program was transitioned to AIDSMark, beginning in April 2001, at the request of USAID).

Pilplan is one of the few widely known oral contraceptives in Uganda and is only threatened by the rising popularity of injectables and persistent negative rumors about OCs.

On the other hand, pill sales in **Morocco** failed to meet targets, reflecting the difficulty of generating incremental sales in a country where the method has been available for a long time and where non-use is due to factors that have little to do with price or availability. There are signs that demand for OCs may have peaked in urban areas, where the project operates. Consumer research conducted by CMS indicates that unmet demand is now quite low in urban areas. There is, however, potential for growth in rural areas, provided that enough people can afford to pay for contraceptives.

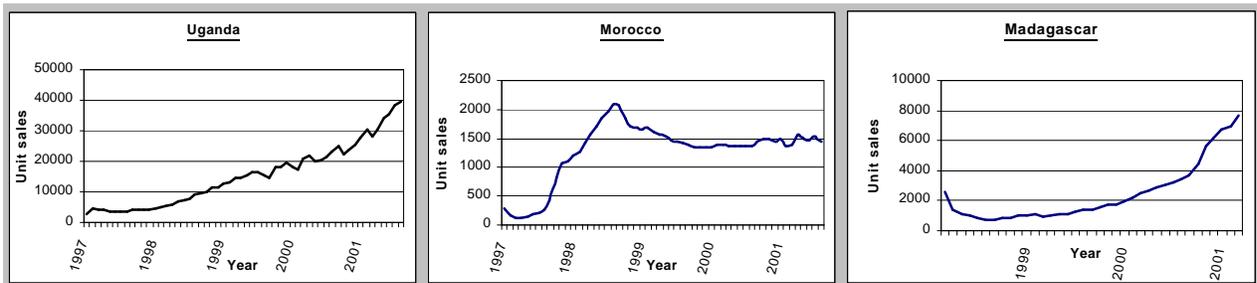
Likewise, in India—where the CMS program aims to deflect negative rumors about pills—the modest sales increase (6% vs. 15%) is consistent with the difficulty of changing unfavorable circumstances as opposed to taking advantage of a supply void. Nevertheless, the growth curve in India is reflective of an increase in overall demand for OCs, which is the goal of the *Goli ke Hamjoli* generic campaign developed by CMS.

In **Jordan** (sales not depicted)—another country where pills have been around for a long time—CMS has been working with Wyeth to support its detailing activities for its two OC brands (Nordette and Trinordiol) to physicians. Sales of these two brands for the past year have increased by 14%, according to IMS data. However, the pattern of sales growth has been uneven over past quarters, reflecting market fluctuations due to unknown factors.



Evolution of OC sales: 1998-2001

Injectables



Evolution of injectable sales: 1997-2001

Injectables are enjoying a remarkable success in **Uganda**, where sales exceeded budgets (60% vs. 40%). This is in contrast with **Morocco**, where the method has not reached acceptance in the general population. The project failed to achieve the budgeted 14% increase and experienced a decrease of 7% instead. The key factor was the failure of the pharmaceutical partner to provide the product for a period of six months, but several

other factors explain the difficulties encountered in Morocco: provider reticence in prescribing the method; rumors regarding side effects; and the cost of obtaining an injection in the private sector. In contrast, Ugandan women have easier access to the method as injections are easily obtained through pharmacies. **Madagascar** launched its injectable brand in 1998 and quickly absorbed unmet demand on the market. This is reflected in the drastic increase in sales (+210%) as injectables benefited from substantial unmet demand for affordable modern methods in Madagascar.

New Product Introductions

Uganda

Clear Seven—a kit designed to treat sexually transmitted infections and promote syndromic management of STIs in pharmacies—had been tested in 1999 by CMS Uganda in a pilot program. During the pilot phase, 7000 kits were sold with spectacular results in terms of compliance with treatment and subsequent condom use. CMS began the expansion of *Clear Seven* in November 2000 and trained new providers in syndromic management of urethritis. *Clear Seven* is now available in 889 selected drug shops, clinics and pharmacies, and is also being sold the army and the police, thus ensuring that STD treatment is reaching one of the most important groups for STD prevention and treatment. By the end of the 3rd quarter of FY 2001, CMS had sold 14,266 kits.

Vikela: CMS launched *Vikela* emergency contraceptive pills (ECP) project in March 2001. The introduction of *Vikela* is expected to decrease the incidence of unintended pregnancy, thereby reducing the demand for abortion. Sales for the first three months reached almost 1,000 units, indicating substantial unmet need among Ugandan women.

SmartNet: CMS is on the cutting edge of product development with the social marketing of this “PermaNet” product, which is pre-treated at the factory with insecticide that lasts up to 22 washes. *SmartNet* is sold through medical and non-traditional retail outlets as well as through NGOs and work sites. Cumulated sales for *SmartNet* totaled 26,700 units in July 2001.

Senegal

Securil: CMS Senegal is finalizing launch preparations for this new low-dose combined oral contraceptive. Pre-launch activities included product registration, packaging development, distribution contract negotiations, detailer recruitment and training, and creation of promotional material. CMS is anticipating an October launch for this new pill.

Behavior change programs

Behavior change activities have become a major aspect of CMS programs as barriers to use are continuously being identified by research. For sub-Saharan countries and India—where condom use is encouraged for both STI/HIV prevention and family planning—behavior change communication increasingly focused on personal risk assessment and de-stigmatization of condom use. Mass media campaigns were augmented by

interpersonal communication, a proven way to achieve behavior change. For example, the Uganda program has been funding two radio programs: *Triple S* and *Capital Doctor*, as well as a traveling peer educator program that counsels students on safe sex practices throughout the country. Also in Uganda, new insecticide-treated net and clean delivery kit programs are reinforced by behavior change campaigns addressing awareness of the dangers of malaria and unclean birth practices.

Behavioral impact is not always systematically measured by social marketing projects as sales are considered a proxy for behavior change. However, some projects do measure increased *use* of products, which provides a more accurate estimate of behavior change. In addition, attitude changes are a good predictor of use (and ultimately, behavior change).

Therefore, both changes in attitudes and behavior in addition to sales are worth mentioning:

- In Jordan, various ads were produced in 2001 to address long-standing negative beliefs regarding oral contraceptives. Post-campaign polls revealed noticeable differences in perceptions between people who had been exposed to the campaign and those who had not.
- In Uganda, research conducted in 1999 by the Medical Research Council reported that 93% of ClearSeven users complied with treatment. These users were also far more likely to use a condom during the treatment period (36% versus 18% in the control group), and 22% of these people used a condom for *the first time*. These results indicated that *ClearSeven* did not merely sell as a product, it also worked as a concept.
- In India, OC prevalence among targeted women in North India increased from 9% to 13 % between Feb/Mar 2000 and June/July 2001. In addition, intention to use OCs among targeted women in North India increased from 18% to 21% between Feb/Mar 2000 and Jun/July 2001.

Improvement in contraceptive supply

In January 2001, *Vikela* became the first emergency contraception product registered in Uganda and obtained the full endorsement of the ministry of Health. Pharmacies, clinics and select drug shops began selling the product in six districts. The retail price was set at a price that is affordable but not cheaper than a regular family planning method.

In Jordan, condoms were successfully introduced in supermarkets. The project is now working on obtaining a formal authorization to expand distribution from the Ministry of Health. In addition, CMS was successful in convincing the Jordan Ministry of Finance to eliminate the 30% duty on condoms and the 13% condom retail sales tax. While overall prevalence rates for condoms is low in Jordan, we anticipate that removing this important financial burden on condom imports and sales will spur consumer interest during Year Four and beyond.

In India, CMS signed an MOU with Wyeth, Schering and Organon to increase the distribution of contraceptives in North India.

Provider training interventions

CMS Jordan seeks to improve counseling by pharmacists and physicians through in-reach activities in hospitals and outpatient clinics, reinforced detailing and a quality assurance system. As of September 30, a total of 1,255 pharmacists have been trained with satisfactory post-test scores (82%), and 251 general practitioners had completed the service quality course.

In India, CMS completed training for 52,522 chemists and doctors between September 1999 and July 200, with the goal of improving knowledge and perceptions of oral contraceptives.

Technical assistance programs

During FY 2001, CMS provided assistance in sales and distribution management to Contraceptive Retail Sales (CRS)—a Nepalese NGO. The mission in Katmandu is now considering alternatives for follow-up activities involving CMS.

CMS also provided technical assistance to SMC in assessing the feasibility of manufacturing oral contraceptives in Bangladesh, and in Ghana, CMS helped the Ghana Social Marketing Foundation develop a luxury condom brand as part of its revenue enhancement plan. The new brand was launched in October 2001, with financial assistance from a Summa Foundation loan.

Strengthen the Social Marketing of Services

CMS used the Technical Advisory Group (TAG) as a means of informing strategy and providing guidance in the area of services social marketing. With several new product launches that involve providers and the provision of services, CMS convened a TAG on services social marketing on May 3, 2001. A summary of the proceedings was developed and disseminated to a broad audience within USAID and the CA community.

Improve Program Sustainability

CMS sought to use partnerships with pharmaceutical companies as a means to increase sustainability of its social marketing programs. In Senegal, this strategy was not achieved for the possible launch of oral contraceptives, due to economic difficulties. A pilot partnership strategy is being discussed as a possibility for the injectable in India, as well as for pills, injectables and IUDs in Jordan. In addition, efforts to strengthen institutional capability of our social marketing partner organizations are continuing in the Dominican Republic, Ghana, Nepal, and Senegal.

CMS partnered with PSI to build technical capacity in field programs by inviting representatives from Senegal, Morocco, and Madagascar to participate in marketing workshops held in Togo and South Africa in January and April 2001. In addition, CMS organized TAG workshops on services marketing at the CMS annual retreat in May 2001. During these workshops, panels of experts shared technical knowledge and lessons learned on managing networks, positioning services and ensuring quality of care.

3.2 Private Provider Networks

CMS continues to view provider networks as an important vehicle to improving access to affordable high quality family planning and other health services on a large scale. Provider franchises and networks are especially good mechanisms, particularly for long-term methods that involve skilled providers and where the clients need more counseling, guidance and professional service.

In Year Three, CMS focused on project implementation and documentation of the experiences of others in the area of franchises and networks. As CMS's experience in networks developed, the project came to realize that the area of networks/franchises was not in sufficient demand to justify a full-time, dedicated resource. Therefore CMS identified resources in the consortium and in two existing networks: Greenstar and PROSALUD. CMS used extensive technical assistance from staff from PROSALUD and Greenstar in the development of the Nicaragua and Nepal Networks. PSI has a formal agreement with PROSALUD for technical assistance. CMS, through PSI was able to use this as a mechanism to contract consulting services from PROSALUD that were integral in the design and implementation of the Nicaragua Network. In addition CMS made linkages with staff with network experience in PSI. This staff was used both to provide technical assistance in Nepal, and to help the project generate possible new ideas for network program. CMS headquarters staff also accompanied representatives from Morocco on a study tour of both networks during Year Three, building CMS staff expertise in the area of networks. CMS completed the Greenstar Case study, adding to our body of knowledge on the operations of that particular network model.

Implementation activities included our network programs in Nicaragua, Nepal and Morocco. Documentation included the writing of the Pakistan Greenstar Case Study, and the Services Marketing Technical Advisory Group Meeting and subsequent proceedings. Both documents are being used by CMS staff to help guide network activities. On the basis of the case study, CMS developed a scope of work for a global research study analyze Greenstar, PROSALUD (Bolivia) and other networks, in addition to the CMS networks in Nepal and Nicaragua, to examine the role of provider networks in increasing access and quality.

Project implementation activities are summarized below and explained in more detail in each country section:

Nicaragua: In Year Three, CMS Nicaragua constructed and opened five new clinics all of which will be part of the larger PROFAMILIA clinic network. The remaining clinic opened in October 2001. Clinic visits have increased substantially from an average of 825 in the first month of operation to an average of 1,700 visits in August 2001. In addition the three clinics that had a sufficient operating period to show cost recover had impressive results. The cost recover ratio for August 2001 (the most recent data available) ranged from 151% in Esteli to 69% in the most recently opened clinic in Sebaco.

Nepal: CMS continues to provide marketing support to the PSSN doctors network. The network saw 20,440 family planning clients in the last year. In addition CMS completed a tracking study of the network to assess utilization and adjust implementation accordingly. CMS successfully designed and launched a pilot nurse/paramedic network of 70 providers. During Year Three CMS designed a training course and completed the training of the 70 providers. A promotional campaign was designed and initiated, and agreements with contraceptive suppliers secured.

Morocco: The development of a provider network in Morocco has come up against substantial policy barriers. In Year Three, much of CMS/Morocco's efforts went into addressing those policy constraints. They include the development of regulatory guidelines for the establishment of private group practices, the establishment of a curriculum for family practice, the exploration of various quality assurance mechanisms and the development of a promotional strategy for private providers. In addition, a regulatory review of constraints affecting private group practice was completed.

India: While CMS anticipated conducting a pilot urban based private provider network in India, the network was not implemented due to political sensitivities with respect to injectables. USAID/India has therefore asked CMS to shift focus from launching a network to conducting research and advocacy, which will open the door to injectable provision.

3.3 NGO Sustainability

CMS provided technical assistance to NGOs that will enable them to pursue their social mission, in support of the CMS mandate of expanding private provision of FP/RH services and products. CMS had extensive accomplishments in this area:

Continue providing TA to partner organizations in: the Dominican Republic, Nicaragua, Peru, Paraguay, Ghana, Nepal, Bangladesh and other CMS countries.

Dominican Republic: CMS worked with four NGOs in providing technical assistance in the areas of institutional development, business plan development, strategic planning, proposal writing, and financing. Three of the four NGOs presented strategic and sustainability plans that have been approved by USAID/DR.

CMS also began providing new technical assistance to five NGOs in the Dominican Republic involved in HIV/AIDS prevention (COIN, CEPROSTH, CASCO, REDIVIH, MOSCTHA). An initial assessment was conducted on each NGO's accounting systems (chart of accounts), internal controls, and supply management. Recommendations and planned technical assistance include: implementing new accounting systems at each NGO, improving internal controls/procedures, and instituting a revolving fund for systematizing the purchase of condom supplies. The assistance will continue into Year Four, as part of the CMS program.

Ghana: GSMF received guidance from CMS on contents for developing and presenting a sustainability plan. GSMF, through CMS guidance and contacts, signed a contract with a condom manufacturer for the launching of a new condom in the Ghanaian market. It is a highly priced condom, aiming at the upper segment of the population. Sales in the first year are expected to exceed 500,000 units in the first year.

Senegal: The CMS team conducted a sustainability assessment of ADEMAs, and assisted in the development of an operational plan for the local NGO aimed at improving governance, financial management, and strategic business planning. ADEMAs has begun to implement recommendations in governance and installing a new accounting system.

Uganda: In 2000, CMS began providing technical assistance to the Uganda Private Midwives Association (UPMA), strengthening the association managerial capacity, marketing and membership activities. CMS has also played the role of monitoring and analyzing the operations and financial position of the Association's Kansanga clinic and providing recommendations for improved efficiencies

Conduct regional workshops to promote and improve business practices among NGO's

From March 22-30, 2001, a workshop titled Private Sector Strategies for Social Sector Success was held in Hammamet, Tunisia. The thirty Participants represented 14 countries from International Plan Parenthood Arab World Region. The workshop focused on employing business practices within an NGO environment, balancing the mission with the bottom line. The course had two main focus areas governance and leadership, and business planning and finance. Key topics included the role of the board, marketing, finance, and managerial accounting and revenue diversification. This interactive workshop was output-driven: participants developed business and feasibility plans for new products and services. The participants presented their own NGO's feasibility plans to the group and board members. Of the 14 plans presented, 4 have been fully funded, 3 are under study and the rest are awaiting donors' response.

In May 16-18, 2001, jointly with FRONTIERS and CEMOPLAF, CMS hosted a sustainability conference in Quito, Ecuador. There were 80 participants from 14 countries representing 28 NGOs. The objectives of the conference were to share lessons learned in the area of sustainability and link the commercial sector companies with NGOs. As a result of the conference, 4 NGOs signed new contracts with a condom manufacturer and a manufacturer of multivitamins.

From August 28-30, 2001, CMS conducted a workshop for our NGO partners in the Dominican Republic on how to prepare and present Business Plans. There were 12 participants representing the local NGOs and representatives from USAID/DR. The objectives of the workshop were to improve the knowledge and skills of NGOs in preparing business plans. Two of the business plans are in the process of being presented to USAID for funding through special projects' fund.

Disseminate NGO sustainability concepts and experiences

CMS presented a briefing to USAID personnel and CA representatives on September 13 to summarize the findings of our technical assistance and experiences from our work with NGOs, and in enhancing organizational and programmatic sustainability through improved business practices.

3.4 Health Financing Alternatives

The following priority areas were established for Year Three:

- Explore opportunities to build on CMS initiatives in network / franchising.
- Work with ongoing health financing projects to include (private) reproductive health services in the benefit package.
- Consider a major CMS project in health financing only where not pre-empted by other USAID health financing efforts.
- Find high leverage projects with impact across countries.

CMS Health Financing activities have been most extensive in Africa, where interest remains high in community financing of services not available from government facilities. Africa was identified as a target area for community financing in the September 2000 Technical Advisory Group on Health Insurance.

Accomplishments and Findings

The last year has illustrated the opportunities for health financing, but also emphasized that there are few "pure initiatives" for health financing initiatives that solely benefit reproductive health. With commercial or social health insurance generally lacking for the target population in most CMS countries, the principal opportunity lies with community health insurance---small risk pools organized by affinity groups such as cooperatives or unions:

In **Uganda**, CMS and Health Partners (a health insurance management firm) continue to support health insurance plans based in agricultural cooperatives. Enrollment in the seven plans doubled from 1,198 to 2,547 (113%) in the year. The small average size of the plans (364 enrollees) explains why community health insurance can be a resource intensive form of technical assistance. Problems with "drop outs" and membership turnover also illustrate the difficulty in avoiding adverse selection and convincing families near the poverty line to remain in an insurance pool. Survey research begun at the end of the year will explore the reasons why households enroll or drop out, as well as the impact of the insurance on family finance and health status.

In **Senegal**, CMS funded a feasibility study of a health insurance plan ("mutuelle") based on the market vendor's union---UNACOIS. Using data on willingness to pay and service utilization in the target population, the study established that a mutuelle could be feasible. The simulation model used in the analysis can be applied to other proposed plans. Because reproductive health is only a peripheral concern in the design and implementation of the mutuelle, responsibility going forward was transferred to the PHRII project, which holds the USAID portfolio for fostering such community insurance schemes.

Concerns about health financing did inform several project designs and country assessments during the year:

In **Egypt**, the result of the assessment was a proposal to raise private sector RH standards through certification of clinics and providers, with accompanying social marketing of the certified providers. The proposal recognized the current initiative to create a national network of primary care providers (in effect, a national health service). The project would have developed the capacity of existing private RH providers to participate in the proposed national primary care system. Unfortunately, USAID/Cairo concluded that the proposed project was not a priority, given the limitation on available funds.

In **Namibia**, CMS recognized the opportunity to involve the Medical Aid Societies (MAS), health insurers for the formal sector, in the fight against HIV/AIDS. The Societies complain about the "inefficiency" of the care now rendered to HIV positive insureds by the private sector. On the other hand, the MAS with their provider payment arrangements may have the data and the leverage to improve training and quality of care in the private sector. Detailed design of a project to involve the MAS and private providers in improving HIV care is scheduled for late in 2001.

In **Armenia**, the country assessment took into account the gross inadequacy of public funding for existing government health services, and the resultant high levels out-of-pocket health care spending. In addition to proposing a hotline and commercial marketing support program to enhance commercial sales of contraceptives, the assessment suggested support for a pilot test of explicitly private primary care practices. These private practices might ultimately become primary care providers if Armenia develops an adequate national health insurance system.

In **Ghana**, CMS is proceeding with an approved work plan that has two specific tasks using financing techniques to expand the availability of primary care and RH services:

- With the Nkoranza prepaid health plan, CMS is conducting a cost analysis and market survey to determine the feasibility of adding normal delivery benefits to the current hospitalization package. Contracts for local consultants have been let and the cost study is underway.
- A major employer (Fransesco) is prepared to open a primary care clinic serving a remote population at its salt extraction facility (Goi). Rather than attempting to run the clinic itself, the employer will contract with an established medical service organization (C&J Medicare). By the end of the year, contract negotiations for this clinic were close to completion.

The contract could be a model for other employer-funded clinic services. Employers who might be willing to contribute to employee health care costs, but are unwilling to sponsor an insurance plan or start a medical clinic, could contract for services.

3.5 Corporate Social Responsibility (CSR)

CMS completed a number of planned CSR initiatives in Year Three including the following:

In **Brazil**, the Women's Health Manual was completed in collaboration with Ethos. The launch event was attended by leading media in Brazil, and the Manual was distributed to over 1,700 companies, associations, media representatives and NGOs throughout Brazil.

In **Ghana**, CMS developed initiatives with Unilever, the Goi Clinic and completed the AGI industry survey as planned. These initiatives are being implemented in Year Four with field funding.

In **Morocco**, CMS reached agreement with the US-Morocco Council on Trade & Investment on a partnership to test a pilot RH education project in several of the Council's member manufacturing sites. However, the pilot initiative was not able to begin due to lack of resources to provide the educators/trainers.

CMS conducted assessments to undertake CSR activities in **Namibia and El Salvador**. The activities in Namibia were initially approved by the USAID Mission, but will require funding beyond that provided to be implemented. No specific initiatives were approved out of the assessment in El Salvador.

While both Missions seemed extremely interested in the CSR activities, neither were implemented due to lack of funding. The major lesson learned through the country assessment process and general development of CSR initiatives is the need to be strategic and where possible integrate CSR with other technical areas, leading to an overall objective aimed at achieving maximum results. CMS had been pursuing stand-alone CSR activities on an opportunistic basis. Therefore, CMS has stepped back and is re-examining its approach to CSR. To that end, CMS is conducting research among various industry sectors to determine the best means of engaging the private sector in CSR initiatives so as to have the maximum reproductive health impact.

The desktop research project proposed in the work plan, which was to investigate up to 12 multinational organizations (their corporate culture, history of CSR activities, countries of operation, products, etc.) in order to identify possible partners and strategies for future CSR partnerships, was postponed. A broader research activity to define CSR opportunities within the CMS mandate and to understand motivating forces among corporations to engage in CSR initiatives that promote RH/FP will be conducted in Year Four.

3.6 Policy Change

CMS recognizes that an improved environment for the sustainable delivery of family planning and other health products and services through the private sector (IR3) is essential to facilitate private sector supply and demand. The CMS strategy for policy, as articulated early in year three, distinguishes between the policy regime – the laws, policy statements, regulations, and procedures on record in a given country – and the policy environment, the real implementation and attitudes that affect the private sector. Although this vision for policy is broad, CMS activities focus on interventions that directly contribute to improving the environment for private sector.

In the year three workplan, the policy section emphasized the importance of linking policy to activities in other technical areas. The overarching policy objective was to identify and engage in more country-level policy activities. The strategies were to:

- Expand policy activities in existing countries
- Add policy activities in new countries, especially in conjunction with other technical areas.
- Identify new policy opportunities that encourage private sector participation.

Expand policy activities in existing countries

The following country descriptions demonstrate CMS success in increasing the number and scope of policy activities during the past year.

Jordan. In January 2001, CMS/Jordan succeeded in having import duties and sales tax on condoms eliminated. Persistent lobbying by CMS staff and a sympathetic colleague in the Ministry of Finance resulted in the removal of the duties and taxes.

Morocco. Early in Year Three, CMS/Morocco convened a meeting of public and private sector stakeholders to discuss strategy for three key CMS activities: group practices, family health training, and quality assurance. This was the first time public and private sectors had met to discuss issues of mutual interest and work toward consensus. Since that meeting, CMS/Morocco has completed a regulatory study and prepared guidelines for establishing group practices and assessed the feasibility of developing a family health training curriculum. The results of the studies will be presented to stakeholders in Year Four.

Senegal. CMS/Senegal commissioned a comprehensive review of legal restrictions that affect the prescription, distribution, and advertising of hormonal contraceptives. CMS has presented the results to their Advisory Committee and other stakeholders and partners represented an array of public and private interests.

Policy inventory. CMS conducted a “policy inventory” during year three, which assessed the environment in key CMS countries. The inventory had several benefits. First, it familiarized the new Senior Technical Advisor for Policy with the array of policy challenges facing CMS field programs. CMS/Washington was not previously aware of many of these issues. Second, the exchange necessary to conduct the inventory provided CMS field staff with a better understanding of IR3 and some relevant

vocabulary and approaches. Finally, the inventory succeeded in identifying specific policy challenges, such as the following examples from India and Uganda. However, the identification of policy challenges has not yet led to commitments for policy interventions.

India. During a marketing meeting with CMS/India and pharmaceutical companies in March, participants discussed policy, legal and regulatory issues. Key among these were highly subsidized prices for contraceptives in the public sector, issues related to expanding the injectable, and import duties on raw materials for contraceptives. Participants discussed possible research and advocacy activities to address these issues.

Uganda. CMS/Uganda is participating in the Public Private Partnership working group under the auspices of the Ministry of Health. This is an effort funded by the Government of Italy, which undertakes dialogue and research and makes policy recommendations. CMS/Uganda is also tangentially involved with policy through its work with providers associations on the PURSE project. CMS monitors progress on issues, such as the elimination of trading license fees and parliamentary efforts to preclude doctors that work in government facilities from operating private practices. CMS has helped link interested associations with appropriate resources for networking and advocacy training.

Add policy activities in new countries

CMS completed five country assessments during the year. All of the resulting program design proposals feature policy activities, integrated with other technical areas.

Namibia. USAID/Namibia accepted the CMS proposal to work with the Ministry of Health and Social Services, the Namibian Medical Association, one of the Medical Aid Schemes, and the Namibian Association of Medical Aid Funds to introduce cost effective HIV/AIDS treatment guidelines and protocols into the private medical sector.

Armenia. USAID/Armenia asked CMS to conduct a market segmentation analysis. In addition to the analysis, we have and will be submitting additional proposals that incorporate policy activities. We have submitted a proposal (new initiative) to pilot a private practice, which likely would have policy implications and associated activities. At the Mission's suggestions, we will be proposing to establish an advocacy network for reproductive health. In conjunction with the market segmentation analysis, CMS will propose to accompany the analysis with a public-private dialogue process to discuss the results and develop appropriate strategies based on the information and the interests of different parties.

Honduras. The Honduras assessment focused on issues related to contraceptive security. The proposal will be submitted in Year Four and will include suggestions for market segmentation analysis and dialogue and negotiation to develop complementary multi-sectoral strategies.

Egypt and El Salvador. CMS conducted assessments in Egypt and El Salvador, both of which proposed significant policy activities. Unfortunately, neither mission has been able to fund CMS to pursue the proposed activities.

Identify new policy opportunities that encourage private sector participation.

Contracting out. Preliminary work on contracting out was undertaken in Year Two. During this year, CMS staff met and discussed contracting out as a mechanism for engaging the participation of the private sector. As a result of that meeting, a short technical paper to contracting entitled “Contracting for Private Reproductive Health Services: Contribution of the Commercial Market Strategies Project,” was produced. Unfortunately, CMS has yet to directly participate in assisting with contracting out activities in the field. This is one of the areas proposed under new initiatives for Year Four.

Market segmentation for contraceptive security. During Year Three, USAID asked CMS to take a more active role in the ongoing debates, discussions, and working groups on contraceptive security. These groups and fora will provide CMS opportunities to inform colleagues about the private sector and promote consideration of private sector alternatives and participation. Specifically, market segmentation has rightfully emerged as a possible unifying approach to developing multi-partner strategies for addressing contraceptive security.

Controversial products and audiences. During year three, CMS noticed repeated concern about the impact of controversial products, target audiences, or even means of advertising and distribution on the introduction of social marketing products. Discussions involved emergency contraception, injectables in India, and the extent and media for advertising of oral contraceptives in Senegal. The apparent result of controversy is risk-averse decisions and behaviors that can limit the impact of the products. This is an area identified for further research and action by the policy and social marketing technical areas during year four.

Supporting Activities

Developing policy primers. The proposal for policy primers met with some skepticism and a lack of enthusiasm by USAID/Washington, who questioned their purpose and utility, and demand from the intended audience. It was decided that the only primer would be the revision of the contracting document drafted in Year Two. That revision is in the process of being completed after delays because of higher priority demands.

Organize conference on public-private partnerships. The conference was intended to take place in Asia and address a variety of topics. When CMS began to plan for the conference, we found out from the ANE Bureau that the CMS conference was too close to the upcoming SOTA conference for Asia, so we decided to postpone the CMS conference until Year Four. We planned to use the SOTA as an opportunity to learn more about the needs of interests of USAID HPN officers in Asia regarding the private sector. Unfortunately, the Asia SOTA has been postponed for security reasons, so we have not proceeded with scheduling the CMS conference.

Make policy presentations. The commitment to make presentation on CMS policy work was made without realizing that USAID only wants CMS presentations that are results based. Much of the policy work, except Jordan, has yet to produce concrete results. During year four, we hope that CMS will have policy results to present.

Monitoring Policy

To report progress on IR3, we rely primarily on discrete policy changes and key policy inputs/processes. In countries that are conducting policy activities, we specify indicators in the country M&E plans. The development of indicators must follow – rather than precede – planned policy activities, since it is only when we understand what a program is trying to achieve that we can develop meaningful indicators. For example, in Jordan we monitor discrete policy changes, with an indicator that looks as whether duties and sales tax on condoms are eliminated. Morocco’s policy program to promote group practices and family medicine training tracks milestones at each stage of the policy process, including identification, formulation, validation, adoption, and implementation. In Senegal, where public relations efforts are targeted at building support among key stakeholders, we monitor the number of key stakeholder groups reached by the public relations campaigns.

4. COUNTRY PROGRAMS

4.1 Overview

CMS worked in 14 countries in its third year of operations, and implemented programs in 11 countries. In addition, CMS provided stand-alone technical assistance (TA) in three countries. The summary table below lists the countries in which CMS has implemented country programs and/or technical assistance efforts in Year Three.

A summary of these country programs and technical assistance activities follows, organized by geographic region.

CMS Country Programs/ Technical Assistance

Country	CP	TA
Bangladesh		X
Brazil		X
Dominican Republic	X	
Ghana	X	
India	X	
Jamaica	X	
Jordan	X	
Madagascar	X	
Morocco	X	
Nepal	X	
Nicaragua	X	
Peru		X
Senegal	X	
Turkey		X
Uganda	X	
TOTAL	11	4

CP = Country Program

TA = Technical Assistance (Stand-Alone)

4.2 New Country Programs

The CMS Project must design and implement new programs in up to 14 new countries over the life of the contract. Of these, the contract envisions full CMS country programs in nine countries, and limited technical assistance activities, or special project, in another five countries. To date, CMS has developed and implemented five new country and eleven technical assistance programs. In some cases, CMS began providing limited technical assistance in certain countries, such as Ghana and the Dominican Republic, and has expanded its effort to a full, country program (one where there is significant program activity lasting over one year, or where there is a full-time CMS presence in the country).

In Year Three, the new CMS country programs were in Ghana and the Dominican Republic, where CMS established full-time representation and significantly expanded its activities; and in Morocco, where the CMS program substantially grew and diversified beyond the social marketing program it inherited from SOMARC in 1999, by adding initiatives with private providers, policy change and research activities.

Likewise, in Year Three, CMS provided new stand-alone technical assistance in two countries: Brazil and Bangladesh. These efforts are described in more detail further below.

	Year1	Year 2	Year 3	Total
New Country Programs (Implemented)	0	2	3	5
New TA Programs/ Special Projects	3	5	2	10
Totals	3	7	5	15

New Country Assessments

Our goal for Year Three was to conduct up to five country assessments, with an eye toward developing at least three new programs. The country assessments are intended to be wide ranging, covering all relevant aspects of the CMS mandate, including the status of family planning, health service delivery, commercial activity, policy and regulatory environment, and potential partners. The objective of the assessments was to evaluate opportunities for an increased role for the private sector in family planning and reproductive health.

CMS conducted three full and one targeted country assessments during Year Three.

1. Armenia: CMS conducted a targeted assessment in August 2001. The purpose of the assessment was to examine opportunities for expanding the private provision of family planning in the face of a phase-out of donor supplies. The assessment team found that a private market for oral contraceptives and condoms already exists and that if women

could access more complete and accurate information about viable alternatives to traditional methods and abortion, that there is an opportunity to substantially expand the number of modern method use. The team recommended the following:

- The establishment of a reproductive health consumer information telephone hotline
- Detailing of pharmacists (and probably doctors) to improve their understand of modern contraceptive methods
- Distribution of patient focused information on method choice to be made available at private providers
- An initiative to encourage an IUD manufacturer to more actively enter the Armenian market
- Support for a pilot test of establishing private primary care practices that include family planning services.

A response to the proposed initiatives is not expected until the completion of a market segmentation analysis to be conducted by CMS in early CY 2002 once DHS data is made available.

2. Egypt: A four-person team conducted an assessment in Egypt in February 2001. The team made the following observations on areas for the private sector to concentrate. They include the need to:

- Improve perceived and technical quality of reproductive health services in the private sector
- Increase market share of reproductive health products and services provided outside of GOE facilities
- Increase total CPR through in increase in the private sector contribution
- Improve the credibility and acceptability of the private sector as viable contributors to reproductive health services

The over-arching strategy for achieving these goals would be to launch an accredited network of clinics to provide health quality reproductive health services linked to a network of pharmacists and co-promotion of contraceptive products with pharmaceutical companies that will expand on the POP IV project's Ask/Consult network. CMS is still awaiting word from USAID/Egypt as to whether CMS will receive funding to implement the initiative.

3. El Salvador: A three-person team conducted an Assessment in El Salvador in May 2001. The following needs emerged from the assessment:

- There are some significant policy issues that inhibit the growth of the private health sector in general, and more specifically the private provision of family planning
- All of the stakeholders interviewed were very concerned about the issue of contraceptive security
- According to the FESAL, the rural unmet need is 2.5 times greater than the urban rate (12.1 versus 4.9%). Lack of access and cultural barrier to use of family planning were cited as the principle reasons for this unmet demand.
- With over 50% of the population under 20 years of age, adolescents are the population at the greatest risk for reproductive health problems. The incidence of teenage pregnancy is very high, at 31%, with 9 out of 10 sexually active adolescent women reporting that they had used no protection during first intercourse.

CMS recommended the following initiatives to address the needs mentioned above:

- A policy initiative to address contraceptive security issues and change policies that inhibit the growth of the private sector in providing reproductive health services.
- To meet the demand for health services among rural agricultural workers, CMS proposed establishing a model rural service program with the national medical school, social security and local NGOS to provide essential health services to rural populations.
- The establishment of a youth friendly network of family planning providers
- To collaborate with the Avon Corporation and other companies to increase access to reproductive health information, particularly among youth
- An initiative to increase the supply of reproductive health services and products available through the NGO sector.

USAID/El Salvador has indicated that while they found the assessment very useful, they currently do not have funding to implement the proposed initiatives.

4. Namibia: A three-person team conducted an assessment in Namibia in February 2001. The focus of the assessment was to explore opportunities for the private sector in the area of HIV/AIDS prevention and treatment. The rationale for this focus includes the fact that Namibia has one of the highest rates of HIV prevalence in sub-Saharan Africa, with at least twenty percent of sexually active adults estimated to be HIV positive. The Government of Namibia has called for a coordinated effort, including the private sector, to combat this tragedy. USAID is in the process of developing its strategy for HIV/AIDS. CMS was asked to assess the role of the private sector in HIV/AIDS prevention and care. CMS proposed a three-pronged strategy that included the following:

- Health Financing and policy: Working with the MOH, the Namibian Medical Association, one private medical aid fund and the Namibian Association of Medical Aid Funds to introduce cost effective HIV/AIDS treatment guidelines and protocols into the private medical sector.
- A program to strengthen the capacity of local NGOs to respond to commercial sector needs in the area of HIV/AIDS.
- A Corporate Social Responsibility initiative that would adapt the successful elements of existing workforce programs to new commercial and labor organizations.

Namibia has confirmed that in FY2002 resources will be made available to implement some of the recommendations made during the assessment.

Technical Assistance Activities

Bangladesh. CMS provided technical assistance to SMC (Social Marketing Company) in reviewing its social marketing activities. A consultant visited Bangladesh in September to assist SMC with this task. As a result, USAID has agreed that CMS will provide additional assistance to SMC in strategic planning and institutional strengthening for its social marketing activities, to be scheduled in November 2001.

Turkey. CMS has provided limited technical assistance to USAID/Ankara as the mission prepares to phase-out its family planning and reproductive health (FP/RH) assistance program by March 2002. USAID was originally interested in the possibility of establishing a new health entity, which could continue to offer the TA/services currently being provided by the CA community. CMS had conducted a strategic planning workshop in February 2000 for the potential founders of the new entity. However, changes in the RH environment led to a re-thinking of this approach, and the feasibility study was put on hold.

In October 2000, CMS facilitated a large workshop for USAID/Ankara and all its local partners (CA community, MOH, SSK, NGOs, universities). The USAID Program Sustainability Workshop led to the development of an action plan, which describes specific steps to be taken by USAID and its partners to ensure the institutionalization and sustainability of USAID program gains. CMS met with several NGOs that are part of the KIDOG Advocacy Network. At USAID/Ankara's request, CMS continued to dialogue with KIDOG through 2001 regarding possible assistance to KIDOG's network of organizations. KIDOG eventually concluded that its only interest was in getting assistance with women's empowerment and reproductive health advocacy – topics not within CMS' scope.

Brazil. As a follow-up to activities initiated in Year Two, CMS continue to monitor the sales performance of Triciclón, the 3-month injectable manufactured by Organon, for which CMS provided \$350,000 in advertising support in August 2000. As previously mentioned, sales of Triciclón have almost doubled in FY 2001, although the share of private sector sales have declined relative to public sector sales.

In addition, CMS completed its support of the development and production of a Reproductive Health manual, sponsored by Ethos, the NGO that promotes corporate social responsibility activities for over 200 Brazilian corporations. The manual was distributed to the Ethos membership in the summer of 2001, and CMS will monitor how the Ethos members have adopted the manual for their own firms.

4.3 Existing Country Programs

This section summarizes key activities and accomplishments for the eleven CMS country programs, arranged by geographical region. Each description contains an updated schedule of activities undertaken in Year Three and, for a subset of our larger programs we have also included a detailed table of programmatic results based on the country M&E plan.

The country program descriptions by geographic region are arranged as follows:

Africa	Latin America/Caribbean	Asia/Near East
Ghana	Dominican Republic	India
Madagascar	Jamaica	Jordan
Morocco	Nicaragua	Nepal
Senegal		
Uganda		

4.3.1 AFRICA

Ghana

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Population	19.9 M
Infant Mortality Rate	56
Total Fertility Rate	4.3
Life Expectancy M/F	56/59
CPR Tot/Mod	22/13
GNP per capita	\$390
Pop. 15-49 w/HIV/AIDS	3.6%

Source: Population Reference Bureau 2001 World Population Data Sheet and World Bank World Development Report 2000/2001

Ghana has a population of approximately 19.9 million people, with a natural increase rate of 2.2%. Average life expectancy at birth is relatively high at 56-59 years, and the total fertility rate in 2000 was 4.3, down from 6.4 in 1985. Thirty-seven percent of Ghanaians live in urban areas, but the domestic economy continues to revolve around subsistence agriculture, which accounts for 41% of GDP and employs 60% of the work force. GNP per capita in 1999 was \$390. The modern contraceptive prevalence rate is fairly low at 13.0%, but has increased from 4.4% since 1980. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI surveillance started collecting HIV data from sentinel surveillance sites in Accra in 1990. Data show a gradual increase in HIV seroprevalence among pregnant women from 1990 when it was 1 percent, to 1998 when it was 3 percent. Estimates for the end of 1999 put the HIV seroprevalence of women of reproductive age at 3.6 percent.

CMS Activities in Ghana

The two USAID SO3 indicators to which CMS is expected to contribute most directly are:

- IR 1: Increased use of reproductive health services, including family planning, safe motherhood and HIV/AIDS/STD prevention.
- IR 2: Increased use of selected child survival services, including immunization, oral rehydration, care of the sick child and improved nutrition.

During the past year CMS provided technical assistance and support to the Ghana Social Marketing Foundation (GSMF) towards increasing its sustainability. CMS is working with a large rural health insurance scheme, a model encouraged by the Government of Ghana as a way of ensuring access to high-quality and affordable health care in areas where the Ministry of Health cannot offer services. Following a June 2000 assessment, USAID/Ghana approved new CMS initiatives in corporate social responsibility with

industry associations and large employers in Ghana. CMS has held preliminary discussions in preparation for further programming in the CSR and health financing areas. CMS also hired a representative for Ghana in anticipation of increased activities that will require in-country coordination to ensure their timely execution.

NGO Sustainability/Social Marketing

- CMS-recommended feasibility studies concluded that GSMF should consider launching three commercially viable products - a deluxe condom, oral rehydration solution (ORS), and a multivitamin.
- Through CMS, GSMF requested a loan from the Summa Foundation for purchasing initial supplies of the deluxe condom and submitted a supporting business plan using its endowment fund as collateral.
- CMS and USAID/Ghana approved a loan of \$ 76,5000 to the Ghana Social Marketing Foundation (GSMF).
- CMS helped GSMF to identify a manufacturer meeting international standards for the new deluxe condom, "Aganzi."
- CMS assisted GSMF to prepare a draft strategic/sustainability plan covering the period 2002-2005.
- CMS recommended other management changes to GSFM.
- CMS conducted a proposal writing workshop for GSMF.
- CMS conducted a study tour for two GSMF middle management staff to two advanced social marketing organizations to observe best practices in social marketing and sustainability activities.
- CMS is assisting GSMF to conduct an ability and willingness to pay contraceptive pricing study for GSMF, the Ministry of Health, and Planned Parenthood Association of Ghana (PPAG). The study findings will guide decision-making for these organizations on whether or not they may increase the price of certain contraceptives in order to improve cost recovery without significantly decreasing coverage or CYPs.

Corporate Social Responsibility

- CMS initiated the inclusion in a countrywide industry survey for the Association of Ghana Industries (AGI) of data collection on the current knowledge, attitudes and practice of Ghanaian companies with regard to reproductive health and HIV/AIDS. CMS presented the findings to members of the association. The finding revealed evidence of a need for increased intervention by the Ghanaian business community in the area of HIV/AIDS. CMS hopes to use this data to leverage commercial sector resources for workplace HIV/AIDS awareness and prevention programs.
- CMS has coordinated technical assistance provided by EngenderHealth and C&J Medicare (a private, Ghanaian health management organization) for setting up and running a clinic in Goi for Frandesco Ltd., a Ghanaian corporation. The clinic will provide primary care including family planning

services to a population of approximately 10,000 including Frandesco salt processing plant workers, their families, and the community in and around Goi.

- On CMS's request, GSMF conducted an assessment of Unilever's HIV/AIDS workplace program. On behalf of CMS GSMF has provided technical assistance to Unilever in advocacy, training of Peer Educators, IEC activities, condom promotion and distribution. In addition, GSMF will be conducting baseline and follow-up surveys to ascertain behavioral change and program impact.
- CMS has explored several potential areas for new CSR initiatives, and plans to follow up on these during the upcoming year. CMS has held discussion with the Ghana Chamber of Mines and CARE on the possibility of developing a HIV/AIDS workplace program. CMS also has, at the request of the USAID/Ghana Mission, solicited proposals from several firms to carry out a series of advocacy activities including using a model to provide a cost/benefit analysis of HIV/AIDS programs. CMS also has started discussions with Coca-Cola Ghana on possible collaboration on HIV/AIDS initiatives in Ghana.

Health Financing

- CMS has contracted Ghanaian consultants to estimate the cost and service impact of adding a delivery benefit to the Nkoranza Community Health Insurance Scheme (currently the plan only covers Caesarian sections); perform market research to predict the response of existing and potential insured to a policy including normal delivery benefits; and to support CMS in training the community board of the Nkoranza plan. The consultants' findings should result in improved services to the Nkoranza community.
- CMS has provided funding for and collaborated with the PHRplus project on disseminating a Training of Trainers (TOT) Manual aimed at improving the design and management of MHOs. Between August and October 2001, three workshops were held in the Greater Accra, Volta and Ashanti regions. Participants at the workshops included trade associations, representatives from the Traditional Councils and District Assemblies, health staff from NGOs and existing MHOs.

Program Achievements and Results

A new condom, Aganzi is available in Ghana in two presentations and offers more choices to the Ghanaian population. According to GSMF's business plan, sales of Aganzi are projected to generate a net profit of over \$ 40,000 for GSMF in its first year. Subsequent to the proposal writing workshop, CMS assisted GSMF to submit two proposals - one to DFID and another to USAID/Ghana. Based on the proposal, DFID awarded GSMF 1.5 million British pounds for increasing condom distribution in non-traditional outlets.

GSMF's work with Unilever will bring state-of-the art communications messages on HIV/AIDS prevention to 1,900 Unilever employees and members of the surrounding communities.

The potential beneficiaries of the PHRplus TOT workshops on MHOs are the approximately 960,000 people in the Greater Accra region, the Ashanti Region population of approximately 3.1 million people, and the 1.6 million living in the Volta region.

CMS/Ghana Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
NGO Sustainability						
Negotiations with ORS and multivitamins manufacturers					On going	GSMF is assessing several sources.
Conduct workshop on proposal writing	X	X			Completed	November 2000 and March 2001
Summa Loan disbursement for deluxe condom		X			Completed	
Launch GSMF deluxe condom				X	Completed	Aganzi® deluxe condom launched in September 2001
Conduct observational study tour				X	Completed	2 middle level GSMF staff attended tour in July 2001
GSMF Strategic/Sustainability plan (New Activity)				X	On-going	Plan by GSMF will be finalized and reviewed by CMS in Q1 of CY2002.
Condom ATP/WTP study (New Activity)				X	On going	Scope of study defined.
Corporate Social Responsibility						
Unilever HIV/AIDS awareness and prevention program				X	Completed	Assessment completed. Under an agreement with CMS, GSMF is providing training and IEC services to Unilever employees at its main office and two palm plantations.
AGI HIV/AIDS KAP survey		X			Completed	Results were presented in March
Provide TA to Frandesco clinic in Goi				X	On going	CMS is facilitating contract negotiations between a local HMO and Frandesco to run/manage the clinic. CMS has contracted EngenderHealth to provide FP TA.
Coca-Cola HIV/AIDS initiative	X	X	X	X	On going	Discussions on the nature of collaboration with CMS continue.
HIV/AIDS costing tool and advocacy activities for companies				X	On going	CMS is evaluating several proposals from experienced South African firms to conduct this activity.
Health Financing Activities						
Fee exemption study		X			Cancelled	Activity transferred to the PHRplus Project
TA to N Koronza Community Health Insurance Scheme		X	X	X	On-going	Agreement with NCHIS that only normal deliveries will be considered as a first health service with other PHC components to be added in later years. Costing consultant, market research firms recruited.
MHO best practices workshop				X	Completed	3 workshops were completed in collaboration with the PHRplus Project

Ghana			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Ghana	Indicators	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of RH/FP/ STI/ HIV/ CS products and services	<ul style="list-style-type: none"> • # of RH visits, by type, by the enrollees in the Nkoranza Community Health Scheme • # of visits by type at the Frandesco clinic in Goi <p>Total number of deluxe condoms, ORS and multivitamin units sold by GSMF during loan term</p>	Results will be available for all SO level indicators from year 4 onwards (post-launch)
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increase demand for RH/HIV/STI/CS services through health financing schemes	<ul style="list-style-type: none"> • # of covered lives in the Nkoranza scheme, by income, gender, age • % of target pop. Enrolled in the new scheme offered by Nkoranza • Dissemination workshop conducted on tools for management of Mutual Health Organizations 	<p>The indicator will be reported towards the end of year 4 if the new benefit is introduced in year 4</p> <p>Same as above</p> <p>3 workshops conducted in collaboration with PHR+ project in FY 2001</p>

Ghana			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Ghana	Indicators	Evidence of Achievement
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthen supply of RH/ FP/ HIV/ STI/ CS products and services	<ul style="list-style-type: none"> • Frandesco/Goi clinic is operational and offering RH/FP/CS services to employees and the local community 	The clinic is not yet operational. It is expected to be operational by the second quarter of year 4 according to Ghana workplan
LLR 2.2: Improved financial sustainability and institutional capability for private and commercial sector supply of FP/RH/CS	LLR 2.1: Improve sustainability of GSMF	<ul style="list-style-type: none"> • 2 GSMF proposals for new initiatives submitted to other donors & commercial ventures • Business plans for deluxe condoms, ORS and multivitamins • GSMF sustainability plan • Training workshop on proposal writing for GSMF to improve understanding of fundraising concepts 	<p>1.5 pounds youth HIV/ AIDS proposal funded by DFID. Another submitted to USAID (FY 2001)</p> <p>Developed for Deluxe Condoms (FY 2001) The other two will be developed in year 4 after the supplier firms have been identified</p> <p>Draft plan available (FY 2001)</p> <p>FY 2001 Pre-test Score: 57.5% Post-test Score: 93.3%</p>

Ghana			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Ghana	Indicators	Evidence of Achievement
	LLR 2.2: Increase availability of RH/FP/STI/HIV services at work place based locations	<ul style="list-style-type: none"> • GSMF proposal to UNILEVER to conduct HIV/AIDS/STI related activities on three plants, implemented • CSR Costing/ Advocacy tool developed 	<p>Proposal is being implemented. Results will be available in year 4</p> <p>Draft available (FY 2001)</p>
LLR 2.3: Reduced market risk to improve motivation for private and commercial sector supply of FP/RH/CS products and services	LLR 2.3: Enable GSMF to introduce a new deluxe condom, ORS & multivitamins through Summa Loan	<ul style="list-style-type: none"> • Deluxe condom registered by GSMF • ORS and multivitamins launched 	<p>Registered in FY 2001</p> <p>Expected in year 4</p>

Madagascar

t

Population	16.4 M
Infant Mortality Rate	96
Total Fertility Rate	5.8
Life Expectancy M/F	52/56
CPR Tot/Mod	19/10
HIV prevalence	0.2
GNP per capita	\$250

Source: Population Reference Bureau 2001, World Population Data Sheet

The CMS program in Madagascar responds to USAID/Madagascar's Strategic Objective No. 2, "Smaller, healthier families." CMS works specifically toward the following Intermediate Results associated with Strategic Objective No. 2:

- IR2.1: Increase use of family planning, maternal and child health, HIV/AIDS services and healthy behaviors.
- IR2.2: Increase community participation in health and food security issues.
- IR2.3: Increase access to quality health services.

Although the program continued to make important progress, USAID mission raised issues regarding the funding requirements for the program and assessed the possibility of transferring it into another global contract. As such, the Madagascar Social Marketing program was transferred to PSI/AIDSMARK effective April 1, 2001.

For this reason, results presented bellow are the same as those presented in the CMS' semi-annual report for October 1st, 2000 to March 31st, 2001.

CMS Activities in Madagascar

The objective of the CMS Project in Madagascar is to increase availability of and access to oral contraceptives and injectables for family planning, and condoms for HIV/AIDS prevention, through the private sector. The program seeks mainly to increase demand through social marketing mass media and community-level IEC activities. The brands marketed are Protector Plus condoms (launched nationwide in October 2000), which are targeted at youth (15-24); Pilplan oral contraceptives; and Confiance 3-month injectables. Each product is supported by a variety of advertising, promotion, training and public relations activities.

CMS promotional efforts led to an increase in demand:

- Over 97,000 people were reached by promotional campaigns in addition to radio advertising that has national coverage (e.g., mobile video units, presentations, parades, etc.).

- Since its launch in mid-September, the Mobile Video Unit (MVU) team completed 40 video presentations of the newly produced *Bakapilesy* movie (promoting awareness of STIs and HIV/AIDS and encouraging the correct use of condoms), followed by animation and promotional sales

CMS contributed to the growth of distribution network and personnel trained for FP/STI/HIV products

- 2,048 retail sales points and 92 wholesalers added to the distribution network bringing the total to 22,199
- 2,815 personnel trained on FP / HIV/AIDS related topics (366 doctors, 2,098 business employees, 351 target group persons)

Program Achievements & Impacts

Overall, CMS attained a larger level of level of CYPs for all products, delivering 73% more CYPs (49,512) during the first half of FY 2001, as compared to FY 2000 (28,638). This was facilitated through increases in sales of pills and injectables, as shown in the table below. However, condom sales were below target.

Product Sales: Actual vs. target

Product	Target	Actual	% change
Protector (condom)	2,625,000	2,202,129	-16.11%
Pilplan (pill)	161,000	208,624	29.6%
Confinance (injectable)	45,500	69,012	51.67%

Condom sales are below target because of the ongoing exchange of old PROTECTOR condoms for new PROTECTOR PLUS. In addition, CMS held its annual week-long sales conference in November and CMS offices were closed between Christmas and New Years, cutting two weeks out of the 12 week period. Cyclones halted distribution on the East Coast. Pill and injectables are considerably above targets because of ongoing private doctors training on family planning and the advantages of socially marketed products. Once the doctors understand the product advantages, they are more likely to prescribe PILPLAN and CONFIANCE. In addition, CMS, in the interest of contraceptive security, convinced USAID to stop the free distribution of contraceptives to family planning NGOs starting in October 2000. USAID invited NGOs who provide family planning services to purchase highly subsidized socially marketed products from CMS as a first step towards cost recovery.

CMS/Madagascar Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Emphasize the role of Protector wholesalers			X	X	On going	
Recruit and train new official Protector wholesalers and retail sales points				X	On going	
New educational messages presenting condoms as a mean to prevent STIs, and particularly HIV/AIDS	X				Completed	
Promote use of condoms in Malagasy hotspots		X	X	X	On going	
Training and detailing for outlets providing hormonal			X	X	On going	
Design Radio advertising and promotional activities for hormonal (new spots in local languages)		X			Completed	
Increase community-based sales				X	On going	
Participate in Smart Marketing training		X			Completed	
Research						
Qualitative research on hormonal (packaging preferences and effectiveness of inserts)			X		Completed	
Qualitative research to identify obstacle to the use of hormonal contraceptives		X			Completed	

Morocco

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Population	29.2 M
Infant Mortality Rate	33.3
Total Fertility Rate	3.4
HIV Prevalence	less than 0.2
Life Expectancy M/F	67/71
CPR Tot/Mod	58/49
GNP per capita	\$1200

Source: Population Reference Bureau 2001 World Population Data Sheet + World Bank Development Report

Morocco is a lower-middle income country with a per capita GNP of approximately \$1,200 and with a relatively high population growth rate of 1.7% that will lead to a doubling of the population in 40 years. This increased population entering the work force is faced with an unemployment rate of nearly 20%. The contraceptive prevalence rate for all methods among married women is 58%.

The goal of the CMS program in Morocco is to increase the private sector share in the access and delivery of family planning and maternal child health products and services. The program focuses on increasing the sustainability of socially marketed products and on improving the policy environment in order to expand the private sector share in the delivery of quality private family health services, including changing providers' negative attitudes towards the IUDs and the injectables.

CMS Activities in Morocco

In the area of reproductive health and family planning, the program has concentrated its efforts on social marketing for three contraceptive products (pills, injectables and IUDs) and oral rehydration salts. CMS is working in partnership with Wyeth and Schering to provide OCs, Pharmacia for an injectable contraceptive, Reacting for IUDs, and with Cooper-Maroc for oral rehydration salts (ORS). CMS uses return to project funds provided by the pills' and ORS' manufacturers towards the promotion of these two products. In addition, USAID provided special funding to develop a fortified food, fortified flour and iodized salts campaign.

To achieve these goals in Morocco, the program has:

- Negotiated and obtained the signature of a Memorandum of Understanding with Wyeth and Schering for the development and air time of a new media advertising campaign of the Kinat Al Hilal Social Marketing Program (OC).
- Discussed and drafted similar types of MOUs with Pharmacia-Upjohn and Reacting to seek to sustain a private supply of injectables and IUDs as well as additional participation in reaching physicians and medical personnel.
- Aired 80 radio and 84 TV spots to promote the IUD.

- Sponsored two major professional medical symposiums to promote the IUDs and the injectables.
- Conducted rural IEC campaigns on family planning and child survival activities in 66 sites.
- Developed logos, TV and radio communication campaign for fortified flour, fortified foods and iodized salts. This activity included the design and implementation KAP survey for the development of the campaign. Both the TV and radio spots have been produced. This was done in collaboration with the MOH, WHO, the Federation of Millers and the MOST project.
- Initiated a pilot program in 2 provinces training private providers in long term contraceptive method provision.
- Conducted a study tour of Moroccan stakeholders to visit provider networks and IUDs and injectables marketing.
- Completed a feasibility study of developing a family health training curriculum
- Completed a regulatory study and prepared guidelines for the set up of group practices
- Identified groups of physicians in two sites interested in forming a group practice (pilot activity)
- Completed a baseline survey among consumers, and health-care providers, on family planning and health seeking behaviors.
- Completed a KAP (knowledge, attitude and practice) survey for the development of the fortified food/fortified flour campaign.

Product Sales: FY 2000 vs. Annual FY 2001

Product	FY 2000	FY 2001	% change
Kinat (pill)	2,750,011	2,828,685	3%
Hoqnat (injectable)	17,246	16,087	-7%
Lawlab (IUD)	3,705	4,684	26%
Biosel (ORS)	443,800	265,305	-40%

Program Achievements and Impact

Private contraceptive prevalence and market share continue to increase in Morocco, despite continued free contraceptive distribution in the public sector. Pills continue to drive the private contraceptive prevalence and the private market share. The increase in IUD sales is due to the mass media campaign, and to a progressive adoption of the

method by private providers, despite constraints. While sales of Hoqnat Al Hilal Injectables increased by 13 % over the first four months of FY 2001¹, the subsequent decrease in sales of injectables during Q3 and Q4 was due to the change of distributor which resulted in the product being off the market since February. By negotiating with pills, IUD, and injectables manufacturers, CMS continues to increase a sustainable supply of contraceptives for the country. Biosel's decrease is due to Biosel price increases and the fact that public health centers still had enough stocks after large ORS purchase by MoH last summer. It should be noted however that the MOH continues to distribute free samples of ORS (2.5 millions were distributed free during FY 2001) and that a new low-cost and high quality ORS has been introduced in the Moroccan private market.

Contraceptive brands awareness is low due to the fact that, besides the 3 month of advertising of the IUD, no advertising has been aired for the pills, injectables and the ORS. A decision was made together with USAID that CMS would have first to improve providers' attitude before relaunching consumer advertising for the IUD. As for the pills, the development of the new campaign has been slower than anticipated due to delays in signing MOUs with the manufacturer. As a result, no campaign was aired in FY 2001. There was no promotion of Biosel during FY 2001 due to a reluctance by both CMS and the USAID mission to spend resources on Biosel advertising.

Although no formal policy initiative has been adopted (and none were targeted for FY 2001), CMS policy change interventions with the MOH and other stakeholders allowed CMS to pursue the political and legal feasibility of a group practice, a first step to developing a network. The LTM/Quality Assurance programs have identified concerns (notably related to undetected-before high rates of STIs and PIDs in women using IUDs) that the CMS project plan to address during the new workplan period.

¹ Compared to the same period of FY2000.

CMS/Morocco Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Finalize MOU with Wyeth and Schering			X		Completed	Slower than anticipated
Launch of new Kinat campaign				X	Initiated	Ad. Agency submitted story-boards
Advertising campaign for Lawlab		X			Completed	
Develop promotion campaign for fortified foods		X			Completed	
Design and start implementing Hoqnat (inj.) PR/ advocacy plan					Postponed	Delayed since the product is not currently available. Current discussion with Pharmacia to re-introduce the product.
Design & start implementing Lawlab (IUD) PR/ IEC plan			X	X	On-going	
New packaging/ formulation for Biosel					Postponed	
Corporate Social Responsibility						
Prepare trainers' manual, identify and train trainers					Delayed	Delayed due to difficulties in getting companies to pay for trainer
Conduct pilot RH/FP informational meeting with 1600 employee of the textile industry					Delayed	Although they were interested, textile companies don't want to pay for training Activity may be cancelled.
Research						
Conduct focus group research to define logo and communication strategy for fortified foods	X				Completed	
Pretest spots for fortified foods		X			Completed	
Pretest spots for Hoqnat			X		Postponed	(see above)
Conduct consumer/provider baseline survey	X	X			Completed	
CSR activity evaluation				X	Postponed	CSR Activity may be dropped (see problem description above)
LTM Promotion/Providers evaluation				X	Initiated	
Provider Networks						
Organize Study Tour to Pakistan	X				Completed	
Organize meeting with stakeholders on lessons learned from both study tours	X				Completed	
Design strategy for creation and set-up of a group practice				X	Initiated	Regulatory study completed, but recommendations have not yet been approved by committee.

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Assistance to universities re development of family health curriculum, continuous medical education & accreditation			X	X	On going	Family health curriculum development feasibility conducted. Policy and environmental constraints identified.
Select pilot sites			X	X	Initiated	Two pilot sites and group of physicians have been identified
Long Term Methods' Promotion towards Providers						
Start of LTM Promotion/Providers in selected sites			X	X	On going	Training sessions completed in Khénifra and Beni Mellal. Results not yet available.
Policy						
Identify legal & regulatory barriers re. Group practice				X	Completed	Thorough legal text and interpretation conducted
Obtain MOH and other stakeholders to approve group practice project formally					Delayed	Initial meeting in Q1 showed positive outlook from stakeholders. Regulatory study has identified legal form and experiences of group practices.

Morocco			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Morocco Result	Indicators*	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of RH/FP/CS products and services through the private sector	<p>CYPs by FP Method</p> <p>Sales of CMS Supported ORS tablets</p> <p>% of all MWRA using private sector FP methods.</p>	<p>CYPs for OCs supported by CMS (Kinat Al Hilal) increased between FY 2000 and FY 2001 by 3% (from 183,334 to 188,579).</p> <p>CYPs for Injections supported by CMS (Hoquat Al Hilal) decreased between FY 2000 and FY 2001 by 7% (from 4,312 to 4,022) between FY 2000 and FY 2001.</p> <p>CYPs for IUDs supported by CMS (Lawlab Al Hilal) increased by 26% (from 12,968 to 16,394) between FY 2000 and FY 2001.</p> <p>Total CYPs increased 4% (from 200,613 to 208,995) between FY 2000 and FY 2001.</p> <p>Sales of Biosel (CMS supported ORS tablets) decreased between FY 2000 and FY 2001 by 40% (from 443,800 to 265,305).</p> <p>% of all MWRA using private sector methods is not measured on an annual basis. Between FY 1998 and FY 2001, % of all MWRA using private sector methods has increased slightly from 20% to 21%.</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for RH/FP/CS products and services	<p>% of MWRA Heard of CMS Supported Products</p> <p>% of MWRA Know Source for CMS Supported Products</p> <p>% MWRA Believe CMS Supported Product is Good Value</p>	<p>Data for demand indicators available for FY 2001 only (will be collected again for FY 2003).</p> <p>For FY 2001, the percentage of MWRA who have heard of Kinat Al Hilal (CMS supported OCs), Hoquat Al Hilal (CMS supported Injections) and Lawlab Al Hilal (CMS supported IUDs) and Biosel (CMS supported ORS tablets) are 30%, 2%, 2% and 22% respectively.</p>

Morocco			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Morocco Result	Indicators*	Evidence of Achievement
			<p>For FY 2001, the percentage of MWRA who know a source for Kinat Al Hilal (CMS supported OCs), Hoquat Al Hilal (CMS supported Injections) and Lawlab Al Hilal (CMS supported IUDs) and Biosel (CMS supported ORS tablets) are 98%, 89%, 87% and 98% respectively (base: heard of product).</p> <p>For FY 2001, the percentage of MWRA who believe Kinat Al Hilal (CMS supported OCs) and Biosel (CMS supported ORS tablets) are good value are 64% and 69% respectively (base: heard of product and know private source for product).**</p>
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthened private sector supply	<p>% of Pharmacies that stock CMS supported brand</p> <p>% of GPs who prescribe Al Hilal brands</p> <p>% of Ob-Gyns who prescribe Al Hilal brands</p>	<p>Data for supply indicators available for FY 2001 only (will be collected again for FY 2003).</p> <p>% of pharmacies that stock Kinat Al Hilal (CMS supported OCs), Hoquat Al Hilal (CMS supported Injections) and Lawlab Al Hilal (CMS supported IUDs) is 89%, 63%, and 4% respectively.</p> <p>% of GPs that prescribe Kinat Al Hilal (CMS supported OCs), Hoquat Al Hilal (CMS supported Injections) and Lawlab Al Hilal (CMS supported IUDs) is 65%, 17%, and 28% respectively (base: GPs who prescribe FP methods).</p> <p>% of Ob-Gyns that prescribe Kinat Al Hilal (CMS supported OCs), Hoquat Al Hilal (CMS supported Injections) and Lawlab Al Hilal (CMS supported IUDs) is 44%, 12%, and 24% respectively (base: Ob-Gyns who prescribe FP methods).</p>
IR 3: Improved environment for sustainable delivery of FP an other health products and services through the private sector	IR 3: Improved policy environment for private sector expansion	# policies, plans, guidelines approved/adopted	0 (guidelines for private providers have been developed but are not expected to be approved by stakeholder until 2002 according to the work plan for Morocco).

* Source for all population based and provider data is as follows: 1997 PAPCHILD Survey for FY 1998 and 2000-2001 CMS KAP Survey for FY 2001.

** Figures not reported for Hoquat Al Hilal and Lawlab Al Hilal because too few “base” cases to yield reliable results.

Senegal

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Population	9.7 M
Infant Mortality Rate	67.7
Total Fertility Rate	5.7
HIV prevalence	1.8
Life Expectancy M/F	51/54
CPR Tot/Mod	13/8
GNP per capita	\$510

Source: Population Reference Bureau 2001 World Population Data Sheet + World Bank Development Report

Senegal has a GNP per capita of \$510. However, income distribution is highly uneven and over 50% of the population of 9.7 million lives below the poverty line. Fertility is high (5.7 in 1997) and contraceptive use is low. Only 8 % of married women of reproductive age reported using modern contraceptive methods. Estimated HIV/AIDS prevalence was 1.8% in 1997 and is increasing. It is estimated that 1.5 million sexually active persons, living in urban and peri-urban areas, have a high risk of contracting HIV/AIDS.

USAID's reproductive health/family planning objectives in Senegal focus on improving access to, and increasing demand for quality family planning products and services, with an emphasis placed on stimulating private sector initiatives and strengthening local entities.

CMS Activities in Senegal

In Senegal, CMS is working in close association with ADEMAs, a local social marketing NGO, to increase the availability of and demand for Protec condoms and launch a low-dose oral contraceptive pill.

Broadly, the goals of the CMS program in Senegal are to:

- Increase health impact through increased targeted sales of condoms and launch of an OC
- Provide technical assistance to ADEMAs in all areas of social marketing including training, communication, promotion and distribution.
- Marketing of Protec condoms to non-traditional points of sale (POS) and by promoting the involvement of wholesalers
- Increase the capacity and sustainability of ADEMAs.

Program Achievements

From October 2000 to September 2001 CMS/ADEMAs have accomplished the following:

Condom Social Marketing

- Recruited and trained a new Marketing Manager and Sales Manager
- Expanded Protec condoms distribution system:
 - Created 858 new points of sale
 - Involved 18 wholesalers in the distribution of Protec condoms
- Trained 207 non-traditional point of sale agents
- Conducted 17,217 detailing visits in Dakar and other cities
- Organized, in partnership with FHI, a national mobilization campaign for STI/AIDS prevention (to date, 34 activities targeting at risk groups and 18 road shows have been organized and reached a total of 47,626 persons. This activity is supported by a mass-media campaign)
- Designed and conducted various educational, promotional and community-based activities to promote use of condoms and increase knowledge and awareness of STI/AIDS
- Participated in PSI's Social Marketing training in Togo and in the African Social Marketing Conference (CAMS) 2001

While the program has faced major impediments related to the breakdown of vehicles used by ADEMAs' salesforce, sales of condoms have increased by 12 % for FY 2001, compared to FY 2000 from 3,116,640 to 3,500,775. The program also succeeded in increasing the sales share of non-traditional POS from 25% to 32%.

OC Social Marketing

- Developed marketing and implementation strategy for the oral contraceptive
- Completed pricing and purchasing power analysis and established OC price
- Registered the OC product
- Completed KAP research on hormonal contraceptives
- Developed and tested IEC and promotional materials, along with packaging and insert
- Recruited a team of 5 medical detailers and 1 OC product manager
- Completed a review of legal regulations related to the prescription, distribution and advertising of hormonal contraceptives
- Successfully implemented advocacy activities that resulted in the creation/nomination of an Advisory Committee. This Committee is fully involved in the OC program

- Prepared proposals to various donors, for funding of new/or supportive activities to the OC launch

NGO Sustainability

- Conducted a management development assessment of ADEMAs and developed a sustainable plan

Health Financing

In collaboration with PHR Plus, CMS completed a feasibility study for establishing a mutual health organization for UNACOIS, a large Senegalese trade union. In addition to the market research, the program completed a consumer and provider survey and made recommendations to implement this pre-paid health plan scheme. Results will soon be presented to the UNACOIS board. However, project implementation has been transferred from CMS to PHRplus.

CMS/Senegal Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Conduct qualitative research on hormonal	X	X			Completed	29 focus groups conducted
Prepare Marketing plan		X			Completed	
Finalize decision on pill model and pricing		X			Completed	
Register Duofem		X			Completed	Originally planned for 4th Qtr FY 2000. Delayed because of change in government.
Finalize distribution strategy for OC			X		Completed	
Design communication program for OC			X		Completed	
Recruit and train an OC detailer				X	Completed	5 OC detailers and 1 Product manager have been recruited and trained
Launch Oral Contraceptive					Postponed	Because of delays in getting permission for mass media advertising registration, final approval for the program from Steering Committee
Promotion of OC					Postponed	Will not start before the end of Ramadan in Dec 2001
Protect IEC and communication campaign			X	X	On going	

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Initiate preparations for the launch of the injectable				X	Initiated	
Train new sales manager	X				Completed	
Conduct public relations campaign targeting Protec distributors			X		Completed	
NGO Sustainability/ADEMAs						
Conduct a management development assessment of Ademas	X				Completed	
Develop a strategic sustainability plan		X			On going	
Conduct new board rules and governance					On-going	
Install a new accounting software		X			Completed	
Research						
Finalize desk research on OC	X				Completed	
Conduct qualitative study on OC	X				Completed	
Conduct Willingness to pay study		X			Completed	
Conduct research related to the O.C. launch (obstacles, pretest name, logo, packaging, insert, communication campaign)			X		Completed	
Policy						
Evaluate regulations related to O.C. distribution and promotion		X			Completed	
Health Financing						
Conduct feasibility study for establishing a mutual health organization with Unacois		X	X		Completed	PHRplus will provide the assistance for the creation of the health scheme.

Senegal			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Senegal Result	Indicators*	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of sustainable FP/RH/STI/HIV/AIDS prevention products and services in the private sector	CYPs for CMS supported Condoms (Protec) % of all MWRA using private sector FP methods.	CYPs for Condoms supported by CMS (Protec) increased between FY 2000 and FY 2001 by 12% (from 25,972 to 29,177). % of all MWRA using private sector methods is not measured on an annual basis. Data will be collected in FY 2002 and compared with the 1997 Senegal DHS.
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for FP/RH/STI/HIV/AIDS products and services	% of MWRA heard of CMS supported products % know source for CMS supported products % use of intend to use condoms in future # people reached by PR campaign about STI/AIDS	Data will be collected in FY 2002. Data will be collected in FY 2002. Data will be collected in FY 2002 and compared with the 1997 Senegal DHS. 47,626 people reached in FY 2001

Senegal			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Senegal Result	Indicators*	Evidence of Achievement
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthened supply of FP/RH/STI/HIV/AIDS products and services	Total # of points of sales for CMS Supported (Protec) Condoms	Increased 42% between FY 2000 and FY 2001 (from 2,052 to 2,910).
		Total # of non-traditional points of sales for CMS supported (Protec) Condoms	Increased 54% between FY 2000 and FY 2001 (from 1,598 to 2,456)
		Institutional sustainability of ADEMAs:	
		<ul style="list-style-type: none"> • ACCESS data base operational 	<ul style="list-style-type: none"> • Yes, in FY 2001
		<ul style="list-style-type: none"> • Accounting system operational 	<ul style="list-style-type: none"> • Yes, in FY 2001
		<ul style="list-style-type: none"> • Has strategic plan 	<ul style="list-style-type: none"> • No (expected FY 2002)
		<ul style="list-style-type: none"> • # proposals submitted to donors 	<ul style="list-style-type: none"> • 3 proposals were submitted to donors during FY 2001
		<ul style="list-style-type: none"> • # proposals funded 	<ul style="list-style-type: none"> • None

Uganda

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Population	24 M
Infant Mortality Rate	97
Total Fertility Rate	6.9
Life Expectancy M/F	42/43
CPR Tot/Mod	15/8
GNP per capita	\$320
Pop. 15-49 w/HIV/AIDS	8.3%

Source: Population Reference Bureau 2001 World Population Data Sheet and World Bank World Development Report 2000/2001Shee+t

Uganda's population is 24 million with a rate of natural increase of 2.9%. The total fertility rate has declined only slightly since 1970, from 7.1 to 6.9, not a surprising statistic given that only 8% of married women use modern contraception. Despite gradual economic recovery after years of ravaging civil war, Uganda remains one of the poorest countries in the world with a GNP per capita of only \$320. Morbidity and mortality are high - life expectancy at birth is only 42 years and the infant mortality rate is 97 per 1,000 live births. No doubt the country's devastating HIV/AIDS pandemic has contributed to these low health outcomes. The estimated HIV/AIDS prevalence at the end of 1999 was estimated at 8.3%, a massive decline from the 1991 prevalence rate of nearly 20%. The Ugandan Government, unique in the region for the proactive stance it has taken in addressing the HIV/AIDS problem, is largely to thank for this decline. Malaria is also another public health threat reaching near endemic levels in certain regions of Uganda. The CMS social marketing program addresses these health issues by marketing affordable condoms, STD kits, oral contraceptives, injectables, emergency contraception and insecticide treated nets.

In addition, CMS has taken over the technical assistance leadership of the Uganda Private Midwives Association to improve their financial and managerial capability. Midwives are a vital source of reproductive health and offer a variety of other basic health services to low and moderate income Ugandan women. CMS is also working in the health financing area to see how rural community based insurance can improve access by low income groups to quality and affordable health services.

CMS Uganda Achievements FY2001

Social Marketing

During FY 2001, CMS/Uganda:

- Continued social marketing support for Protector condoms, Pilplan oral contraceptives, Injectaplan 3-month injectable contraceptives, and Clear Seven STD treatment kits. As a result CYPs for OCs increased by 15%, CYPs for injectables increased 60% and the STD kit, which was re-launched in FY 2001, showed sales of nearly 38,000 units. Condom sales remained flat due to heavy competition from another social marketing brand supported by KfW, problems with printing and coding of packaging materials and because shops were well stocked in FY2000.
- Launched SmartNet insecticide treated nets (December 2000) in six districts with 46,000 nets sold through September.
- Launched Vikela emergency contraception (March 2001) program, initiated a national media campaign and trained 162 providers to counsel and dispense Vikela in six districts.
- Continued research and planning for the launch of HIV Voluntary Counseling and Testing (VCT) centers and clean delivery kits (CDK)
- Initiated literature reviews on the feasibility of introducing a malaria treatment package.
- Increased distribution by adding three wholesaler distribution units in Western, Eastern and Southern Uganda resulting in increased sales of the condom, pills, and the injectable.
- Expanded retail distribution by 73 new outlets added to the Distribution Network bringing the total to 16,626 outlets.
- Trained 662 providers on STI/HIV/AIDS/FP related topics in 5 districts, including Kampala

Health Financing

CMS/Uganda continued providing assistance to 7 plans covering over 2000 enrollees. Under a sub-contract with the U.S. based HMO, Health Partners. As a result of the program CMS:

- Increased health awareness and disease prevention (including malaria and the need for bednets as a prevention method) through education to health plan members and their communities.
- Created marketing materials and presentations to sensitize communities regarding the value of pre-paid health care.
- Improved premiums and cost estimates for Uganda Community Based Health Financing Association (UCBHFA) schemes.

- Finalized the initial phase of the Health Partner Uganda Information System (UHIS), a comprehensive database system created to track patient registration.
- Trained members of the UCBHFA on the first phase of the UHIS.
- Completed a business plan that outlines resource requirements and effective approaches to support a prepayment plan in Uganda and other countries.
- Increased the number of enrollees by 113% to 2,546 members.
- CMS assisted in marketing and business planning that contributed to an increase of the financial sustainability of the Busheny Medical Center health financing scheme: 85% of the Buhweju (satellite) clinic expenses are now being met by premium income

MUCH/Lacor Hospital Project

The Mothers Uplifting Child Health (MUCH) Project aimed at improving maternal and child health outcomes in Gulu District of Northern Uganda, was initiated in May after a nine month delay due to the Ebola virus outbreak in that Northwestern Uganda. At part of the partnership with Health Partners USA, CMS:

- Set up the MUCH office at Lacor Hospital in Northwestern Uganda.
- Developed a research brief on potential users willingness and ability to pay for prepayment schemes was developed and the study initiated in August 2001.
- Marketed the upcoming prepaid health scheme to nine (9) community groups in the Gulu area.
- In addition to the health financing aspects, CMS improved the Hospital management capacity by installing a new accounting software.

NGO Sustainability

CMS main thrust within the goal of NGO Sustainability is to assist the Uganda Private Midwives Association achieve greater financial stability and deliver value-added services and support of member midwives. In FY 2001, CMS achieved the following:

- Assisted the Uganda Private Midwives Association in better member communications and membership development. Due to UPMA's additional emphasis placed on collecting member dues as a source of income for the organization, UPMA's paid membership rose to over 130 members (from 25 at the end of the first quarter FY2001).
- Assisted the UPMA Kampala clinic in marketing activities and financial oversight. The UPMA Kampala clinic experienced a 17% increase in client visits after the CMS intervention.
- Trained 119 midwives on business skills training

- CMS established a group-purchasing plan for family planning commodities that extends favorable pricing to active paid up UPMA members for family planning commodities distributed by CMS

Provider Networks

CMS is facilitating the creation of a network of reproductive health providers, established in the central region of Uganda through a micro-loan program through the Summa Foundation. With the assistance from the SUMMA Foundation and in an administrative partnership with the Uganda Microfinance Union, CMS has revised its original strategy of only including only UPMA midwives to include other private providers. CMS:

- Established the Uganda Private Health Providers Loan fund, making loans to 125 new borrowers.
- Revised the business skills training manual to better suit these providers and for CMS to deliver a more custom oriented training.

Research

CMS conducted the following research:

- Pre-test of package design, promotional materials and brand name (Vikela) for the EC
- Contraceptive distribution study
- Formative research for the introduction of clean delivery kits
- Pre-test of the slogan, logo and brand name for clean delivery kits
- Protector TV commercial pre-test
- Pre-test of poster and radio commercial for SmartNet
- Evaluation of the Straight Talk School Visits program (about Adolescent and reproductive health)
- Summa Loan: Baseline study of exit clients at midwives clinics.
- Analysis of loan application forms, service statistics and clinic visits check list.

CMS/Uganda Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Opening of four wholesalers outlets in rural Uganda	X	X			Completed	
Launch of Smartnet	X				Completed	
Training on detailing system for clinical methods (pills, inject.)		X			Completed	
Refresher training on Clear Seven					Completed	
New training on Clear Seven		X			Completed	
Distribution extension to USAID DISH districts			X		Completed	
CDK Media communications development & message testing				X	Completed	
Launch of CDK product and communication					Delayed	District MOH requested CMS to postpone launch to October 2001
Launch of emergency contraception product & communication				X	Completed	
Launch of VCT program					Delayed	Staffing allocations at the AIDS Information Center, CMS partner in this program, not resolved. Program cannot start until AIC staffing is completed.
Health Financing						
<i>i) Lacor Hospital (also part of NGO Sustainability)</i>						
Accounting/inventory mgmt system installed & manual produced			X		Completed	
Health Information System installed		X	X		Completed	
Lacor Health plan designed			X		Completed	
Lacor Health plan starts				X	On-going	
<i>ii) Mother Child Rescue (MCR) Project</i>						
Equipment purchased for the project		X			Completed	
Launch of project		X			Completed	
Evaluation				X		
Decision to expand/modify scheme					On-going	
<i>iii) Uganda Health Cooperative</i>						
2 new plans recruited each quarter	X	X	X	X		

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Research						
Distribution survey for all current products		x	x		Completed	Analysis being finalized
New communications messages and testing for pills & injectable		X			Delayed	
KAP/Formative research on Clean Delivery kit		X			Completed	
KAP/Formative research on emergency contraception	X				Completed	
Package testing and communications testing for EC		X			Completed	
KAP/formative research on VCT		X			Completed	
Communication testing for VCT		X			Delayed	(see above)
NGO Sustainability & Provider Networks						
<i>i) Kansanga Clinic</i>						
MOU between CMS and UPMA signed	X				Completed	
Marketing manager & community educator hired		X			Completed	
Marketing plan written		X			Completed	
Start of marketing/promotion activities			X	X	Initiated	
<i>ii) UPMA Headquarters</i>						
Continued CMS monitoring on income and expenditures	X	X	X	X	On going	
<i>iii) SUMMA</i>						
UPMA and UMU start marketing revolving loan to midwives		X			Completed	
Enrollment of midwives into program		X			Completed	
FP/RH and business training for midwives			X	X	Completed	

Uganda			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Uganda Result	Indicators*	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of RMCH products and services	<p>CYPs by FP Method</p> <p>Sales of CMS Supported nets, emergency contraception, and STI treatment kits</p> <p>% of all women using private sector FP methods (in DISH districts).*</p> <p>% of households that have nets on some/all beds/mats.**</p> <p># visits per month per Summa supported private clinic.***</p>	<p>CYPs for OCs supported by CMS (Pilplan) increased between FY 2000 and FY 2001 by 15% (from 55,244 to 63,372).</p> <p>CYPs for Injections supported by CMS (Injectaplan) increased between FY 2000 and FY 2001 by 60% (from 74,940 to 120,133) between FY 2000 and FY 2001.</p> <p>CYPs for Condoms supported by CMS Protector) increased by 1% (from 68,100 to 68,833) between FY 2000 and FY 2001.</p> <p>Total CYPs increased 27% (from 198,235 to 252,338) between FY 2000 and FY 2001.</p> <p>Sales to date for Vikela (CMS supported emergency contraception), ClearSeven (CMS supported STI treatment kit) and Smartnet (CMS supported nets) have been 1,216 units, 37,849 kits, and 46,119 nets (all three products were launched during FY 2001).</p> <p>% of all women using private sector methods (in DISH districts) is not measured on an annual basis. The figure for FY 1999 is 13%. DHS will collect data that will allow a follow-up comparison in 2002.</p> <p>% of households that have nets on some/all beds/mats is not measured on an annual basis. The figure for FY 2000 is 22%. CMS will collect data that will allow a follow-up comparison in 2002.</p>

Uganda			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Uganda Result	Indicators*	Evidence of Achievement
			<p>Total # visits per month per Summa supported private clinic in FY 2001 (year of launch) was 244. (Follow-up data will be collected in 2002).</p> <p>Total # FP visits per month per Summa supported private clinic in FY 2001 (year of launch) was 28. (Follow-up data will be collected in 2002).</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Strengthen demand for RMCH products and services	<p>% of all women who have heard of CMS supported products (DISH Districts)</p> <p># enrollees in community health insurance plans</p>	<p>% of all women who have heard of CMS supported products (in DISH Districts) is not measured on an annual basis. The figure for FY 1999 is 22 percent for Pilplan (CMS supported OCs) and 34% for Protector (CMS supported condom) (base: heard of method). Note this was a spontaneous (as opposed to probed) response. Awareness of Injectaplan was not measured in FY 1999. DHS will collect data that will allow a follow-up comparison in 2002.</p> <p># of enrollees in community health insurance plans increased from 1,198 to 2,546 (113% increase) between FY 2000 and FY 2001.</p>
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthen supply of RMCH products and services	<p>% of retail outlets that carry CMS supported products.</p> <p>Observed quality of Summa supported private clinics: % clinics rated “good” on privacy, cleanliness, and drug stock****</p>	<p>Data for % of retail outlet that carry CMS supported products are not collected annually. CMS collected baseline data in the third quarter of FY 2001; however no figures are yet available (final report expected in December 2002).</p> <p>% of Summa supported clinics rated by an expert observer to be “good” on privacy, cleanliness and drug stock” was 47%, 77%, and 59% in FY 2001 (year of launch).</p>

Uganda			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Uganda Result	Indicators*	Evidence of Achievement
		Client reported quality of Summa supported private clinics:**** % clients “very satisfied” with privacy, cleanliness and availability of drugs % distribution of monthly net revenue of Summa supported private clinics***** % distribution of total savings of Summa supported private clinics*****	% of clients who said they were “very satisfied” with privacy, cleanliness, and availability of drugs at Summa supported clinics was 46%, 69%, and 47% in FY 2001 (year of launch). % distribution of monthly net income of Summa supported private clinics in FY 2001 (year of launch) was as follows: 56% less than \$281 USD; 34% \$281-\$562 USD; 10% greater than \$562 USD. % distribution of total savings of Summa supported private clinics in FY 2001 (year of launch) was as follows: 10% less than \$56 USD; 43% \$56-\$112 USD; 20% \$112-\$169 USD; 18% \$169-\$337 USD; 9% More than \$337 USD.

* Source: 1999 DISH Evaluation Survey (Conducted by MEASURE Evaluation Project).

** Source: 2000 ITN KAP Survey (Conducted by CMS).

***Source: Service statistics from 45 out of 77 borrowers who applied for a loan between January and June 2001.

**** Source: Direct observation and client exit interviews of 17 original borrowers in FY 2001.

***** Source: Service statistics from all 77 borrowers who applied for a loan between January and June 2001.

4.3.2 LATIN AMERICA/CARIBBEAN

Dominican Republic

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Population	8.6 M
Infant Mortality Rate	47
Total Fertility Rate	3.1
Life Expectancy M/F	67/71
CPR Tot/Mod	64/59
GNP per capita	\$1,910

Source: Population Reference Bureau 2001 World Population Data Sheet and World Bank 2000/2001

The CMS/Dominican Republic program responds to USAID's Strategic Objective 2, "Increased use of sustainable basic health services and practices" and IR2.2, "Increased access to reproductive health services for targeted populations." CMS responds to IR2.2 by ensuring that NGOs can provide quality RH services for the poor, under-served, and key target groups lacking USAID assistance.

CMS Activities in the Dominican Republic

CMS works with four reproductive health NGOs (ADOPLAFAM, INSALUD, MUDE, and PROFAMILIA). CMS employed a local Coordinator to carry out ongoing technical assistance in the following areas:

- Provide technical assistance to encourage NGOs to improve their overall sustainability, increase their private sector business skills and diversify their funding base;
- Focus on marketing affordable products and services; and
- Develop innovative mechanisms (SUMMA) to increase health care coverage.

In 2001, CMS received additional funding to set up revolving funds with 5 HIV/AIDS NGOs. The work to date has consisted of assessing the institutional capacity of NGOs to be able to manage revolving funds.

CMS Achievements for FY 2001

A local, full time Sustainability Coordinator was hired in September 2000 to provide, in-country technical assistance to the four NGOs involved in the sustainability project. Upon request from USAID, the first stage of the sustainability project, the transition phase, was extended from October 2000 – June 2001. The second phase, the Implementation period, will now run from June 2001 through September 2002.

The transition phase was extended to ascertain the most effective funding mechanism for disbursing the long-term grants to the qualifying NGOs. Ultimately USAID decided that the most cost-effective way to fund the NGOs was through bilateral grants to three of the four NGOs (all but INSALUD). During the transition phase, the local consultant and CMS/Washington provided technical assistance in the following areas:

- **Joint Revision of Sustainability Plans.** The Sustainability Plans reviewed by CMS and USAID had not been completely revised in October 2000. During the Fall, the local consultant met with each of the NGOs, reviewed the changes, and ensured that the NGOs presented more focused, reader-friendly documents. The finalized plans were re-submitted to USAID in January 2001. These plans were the basis for the rest of the CMS technical assistance throughout the year.
- **SUMMA Funding Workshop.** The Summa Foundation gave a workshop in the Dominican Republic in October 2000 regarding access to credit and various financing mechanisms for income-generating activities. The workshop was attended by the 4 NGOs to whom CMS is providing technical assistance, as well as several NGOs working in HIV/AIDS prevention. The training was successful in creating a possible financing opportunity for MUDE. SUMMA held conversations with the USAID mission to finalize the details of a \$300,000 loan.
- **SUMMA Technical Assistance.** As a separate activity from the pending loan to MUDE, the SUMMA Foundation approached the Mission with the idea of channeling funds for ongoing CMS technical assistance in the Dominican Republic through the Summa Foundation. SUMMA also received a loan application from another NGO, ADOPLAFAM. Since the application is incomplete, SUMMA has been in discussions with the NGO to assist them to complete the application correctly.
- **Technical Assistance to Increase Organizational Capacity**
Based on the revised Sustainability Plans, the Coordinator has worked with all of the NGOs to ensure that their organizational capacity is adequate to accommodate the changes in their programs. The Coordinator developed a survey form that each of the NGOs completed regarding their organizational structure. In addition to reviewing these structures, the Coordinator has reviewed their personnel policies, staffing plans and position responsibilities.
- **Diversification of sources of revenue and donors**
The Regional Manager for Latin America gave a Fundraising Workshop in January 2001 to ADOPLAFAM, INSALUD, MUDE and PROFAMILIA. During this course the participants developed the skills necessary to present a project design in a convincing document that potential donors would want to fund. The students went through the proposal writing process, step by step, from the research into different donors to the actual writing of a convincing proposal. Using the skills learned in the workshop, three proposals were sent to donors soliciting funds. Two of these proposals have been funded.

- **Business Planning Workshop.** CMS held a Business Planning Workshop in August 2001 to train the four NGOs on how to develop proper business plans. The participants brought an idea to the workshop and developed their plans during the three-day workshop. A module on Corporate Social Responsibility was also highlighted during this workshop, with USAID and other local NGOs attending. CMS will follow up on the CSR activities with the USAID and the local NGOs who want to develop CSR strategies.
- CMS has assisted 3 of the 4 NGOs in increasing service capacity. This has contributed to the following increases in CYPs: PROFAMILIA 15%, MUDE 16%, and ADOPAFAM 9%

As a result of these activities cost recovery for the four NGOs increased as follows

PROFAMILIA	71%	93%
MUDE	19%	29%
ADOPAFAM	26%	35%

The fourth NGO, INSALUD is still at the preliminary stages of NGO sustainability and therefore does not report cost recovery data.

Revolving Fund Technical Assistance

CMS received additional funding during the third quarter of 2001 to set up revolving funds with local HIV/AIDS NGOs. The Sustainability Coordinator initiated the assessment activities with five NGOs in August 2001. Due to the increased workload of working with 9 NGOs, CMS hired a local assistant to assist her with this program. The scope of work for the revolving fund activities was revised, submitted and approved by the Mission.

CMS/Dominican Republic Key Program Activities & Timeline

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
NGO Sustainability						
CMS will review NGO Sustainability Plans and recommend changes		X			Completed	
Provide technical assistance to NGOs to increase organizational capacity	X	X	X	X	Completed	
Diversification of Funding Workshop		X			Completed	
Business Planning Workshop				X	Completed	
Technical Assistance to Develop 5-Year Strategic Plans				X		Will be completed in 2002
Regional NGO Sustainability Course (participation of some NGOs, not all)			X		Completed	

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
SUMMA Fund						
SUMMA Foundation Workshop	X					Held in October
Set up revolving funds with NGOs				X	Process initiated	
Feasibility Study for social marketing of multivitamins				X		Will be completed in 2002

Dominican Republic			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/D.R.	Indicators	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increase use of FP services at three NGO clinics	<ul style="list-style-type: none"> CYPs 	<p>PROFAMILIA: CYPs increased by 15% (from 75,418 in FY 2000 to 86,627 in FY 2001)</p> <p>MUDE: CYPs increased by 16% (from 1,430 in FY 2000 to 1,657 in FY 2001)</p> <p>ADOPLAFAM: CYPs increased by 9% (from 15,906 in FY 2000 to 17,324 in FY 2001)</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for RH and FP services at two NGOs by reducing financial barriers for key target groups	<ul style="list-style-type: none"> # of visits by subsidized coupon clients in the 2 NGO clinics offering subsidized coupons 	<p>PROFAMILIA : launched in FY 2001</p> <p>FP visits: 938</p> <p>Total visits: 5,903</p> <p>MUDE: launched in FY 2001</p> <p>FP visits: 1,598</p> <p>Total visits: 3,516</p>
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Improve financial sustainability of three NGOs	<ul style="list-style-type: none"> Cost recovery ratio Share of USAID donations Cost per CYP 	<p>PROFAMILIA: Cost recovery increased by 40% (from 71% in FY 2000 to 93% in FY 2001)</p> <p>MUDE: Cost recovery increased by 53% (from 19% in FY 2000 to 29% in FY 2001)</p> <p>ADOPLAFAM: Cost recovery increased by 35% (from 26% in FY 2000 to 35% in FY 2001)</p> <p>PROFAMILIA: USAID share decreased by 46% (from 11% in FY 2000 to 6% in FY 2001)</p> <p>MUDE: USAID share is unchanged at 46% in FYs 2000 and 2001</p> <p>ADOPLAFAM: USAID share decreased by 8% (from 24% in FY 2000 to 22% in FY 2001)</p>

			<p>PROFAMILIA: Cost per CYP increased by 68% from 3.96 in FY 2000 to 6.66 in FY 2001)*</p> <p>MUDE: Cost per CYP decreased by 4.5% (from 14.70 in FY 2000 to 14.04 in FY2001)</p> <p>ADOPLAFAM: Cost per CYP decreased by 6.5% (from 7.44 in FY 2000 to 6.96 in FY2001)</p>
LLR 2.2: Improved financial sustainability and institutional capability for private and commercial sector supply of FP/RH/CS	LLR 2.1: Improve institutional capability of three NGOs to help them deliver sustainable FP/RH services	<ul style="list-style-type: none"> • Sustainability plan, Business plan, Operational plan • Workshops • Funding proposals to other donors • On-going TA on sustainability 	<p>All three NGOs have sustainability, operational, and business plans (developed in FY 2001)</p> <p>3 workshops conducted in FY 2001</p> <p>2 proposals funded for MUDE and ADOPLAFAM in FY 2001</p> <p>Fundraising proposals developed and two funded</p> <p>TA by full-time CMS Resident Advisor on fundraising, business planning, organizational structure, and personnel policy</p> <p>Assistance to 5 HIV/AIDS NGOs to create a revolving fund for purchase of condoms (FY 2001)</p>

PROFAMILIA opened new clinics that resulted in an increase in Fixed Costs over the short term

Jamaica

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Population	2.6 M
Infant Mortality Rate	24.4
Total Fertility Rate	2.4
Life Expectancy M/F	70/73
CPR Tot/Mod	66/63
GNP per capita	\$3390

Source: Population Reference Bureau 2001 World Population Data Sheet

The CMS program in Jamaica responds to USAID/Kingston's Strategic Objective 3, "Improved Reproductive Health to Youth". The objective of the CMS program is to increase private sector participation in the promotion of condoms and safer sex messages to youth.

CMS Activities in Jamaica

In FY 2001, CMS activities focused on conducting two large research studies to better understand young consumers and the condom retail market in Jamaica. The first study, a Condom Distribution Survey, was a major survey of current and potential condom distributors/retailers across the country. The survey provides information on opportunities for and barriers to expanding and improving private condom distribution, especially to the adolescent target market. The survey questionnaire and sampling plan were finalized in September 2000, and the fieldwork was completed by June 2001. The reports of the research findings were sent to USAID/Jamaica for review in late August.

CMS also conducted a household survey of young Jamaicans, aged 10–19 years, to determine current beliefs and behaviors regarding condom use. CMS research findings showed that most youth were already aware that condoms could prevent pregnancy and sexually transmitted disease but that they did not feel personally at risk by having unprotected sex. In addition, the research showed that teenage girls were sexually active yet most were not using condoms, far less in fact than boys (among sexually active, youth, 58% of boys use condoms versus 25% of girls). Most sexually active girls only had one partner yet most sexually active boys had multiple partners. Our research suggested girls were not sufficiently assessing their risk, in terms of pregnancy and sexually transmitted disease, including HIV.

USAID/Jamaica commended CMS on the reports of the research findings that were submitted in August 2001. A Dissemination Seminar will be held in December of 2001 to present the research findings to USAID and the other major stakeholders. At that time, CMS will develop the communications/behavior change campaign, which will be based on the findings from the research studies. In addition to the activities related to condoms, CMS received approval from USAID to use Core funding to conduct research on the use of over-the-counter emergency contraception (EC). This product was recently approved and registered for over-the-counter sale in Jamaica. The program will permit CMS the opportunity to compare the use in Jamaica with other countries, such as Cameroon.

CMS/Jamaica Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Research						
Implement condom distribution survey and youth consumer surveys			X		Completed	
Finalize survey reports and disseminate survey findings				X	Completed and sent to Mission	
Social Marketing						
Develop activities/work plan to promote condom use and safer sex among Jamaican youth, in partnership with private/commercial sector					Delayed	Delayed until next year upon request by Mission.
Implement activities					Delayed	Pending discussions with stakeholders in December 2001
Explore options for continuing use of Personal Choice logo with private sector partners						Pending discussions with distributors in December 2001

Nicaragua

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Population	5.2 M
Infant Mortality Rate	40.0
Total Fertility Rate	4.3
Life Expectancy M/F	66/71
CPR Tot/Mod	60/57

Source: Population Reference Bureau 2001 World Population Data Sheet

CMS Activities in Nicaragua

CMS aims to contribute to the health sector by increasing the participation of the private sector in providing high quality and affordable primary health care in under-served Mitch-affected areas. Through the Franchised Clinics Network Project (FCN) in Nicaragua, CMS is creating a franchised and largely self-financing network of six private sector clinics.

This network will increase access to quality affordable health services for 240,000 lower to middle income Nicaraguans through the private sector. The network of clinics is promoted to the public under a unique brand name and logo representing high quality, affordable health care. CMS is partnering with a well-known and respected local NGO, PROFAMILIA. This NGO is the largest provider of private sector health services in Nicaragua. CMS has chosen their name as the brand to represent the clinic network with the expectation that the good reputation and brand equity will attract clients and providers to the franchise.

Key Achievements

Over the past year, CMS has been able to accomplish the following in Nicaragua:

- Two additional properties purchased in Mitch-affected areas;
- Franchise system adapted to the Nicaraguan context;
- 5 clinics designed, constructed and equipped;
- Personnel hired and trained to staff 6 clinics;
- Information, Education and Communications (IEC) campaign implemented
- Local capacity built and transferred to PROFAMILIA to manage the clinic network
- Foundation laid for a largely self-sustaining health system through the development of institutional, financial and quality of care systems within the network;
- A proven “showcase” model for private sector health delivery that delivers high-quality health services at affordable cost (other clinics have already requested that their clinics be converted to the network model); and
- SUMMA loan disbursed to the Policlinica Materno-Infantil with follow-up activities.

Program Achievement and Impact

To date, the clinic network has launched five of the six clinics. The sixth clinic will be launched on October 26, 2001. The clinic network was designed by adapting the proven techniques of PROSALUD/Bolivia to the Nicaraguan context. This innovative new health care model provides largely self-financing, sustainable health care to lower and middle income groups and is compatible with both national health policy objectives and the population's needs. Two of the five clinics are currently recovering all of their costs.

Clinic launches/openings of clinics

On March 8, 2001, CMS inaugurated the Tipitapa clinic, the first of six franchised clinics in Nicaragua. The quality of construction of the clinics has been commended by everyone from the Army Corps of Engineers to the Ministry of Health in Nicaragua. In addition, and upon request from USAID, CMS complemented the standard construction designs by adding extra facets to the clinics. CMS was able to do this, and still remain within the confines of the contractual budget, because they received exemption from taxes in the three sites.

Service Delivery

CMS recruited, hired and trained all of the personnel for the six clinics that will be transferred over to PROFAMILIA. Recruitment was challenging because CMS wanted to hire medical personnel who lived in the general vicinity of the clinic. As the clinics provide 24-hour emergency care, it is important that the medical personnel live nearby.

Training has included both medical providers and salaried staff. Before the opening of each clinic, personnel working at other network clinics spend substantial time at the new clinic, transferring skills and knowledge.

Monitoring and supervisory visits are conducted regularly to ensure that standards of quality of care remain constant. CMS has also requested that the Quality Assurance (QA Project) in Nicaragua monitor and evaluate the network on a yearly basis.

Demand Creation Activities

CMS used a variety of promotional and advertising activities to create demand for the clinics. The activities included the use of billboards, mobile video units, flyers, radio and T.V. advertisements, rural health promoters, and interpersonal promotions.

Through clinic client surveys and consultancies from PROSALUD/Bolivia, CMS determined that most effective means of promoting the clinics was by word of mouth and access to the location. Based on this analysis, CMS decreased the amount of resources allocated to mass media, and more resources were directed to in-reach marketing and the health promoters. Interpersonal promotional events and "combos" of services offered to patients have proved to be very effective as well. Although CMS used a T.V. advertisement in Esteli and radio ads in every site, this advertisement will be discontinued in the future.

See the table below that shows the results of surveys conducted at the clinics to determine what promotional activities had the most impact on clients.

Types of Promotion	Promoter	Word of Mouth	Loud Speaker	Radio	TV	Location	Mobile Video Unit	Flyers	Total
Tipitapa	285	1274	736	0	0	1261	420	123	4099
Sébaco	670	289	131	56	0	34	105	0	1285
Estelí	405	294	244	123	139	164	5	7	1381
Total	1360	1857	1111	179	139	1459	530	130	6765
%	20%	27%	16%	3%	2%	22%	8%	2%	100%

The demand creation activities have been effective in increasing client volume to the clinics. From the launch dates of each of the clinics through August (periods of four to six months), three of the six clinics had increased client volume by over 95%. This demonstrates the positive impact of the demand creation activities, as well as the quality service delivery at the clinics. The number of clinic visits are listed in the table below:

*Monthly Clinic Visits**

Clinic	Launch Month	August 2001	% Change
Tipitapa	976 March, 2001	1,925	97%
Esteli	923 April, 2001	2,100	100%
Sebaco	573 May, 2001	1,297	125%
Total	2,472 (launch month)		

*Results reported for only 3 of 5 clinics because remaining 2 clinics have not been operating for a full quarter.

Information management and reporting systems

The reporting system for the clinics was designed specifically to report on the technical and financial progress of each of the clinics. Based on the data input by the administrative staff of the system automatically calculates the number of patient visits by type of visit and the level of cost recovery by clinic. These reports are provided to CMS/Washington PROMALIA and USAID/Nicaragua on a monthly basis. CMS will coordinate with PROFAMILIA before leaving Nicaragua to ensure that these reports continue to be provided to both entities on a monthly basis.

Sustainability of PROFAMILIA

From the beginning of the project, CMS has worked with PROFAMILIA on their institutional sustainability plan. Although this is very important for PROFAMILIA, the principle concern before the project close-out, has been to ensure the foundation has been laid for the clinics to be sustainable in all three aspects of sustainability: programmatic (quality of care of the services provided to those affected by Hurricane Mitch); institutional (organizational structure and systems in place to support the long term programmatic goals of the clinics); and financial (cost-sharing, information management and reporting systems in place to ensure that the clinics are self-sustaining over the long term). CMS has attempted to lay this foundation by transferring skills to the staff who work at the Management Support Unit (the central management unit – or CMS headquarters at present – responsible for the design, development and management for the franchised clinic network) and who will later work for PROFAMILIA in the same capacity.

In addition to fostering sustainability in PROFAMILIA as an institution that will manage the franchised clinic network, CMS has also been monitoring the sustainability (cost recovery) ratio of each of the individual clinics. See the table below that shows the percentage of cost recovery for the three clinics that have been operating for at least 6 months:

Clinic	Launch date	August 2001	% Change
Tipitapa	60% March, 2001	92%	53%
Esteli	58% April, 2001	102%	76%
Sebaco	41% May, 2001	62%	51%

CMS/Nicaragua Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Provider Networks						
Purchase land in remaining sites: Rio Blanco and Jalapa	X				Completed	2 of the three clinics completed by end of Sept. Rio Blanco will be completed at end of Oct. 2001
Equip 3 clinics with equipment and supplies		X			Completed	
Train personnel to provide services at the three Expanded Model clinics		X			Completed	
Marketing plan implemented in three initial sites: Esteli, Sebaco & Tipitapa		X	X		Completed	
Opening/launch of three clinics		X	X		Completed	
Initiate construction in last three sites for Basic Model clinics			X		Initiated in all 3 sites	
Equip 3 Basic Model clinics with equipment and supplies			X		Completed	
Personnel trained to provide services at Basic Model clinics				X	Completed	
Marketing plan implemented in Basic Model sites: Jalapa, Rio Blanco, & Somoto				X	Completed	
Opening/launch of 3 Basic Model clinics				X		
NGO Sustainability						
Local partner, PROFAMILIA, will implement sustainability strategies according to technical assistance provided by CMS			X	X		No further CMS TA in Sustainability was requested, but strategies were implemented all the same.
Social Marketing						
Feasibility Study for social marketing of multivitamins						Feasibility study cancelled due to lack of funding
Health Financing						
Assess feasibility of health financing initiative with Empresas Medicas Privadas in Nicaragua			X			CMS assessed alternatives during 3rd quarter, but due to lack of funding, no initiatives were started
Policy						
Lobby Government of Nicaragua to change package of services offered by the Seguro Social						No activity initiated

Nicaragua			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Nicaragua Result	Indicators*	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of high quality and affordable health cares services through the private sector in 6 Mitch affected areas.	<p># Visits to CMS Network Facility*</p> <p>% of Pop Sick in past 30 days who sought treatment for illness</p> <p>% of population sick in past 30 days who sought care first at CMS network facility</p> <p>% of women aged 15-49 using modern method of FP who get their method from CMS network facility</p> <p>% of women aged 15-49 with a birth in past 5 years who sought preventive care in last 12 months from CMS network provider</p> <p>Change in self-reported health status among women 15-49</p>	<p>21,537 visits since the launch of three clinics in spring of FY 2001.</p> <p>Baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system</p> <p>Baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system</p> <p>Baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system</p> <p>Baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system</p> <p>Baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for priority and essential services among target population in 6 Mitch affected areas.	% of target Population who have ever heard of the CMS network	For all demand indicators, baseline data were collected in FY 2001, final report due December 2001 (FY 2002) at which point data will be entered in CMS monitoring system.

Nicaragua			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Nicaragua Result	Indicators*	Evidence of Achievement
		% of target Population knows where to obtain CMS services % target population that perceive CMS services as good value % target population that reports price of CMS services as reasonable % target population that revisits CMS clinic for same or new service	
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Increased Supply of Affordable and High Quality Health Care in 6 Mitch Affected Municipalities	# of CMS clinics providing high quality and affordable health care in Mitch affected areas	5 in spring of FY 2001
	IR 2.2: Foundation laid for sustainable health care delivery system in 6 Mitch affected areas by local NGO	% of operational costs recovered by end of fiscal year* Transfer of a sustainable health care system from CMS to Profamilia	Sebaco: 62% (August 2001) Esteli: 102% (August 2001) Tipitapa: 92% (August 2001) Expected in FY 2002

* Data based on service statistics and accounting system for three clinics: Sebaco, Esteli and Tipitapa. A fourth clinic opened in the fourth quarter of FY 2001 but does not have a full quarter of data. Therefore data is not available for the fourth clinic.

4.3.3 ASIA/NEAR EAST

India

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Population	1,033,000
Infant Mortality Rate	70
Total Fertility Rate	3.3
Life Expectancy M/F	60/61
CPR Tot/Mod	48/43
GNP per capita	\$430

Source: Population Reference Bureau 2000 World Population Data Sheet

Despite recent declines in the population growth rate, India's population continues to grow at very significant rates - 18 million additional people a year reflecting the country's overall TFR of 3.3. The two-child norm though has become stronger – now a majority of rural and illiterate women having two children report that they want no more children. Sterilization continues to receive heavy emphasis and be widely utilized. Despite the increased emphasis on alternate contraceptive methods, female sterilization is still the most used method. Most (82%) female sterilization users never used any other method before sterilization. India has one of the lowest levels of oral contraceptive (OC) use in the world – 2.1% of married women of reproductive age in the most recent survey. Young married women have a relatively high unmet need, especially for spacing their births.

Economic growth has improved in recent years, but over 52% of India's population still lives below the poverty level. India's per capita income is \$430. Poor nutritional status and high prevalence of diarrheal diseases and malaria contribute to a high maternal and infant mortality rates (estimated to be 376 per 100,000 births and 70 per 1,000 births respectively).

Distribution of HIV/AIDS in India is very heterogeneous. Prevalence rates vary widely by state with five states having rates among antenatal women exceeding 1%. The HIV positive population is expected to reach 3.5 million this year. Only four out of ten women of reproductive age have heard of HIV/AIDS; awareness is dramatically lower among rural and less educated women.

CMS Activities in India

The CMS program in India responds to IR2.2, “increased use of family planning services” under the USAID/India Strategic Objective No. 2 “reduced fertility and improved reproductive health in North India.”

CMS's main activity is the *Goli ke Hamjoli* (Friends of the Pill) program, funded by USAID/ New Delhi through the Program for Advancement of Commercial Technology – Child and Reproductive Health (PACT-CRH). The campaign was named Healthcare

Campaign of the Year at the 1999 Asian Public Relations Awards and won India's Abby Award from the Bombay Ad Club as the best social concern campaign.

The campaign is designed to promote the use of OCs by young urban couples and to encourage pharmaceutical firms to take interest in a growing market. To facilitate these efforts, CMS has developed partnerships with Wyeth, Schering and Organon for low cost OCs. Promotional activities include:

- Market research among both consumers and providers.
- A mass-media ad campaign in conjunction with Ogilvy & Mather using endorsements from a doctor to address myths and concerns.
- Providing information to opinion leaders and healthcare providers.
- Direct mailings to doctors and chemists.
- Endorsement by the specialist medical community.
- Training of ISM practitioners and chemists in the use of OCs.
- Detailing and point-of-sale materials for trained doctors and chemists.
- Brand promotion by social marketing firms.

In addition, CMS continued to provide technical assistance to the State Innovations in Family Planning Services Agency (SIFPSA) (a local NGO in Uttar Pradesh). This assistance concentrates on improving OC and condom social marketing techniques for rural communities under the Innovations in Family Planning Services (IFPS) project.

Program Achievements & Impacts

By bringing together a behavior change communications strategy, supported by an annual consumer tracking survey and a provider KAP survey, a strong pharmaceutical partnership and large scale, high quality and continuous provider training, the Goli Ke Hamjoli campaign has yielded significant results between FY 2000 and FY 2001. These include:

- An increase of private sector OC sales in urban India by 6%
- An increase in OC prevalence among targeted women from 9 – 14%
- An increase in demand for OCs from 19% to 21% among targeted women
- Targeted women exposed to the GkH campaign were 36% more likely to use OCs
- CMS has trained 31,909 chemists and 25,191 ISMP (Indian Systems of Medicine) doctors.
- With respect to the training, the percentage of chemists who agreed that side effects disappear within a few months increased from 45% to 71% and the percentage of chemists who provided correct answers to the questions, "what should a woman do if she forgets to take the pill for a day" increased from 46% to 86% (between FY 1999 and FY 2001)

- Finally, sales research suggests the overall market for OCs in Northern India has increased 25% since the initiation of the program in 1998.

With respect to condoms, CMS research shows that between FY 2000 and FY 2001 CYPs for condoms in rural India increased by 20% (from 590,890 to 711,130).

CMS/India Program Timeline

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Sign advertising contract with O&M	X				Completed	
Media flight I: broadcast on air	X				Completed	
Media flight II: broadcast on air		X			Completed	
Media flight III: broadcast on air			X		Completed	
Tracking study			X		Completed	
Evaluation; new directions; planning Yr.4				X	Completed	
Direct mailer campaign	X	X	X	X	On-going	
Media PR campaign	X	X	X	X	Ongoing	
Free doctor counseling	X	X	X	X		
Training of Trainers	X					
Train 10,000 chemists	X	X	X	X	On-going	
Train 10,000 ISMPs	X	X	X	X	On-going	
Coordinate with Wyeth, Infar, German Remedies for sampling and promotion	X	X	X	X	On-going	
Conduct marketing conference with pharmaceutical companies			X		Completed	
Conduct demand estimation study for injectables			X		Completed	
Conduct brand image and pricing study for OCs		X				
Assess ISMP training			X			
Private Provider						
Develop concept paper for private medical practitioners to provide long-term methods in U.P. and other states		X				Still on hold due to insufficient budget.
Develop pilot project to deliver injectables						Delayed due to political sensitivities
Develop a concept paper for condom Dual-message social marketing campaign		X				To be completed 1 st quarter of next year

India			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/India Result	Indicators	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of oral contraceptives, condoms, and injectables in North India*	CYPs by Method OC Prevalence among Targeted Women**	<p>The Goli Ke Hamjoli (GkH) Campaign in India supports all private sector brands. Therefore, the private category as a whole is reported for both CYPs and OC prevalence.</p> <p>CYPs for Private Sector Pills increased in urban India between FY 2000 and FY 2001 by 6% (from 677,000 to 719,111) and decreased in rural India by 6% (from 234,400 to 220,533).</p> <p>CYPs for Condoms in rural India (CMS is not promoting condoms in urban India) increased by 20% between FY 2000 and FY 2001 (from 590,890 to 711,130).</p> <p>Total CYPs increased 10% (from 1.50 million to 1.65 million) between FY 2000 and FY 2001.</p> <p>OC Prevalence among targeted women increased from 9% to 14% between FY 2000 and FY 2001.</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for OCs, condoms, and injectables through the private sector in urban and rural areas of North India	% of Targeted Women Currently Using or Intending to Use OCs** % of Targeted OC users who intend to continue** Difference in OC prevalence between targeted women exposed and not exposed to the GkH campaign	<p>Total demand for OCs (current use plus intention to use) has increased from 19% to 21% among targeted women between FY 2000 and FY 2001.</p> <p>The % of targeted OC users who intend to continue has increased from 84% to 87% between FY 2000 and FY 2001.</p> <p>Targeted women exposed to the GkH campaign were 36% more likely to use OCs in FY 2001 (compared to being 22% more likely in FY 2000).</p>

	IR 1.1: Improved consumer attitudes towards OCs	% of targeted women exposed to the GkH campaign who believe that OCs are a safe method.	Increased from 55% to 68% between FY 2000 and FY 2001.
	IR 1.1.1: Resources leveraged for OC media promotion	Ratio of media visibility to media expenditure	Increased from 2.25 during FY1999/2000 to 4.4 in FY 2001.
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Increased Supply of OCs, condoms, injectables through the commercial and private sector in urban and rural North India	# MOUs signed with OC pharmaceutical companies to increase distribution and increase visibility of OCs	This indicator is measured over the life of the project (not on annual basis). To date, over the life of the project, CMS/India has signed a total of 3 MOUs with pharmaceutical companies to increase distribution and increase visibility (all signed in FY 2000).
LLR2.5: Strengthened capacity of private and commercial providers to offer quality FP/RH/CS services	IR 2.1 Improved provider attitudes and knowledge about OCs among Chemists	Change in provider knowledge/attitudes***	Data for this indicator is not collected on an annual basis. The percentage of chemists who provided correct answers to the question, “what should a woman do if she forgets to take the pill for a day” increased from 46% to 86% (an 87% increase) between FY1999 and FY 2001. The percentage of chemists who agree that sides effects disappear within a few months increased from 45% to 71% between FY 1999 and FY 2001.

* Note that CMS/India has not yet begun its injectable campaign. Therefore we do not report results for injectables for this reporting period.

** “Targeted women” refers to married non-sterilized women aged 19-29 living in urban Bihar, MP, UP, Rajasthan, or Delhi in households with televisions sets from socio-economic classes A to D. Based on a random sample of 2,118 women.

***Based on a KAP survey of a random sample of 2,000 chemists.

Nepal

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Population	23.5 M
Infant Mortality Rate	79
Total Fertility Rate	4.8
Life Expectancy M/F	58/57
CPR Tot/Mod	39/35*
GNP per capita	\$210

Source: Population Reference Bureau 2000 World Population Data Sheet. *2001 Preliminary DHS data.

While Nepal has shown encouraging progress toward reaching the government's health policy goals, support for family planning and maternal and child health programs is still necessary. There remains a very large unmet need for family planning, a great number of gaps in family planning and maternal and child health service delivery, and a large number of high-risk births. The contraceptive prevalence rate is 29%, with sterilization accounting for the majority. Knowledge of family planning methods is very high, especially permanent methods. There are considerable differences among Nepalis when considering "current use" of contraceptives, with older and urban women and those located in the lowland or terai area of Nepal representing much of the current use reported.

CMS Activities in Nepal

Lacking a field office or staff in Nepal at present, all CMS project activities are overseen by Washington Project staff. The CMS program in Nepal is pursuing two broad initiatives: 1) testing promising strategies for linking and utilizing private medical providers to expand access to family planning and reproductive health; and 2) providing substantial TA to USAID/Nepal and CRS, the local nonprofit social marketing organization, to develop the social marketing strategies and resources needed to help achieve larger PHN program goals.

With social marketing, At the Mission's request, CMS conducted a series of organizational assessments of CRS, which assessed that organization's strategic, organizational and financial situation, and made recommendations for improvement. Also at the Mission's request, CMS developed strategy documents for HIV, social marketing, and family planning and MCH social marketing. These strategies are being used by the Mission to help guide its program efforts over the next five years.

CMS has initiated a pilot project to test the efficacy of an evolved form of private network. This new version, now given the branded name of "Sewa", utilizes nurses and paramedics (rather than the preexisting physician network) to expand family planning and reproductive health services. The pilot project will be launched in October 2002. CMS staff have built this Sewa network from the lessons learned from other networks, including the Parivar Sewa Swastya Network (PSSN) that offers family planning services through physicians' private clinics on a fee-for-service basis in the Katmandu valley. CMS has been providing limited promotional assistance to the PSSN network.

Program Achievements & Impacts

A number of substantive achievements were realized in this past year:

- Technical assistance was provided in the form of two strategy documents prepared for the Mission, one for HIV social marketing, the other for family planning and MCH social marketing. Additionally, several consultants worked with CRS over the course of the last year to strengthen that organization's social marketing operations, help it develop a business plan for itself, help it integrate a new financial management software program and complementing administrative systems, and to provide the Mission with assessments of CRS's potential contributions in the future. This assistance also helped bring about the hiring of a new management team at CRS, and the development of a new business plan.
- With the Pilot Project – “Sewa” Nurse and Paramedics Network, extensive design work was undertaken, 70 private providers completed a variety of credentialed training modules, a baseline evaluation was completed, and a promotional campaign designed and initiated. Engender Health assisted by advising on quality of care measures for these providers. All this work was supported through subcontract agreements with four local Nepali organizations. CRS and the Sewa Network established agreements for supplying contraceptives to Sewa providers.
- The PSSN Physician's Network continues to serve clients seeking family planning services, and saw 20,440 family planning clients in the last year. CMS staff completed a tracking study of the network to determine service utilization over recent years. Results of this are being used to improve the implementation of the Network.

CMS/Nepal Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Provider Networks						
Continue to promote the services of the private doctors' network	X	X	X	X		Marketing ongoing at reduced level – marketing support will end 12/31/01
Sign subcontract to renew advertising contract to promote doctors' network			X			Completed
Sign subcontract with advertising agency to promote the nurse/paramedic network		X				Completed
Promote services of nurse/paramedic network					Started	Due to delays completing training, promotion began October 2001
Identify and Train Participating Nurse/Paramedics				X	Completed	
Sign contract to conduct operations research		X			Completed	Contract made with CREHPA
Implement OR activities		X	X	X		Baseline data collection completed
NGO Sustainability						
Assist CRS to develop social marketing business plan	X				Completed	
Continue to provide TA to CRS to implement social marketing business plan		X	X	X	Ongoing	Revised Mission Request to approve occasional TA to CRS

Nepal			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Nepal	Indicators	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Improve the provision of FP/ MCH services in the private sector	<p>CYPs delivered by CRS</p> <ul style="list-style-type: none"> • # of RH clients, by type, at the Nurse & Paramedic Network clinics • % distribution of clients by type of service • # of clients who express satisfaction with the overall service quality at the network clinic 	<p>NA (this will be reported from Yr 4 onwards as CMS assumes a significant role in providing sustainability and marketing TA to CRS)</p> <p>This will be reported from year 4 when the training of providers is complete and the network is operational.</p> <p>FP: 5.3%, Ob/Gyn: 10.4%, STI: 0.8%, CH: 18%, Medicine: 13%, Other: 63% *</p> <p>Total exceeds 100 as some clients sought multiple services</p> <p>(Baseline data collected in FY 2001)</p> <p>Very satisfied: 58%* Satisfied: 42% Dissatisfied: 0%</p> <p>(Baseline data collected in FY 2001)</p>
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increase the demand for high quality FP/ MCH services in the private sector	<ul style="list-style-type: none"> • % of clinic clients coming as a result of CMS marketing campaigns • % of target pop. Reached by mktg. campaigns • # of women in the target population that are aware of the network provider in their area 	<p>Results will be reported in the fourth quarter of Yr 4 when post-launch follow-up data is collected (client exit interviews, household survey, and provider survey)</p> <p>Results will be reported in the fourth quarter of Yr 4 when post-launch follow-up data is collected (client exit interview, household survey and provider survey).</p>

		<ul style="list-style-type: none"> • # of women seeking services at the clinic of network provider 	Same as above
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthen the supply of high quality FP/ MCH services in the private sector	<ul style="list-style-type: none"> • Quality Index Score at the clinics of SEWA network providers • SEWA Providers trained by type of training • SEWA Providers enrolled in the network 	<p>Will be reported in Yr 4</p> <p>70 Nurses and Paramedics trained in FP/ RH (FY 2001)</p> <p>70 Nurses and Paramedics (FY 2001)</p>
LLR 2.2: Improved financial sustainability and institutional capability for private and commercial sector supply of FP/RH/CS	LLR 2.1: Improve institutional capability of CRS	<ul style="list-style-type: none"> • Regular TA on sustainability 	<p>Benchmarks achieved in FY 2001</p> <p>Business Plan and Financial Manual developed</p> <p>Employee Manual revised</p> <p>Distribution Policy and Sales Objectives established</p> <p>Credit Policy documented</p> <p>Internal Audit conducted</p> <p>New management appointed</p>

* Source client exit interviews conducted by CMS at 24 clinics for 2 days

Jordan

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Population	5 . 2 M
Infant Mortality Rate	31 . 0
Total Fertility Rate	3 . 6
Life Expectancy M/F	69 / 71
CPR Tot/Mod	56 / 39
GNP per capita	\$1 , 520

Source: Population Reference Bureau 2000 World Population Data Sheet

Jordan continues to show some encouraging signs in the environment for family planning and reproductive health services. In spite of conservative religious and cultural forces, there is widespread acceptance of family planning. A trend in delaying marriage — related to the government's recent efforts to promote education and literacy for women — has contributed to a reduction in fertility. However, there remains significant obstacles. The CPR rate has remained flat for the second year. A number of other factors suggest there are deeper lying issues that will complicate efforts to expand effective reproductive healthcare to the general population. Illustrative of the range of problems are the following:

- For oral contraceptives (OCs) the one-year discontinuation rate is 68%.
- 14% of all users experience method failure within one year of adoption.
- 37% of births are mistimed or unwanted.
- Two-thirds of births fall into one or more high-risk categories.
- Contraceptive delivery in Jordan is comparatively expensive. The cost to the government of Jordan to deliver a year of contraceptive protection is, on average across methods, 3.7 times higher than the international average. According to a TFGI report in 1998, this is due to the government's policy of providing free family planning services and products to all Jordanians.
- The overall private sector share of family planning users is relatively high (over 70%), but the commercial share has dropped since 1998.
- The presence of a significant Palestinian population and continuing hostilities in the Middle East have politicized the issue of childbearing more so than in the past.

CMS Activities in Jordan

CMS's program efforts focus on expanding access and increasing use of modern contraceptives through mass media IEC campaigns, pharmaceutical partnerships and training and detailing to commercial sector outlets and providers. Given TV's prominence and very high viewership in Jordan, the social marketing campaign has

focused near exclusively on TV. This effort has involved principally the production and airing of TV PSAs. Staff are also investigating the possibility of supporting the production of a TV series that promotes family planning concepts.

The second major activity involves training the 1,800 pharmacists in the country and subsequently detailing to these pharmacies. A complementing strategy being developed within this effort involves developing minimum quality standards for pharmacies and then conducting assessment visits to verify compliance.

Complementing program initiatives are being pursued on pilot bases. These include hospital “in-reach” efforts where a counselor provides information and referrals to patients who are potential candidates for family planning. They also include project efforts with a local NGO to find more efficacious ways to link CHWs with service providers and organizations. Recently the Mission renewed its interest in investigating the potential benefit of seeking health insurance benefits coverage for family planning and has asked CMS to collaborate with the Policy Project to this end.

Program Achievements and Impact

- 1,255 pharmacists have completed FP training class.
- 251 MDs (GPs) completed FP training class.
- MDs have received 756 pharmaceutical detailing visits.
- Jordan Pharmacist Association agreed to participate in QA initiative with CMS and 2 quality “surveyors” have been hired.
- 45 TV PSA spots have been produced, and are beginning to be shown on JTV.
- Agreement have been reached with one oral contraceptive manufacturer
- Four studies have been conducted that contribute to development of media messages.
- CMS has successfully lobbied for removal of a 30% condom duty and 13% condom tax.
- Recent (as of 9/01) OC sales figures suggest an upward turn.

CMS/Jordan Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Social Marketing						
Sign subcontract for developing 10 scripts for TV spots (Hisham Yanes)	X				Completed	
Produce ten humorous spots		X			Completed	
Air ten humorous spots				X	Started	JTV has begun airing TV spots
Sign subcontract for developing 18 animations for TV spots (Tharamedia)	X					Anticipated airing 1 st QTR 2002
Produce 18 animated spots				X	Initiated	
Air 18 animated spots						Awaiting production
Sign subcontract for producing 17 additional TV spots (El Saje)	X				Completed	
Produce 17 spots		X	X		Completed	17 completed and approved by MOH
Broadcast TV spots				X		As of September, aired 139 times
Sign subcontract with Noor Foundation for community-based health education	X					
Implement training of 120 women through Noor Foundation		X				Noor Foundation training completed
Sign subcontract with ADRA for community-based health education	X				Completed	
Implement door-door canvass and promotion. (ADRA)		X	X	X	Completed	
Select/recruit hospitals for inreach activities			X	X		In-reach begun in 1 hospital
Produce and play segments in CCTV	X				Cancelled	Due to implementation difficulties
Recruit counselors for hospital		X				One counselor recruited
Train counselors		X	X			Completed
Begin in-reach program in hospitals			X	X		In-process. 301 women referred
Train pharmacists and Doctors	X	X	X	X	Ongoing	1,255+ of 1,472 total pharmacists trained and 251 doctors
Sign contracts/MOUs with pharmaceuticals		X				MOU signed with one company
Train medical representative			X		Completed	Training completed
Medical Rep begin detailing to doctors			X	X	Ongoing	

Key Activities (by Technical Area)	Implementation Timeline				Completion status	Comments
	Q1	Q2	Q3	Q4		
Recruit and train two quality assurance teams			X		Completed	
Implement QA survey of pharmacies				X	Started	
Policy						
Negotiate with MOH and MOF on eliminating condom customs tariff pricing	X				Completed	Succeeded in removing tariffs and taxes
Research						
Study perceptions of FP methods	X	X			Completed	
Study provider barriers to FP	X				Completed	
Audience testing of spots				X	Ongoing	

Jordan			
Results Achieved: October 2000 – September 2001			
CMS Project Result	CMS/Jordan Result	Indicators*	Evidence of Achievement
SO: Increased use of quality FP and other health products and services through private sector partners and commercial strategies	SO: Increased use of high quality FP/RH services in the private sector	CYPs for CMS supported OCs % of all MWRA using private sector FP methods.	CYPs for OCs supported by CMS (Nordette and Trinordiol) increased between FY 2000 and FY 2001 by 14% (from 2,767 to 3,160). % of all MWRA using private sector methods is measured on an annual basis with the Jordan Annual Fertility Survey. However, FY 2001 data are not yet available. The figure for FY 2000 was 26%.
IR 1: Increased demand for quality FP products and other health products and services from the private sector	IR 1: Increased demand for RH/FP/CS products and services	% of MWRA Heard of CMS Supported (Blue Circle) Products % of target population reached by in-hospital promotion* % of target population reached by community outreach**	CMS will begin tracking % MWRA heard of Blue Circle semi-annually in Feb 2002. 4% in FY 2001 (year of activity launch) Increased 88% (from 8% to 15%) between FY 2000 and FY 2001
IR 2: Increased supply of quality FP and other health products and services through commercial approaches	IR 2: Strengthened supply of RMCH products and services	# of private providers trained by type # MOUs signed with pharmaceutical companies for detailing pharmacies and physicians	CMS trained 1,255 pharmacists and 251 GPs in FY 2001. 1 in FY 2001

		<p>Dollars leveraged from pharmaceutical companies for detailing pharmacies and physicians</p> <p>Quality improvement manual used to evaluate pharmacists for quality certification</p>	<p>\$2,400 in FY 2001</p> <p>Yes, beginning in FY 2001.</p>
IR 3: Improved environment for sustainable delivery of FP an other health products and services through the private sector	IR 3: Facilitate policy changes to improve private sector provision	Levels of Duties and/or Taxes on FP Products	CMS worked with the JMOH and JMOF to eliminate a 30% duty on condoms and a 13% tax on condoms

* Target population is all women of reproductive age who are in the in-patient wards of the hospital.

** Target population is MWRA in selected communities in East Amman.

5. THE SUMMA FOUNDATION

The Summa Foundation is a not-for-profit investment fund created by USAID to provide financing and technical assistance to the private and commercial health sector in developing countries with a particular emphasis on family planning and reproductive health.

5.1 Goals for Year Three

The primary goal for Year Three was to disburse the two investments that were approved in Year Two and to develop and obtain approval from USAID for three additional investment opportunities. As detailed below, Summa exceeded these goals and accomplished all other objectives and activities proposed for the year.

5.2 Activities & Tasks

Summa's main activities were in six categories:

1. New Investments
2. Investments Management
3. Management of Corpus
4. Technical Assistance
5. Research & Education
6. Institutional Structure

1. New Investments

Tasks under the New Investments activity are geared towards expanding the pipeline of investment opportunities and appraising identified opportunities. The specific goals and accomplishments for Year Three under the New Investments activity include:

Opportunity Identification

- **Conduct at least three project identification trips:** During Year Three, the Summa Foundation conducted six project identification trips to the Dominican Republic, Ecuador, Nicaragua, Namibia, Tunisia and Ghana to identify potential opportunities.
- **Regular follow-up with CMS Country Teams:** During Year Three, the Summa team worked with the Country Directors in Uganda, Nicaragua and Morocco to identify potential opportunities. In addition, Summa worked with all of the Regional Managers to follow-up on potential opportunities in Cambodia, Egypt, Tunisia, Armenia, Peru, Ecuador, Namibia, Ghana and Nicaragua.

- **Provide information to and hold discussions with USAID missions and USAID/Washington:** During Year Three, the Summa Foundation conducted a presentation for the USAID Office of Population and held meetings and/or briefings with representatives of USAID/Cambodia, Nicaragua, Uganda, Ghana, Ecuador, Philippines, Namibia, Dominican Republic and Peru. During this time, Summa also initiated contact and discussions with USAID Benin.
- **Expand contacts with potential co-funders/collaborators:** During Year Three, Summa continued its referral relationship with the International Finance Corporation (IFC). Summa and the IFC are considering joint financing of an investment request in Ghana. Summa also met with the Global Environment Fund, a Washington, D.C. – based investment fund, Rubicon Capital Investments, an international consulting and advisory firm, and Latin Healthcare Fund, a resource firm on the CMS Project, to discuss recent trends in healthcare and potential investments. Summa also has strengthened its relationship with GE Medical Systems, the Aga Khan Foundation, and Development Finance International, adding referrals from these organizations to its pipeline.

Appraisal

- **Initiate appraisal of at least five investment opportunities:** During Year Three, Summa initiated appraisals of ten investment opportunities. These opportunities are located in Uganda, Nicaragua, Dominican Republic, Costa Rica, Peru, Benin, Ecuador, Ghana (2 opportunities under appraisal) and Venezuela.
- **Conduct Appraisal Trips:** Appraisal trips are conducted for investments that have high potential for approval. During Year Three, appraisal trips were conducted in Peru, Uganda, Dominican Republic and Nicaragua.

Approval

- **Submit three investments to USAID for approval:** During Year Three, Summa developed and received USAID approval for five investments to Ghana Social Marketing Foundation (GSMF), the Reproductive Health Association of Cambodia (RHAC), Bushenyi Medical Center (BMC) in Uganda, San Pablo Hospital Complex in Peru, and Instituto Centroamericano de la Salud (ICAS) in Nicaragua. These investments will be detailed below.

Ghana Social Marketing Foundation (GSMF): Summa disbursed a loan to GSMF, the leading social marketing NGO in Ghana, to assist it with launching a new commercial condom. The condom is expected to generate income for GSMF, thereby enhancing its sustainability, and allow it to expand other services to its low-income clientele.

Reproductive Health Association of Cambodia (RHAC): Summa's loan to RHAC permitted it to purchase its principal building facility, where RHAC provides a majority of its clinical services in Phnom Penh. This purchase will enhance the financial resources of RHAC, by eliminating costly rental costs from its operations.

Bushenyi Medical Centre- Uganda. The Summa Foundation loan to Bushenyi Medical Centre (BMC) has been approved but not disbursed. BMC is a commercial health provider that operates 5 health facilities in rural, southwestern Uganda. BMC serves both general clients and operates four health insurance schemes. The objective of the loan to BMC is to improve and

expand family planning services for members of the health financing plans as well as for general patients at Bushenyi Medical Centre. In addition, the loan will improve and expand other health services in order to strengthen BMC's financial viability and cross-subsidize its family planning/reproductive health services and educational activities.

Clinica San Pablo (Peru): A loan was approved and disbursed for Peru's largest private clinic, San Pablo Hospital Complex (SPHC), located in Lima, Peru. The Summa Foundation is partnering with San Pablo to construct a new, specialized maternal health clinic in a middle-lower income neighborhood in Lima. The objective of the loan is to improve and expand family planning services in all of SPHC's facilities; increase the supply of quality private sector, primary health care services in an underserved area of Lima; and shift middle-lower income users from the public sector to the private sector.

Instituto Centroamericano De La Salud (ICAS) –Nicaragua. A Summa loan to ICAS has been approved but not disbursed. ICAS is a non-governmental organization that seeks to improve the health of the population of Central America through research, design and implementation of health programs and training. ICAS has expertise in the reproductive health field and is a leader in pioneering the use of vouchers for health services. ICAS' voucher programs seek to increase access of vulnerable groups, including sex workers, adolescents, and women at risk of cervical cancer, to reproductive health services. The loan to ICAS will refinance its Nicaragua office. The objective of the loan to ICAS is to strengthen its sustainability, thereby improving its ability to continue implementing its innovative reproductive health program. Summa expects to disburse the loan in the first quarter of Year Four.

2. Investments Management

Specific tasks for approved investments include:

Loan Closing & Disbursal: In Year Three, Summa closed and disbursed five investments, including the Uganda Private Providers Loan Fund, Clinica SanAngel, GSMF, RHAC, and San Pablo Hospital Complex.

Logistical Support and Supervision: The Summa Foundation provided logistical support and supervision to close and implement its new investments during Year Three. The Uganda Private Providers Loan Fund, specifically required a significant amount of program management support to coordinate partners and training. During the period, program supervision trips were conducted to Uganda and Nicaragua.

Monitoring & Evaluation: During Year Three, Summa in collaboration with CMS Research, designed and began implementing monitoring and evaluation plans for each of its new investments. To date, only limited data has been collected because most of the loans were disbursed at the end of the period. This data is being reported to USAID separately in Summa's Annual Monitoring Report.

Managing Repayment of Current Investments: In Year Three, two investments that were made under the PROFIT Project and five investments that were made under the CMS Project were outstanding. The two investments made under PROFIT, FEI Enterprises and AAR Health Services were fully repaid.

Since the end of PROFIT, Summa has approved seven additional investments and is in the final approval phase of one additional investment.

3. Management of Corpus

During the first five months of Year Three, the Summa team continued to invest liquid funds in short term, fixed income instruments, such as U.S. government bonds and agency notes. During this time, Summa decided to hire a professional investment management firm to manage Summa's liquid funds as a step towards increased institutionalization and sustainability. Summa disseminated a Request for Proposals to investment management firms. After reviewing the proposals, the Board of Directors of the Summa Foundation voted to hire Sanford Bernstein based on their competitive fee structure, customer service orientation and experience working with foundations.

4. Technical Assistance

In addition to financing, at times the Summa Foundation also provides technical assistance to its private and commercial partners to ensure the success of a project. Specific tasks under the technical assistance activity include:

Provide Investment Related TA to at Least One Approved Investment: During the period, the Summa Foundation hired ACDI/VOCA, an international development organization, to provide training to private providers in Uganda that were applying for the Summa Private Providers Loan Fund. Summa and CMS worked with ACDI/VOCA to design the curriculum and write the training manual. During the period, 119 private providers in four districts of Uganda participated in a five-day training in basic business skills and credit management. On average, providers improved scores in pre and post training tests in all topics covered by the course.

Provide TA to at Least Two Potential Borrowers: During Year Three, the Summa Foundation provided TA to three potential borrowers, Mude in the Dominican Republic, Bushenyi Medical Center in Uganda and the Reproductive Health Association of Cambodia. The TA focused on business planning and in cash flow forecasting.

Conduct Three Workshops for Potential Borrowers: During Year Three, Summa conducted four workshops for potential borrowers in the Dominican Republic, Tunisia, Uganda and Ecuador. All of the workshops focused on business and financial planning and how to access credit. Four reproductive health and family planning NGOs and five HIV/AIDS NGOs attended the one-day workshop in the Dominican Republic. Twelve IPPF FPA's, located in the Middle East and North Africa, attended the ten-day Tunisia workshop, 119 private providers attended the five-day training in four districts of Uganda, and 28 reproductive health and family planning NGOs from Latin America attended the three day workshop in Quito, Ecuador.

5. Research & Education

Submit at least one case study to journals for review and possible publication: During Year Three, the Summa Foundation hired a consultant to edit two case studies on AAR Health Services in Kenya and the Indonesian Midwives Loan Fund for submission for publication. The consultant submitted the two publications to peer-reviewed journals: AAR Health Services to the International Journal of Health Planning and Management and Indonesian Midwives Loan Fund to International Family Planning Perspectives. Summa expects to hear from both journals during the first quarter of Year Four.

Finalize indicators and monitoring plans: Summa has worked with the CMS Research Team to finalize standard indicators for monitoring Summa loans. Appropriate indicators are included in monitoring plans for new investments. Summa will submit an Annual Monitoring Report to USAID during the first quarter of Year Four.

Develop Summa Website: During Year Three, Summa worked with the CMS Communications team to operationalize the Summa web site. Areas of improvement were identified and the content and structure of the Website was updated. The site is now easier to navigate, edited for the web and provides the user with in-depth examples of Summa's activities, as well as access to resources like publications, links and tools.

Participate in conferences and submit one abstract for presentation at the Global Health Council Conference: The Summa Foundation participated in a USAID sponsored virtual conference on microinsurance and held presentations at Rubicon Capital Investments and GE Medical Systems. The Summa Foundation also submitted two abstracts for presentation at the Global Health Conference and was selected to make a presentation at the GHC on the Uganda Private Providers Loan Fund.

Dissemination: Summa prepared and disseminated an Investment Profile and a Client Exit Interview Baseline Report on the Uganda Private Providers Loan Fund. Summa also disseminated a briefing on current Summa investments.

6. Institutional Structure

Under USAID's direction and recommendation, Summa will hire an outside consultant to conduct an external evaluation. During the third quarter of Year Three, Summa assisted USAID in developing a scope of work for a consultant to conduct an external evaluation on Summa. In the fourth quarter, Summa hired a consultant and directed the external evaluation. A final report was submitted to USAID in September 2001.

501c (3) Certification: During the third quarter of Year Three, Summa contracted a lawyer to provide advice and assistance in changing Summa's legal status from a 501c(4) to 501c(3) in order to accept tax-free contributions. In the fourth quarter, Summa submitted the 501c(3) application to the Internal Revenue Service.

5.3 Resources Required

Hire, Train and Supervise at Least One Local Loan Officer in a CMS Country: A local loan officer has been hired to work for the Uganda Microfinance Union in order to implement the Uganda Private Providers Loan Fund.

Expand Pool of Consultants who can assist in the Investment Process: In Year Three, Summa requested resumes from potential consultants in development finance and microfinance. Summa hired a consultant to conduct an assessment in Peru.

Review Institutional Staffing Needs and Expand if Necessary: During Year Three, Summa occasionally hired consultants to assist in research, loan analysis and closing.

A Summary of Summa activities is shown below.

Activities	Goals	Accomplishments
New Investments	Conduct Three Project Identification Trips	Six Trips Conducted
	Appraisal of Five Investments	Ten Investment Opportunities appraised
	Submit Three Investments for Approval	Five Investments were submitted and approved by USAID
Manage Existing Investments	Manage Approved Investments	Disbursed Five Investments
	Manage Current Investments	Seven Loans Approved – Five Loans Disbursed
	Monitor and Report on Investments	Separate Document – Annual Monitoring Report
Manage Corpus	Manage Liquid Funds	Funds Invested with Sanford Bernstein
	Submit Semi-Annual Report to USAID	Separate Document – Annual Monitoring Report
	Contract Investment Management Firm to Manage Liquid Funds	Firm Contracted in March 2001
Technical Assistance	Provide Investment Related TA	TA Conducted in Uganda
	Provide TA to Potential Borrowers	Three potential borrowers received TA
	Conduct Three Workshops	Conducted Four Workshops
Research & Education	Submit One Case Study for Publication	Two Cases Submitted
	Finalize Indicators and Monitoring Plans	Indicators were finalized
	Develop Summa Web Site	Summa Website Enhanced
	Participate in Conferences	Participated in two Conferences and Submitted two Abstracts
Institutional Structure	Hire Consultant for External Evaluation	External Evaluation Conducted
	501c(3) Application	Application Submitted
Resources	Hire Local Loan Officer in Uganda	Activity completed in Q1
	Identify consultants / Review staff needs	Ongoing – Consultants hired

6. RESEARCH, MONITORING & EVALUATION

6.1 *Monitoring and Evaluation*

To assess project-wide impact, the CMS Project relies on and synthesizes information from two types of country-specific evaluations: 1) results monitoring and 2) impact assessments. The first type of evaluation determines whether expected results occurred in each country where the CMS Project operates, while the second type examines (in selected countries) the extent to which CMS can attribute results directly to the project's efforts.

After three years of CMS program interventions, key country-specific results are beginning to emerge (highlighted in the country sections of this report). In Year Three, for example, CMS:

- Eliminated a 43% tax burden on condoms in Jordan,
- Provided technical assistance in business practices that led to a significant improvement in the cost recovery rates of all of its NGO partners in the Dominican Republic and Nicaragua
- Generated 3 million CYPs through its country programs (an 11% increase over the previous year)
- Increased OC use, intention to continue OC use and intention to use OCs in the future among targeted women in North India (yielding an estimated 111,769 new OC users)
- Doubled the number of covered lives in community-based insurance programs in Uganda from 1,198 to over 2,500
- Launched and expanded the distribution of STI treatment kits in Uganda (introduced the product into 889 service delivery points and sold 37,849 kits during this first year)

Progress on specific monitoring and evaluation activities planned for year three follows below.

Results Monitoring

Quarterly Results Monitoring Reports. In an effort to strengthen the analysis and dissemination of program results, CMS proposed in its Year Three work plan to develop a quarterly results monitoring report. This report would highlight results generated from program data such as sales, CYPs, numbers of providers trained, and numbers of sales points by country. As planned, CMS produced the quarterly report for the first two quarters of FY 2001 and presented the report to the CMS field staff during the June CMS retreat.

The CMS field staff supported the development of an M&E report; however, they raised questions about the format, frequency of reporting, types of information to be included, appropriate vehicles for dissemination and discussion, and audience. At the same time in June, CMS was experiencing a transition in research directors. In response to the questions raised about the quarterly results monitoring report, the new research director proposed to review the monitoring and evaluation system, build consensus among the CMS staff about the content, format and frequency of the report, and revise the report accordingly.

Planned Activities	Progress	Next Steps
Develop Quarterly Results Monitoring Report	Completed two quarterly reports and one annual results summary by country.	Revise reporting procedures to incorporate staff feedback in November 2001

CMS Population Based Consumer and Provider Surveys

CMS committed to allocating core funds to conduct large-scale surveys in three countries (Morocco, Nicaragua and Senegal) that planned to use an especially broad array of technical approaches.

CMS completed the fieldwork for the consumer, health-seeking and provider surveys in Morocco in January 2001, and submitted three research reports to USAID/Morocco and the Moroccan Ministry of Health (MMOH) in September 2001. CMS awaits a decision from the MMOH on an appropriate date to formally present the results of the surveys. For monitoring purposes, CMS is comparing the results of consumer survey with the 1997 PAPCHILD results. The CMS research team presented the results to the Morocco country manager and the Africa Regional Manager.

CMS completed the fieldwork for the consumer and provider surveys in Nicaragua in August 2001. The research firm submitted a draft report was submitted to CMS on October 31, 2001.

The fieldwork for the consumer surveys (male and female) in Senegal did not begin in FY 2001 due to two principal factors: 1) the local questionnaire review process took longer than CMS anticipated; and 2) no qualified firms bid on the contract. CMS has resolved the problem of unqualified bidders by identifying an experienced local consultant to work with the strongest among the pool of bidders. CMS expects fieldwork to begin in January 2002. For monitoring purposes, CMS will compare the results of the survey with the 1997 Senegal DHS.

In addition to the core funded large scale surveys in Morocco, Nicaragua and Senegal, CMS field programs identified the need for (and funded) large-scale consumer and provider surveys in India and Jamaica during FY 2001. Fieldwork for the “Track 4” consumer survey in India was completed in July 2001 (fieldwork for a follow-up chemist KAP was completed in August 2000). In Jamaica, CMS completed the fieldwork for the household adolescent survey in March 2001; the school-based adolescent survey in April 2001; and the distribution survey in December 2000.

In sum, CMS will have conducted large-scale, representative baseline and follow-up surveys of consumer and/or providers in a total of 5 countries over the life of the project. In addition to surveys that CMS conducts, CMS also monitors its programs by submitting questions to population based surveys that other projects and organizations conduct. These surveys include the DISH Survey in Uganda (representative of the DISH districts which cover approximately 1/3 of Uganda), the Jordan Annual Fertility Survey, the Jordan Omnibus Survey (conducted by Market Research Organization), and the Senegal Omnibus Survey (conducted by BDA).

Planned Activities	Progress	Next Steps
Morocco <ul style="list-style-type: none"> • Complete data collection • Finalize survey report • Report indicators 	Completed Jan 2001 Completed Sept 2001 Completed Sept 2001	Make formal presentation to MMOH when MMOH decides appropriate date.
Nicaragua <ul style="list-style-type: none"> • Complete data collection • Finalize survey report • Report indicators 	Completed Aug 2001 Expected Dec 2001 Expected Dec 2001	Review data set and finalize report
Senegal <ul style="list-style-type: none"> • Select local research firm • Begin data collection • Complete data collection • Finalize survey report • Report indicators 	Completed Oct 2001 Expected Jan 2002 Expected Mar 2002 Expected May 2002 Expected May 2002	Begin data collection

Results Reporting

CMS reports its program results semi-annually by country (see country sections in this report). In Year Five, at which point CMS expects to have results measured at least two points in time for all planned country results, CMS will report results at a global level. For Year Three, the only results indicators that allow complete reporting at a global level are CYP's (because they are collected in all relevant countries *each* year of the project). These results follow.

Total CYPs Generated by CMS Supported Contraceptive Products

Country	FY 2000	FY 2001	% change
Brazil	9,975	19,688	+97%
India	1,502,290	1,650,774	+10%
Jordan	3,458	3,950	+14%
Madagascar	54,681	78,842	+44%
Morocco	200,613	208,995	+4%
Senegal	25,972	29,173	+12%
Uganda	201,284	252,338	+25%
CMS Project	2,675,273	2,962,871	+11%

Impact Assessments

In its work plan for Year Three, CMS planned to complete baselines for the following four impact assessments:

- The Impact of Summa Loans to Private Midwives in Uganda on Reproductive Health Service Sustainability and Quality
- Impact of Community Based Pre-Paid Financing Schemes on Access to FP/RH/CS in Senegal
- The Impact of CMS-Supported Paramedic Network in Nepal on Reproductive Health Service Use
- The Impact of Pre-Paid Health Insurance Schemes on Service Utilization: CMS Experience in Uganda

Below, we report on the progress of each of these assessments.

Planned Activities	Progress	Next Steps
<p>Impact of Summa Loan to Private Midwives in Uganda on Reproductive Health Service Sustainability and Quality Prepare evaluation design</p> <ul style="list-style-type: none"> • Prepare evaluation design • Collect data, monitor activities • Report results 	<p>Completed Oct 2001 Completed Feb 2001 Completed July 2001</p>	<p>Conduct follow-up client exit interviews and direct observation in January 2002.</p>

Planned Activities	Progress	Next Steps
<p>Impact of community based pre-paid financing schemes on access to FP/RH/CS in Senegal</p> <ul style="list-style-type: none"> • Prepare evaluation design • Collect data, monitor activities • Report results 	<p>Completed FY 2000 Completed Jan 2001 Completed April 2001</p>	<p>USAID/Senegal has decided that the PHR Plus Project should undertake this financing activity (a possibility that CMS discussed in the Semi-Annual Report). Therefore, CMS will take no further steps on this research.</p>
<p>Impact of CMS Supported Paramedic Network in Nepal on RH Service Use</p> <ul style="list-style-type: none"> • Prepare evaluation design • Collect data, monitor activities • Report results 	<p>Completed March 2001 Completed May 2001 Completed Sept 2001</p>	<p>Follow-up survey scheduled for August 2002.</p>
<p>The Impact of Pre-Paid Health Insurance Schemes on Service Utilization: CMS Experience in Uganda</p> <ul style="list-style-type: none"> • Prepare evaluation design • Collect data, monitor activities • Report results 	<p>Completed July 2001 Completed Sept 2001 for new scheme. Expected Dec 2001 for existing members. Expected Mar 2002</p>	<p>Follow-up survey scheduled for September 2002</p>

6.2 Global and Country Research

Global Research

CMS global studies are intended, as a package, to inform the population community about the strengths and limitations of using private sector strategies to improve reproductive health in developing countries. Each study is expected to have global relevance and accomplish at least one of the following objectives:

- Clarify the private sector role in cross-cutting issues
- Evaluate private sector strategies
- Inform private sector program implementation and direction

CMS is obligated to produce a total of 12 global studies throughout the life of the project. The following five global studies are either completed or near completion:

- The Impact of Prior Use of MCH Services on Family Planning
- Moving Beyond the 4 P's: Emerging Lessons in RH Services Marketing
- The Private Share of Contraceptive Provision (Contraceptive Security Paper #1)
- Broadening Commercial Sector Participation in RH: The Role of Public Sector Prices on Markets for Oral Contraceptives (Contraceptive Security Paper #2)
- How Much is Enough? Estimating Requirements for Subsidized Contraceptives (Contraceptive Security Paper #3).

In August 2001, CMS technical staff met with USAID to discuss the global research agenda. As a result, CMS revised the research agenda and received approval on the revised agenda from USAID in the fourth quarter of Year Three. Another result of this process is that two planned studies for Year Three (that had not yet begun) were replaced with two new studies approved on the revised research agenda (see table below).

Progress on CMS Global Research Agenda

Planned Activities	Progress	Next Steps
<p><i>The impact of prior use of MCH services on Family Planning use</i></p> <p>Present first draft of Tanzania case study at APHA</p> <p>Complete first draft of Guatemala and Bolivia Studies</p> <p>Finalize Tanzania case study</p>	<p>Completed October 2000</p> <p>Completed September 2001</p> <p>Completed June 2001</p>	<p>Present Guatemala and Bolivia case studies at APHA in October 2001 (completed)</p> <p>Complete Indonesia case study by December 2001.</p> <p>Complete synthesis report by January 2002.</p>
<p><i>Understanding what motivates the private sector (pharmaceuticals insurers, HMOs) at the international, regional and country level.</i></p>	<p>In August 2002, this study was substituted with study entitled, "The Role of Provider Networks in Increasing Reproductive Health Service Access and Quality." (See below.)</p>	<p>Study cancelled</p>
<p><i>The role of Networks in Increasing Reproductive Health Service Access</i></p> <p>Collect all regional private sector data in 2-3 regional centers</p>	<p>Baseline data for Nepal and Nicaragua were collected to support this study.</p>	<p>Complete literature review for new study in first quarter of FY 2002</p>

Planned Activities	Progress	Next Steps
Begin data collection at country level in 2-4 countries	Literature review began in September 2001.	Activities for Year Four
<i>Impact of price on use and choice of public versus private source</i>	In August 2001, this study was substituted with a study entitled, "Perceived vs. Technical Quality in Reproductive Health Care in Developing Countries: Private and Public Sector Differences (see below.)"	Study cancelled.
<i>Perceived vs. technical Quality in RH Care in Developing Countries: Private and Public Sector Differences</i> Conduct literature review Complete Impact Assessment in Morocco and Senegal Analysis of price elasticity Analysis of impact on price	Literature review began in October 2001 All other tasks scheduled for Year 4	Complete literature review for new study in first quarter of FY 2002.
<i>Reproductive health services marketing: emerging perspective</i> Draft for TAG Final Version	Draft completed in July 2001 Not completed (revised expected completion date is February 2002)	Add case studies to the draft (originally intended to be a broad literature review).
<i>Contraceptive Security</i> Complete the conceptual framework, projections, and First research paper by the end of the second quarter Complete second research paper Organize and hold a dissemination workshop Design additional studies (if necessary)	First paper completed in third quarter Draft completed fourth quarter, (Final completed October 2002) Second paper completed in October Workshop to be held December 2001 Will be considered after completion of third paper.	Complete third paper (first draft completed fourth quarter of Year 3). Final draft of third paper expected November 2001.

Progress on Country Research

In the table below, we summarize progress for support provided to country research studies.

Planned Activities	Progress
<p>Brazil</p> <ul style="list-style-type: none"> • Ad pre-test (conditional on signing of MOU) • EC Tracking study in collaboration with Population Council (conditional on signing of MOU) 	<ul style="list-style-type: none"> • Injectable pretest study has been completed. • EC tracking study canceled as MOU did not happen.
<p>Ghana</p> <ul style="list-style-type: none"> • Fee exemption study • Willingness/ability survey to pay for pre-paid health packages • Collaborate with AGI on the CSR study • Condom Pricing study for GSMF 	<ul style="list-style-type: none"> • Completed, to be carried out by PHR+ • Completed • Completed • The draft questionnaire has been drafted and is being reviewed by GSMF.
<p>Guatemala</p> <ul style="list-style-type: none"> • Data collection (service statistics, hotline calls, booth attendance) to monitor CELSAM/APROFAM campaign 	<ul style="list-style-type: none"> • Data collection completed
<p>India</p> <ul style="list-style-type: none"> • Oral contraceptive and condom retail audit • Brand image and pricing study for oral contraceptives • Demand estimation study for injectables • Consumer tracking survey 	<ul style="list-style-type: none"> • Completed • Completed • Completed • Completed
<p>Jamaica</p> <ul style="list-style-type: none"> • Analysis and dissemination of youth consumer survey results • Analysis and dissemination of condom distribution survey results 	<ul style="list-style-type: none"> • Completed • Completed

Planned Activities	Progress
<p>Jordan</p> <ul style="list-style-type: none"> • Qualitative research on consumer perception of FP • Study on channel credibility • Patient satisfaction at GP clinics in East Amman • Ad pre-test • Poverty and Maternal Risk in East Amman • Media effectiveness surveys 	<ul style="list-style-type: none"> • Completed • Completed • Completed • Ongoing • Completed • Ongoing
<p>Madagascar</p> <ul style="list-style-type: none"> • Qualitative research to identify obstacles to the use of hormonal contraceptives • Qualitative research on hormonal contraceptives (packaging preferences and effectiveness of inserts) 	<ul style="list-style-type: none"> • Completed • Completed
<p>Morocco</p> <ul style="list-style-type: none"> • Baseline survey • Qualitative research for fortified foods (inform logo and communications) • Ad pretest for Kinat and fortified foods • OR for long-term methods 	<ul style="list-style-type: none"> • Completed • Completed • Completed • Based on feedback from USAID/Morocco, this research was dropped.
<p>Nepal</p> <ul style="list-style-type: none"> • Provider network operations research 	<ul style="list-style-type: none"> • Baseline data collection completed
<p>Nicaragua</p> <ul style="list-style-type: none"> • Baseline survey 	<ul style="list-style-type: none"> • Baseline data collection completed
<p>Senegal</p> <ul style="list-style-type: none"> • Qualitative research on hormonals • Market size projection scenarios for oral contraceptives • Willingness to pay survey for hormonals • Baseline survey completed • Health finance operations research 	<ul style="list-style-type: none"> • Completed • Completed • Will be done as part of baseline • Research firm selected October 2001. • Mission has requested that PHR+ conduct this research.

Planned Activities	Progress
<p>Uganda</p> <ul style="list-style-type: none"> • Distribution survey for all current CMS products • Analysis of plateau of pills and injectables • Pre-test new communications materials for pills and injectables • KAP/Formative research on Clean Delivery kit • KAP/Formative research on emergency contraception • Package testing and communications testing for EC • KAP/formative research on VCT • Communication pre-testing VCT • Health financing study • Analysis of the Male and Female DISH survey 	<ul style="list-style-type: none"> • Completed • On hold • Delayed • Completed • Completed • Completed • Initiated • Delayed • Data collection completed • Male DISH survey: preliminary analysis of the male survey was conducted and report writing is in progress. • Female DISH survey: data analysis is in progress.

7. DISSEMINATION

As promoting the achievements of CMS is critical to the success of our project, CMS was vigorous in developing new tools for documenting and disseminating our project activities.

7.1 *User-Friendly Web Site & Publications*

CMS Web Site

In May 2001, CMS launched its newly redesigned web site. The site was updated both structurally and graphically. The new user-focused and task-based information architecture makes the site easy to navigate and allows CMS to promote the project and its activities to disseminate technical information.

An extensive set of keywords were coded into each web page with the result that the major search engines (Google, Yahoo) have successfully indexed the site. The CMS web site is also promoted through the quarterly *New Directions* newsletter, Rolodex cards and CMS promotional materials.

New articles are posted on the CMS home page once per quarter and the entire site is reviewed monthly and updated on an as-needed basis. Teasers were sent to key stakeholders to publicize the site and new CMS activities:

- *Franchising Health Care?!*
May 2001 — Promoting CMS activities with the PROSALUD clinics in Nicaragua.
- *Planning, Creativity and Constant Monitoring...*
September 2001 — Promoting CMS's innovative *Goli Ke Hamjoli* program in Northern India.

CMS Web Statistics

The CMS team tracks usage statistics (visitors, hits and page views) as well as the most requested publications.

Visitors

Visitors (technically known as *user sessions*) are meant to track the actual number of users — but they don't. Unfortunately, "visitors" **do not correspond to individual people**. A "visitor" can be:

- An automated browser;
- **Multiple individuals** represented by a cache, proxy server or Internet Service Provider (for example, one hit from a huge provider like AOL could actually represent thousands of users); or
- An individual PC user.

Hits

Hits are all exchanges between the user and the CMS server. Hits include all files on a page, including graphic files. For example, one web page with five graphic files equals six hits.

Page Views

Page views are the number of entire pages requested from the server. Unlike hits, page views do not include the supporting graphic files.

CMS Web Usage Statistics (January–October 2001)

Usage Statistics	Pre-Update		May	June	July	August	Sept	October
	Jan	Feb						
Visitors	1000	1103	1993	1663	1917	1984	1563	1980
Hits	15070	12921	31119	16306	18861	17833	17771	33386
Page views	4092	3280	5725	3662	4905	4201	3613	6164

Note: March and April are not included because of distortions caused by the development of the site.

Due to the technological limitations mentioned above, the CMS team also tracks and documents:

- Unsolicited e-mail requests and comments (sent to *info@cmsproject.com*);
- Responses to e-mail teasers sent to USAID (Washington and missions), CAs, Partners/NGOs, International Donors, Private Sector Companies & Stakeholders, RH/FP Professionals, Media, Summa Clients, Summa Partner Financial Institutions; and
- Input from interactive web pages (“Join the CMS Mailing List” and “Receive E-mail Updates”).

This informal feedback tells us that people read our e-mail teasers and visit the CMS web site for more information or to download publications and research findings. Users include researchers, partners/NGOs, job seekers, USAID officers, and private sector companies.

The quantitative data, combined with informal requests and feedback, indicate that CMS’s electronic dissemination efforts are successful. The CMS web site is a usable and accessible repository for project information. It provides lessons learned, ideas, examples, tactics, strategies and publications.

Summa Web Site

In September 2001, the content and structure of Summa site was updated based on an informal user/task analysis. The site is now easier to navigate and the content edited for the web. Users are now able to access concrete examples of Summa loans, the types of organizations that Summa helps and health impact. Specific updates include:

- A new home page highlighting current events and recent loans with links to longer descriptions;
- The “About Summa” section now contains French and Spanish translations, examples, and a description of Summa research;
- An expanded “Technical Assistance” section;
- A new “Resources” section with publication descriptions, tools and links to related organizations;
- A link to the site map from each page; and
- The USAID logo with a link to USAID and PHN on each page.

7.2 *New Directions Disseminated by Mail and Electronically*

The CMS newsletter, *New Directions*, was published three times in Year Three. This newsletter is written for a broad audience. It highlights our recent activities and country programs. The newsletter is disseminated electronically and via regular mail. We have received glowing compliments from other CAs on this newsletter.

7.3 *Public Relations*

CMS assisted USAID in its domestic public relations activities by providing a keynote speaker (Dr Peter Cowley) to a regional reproductive health conference sponsored by the Nebraska Department of Health and Human Services, in Lincoln, Nebraska. In March 2001, Dr. Peter Cowley, Country Program Director of CMS/Uganda, traveled to Nebraska and presented an overview of the CMS activities in Uganda to an audience of providers, policy-makers and media. In preparation for this presentation CMS Communications Director Susan Wood traveled to Uganda to document the CMS/Uganda activities first-hand.

Ms. Wood also produced a comprehensive slide library while on that trip — which has proved essential to the development of CMS communications tools such as publications, power-point presentations and the web site.

Ms. Wood then traveled to Lincoln, Nebraska with Dr Cowley where she presented an overview of the CMS project objectives to the conference (approximately 300 people). Dr. Cowley appeared in a three-minute television interview that was broadcast throughout Nebraska, Iowa, Kansas and Wyoming, where he discussed the impact of HIV/AIDS on the Ugandan community. All of the press coverage was extremely positive.

7.4 Conferences

In Year Three, CMS hosted a conference in Quito, Ecuador entitled *Sustainability and Social Mission*. CMS also attended four conferences (BSR, APHA, GHC and ISM) and participated in the World Bank's Population and Reproductive Health Resources Fair.

Presentations were made at Innovations in Social Marketing (ISM), Business for Social Responsibility (BSR), Global Health Council (GHC), and American Public Health Association (APHA). The CMS booth was set up at APHA, GHC and the World Bank. CMS representatives staffed the booth, answered questions and distributed marketing materials and publications.

Business for Social Responsibility (November 8–10, 2000)

Katharine Kreis (CMS's CTO), Sue Wood and Vicki Baird attended the BSR (Business for Social Responsibility) Conference in New York City from November 8–10, 2000. Ms. Baird moderated a special session entitled *Global Health — Corporate Pressures and Responses* and Ms. Kreis presented USAID's role in Corporate Social Responsibility vis à vis healthcare in developing countries.

Ms. Kreis highlighted CMS as USAID's flagship private sector project to a group of approximately 100 people from various multinational corporations, donor agencies and NGOs. After her presentation the question and answer session brought a number of questions from companies such as Johnson & Johnson, Marks & Spencer, General Motors and Adidas about how to get technical assistance in healthcare for their employees and partners in developing countries.

A special CMS Briefing was prepared to provide additional information regarding USAID and CSR, highlighting the role that CMS could play in designing and implementing programs and providing technical assistance. The Briefing included examples of CMS's work in Brazil and Morocco.

American Public Health Association

Presented in Boston (November 12–16, 2000)

- Abramson, Wendy. Monitoring and Evaluation of Health Service Delivery Contracts in Costa Rica.
- Balal, Asma. Barriers and Inducements Affecting Provision of Family Planning Services by Private GPs in Morocco.
- Hotchkiss, David. The Impact of Prior use of MCH Services on FP Use in Tanzania.
- Kanesathan, Anjala and Tanya Tsybulskya. Reaching Out: Innovative Hotline/Detailing Programs in Kazakhstan.

Global Health Council, Presented in Washington, DC (June 13-16, 2001)

- Bel Haj, Houda. Morocco: Commercial Partnerships to Sustain Family Planning Programs.

- Carrazana, Carlos and Meaghan Smith (The Summa Foundation). The Uganda Private Providers Loan Fund: A Private Sector Intervention to Improve Women's Health.

Innovations in Social Marketing, Presented in Boston, MA (June 11-13, 2001)

- Balal, Asma and Anand Verdhhan Sinha. Promoting the Pill: The Goli Ke Hamjoli (Friends of the Pill) Campaign in Northern India.

Sustainability and Social Mission: Sharing Lessons from Research and Practice (May 16–18, 2001)

From May 16–18 Commercial Market Strategies, FRONTIERS and CEMOPLAF (an Ecuadorian NGO) hosted a sustainability conference in Quito, Ecuador, for reproductive health non-governmental organizations (NGOs) in Latin America. In total, there were 80 participants representing 14 countries. The objective of the conference was to share lessons learned in the area of sustainability and to link commercial sector companies with NGOs. Participants learned what products and services have been successfully marketed as well as what has been unsuccessful. Marketing strategies, tools and techniques were discussed.

Representatives from 26 different Latin American, Central American and Caribbean-based NGOs attended the conference. Other attendants included USAID, UNFPA, FHI, The Futures Group, PSI, CMS, IPPF, Catalyst, CARE, FPIA, Frontiers, Vecinos Mundiales, JHU, The Clinica San Pablo in Peru, International Eye Foundation, Endowment Fund for Sustainability, The Summa Foundation and representatives from the BIG project at the University of California Berkley School of Public Health. Manufacturers in attendance included GE Medical Systems, Drogueria INTI, CPR and Schering.

In addition to hosting the conference, several CMS representatives made key presentations:

- Definitions of Sustainability. Alvaro Monroy
- Market Research Tool: Psychographic Segmentation. Ratha Loganathan
- Alternative Financing Mechanisms: Investment Funds. Carlos Carrazana

World Bank Population and Reproductive Health Resources Fair (September 29)

CMS set up its booth and distributed publications at the World Bank's *Population and Reproductive Health Resources Fair*. The Bank hold this fair annually to promote an exchange of information on population, reproductive health, health sector reform and development including related education and gender issues.

The fair is held in conjunction with the World Bank's core course — *Adapting to Change: Population, Reproductive Health and Health Sector Reform* — a three-week course attended by around 75 participants, including client country representatives, national and international NGOs, UN agency staff and staff from other donor agencies.

Other participants included USAID, Family Care International, NGO Networks for Health, John Snow/DELIVER, The Futures Group International/POLICY, Population Communications International, Population Reference Bureau, The Interim Working Group on Reproductive Health Commodity Security (IWG), Population Action International, PATH, and Cedpa.

7.5 Presentations, Meetings & Workshops

Brown Bags & Presentations to USAID

In Year Three, CMS made 14 presentations to USAID.

1. *The Summa Foundation*. Presentation at the USAID's Office of Population monthly staff meeting, Carlos Carrazana and Meaghan Smith, October 11th, 2000.
2. *Financial Sustainability & The Summa Foundation*. Workshop presentation at USAID/Dominican Republic, Carlos Carrazana, October 16th, 2000.
3. *The Commercial Market Strategies Project*. Presentation to the USAID Mission in El Salvador, Kelly Wolfe, December 2000.
4. *Commercial Market Strategies: Year Three Work Plan Presentation*. CMS Team to PHN Center staff *al.*, April 3, 2001.
5. *The Commercial Market Strategies Project*. Presentation to the USAID Mission in Honduras, Kelly Wolfe, April 2001.
6. *Access to Credit: The Summa Foundation*. Workshop presentation at USAID/Ecuador, Carlos Carrazana. May 18th, 2001.
7. Assessment Presentation to the USAID Mission in El Salvador, Kelly Wolfe, May 2001.
8. *The Role of the Private Sector: Global Development Alliance*. Presentation to the Global Development Alliance at USAID, Lizann Prosser and Carlos Carrazana, June 14th, 2001.
9. *Commercial Market Strategies & The Summa Foundation*. Presentation at the Advance Africa Project/MSH, Carlos Carrazana and Alvaro Monroy, June 20th, 2001.
10. *PSI Adolescent Reproductive Health Programs in Africa*. Presentation to USAID, Josselyn Neukom with Françoise Armand, June 20, 2001.
11. *Social Marketing*. Presentation to the CMS Project IEC committee in Jordan (included representatives from USAID, the Jordanian Ministry of Health and PHCI), Françoise Armand, August 23, 2001.

12. *Corporate Social Responsibility and other Commercial Market Strategies.* Presentation in the Dominican Republic to the USAID/DR Mission Director and staff, Alvaro Monroy, August 31, 2001.
13. *The Commercial Market Strategies Project and Corporate Social Responsibility.* Presentation to the USAID Mission and local NGOs in the Dominican Republic, Kelly Wolfe, August 2001.
14. *Can Financial Sustainability be Compatible with Achieving Social Mission Goals for NGOs?* Alvaro Monroy, September 10, 2001.

Presentations to Other Groups

1. Fundraising workshop for four Dominican NGOs (ADOPLAFAM, INSALUD, MUDE, and PROFAMILIA) Kelly Wolfe, January 21–27, 2001.
2. Fundraising workshop for the Ghana Social Marketing Foundation, Kelly Wolfe, February 2001.
3. *NGO Sustainability and Sound Business Practices.* Presentation to KIDOG (a Turkish women's NGO) in Istanbul, Alvaro Monroy and Barbara Addy, February 26, 2001.
4. *The Summa Foundation.* Presentation to GE Medical System's Women's Healthcare Business, Meaghan Smith and Carlos Carrazana, March 2001.
5. *The Summa Foundation.* Presentation to GE Medical System's Latin Funding Operations, Meaghan Smith, April 2001.
6. *The Summa Foundation.* Presentation to the Latin Healthcare Fund, Meaghan Smith and Carlos Carrazana, April 2001.
7. *The Summa Foundation.* Presentation to the Global Environment Fund, Meaghan Smith, May 2001.
8. *The Summa Foundation.* Presentation to Rubicon Capital Investments, Meaghan Smith and Carlos Carrazana, May 2001.
9. *The Summa Foundation.* Presentation to GE Medical System's Global Funding Advisory Committee, Meaghan Smith and Carlos Carrazana, May 11, 2001.
10. *Private Sector Strategies for Social Sector Success.* Presentation on the results of the IPPF Arab World Conference in Hammamet, Tunisia, to Deloitte's Emerging Markets group, Alvaro Monroy, June 7, 2001.
11. *NGO Sustainability.* Presentation to the Advance Africa Project, Alvaro Monroy, June 20, 2001.

Technical Advisory Group — Marketing Reproductive Health Services: Moving Beyond Traditional Social Marketing

CMS convened a Technical Advisory Group (TAG) on May 3rd, 2001, in Washington DC. Entitled *Marketing Reproductive Health Services: Moving Beyond Traditional Social Marketing*, the objectives of the meeting were to: (1) share experiences and lessons learned; (2) outline common themes and key messages; and (3) identify trends, challenges and opportunities in the area of services marketing.

A panel of experts in the field of services marketing shared their experiences and insights with CMS and USAID. The panel and topics included:

- Dr. Ruth Berg, CMS Research Director. Services Marketing: Emerging Perspectives (an Overview)
- Pilar Sebastián, Country Representative, CMS Nicaragua. Marketing Health Services: Lessons Learned from PROSALUD
- K. Gopalakrishnan, Director of International Programs, DKT International. Extending Product Marketing Programs to Deliver Services: Lessons Learned from DKT's Experience in Bihar, India
- Dr. Jim Foreit, Senior Associate, Population Council. In-Reach as a Services Marketing Strategy
- Dr. David Shore, Associate Dean, Harvard School of Public Health. Creating Brands People Know and Trust
- Sanjay Chaganti, Marketing Technical Advisor, Population Services International, Zimbabwe. Marketing Voluntary Counseling and Testing (VCT) Services for HIV/AIDS in Zimbabwe

Workshop: Private Sector Strategies for Social Sector Success

At the request of the International Planned Parenthood Federation Arab World Region, Commercial Market Strategies (CMS) hosted a workshop in Hammamet, Tunisia from March 22–30. CMS Director Lizann Prosser introduced the workshop, titled Private Sector Strategies for Social Sector Success, which was tailored specifically for Executive and Financial Directors of family planning associations. CMS workshop trainers included Alvaro Monroy, CMS Director of NGO Sustainability, Carlos Carrazana, Director of the Summa Foundation, and Barbara Addy and Amy Javaid from Deloitte Touche Tohmatsu's Emerging Markets Healthcare Division. Additionally, Houda Bel Hadj of CMS/Morocco made a presentation on the strategic marketing of health services and products.

The objective of the workshop was to help the participants from IPPF offices throughout the Arab region develop sustainability plans. Accordingly, the workshop focused on the development of an effective marketing plan, financial and managerial accounting, revenue diversification, and the roles and responsibilities of a board of directors. The participants also conducted a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) of their own organizations. All these exercises were then put to practical use as the participants developed and presented their own organizations' feasibility plans to the group.

7.6 Electronic Media

Resource CD-ROM

In Year Three, CMS produced a resource CD-ROM with electronic versions of current publications. Most of these documents were already posted on the new web site. However, the CD-ROM made this information available to individuals with limited Internet access. The CD-ROM was disseminated to field staff at the CMS Annual Retreat.

Updates

Electronic updates were sent to USAID to summarize and promote CMS findings, activities and publications.

- Namibia Explored for Possible CMS/Summa Foundation Interventions (November 6, 2000)
- CMS attends the BSR Conference in New York City (November 13, 2000)
- Fundraising Workshop held with local NGOs in the Dominican Republic (January 29, 2001)
- Commercial Approaches to Improving Adolescent Reproductive Health: A Summary CMS Adolescent Initiatives (February 13, 2001)
- Clear Seven STI Kit is Re-launched in Rural Uganda — Over 400 People Attended (February 22, 2001)
- First of Six New Clinics Open in Nicaragua: Improving Health Care Through the Franchising of Private Sector Clinics (March 8, 2001)

7.7 Publications

In Year Three the CMS produced the following publications:

Technical Papers

Target Audience: USAID, CA Community

- Social Franchising as a Strategy for Expanding Access to Reproductive Health Services. A historical analysis of Population Service Internationals Green Star service delivery network in Pakistan. Rehana Ahmed, MD, and Julie McBride, MPH, September 2001.
- Marketing Reproductive Health Services, Moving Beyond Traditional Social Marketing. Technical Advisory Group Proceedings, September 2001.
- The Role for Insurance Mechanisms in Improving Access to Private Sector and Primary Reproductive Health Care. Technical Advisory Group Proceedings, November 2000.

Country Research

Target Audience: USAID, CA Community

- **Number One – Uganda.** Knowledge, Attitudes and Practices Related to Malaria and Insecticide Treated Nets in Uganda. Baseline Survey: December 1999 – January 2000. Francis Okello-Ogojo, February 2001.
- **Number Two – Jordan.** Perceptions of Contraceptives Among Women in Jordan: A Projective Study. Michael Bernhart & Nadine Khoury, March 2001.
- **Number Three – Jordan.** The Contraception-Adoption Process in Jordan. Michael Bernhart and Mousa Shtiewi, July 2001.

Technical Fact Sheets

Target Audience: USAID Missions

A presentation folder with stepped inserts covering all the CMS technical areas: Policy, NGO Sustainability, Social Marketing, Corporate Social Responsibility, Partnerships with Pharmaceuticals, Health Financing and Provider Networks.

New Directions Newsletters

Target Audience: Broad

The *New Directions* newsletter is written in a manner that makes CMS activities and programs understandable to a broad audience. Each newsletter uses a CMS field office as a backdrop/theme. Morocco, Nicaragua and India were covered in Year Three newsletters. Each newsletter also included updates on Summa activities as well as a summary of the overall health impact of our programs via a letter from the project director. The newsletter is disseminated via regular mail to USAID, CAs, Field Offices and select members of the private and commercial sector. Additionally, an electronic version is posted in the Publications section of the CMS web site.

Briefing Papers

Target Audience: Broad

- USAID & Corporate Social Responsibility. For the BSR Conference, November 2000.
- Uganda. Handout summarizing CMS's activities in Uganda for Dr Peter Cowley's presentation in Nebraska. March 2001.
- Faith-Based Initiatives in Jordan. May 2001.
- Morocco: Commercial Partnerships to Sustain Family Planning Programs. Handout prepared for Houda Bel Hadj's GHC presentation, June 2001.
- The Summa Foundation. August 2001.

Summa Publications

Target Audience: USAID, CA Community

- **Investment Profile Series Number 1 – Uganda.** The Uganda Private Providers Loan Fund — A private sector intervention to improve women’s health: Using microcredit to improve and expand health practices that serve women and children.
- **Program Research Number 1 – Uganda.** The Uganda Private Providers Loan Fund: Client Exit Interview Baseline Report — A Study of Exit Clients at Private Clinics in the Districts of Kampala, Mukono, Mpigi and Mbarara.
- **Training Manual:** Business Handbook for Private Health Providers. (Field Support)

8. MANAGEMENT & ORGANIZATION

8.1 Project Management Structure

CMS utilizes a management structure featuring geographic and technical lines of authority to manage its activities, as depicted in the Organization Chart on the following page. This “matrix” structure allows focus on specific technical areas, while also maintaining proper oversight of country programs. The structure and the consortium approach for managing the project are key factors for achieving program objectives.

The CMS Oversight Board, on which the senior representatives of the CMS Consortium serve, met formally in November 2000, December 2000, March 2001 and June 2001 to review the Year Three Work plan, the Year Two Award fee process, and personnel recruitment priorities, in addition to implementation tasks.

Project Staffing Updates

CMS experienced staff turnover and additions during Year Three. These included:

Deputy/Technical Director (Carlos J. Cuellar) left the project in January 2001 to pursue a professional opportunity in Jordan. CMS spent considerable time recruiting to fill this vacancy, meeting with dozens of potential candidates. The position is to be filled by Ms. Barbara Jones on November 1, 2001. During the recruitment period, the technical leadership for the project was supported by Susan Mitchell (Director of Country Programs) and Susan Scribner (Senior Technical Advisor for Policy Change.)

Senior Technical Advisor for Social Marketing (Malcolm Donald) left the project for personal reasons, and was replaced shortly thereafter by Ms. Francoise Armand, also of PSI, in April 2001.

Senior Technical Advisor for Corporate Social Responsibility (Lee Yerkes) left the project in June 2001 to pursue independent consulting work. That position will not be filled until CMS concludes a detailed review of CSR opportunities in Year Four.

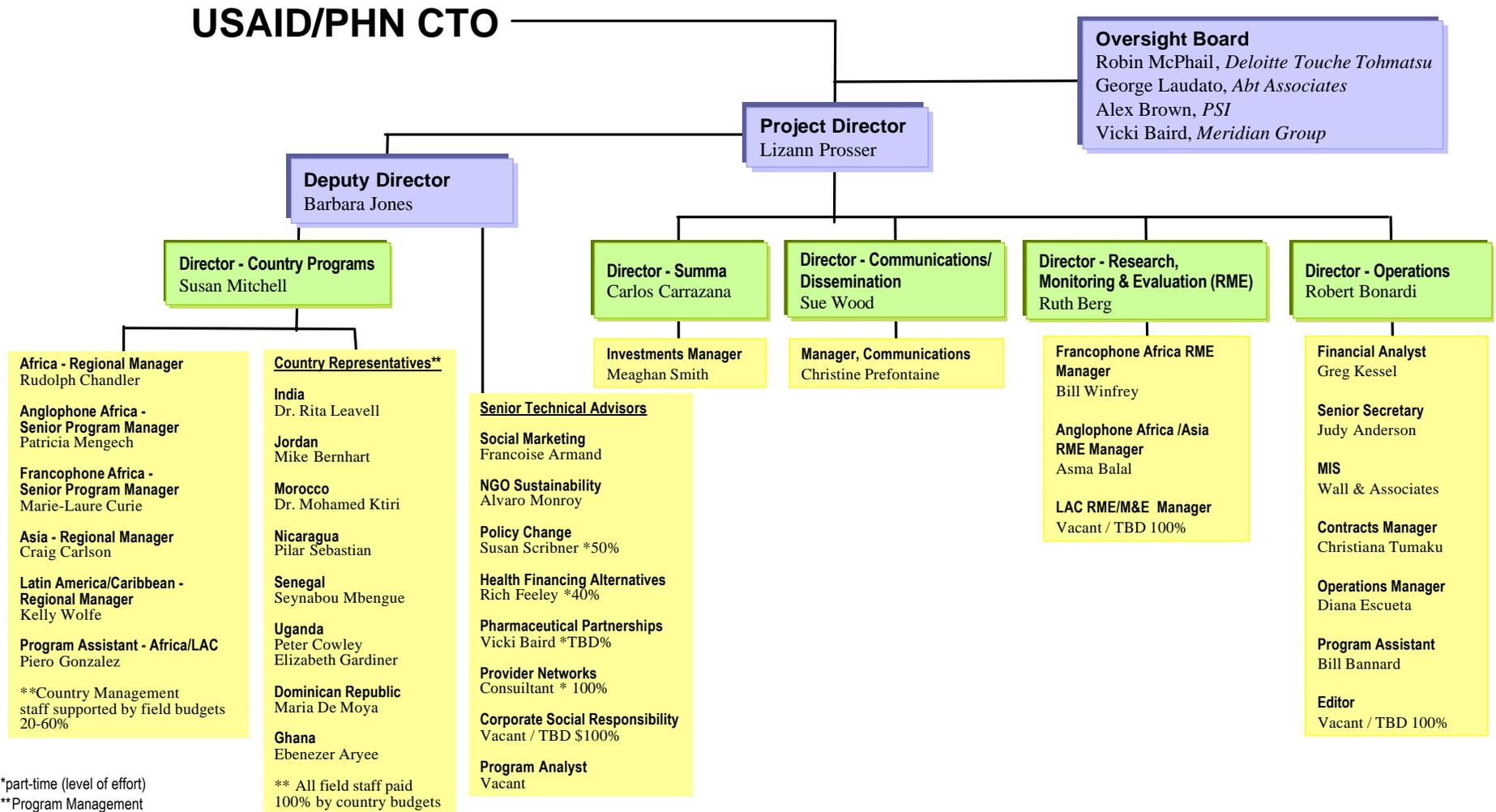
Asia/Near East Regional Manager (Lily Kak) left the project in March 2001 to work for USAID in Washington. The position was filled by Craig Carlson, who joined the project March 26, and transitioned into his new responsibilities with Ms. Kak's direct involvement.

NIS Regional Manager (Anjala Kanesathasan) left the project in February 2001 to assume a position in Kenya. Due to the closing of CMS programs in Kazakhstan and Uzbekistan in October, the position was not be filled.

Africa Program Manager (Patricia Mengech) joined the project in May 2001, to provide additional support for our Anglophone African programs (Ghana and Namibia, in particular.)

Africa Program Assistant (Eric Bunselmeyer) left CMS in February. He was replaced by Piero Gonzalez, who joined the project on April 9, to support both the Africa and the Latin America/Caribbean regions.

CMS ORGANIZATION CHART



Program Analyst (Karla Bulsterbaum) left the program in May 2001 to pursue academic interests. Her position will be filled in November 2001.

The CMS Research and M&E Team also experience staff changes: the Director (Daniel Kress) was promoted in May 2000 to head another research effort for Abt Associates, and was replaced by Ms. Ruth Berg, who has been Deputy Director since July 2000. The department expanded with the addition of William Winfrey (Futures Group), who joined CMS in June as Research Manager for Francophone countries in Africa, replacing Erin Holleran. Last, Ratha Loganathan, Research Manager for Latin America, left the project in July 2001, although her position has not been replaced.

- **In Ghana**, CMS recruited a local representative (Ebenezer Aryee) to oversee the implementation of program activities through an agreement with the Ghana Social Marketing Foundation.

Technical Advisory Group Inputs

The organization and convening of a CMS Technical Advisory Group (TAG) in Year Three was one of the highest of priorities for the Project. In coordination with USAID, we selected the topic of Services Social Marketing for our second TAG. Planning for the TAG began in the second quarter, and was held May 2 with participation from USAID representatives, CA's, and CMS core and field staff. In addition, the proceedings from the TAG were disseminated and posted on the CMS web site.

Consortium and Resource Firm Collaboration

Collaboration among the principal Consortium partners (Deloitte Touche, Abt Associates, Meridian Group, and PSI) remained quite strong throughout the year. Key collaborative efforts included:

- PSI staff members attended several PSI marketing workshops in Africa throughout the year.
- All consortium firms participated in the planning and convening of the TAG.
- PSI provided consultants for assessments in Armenia, Honduras and El Salvador, and technical specialists to support our work in Nepal, Morocco, Senegal and Uganda.
- Abt Associates staff supported our programs in Senegal, Jordan and Morocco, while also participating directly on numerous global research and country research studies.
- Deloitte Touche staff and offices supported our programs in the Dominican Republic and Jordan, and participated directly in NGO workshops in Tunisia and our on-going USAID endowment assessments.
- Meridian staff continued to provide assistance with formation of potential partnerships in Morocco, Senegal, India, Latin America and Africa.

CMS also worked with key resource firms during Year Three in these specific areas:

- Futures Group provided: management and administrative support to our country program in India; technical inputs for our research in Jamaica; technical staff for three global research studies involving contraceptive security issues; core staff to support country research and M&E tasks; and participation on our assessments in Egypt and technical assistance in Bangladesh.
- Engender Health provided: technical inputs to our CSR work in Ghana; assistance in our efforts to initiate activities in Cambodia; and inputs on our research work.
- IPPF and CMS collaborated closely to convene the NGO workshops for the Arab Region IPPF affiliates, held in Tunisia. IPPF co-funded the event with CMS.